Sisseton Wahpeton Oyate
Johnson-O'Malley Program

PO Box 509, Agency Village, South Dakota 57262

NATIVE AMERICAN EDUCATION

Date: _____ Grade: _____

Student Name: _____ School: _____

Date of Birth: _____ Gender: _____

Tribe: _____ District: _____

_____ _____

Print Parent/Guardian Name **Parent/ Guardian Signature**

Eligibility:

1. Students must be enrolled with a federally recognized tribe or a lineal descendant.

2. Students must attach a copy of their enrollment verification and/or copies of Birth Certificates to verify that they are lineal descendants.

3. Students from Pre-K to 12th grade.

4. Applications must be entirely filled-out with all correct enrollment verification to be accepted. Applications will need to be updated every school year.

Home Address: _____ Phone: _____

Email Address: _____ Cell: _____

In order for your student to be a part of the SWOJOM, they must be enrolled in the Fargo or West Fargo Public School districts and provide enrollment documentation.

(enrolled and lineal descendants)

Updated: 5/21/2025