



**PROOF OF SCHOOL ENROLLMENT
STUDENT INFORMATION**

TRIBAL CHILD'S FULL NAME: _____

ROLL #: _____ DATE OF BIRTH: _____

GRADE ATTENDING: _____ SCHOOL ATTENDING: _____

SCHOOL YEAR ATTENDING : 20____ — 20____

The Eastern Shawnee Tribe of Oklahoma's Health and Social Service Department offers assistance for our tribal children on school clothing and supplies. In accordance with our guidelines we require proof of school enrollment from a school official to verify enrollment of the child named above in order for each child to be eligible for this benefit. Any questions may be directed to the Department at 1-866-978-1352, Monday—Friday 8:00—4:00 CST.

SCHOOL OFFICIAL'S SIGNATURE

DATE

Please place school stamp over the name for verification purposes. (Omission of this stamp will result in ineligibility for this child.)

SCHOOL OFFICIAL'S JOB TITLE: _____

PHONE #: _____

TRIBAL PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

