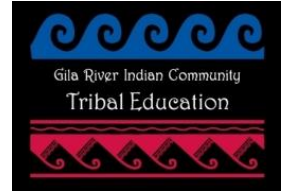




**Gila River Indian Community**  
**Off Reservation Boarding Schools**  
Office: (520) 562-3662  
Fax: (520) 562-2924



## Student/Parent Information

Please Print

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name Mother/Father/Guardian: \_\_\_\_\_

Mail: \_\_\_\_\_

Residential: \_\_\_\_\_

# (Home): \_\_\_\_\_

Cell: \_\_\_\_\_

Student Lives With:  Mother:  Father:  Other: \_\_\_\_\_

Other Siblings attending boarding school? and where?:

*I give permission for Tribal Education to contact/visit my child for the following reasons:*

*birthday cards, well checks, school information, counseling ect.*

Receive mail:  Yes  No

Contact:  Yes  No

phone  Person  Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date