



The Grand Traverse Band of Ottawa and Chippewa Indians

Life Long Learning Department • 845 Business Park Dr • Traverse City, MI 49686 •
(231) 534-7760 or Fax (231) 534-7773

K-12 SERVICES ~ ENROLLMENT FORM

Note: To receive services, this form must be filled out COMPLETELY by the Parent / Legal Guardian.

STUDENT INFORMATION

STUDENT NAME: _____ Male Female
Student Address: _____ County: _____
_____ Rising to Grade: _____
Student's Tribal Id #: _____ (attach a copy) Age: _____ Date-of-Birth: _____

SCHOOL INFORMATION

NAME OF SCHOOL: _____ Elementary
 Middle / Junior High
 High School
Does student live in the six-county service area? Yes No
Does student receive Special Education services? Yes No
• If yes, would you like GTB Life Long Staff to attend your student's Individual Education Plan (IEP) meeting with you to offer support and assistance and do you authorize student's school district to invite GTB Life Long Learning staff to attend all such meetings? Yes No
Other than Data Information (such as grades and attendance) would you like the GTB Life Long Learning to meet with your student to offer guidance or support throughout the school year? Yes No

I, parent/legal guardian, hereby authorize any official of my student's school district to release any information regarding the above named student's school records to the GTB Life Long Learning Staff. This information will be used to provide the necessary information for data collecting, referrals for counseling, and or tutoring. This information will be held confidential and used for the purpose stated above.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

PARENT'S/GUARDIAN INFORMATION

PARENT / LEGAL GUARDIAN NAME: _____
Relationship to Student: Parent Legal Guardian Foster Parent Other _____
Does the student live with you? Yes No
If not the Parent/Legal Guardian, who is contacted for school concerns? : _____
Telephone #: _____ Cell phone #: _____
Email Address: _____
Emergency Contact Name: _____
Telephone #: _____ Cell phone #: _____
PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

**NOTE: PLEASE INFORM EDUCATION OFFICE OF ANY CHANGES THAT OCCUR THROUGHOUT THE YEAR, SUCH AS ADDRESS CHANGE.
Copy of Tribal Id is needed to complete the application ~ This form only expires if your student changes school.**

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