

NOOKSACK TRIBE BACK-TO-SCHOOL SUPPORT 2021



Name of Child: _____

Address: _____

AGE: _____ DOB: _____ School: _____ Grade: _____

Parent or Guardian: _____

Parent/ Guardian Email Address: _____

Parent or Guardian SIGNATURE: _____

STATION 1 - ENROLLMENT

Enrollment Number:
Address Correction:
Guardian Match:
Enrollment Staff Signature:

STATION 2 - ICW

Reissue Check To:
ICW Signature:

STATION 3 - EDUCATION

Name of School:	
Grade: _____	<input type="radio"/> 5-14 years old (no verification needed)
	<input type="radio"/> 4 years old -
	<input type="radio"/> 15-19 years old -
School Verification: <input type="radio"/> YES <input type="radio"/> NO	
Education Signature:	

STATION 4 - ACCOUNTING

All Information Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Staff Initials: _____
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