

Grand Traverse Band of Ottawa and Chippewa Indians

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



2021-2022
Academic Year

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student Name _____ Grade _____ Birthdate _____ Age _____ Male Female

Street Address _____ City/State/Zip Code _____ Student's Tribal Id #: _____

Mailing Address _____ City/State/Zip Code _____ County _____

Is this the student's primary residence? Yes No Does family lease from GTB Housing? Yes No

PARENT/LEGAL GUARDIAN INFORMATION

Parent / Legal Guardian Name _____ Telephone # _____ Cell Phone # _____

Street Address _____ City/State/Zip Code _____ Email Address _____

Relationship to Student: Parent Legal Guardian Student's Foster Parent? Yes No
(Documentation Required to Continue Process)

Alternate Contact Name _____ Telephone # _____ Cell Phone # _____

SCHOOL INFORMATION

SCHOOL NAME: _____
 Preschool (Verification of Acceptance Required) Elementary Middle / Junior High High School Virtual Homeschool

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 Staff 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 full access to my child's records in the current **Student Information System in use by the district, and the release of any information regarding any or all of my student's school records**, to the GTB Life Long Learning Staff. This information will be used for data collecting, referrals for counseling, tutoring services and/or approval to conduct online meetings with student. This information will be held confidential and used only for the purpose stated above.

PARENT / LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

NOTE: This form must be completed each new school year; new form is required if student changes schools or changes address.