

Local Indians for Education Inc.

Enrollment Form

2020 - 2021

STUDENT NAME _____ SCHOOL _____ GRADE _____
 M _____ F _____ AGE _____ BIRTH DATE _____ Student State ID# _____
 TRIBAL AFFILIATION : _____ STUDENT EMAIL: _____
 STUDENT CELL #: _____ STUDENT ALLERGIES or HEALTH CONCERNS: _____

Check any programs or activities interested in:

- TUTORING
 CULTURAL ACTIVITIES
 EDUCATIONAL ACTIVITIES
 YOUTH TALKING CIRCLE
 OTHER _____

PARENT / GURDIAN INFORMATION

CHILD LIVES WITH: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Shared Custody ___ Other:

PARENT / GUARDIAN INFORMATION	PARENT / GUARDIAN INFORMATION
<i>Name:</i>	<i>Name:</i>
<i>Cell phone #:</i>	<i>Cell phone #:</i>
<i>Home phone #:</i>	<i>Home phone #:</i>
<i>Preferred method to be contacted by:</i> <input type="checkbox"/> Phone call <input type="checkbox"/> Text Message <input type="checkbox"/> Email	<i>Preferred method to be contacted by:</i> <input type="checkbox"/> Phone call <input type="checkbox"/> Text Message <input type="checkbox"/> Email
<i>Parent EMAIL:</i>	<i>Parent EMAIL:</i>

EMERGENCY CONTACTS

Contact Name:	Cell/Home Phone #:	Relationship to Student:

Parent/Guardian Signature _____ Date: _____