

Registration Form

Students Name: _____ (Print First & Last Name)	DOB: _____
Address: _____	Phone: _____
School: _____	Grade: _____
Tribal Affiliation: _____	Tribal Enrollment #: _____
Parent/Guardian: _____ (Print First & Last Name)	
**PROOF OF STUDENTS TRIBAL ENROLLMENT IS A REQUIRMENT	

****Please Note:** Federal guidelines now require enrollment information for all students participating in the J.O.M Program. This information is available from the Tribe that the child is enrolled with or the B.I.A.

Parental/Guardian Responsibilities: Provide the Program a copy of your child's Mid-quarter, Mid-term, & Report cards and any information regarding specific areas your child may need assistance with. PLEASE meet with the Program Staff should you have any concerns that may arise.

Student Responsibilities: Must agree to abide by the classroom rules and cooperate with the JOM Program Staff. Disruptive behavior will not be tolerated. All students are expected to work hard to complete their studies. Respect and courtesy will be displayed at all times. It needs to be understood that a lack of cooperation will result in dismissal from the program. Parents/guardians will be contacted and informed of the situation.

Staff Responsibilities: The staff will provide a quiet, safe, and a positive learning environment for the students to work in. Assist child/parent with any specific area in regards to academic, educational, and cultural needs.

I agree to fulfill the above responsibilities to the best of my ability.

Students' Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
JOM Program Staff: _____ Date: _____