

**Cheyenne and Arapaho Tribes
Johnson O'Malley Program Application
CDIB II**

JOM Community: _____ FY _____

Student Information:

Please Print

Full Name: _____ F / M

Grade: _____ Birthdate: _____

Name of School Attending: _____

(List Alternative School if applicable)

***Students must submit a copy of their CDIB II to the JOM Program
Before any services can be provided for your child.**

Parent/Guardian Signature:

This completed application will also serve as a Release of Information to Public School Personnel giving my consent to release any school information regarding my child, as requested by the JOM Coordinator or JOM contact person. I give consent for the Cheyenne and Arapaho Tribes Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities.

Phone Number: () _____

E-Mail Address: _____

Print Parent/Guardian Name

Parent/Guardian Signature

Mailing Address

City/State/Zip Code

Staff use only-----

Received by: _____ Date _____