

**Cheyenne and Arapaho Tribes**  
**Johnson O'Malley Program Family Application**

**OUT OF SERVICE AREA** 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 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 \_\_\_\_\_