

FY 2009-2010
Cheyenne-Arapaho Tribes of Oklahoma
Johnson O'Malley Application

Name of Parent Committee: Yukon JOM Program

STUDENT INFORMATION: PLEASE PRINT

Full Name: _____

Grade: _____ Birth Date: _____ Tribe: _____

Name of School Attending: _____
(List Alternative School if applicable)

*New students must submit a copy of your CDIB card to the JOM Parent Committee or the JOM Program before any services can be provided for your child).

Parent/Guardian Signature:

The completed application will also serve as a Release of Information to Public School Personnel giving my consent to release any school information regarding my child, as requested by the JOM Coordinator or JOM Parent Committee. I give consent for the Cheyenne and Arapaho Tribes Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities.

Phone # _____

E-Mail _____

Print Parent/Guardian Name

Parent/Guardian Signature

Mailing Address

City/State/Zip

Yukon Indian Education Office
Myers Elementary
1200 S. 1st. St.
Yukon, Ok 73099
(405) 350-2032 Office
(405) 265-1380 Fax