Sioux Valley Dakota Nation

2026 - 2027 SCHOOL YEAR

STUDENT CLOTHING ALLOWANCE REGISTRATION FORM

$300 CLOTHING ALLOWANCE PER ELIGBLE CHILD

Perent/Guardian Information

Parent/Guardian Name: _____ Phone: _____

Address: _____ Email: _____

Band/Registration #: _____

STUDENT INFORMATION - Please list all children registered for the 2026-2027 school year.

#	Student's Full Name	Date of Birth	Grade	School Attending
1				
2				
3				
4				
5				
6				

Total Number of Eligible Children: _____ **Total Clothing Allowance: $ _____**

PARENT/GUARDIAN DECLARATION

I certify that the information provided is true and accurate. I confirm that the child(ren) listed are registered for the 2026-2027 school year.
I understand that the $300 clothing allowance is provided per eligible child and that SVDN may request proof of school registration with supporting documentation. I also understand that I must submit receipts for clothing purchases as verification.

Parent/Guardian Signature: _____ **Date: _____**

OFFICE USE ONLY		
Date Received:	Verified By:	School Registration: ☐ Yes ☐ No
Eligible Children:	Amount Approved: $	Payment Date:
Payment Method:	Processed By:	
Notes:		