

2017-2018

Grand Traverse Band of Ottawa and Chippewa Indians

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



PRE - KINDERGARTEN – 12th GRADE 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: _____ Preschool
 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, 08.2017