

**Note:**  
Application must be  
readable and completed in  
Full to be ACCEPTED

Application  
Received \_\_\_\_\_

# KICKAPOO TRIBE OF OKLAHOMA

School Clothing Allowance Application  
Academic Year 20\_\_\_\_ - 20\_\_\_\_

**Applicant's Information:**

(One form per student)

Student's Name: \_\_\_\_\_ CDIB/Roll# \_\_\_\_\_  
Last First MI

Social Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Card # (last 4 digits): \_\_\_\_\_ Expired Date: \_\_\_\_\_

Card Status: (Have It), (Lost), (New), Other (explain) \_\_\_\_\_

Name of School student is enrolled: \_\_\_\_\_

**Card Delivery/Notification Plan: (check one)**

Pick up and I may be reached by: **Phone, Text, or E-mail** at: \_\_\_\_\_  
( **circle one** )

If not self, please name an authorized person: \_\_\_\_\_

Mail to this Address: \_\_\_\_\_

**Parent/Legal Guardian/Foster's Information:**

I am (check one):  Parent,  Guardian or  Foster to the above student.

Name: \_\_\_\_\_  
Last First MI (Maiden)

Address: \_\_\_\_\_  
Street City State Zip / POB Zip

Phone: ( ) \_\_\_\_\_ 2<sup>nd</sup> Contact Number ( ) \_\_\_\_\_

I submit this application for clothing allowance from the Kickapoo Tribe of Oklahoma and request the school to verify enrollment and/or attendance.

\_\_\_\_\_  
Parent/Guardian/foster's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*This Section Must Be Completed By School Official\*\*\*\*\*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip / POB Zip

Phone ( ) \_\_\_\_\_ Academic School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

The student mentioned above is currently:  In Attendance  Pre-Enrolled

School's Official Signature below verifies that the school information above to be true and correct.

\_\_\_\_\_  
Official's Signature & Title

\_\_\_\_\_  
Date

SCHOOL  
STAMP OR  
SEAL