VERIFICATION OF SCHOOL ENROLLMENT

2026-2027 ACADEMIC YEAR

BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION

KIOWA ENROLLMENT REQUIRED

PLEASE READ CAREFULLY: The bottom section of this form must be filled out by a school official (e.g. administrator/JOM/Indian Education director). Verification letters of enrollment on official school letterhead and/or college or enrollment/schedule for current accredited vocational program are also acceptable. A verification of enrollment must be on file for each student eligible for assistance. Applicant must also be enrolled Kiowa citizen and **age 5 to 19** to be eligible.

Part 1 – Must be completed by Parent / Guardian if student is under 18. **PLEASE PRINT**

STUDENT Full Name: _____

STUDENT Date of Birth: ___/___/_____ STUDENT'S GRADE (Entering Fall 2026): _____

Physical Address:_____ City: _____ State: ____Zip Code: _____

Mailing Address (if different from physical address):_____

Student Lives in Household With: Mother [ ] Father [ ] Both Parents [ ] Other/Independent [ ]

MOTHER'S NAME (If student is under 18):

First _____ Last _____ Phone #:_____

FATHER'S NAME (If student is under 18):

First _____ Last _____ Phone #:_____

School Building Name: _____ Name of District:_____

Name of J.O.M. or Indian Education Coordinator: _____ If unknown, check here [ ]

ON A SCALE OF 1 to 10, how helpful is this program? 1 2 3 4 5 6 7 8 9 10

(circle one number: 1-lowest 10-highest)

{ } AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA TRIBE FOR VERIFICATION TO PARTICIPATE IN THE BACK-TO-SCHOOL ASSISTANCE PROGRAM. I RELEASE MY CONSENT FOR ANY EVENT PHOTOS AND GENERAL INFORMATION FOR EDUCATIONAL AND MEDIA PURPOSES.

Email questions & enrollment verification forms to BACKTOSCHOOL@KIOWATRIBE.ORG

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Part 2 – Must be completed by School Official

I verify that the above-named student, _____, is enrolled for the upcoming 2026-2027

academic year at the following school: _____.

(Name of School)

_____ _____ _____

SCHOOL OFFICIAL'S NAME (PRINT) **TITLE** **PHONE NUMBER**

_____ _____

SIGNATURE **DATE**