



THREE AFILIATED TRIBES/477-JOM PRORAM

305 4TH AVE., BOX 597

NEW TOWN, ND 58763, PHONE# 701-627-6259 – FAX # 701-627-2520

PARENTAL COST APPLICATION-2023-2024

Student Name: _____ School: _____

(Parents)Address: _____ City/St. Zip: _____

Phone#: _____ Grade: _____ SchoolYear:23/24 Birthdate: _____

Tribal Affiliation: _____ Enrolled: _____ Yes NO

Social Security #: _____

Type of parental cost item being requested: _____

Estimated or total cost of items(s): _____

Has verification of **blood degree** been provided to the 477/JOM office? Yes NO

Has your child's most **recent report card** been provided to the 477/JOM office? Yes NO

How will payment for the above need help your child in his/her school environment? _____

Is student listed eligible and receiving free or reduced lunch tickets? Yes NO

Parent/Guardian Signature

Date

OFFICE USE ONLY

Cost aid is approved/disapproved. Reason. _____

If approved amount allowed following parental cost guidelines: _____

Student Report Card on file? Yes NO

CDIB on file: Yes NO If no, is other documentation on file? Yes No

JOM Coordinator

Date