

Cheyenne and Arapaho Tribes
Johnson O'Malley Program Family Application

JOM Community: _____ 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 _____

***New students must submit a copy of your CDIB to the JOM Parent Committee or the JOM Program before any services can be provided for your child/children.**

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

***Please complete the Needs Assessment Form on the back, one per family.**

Staff use only-----

Need documents: CDIB _____ B/C _____

Received by: _____ Date _____

CDIB Letters sent on: _____

Cheyenne and Arapaho Tribes

Johnson O'Malley Program-Needs Assessment

JOM Community _____ FY 2018-2019

Your input is needed in completing the needs assessment survey for the JOM Budget. The purpose of the needs assessment survey is to gain input from parents, guardians, students, and school personnel on what services and activities JOM funding could be providing. Your input will assist the JOM Parent Committee in preparing the JOM budget for the upcoming year. Thank you for your participation in this survey.

Please check the category that describes you:

Parent/Guardian Student Teacher

Educational Support Items:

Please select your top 8 choices with #1 being the most important: (Please number 1-8)

- | | |
|--|---|
| <input type="checkbox"/> Basic School Supplies | <input type="checkbox"/> Extra Curricular (Instrumental rental, class fees, etc.) |
| <input type="checkbox"/> Athletic Shoes | <input type="checkbox"/> Testing Fees (ACT, SAT, etc) |
| <input type="checkbox"/> Eyeglass Assistance | <input type="checkbox"/> Class Supplies (Home Ec, Shop, Tech, etc.) |
| <input type="checkbox"/> Graduation Gowns | <input type="checkbox"/> Summer School (Academics, Drivers Education, etc.) |

Please rank the following suggestions that you feel are the most important and should be provided by the JOM Program.

Select you top four choices with #1 the most important. (Please number 1-7)

- | | | |
|---|---|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Cultural Education | <input type="checkbox"/> Parent/Student Activities |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Award Banquets-(May through July, 1 Per Committee) | |
| <input type="checkbox"/> Summer Enrichment Camps (Math, Science, Reading, Physical, Arts/Crafts) | | |
| <input type="checkbox"/> Educational Presentations (Job/Resume Seminars, Preparing for College, etc.) | | |