

**The Confederated Tribes of Grand Ronde
(Youth Education Basic Application)**

Child's Name:

First _____ M.I. _____ Last _____

Sex: Male _____ Female _____ Date of Birth ____/____/____ Entering Grade: _____

Is your child a member of a federally recognized tribe? Yes _____ No _____ Direct Descendant _____

Tribal ID or roll# _____ Tribal Affiliation _____

(Attach verification for youth or the person they are a descendent from)

Parent/Guardian Name(s):

1. _____ 2. _____

Street Address _____ Street Address _____

City, state, zip _____ City, state, zip _____

Mailing Address _____ Mailing Address _____

City, state, zip _____ City, state, zip _____

E-Mail: _____ E-Mail _____

Parent/Guardian 1:
Phone Home _____ Wk _____ Cell _____

Parent/Guardian 2:
Phone Home _____ Work _____ Cell _____

Preferred method of contact (please check one):

Phone _____ Email _____ Text _____ Mail _____

I have read and the policies and expectations of the Youth Education Program and the information provided on this application is current and accurate.

Parent or Guardian Signature

Date Signed

Received _____

**The Confederated Tribes of Grand Ronde
(Youth Education Basic Application)**

Authorization for Release of Information

I, the undersigned, hereby request and authorize the following agencies and programs to release information to the Confederated Tribes of Grand Ronde (CTGR) Education Division to document eligibility for program services and to provide and coordinate services to my student(s).

Name of Student(s): _____ **Date of Birth:** _____ **Grade:** _____
Tribal Affiliation/ Enrollment # or Descendent: _____

I authorize the following agencies and programs to exchange information and coordinate services for my child :

CTGR Education Division	CTGR Member Services
CTGR Social Services/Prevention	CTGR Human Resources
CTGR Health and Wellness	CTGR Land and Culture
CTGR Tribal Court	Grand Ronde Tribal Housing Authority
Educational Institution(s)	

Please list any agencies you would NOT want Youth Education to share information with:

- Authorization for the agencies and program above includes, but is not limited to:**
- Academic records/administrative records that includes class schedules, current grades, grade point average, grade level, class ranking, aptitude, test results, and assignments
 - Individualized Education Program or Multidisciplinary Team process and results
 - Attendance records including absences and tardies.
 - Medical, physical, or health related records including mental, environment, social, and behavioral reports
 - I authorize my student(s) image may be taken and used for publication including Smoke Signals, social media, CTGR employee emails, advertisements, and the grandronde.org website
 - I authorize my student to be transported by CTGR vehicle
 - I agree that a photocopy or fax copy of this form is acceptable with the same authority as the original

***This authorization will be in effect from **September 2020** to **August 2021** or until revoked in writing.

Signature of Parent/ Legal Guardian **Printed Name of Parent/Legal Guardian**

Date: _____

**The Confederated Tribes of Grand Ronde
(Youth Education Basic Application)**

Authorization for Messaging through Alert Sense

I, the undersigned, hereby request and authorize the Confederated Tribes of Grand Ronde (CTGR) Education Division to contact me with Alert Sense Messenger using, but not limited to, the indicated preferred method of contact.

***This authorization will be in effect from until revoked in writing.

Signature of Parent/ Legal Guardian	Printed Name of Parent/Legal Guardian	Date
--	--	-------------

Parent/ Legal Guardian Cell Phone Number	Parent/ Legal Guardian Cell Phone Provider	Parent/ Legal Guardian Email Address
---	---	---

Student Cell Phone Number	Student Cell Phone Provider	Student Email Address
--------------------------------------	--	----------------------------------

Preferred Method of Contact: **Phone** **Text** **Email**

