

The SHOSHONE-BANNOCK TRIBES

FORT HALL INDIAN RESERVATION
PHONE: (208) 478-3851
FAX: (208) 478-3735



TRIBAL YOUTH EDUCATION PROGRAM
P.O. BOX 306
FORT HALL, IDAHO 83203

Tribal Youth Education Program – Student Enrollment Form

Name of Student: _____ Date of Birth: _____

Age: _____ Gender: M or F

School District: _____ School: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Telephone numbers – Home: _____ Work: _____ Cell: _____

Physical Address (driving directions): _____

I authorize _____ (Child) to participate in the following program(s):

- Reading Study Skills/Tutoring
- Mathematics Study Skills/Tutoring
- Culture Classes
- After-School Tutoring Program/Homework Help
- Other (Specify): _____

Notice of Release of Information:

- Transcripts
- Attendance (absenteeism, tardiness, suspension)
- IRI Scores/ISAT Scores
- General Behavior
- Other: _____

Does the student have an IEP? YES NO

I understand that information obtained and provided will be treated in a confidential manner. I do hereby authorize the release of information to the Tribal Youth Education Program.

Signature of Parent/Guardian: _____ Date: _____