

Cheyenne and Arapaho Tribes
Johnson O'Malley Program Family Application

CDIB II FY _____

Student Information:

Please Print

Student 1 Name: _____ F / M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____ Shirt Size _____

Student 2 Name: _____ F / M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____ Shirt Size _____

Student 3 Name: _____ F / M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____ Shirt Size _____

Student 4 Name: _____ F / M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____ Shirt Size _____

***Students must submit a copy of their CDIB II document from Enrollment before services can be rendered.**

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 /children, 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/children 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 _____