

Date Received \_\_\_\_\_

Enrollment Verified By \_\_\_\_\_

**Incomplete applications will not be processed or  
Completed by the Finance Department**

**Student Information**

Application Date: \_\_\_\_\_

\_\_\_\_\_

Students Last Name First Name Middle

\_\_\_\_\_ 696- -

Date of Birth Age Grade Childs Enrollment Number

**PARENT/GUARDIAN INFORMATION:**

\_\_\_\_\_

Last Name First Name Middle

\_\_\_\_\_

Current Address City State Zip

\_\_\_\_\_

Parent/Legal Guardian Social Security Number Current Phone Number

\_\_\_\_\_

\_\_\_\_\_

Date

**I REQUEST THE SCHOOL TO VERIFY ENROLLMENT AND OR/ATTENDANCE FOR THE  
ABOVE NAMED STUDENT.**

**School Admission Office**

I Certify that \_\_\_\_\_ is currently registered and will be attending classes at:

\_\_\_\_\_ School Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_ Date

(Official School Stamp/Seal)

I \_\_\_\_\_ hereby certify that I am the Custodial Parent/Legal Guardian of the above stated child and the information is true and correct and if requested by the Quechan Indian Tribe can provide additional documentation in support of this information. I also certify that these assistance funds will be used as intended. Receipts will be due by or before September 12, 2025.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Funds used for the School Clothing Assistance Program is considered General Welfare, therefore are tax exempt.

**Important Information – Please Read**

**Only Original Receipts will be accepted. Please do not Fax or Email in your receipts. They Will not be accepted.**

**If you do not provide the original receipts, you will not be able to participate in the School Clothing Assistance Program for 2026.**

**Original Receipts due September 12, 2025 at 5:00 p.m.**

**When mailing in your receipts the envelope must be postmarked before or by the due date. Please write your name on the receipts so that your account is marked accordingly.**