

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

JOM Community: _____ FY _____

Student Information:

Please Print

Full Name: _____ F / M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School & District Attending _____

Child Shirt Size _____ Please mark Youth or Adult Size

***New students must submit a copy of your membership card or form 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. Mark Yes or No

Phone Number: () _____

E-Mail Address: _____

Print Parent/Guardian Name

Parent/Guardian Signature

Mailing Address

City/State/Zip Code

JOM Staff Verification: **Do Not Answer**

Need documents: CDIB _____ B/C _____

Received by: _____ Date _____

CDIB Letters sent on: _____