

Grand Traverse Band of Ottawa and Chippewa Indians

2015-2016

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.

GTB TRIBAL MEMBER STUDENT INFORMATION

STUDENT NAME: _____ Male Female

Student Address: _____ County: _____
_____ Rising to Grade: _____

Student's Tribal Id #: _____ (Required) Age: _____ Date-of-Birth: _____

PARENT / LEGAL GUARDIAN NAME: _____

PARENT / LEGAL GUARDIAN INFORMATION

Relationship to Student: Parent Legal Guardian Are you the child's Foster Parent? Yes No

Does the student live with you? Yes No Does family lease from GTB Housing? Yes No

Telephone #: _____ Cell phone #: _____

Email Address: _____

Alternate Emergency Contact Person: _____

Telephone #: _____ Cell phone #: _____

SCHOOL INFORMATION

NAME OF SCHOOL: _____ Elementary
 Middle / Junior High
 High School

Does student receive Special Education services? Yes No

- If yes, would you like GTB Life Long Learning Staff to attend 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 of student listed above, hereby authorize any official of my student's school district **to grant Power School access and to release of any information** regarding my 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: _____

NOTE: This form does expire and must be completed each school year or sooner if student changes schools or there are other changes i.e. address change. Revised 07.2015

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