



**THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS**

Little Spirit Moon ~ Life Long Learning Department  
Indian Education Program  
845 Business Park Drive • Traverse City, MI 49686  
(231) 534-7760 or Fax (231) 534-7773

**2017-2018**

**STUDENT SERVICES REQUEST FORM**

**Program Requirements**

- The student must have a completed Life Long Learning **Pre-K- 12 Services - Enrollment Form** on file with Program.
- The student must be a GTB Tribal Member with a copy of their Tribal Identification on file with Program.
- The student must live in and attend school within the GTB six-county service area.
- The Parent/Guardian requesting services must provide proof of legal custody of student.
- The Program serves students attending Pre-Kindergarten – 12<sup>th</sup> grade, age three years through 19 years.

**The following documentation must be submitted with the Student Services Request Form**

1. Letter confirming student participation from the coach / instructor
2. Student Progress Report / Report Card showing:
  - o Pre-Kindergarten to 5<sup>th</sup> grade – Satisfactory, 6<sup>th</sup> to 12<sup>th</sup> grade – 2.0 GPA or Higher
  - o Not on Truancy

**SERVICE REQUESTED (Please fill out a new form for each service):**

Extra-Curricular    Driver's Education    School Clothing\*    Backpack / School Supplies\*    Senior Expenses

**VENDOR (if applicable):**

Kmart (CVX)    JC Penney (TC)    Sears (TC)    Reimbursement (Original Receipts Required)

**DISTRIBUTION AMOUNTS, UP TO:** Pre-K to 4<sup>th</sup> grade = \$75, 5<sup>th</sup> to 8<sup>th</sup> grade = \$100, 9<sup>th</sup> to 12<sup>th</sup> grade = \$125

**Note1:** School Clothes Distribution ends November 30. One request per year.\*

**Note2:** Extra-Curricular Funds distributed on First-Come First-Serve basis until fund is depleted. Requests may be split between one or more activities, up to the maximum distribution amount allowed per student. One request per year.\*

**Note3:** College Application fees are included in the 9<sup>th</sup>-12<sup>th</sup> student services support amount.

**STUDENT INFORMATION**

Mail To: \_\_\_\_\_  Pick Up – Location: \_\_\_\_\_ (Rising to) Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_