

**Cheyenne-Arapaho Tribes of Oklahoma**  
**Johnson O'Malley Program Application**  
2006-2007

Name of Parent Committee: \_\_\_\_\_

**STUDENT INFORMATION:                      PLEASE PRINT**

Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_              Birthdate: \_\_\_\_\_              Tribe: \_\_\_\_\_

Degree of Blood: \_\_\_\_\_              Tribal Enrollment#: \_\_\_\_\_

Tribal Agency: \_\_\_\_\_

(If you are a new student you must submit a copy of your CDIB to the JOM Parent Committee or the JOM Program before any services can be provided for your child.)

Name of School Attending: \_\_\_\_\_

Is student New or Transferring Student: \_\_\_\_\_

Transferring from what School?: \_\_\_\_\_

Is student eligible for Free or Reduced Lunch Program?:    Yes \_\_\_\_\_    No \_\_\_\_\_

Parent/Guardian Signature:

I understand that my child's eligibility for services must be established before he/she will receive any assistance through the Johnson O'Malley Program. I also understand that any funding spent on behalf of my child will be for school/educational related items only. **NO CLOTHING WILL BE PROVIDED.** To avoid non-payment, I understand that no charges or purchases can be made on behalf of the JOM Program. This 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 understand that requested information is relevant to obtaining future funding and assistance for my child and may also be used as a basis for awarding Incentive Awards. I further give consent to release information from the Free/Reduced Lunch Program as it will be utilized in determining eligibility for Educational Support assistance.

\_\_\_\_\_  
Print Parent/Guardian Name

Phone number:(    ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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Parent/Guardian Signature                      Mailing Address                      City/State/Zip Code

