

Cheyenne and Arapaho Tribes
Johnson O'Malley Program Application

Please Check One Choice:

School Year: 2026-2027

Returning JOM Student New Student Descendent Student

In Service C&A Tribal Student Out of Area C&A Tribal Student

School District _____

Student Information:

Please Print

Please Mark One

Full Name: _____ F or M

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____

Please Mark One: T-Shirt Size: Youth Small Youth Med Youth Large Youth XL
 Adult Small Adult Med Adult Large Adult XL Adult 2X Adult 3X Adult 4X

***New students must submit a copy of your Tribal Membership to the JOM Program before any services can be provided for your child or children.**

***Descendent Student-Must submit a copy of parent or grandparents tribal membership, and copy of child's birth certificate to show relationship to enrolled parent or grandparent.**

Parent/Guardian Signature:

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 contact person. I give consent for the Cheyenne and Arapaho Tribes Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities.

Phone Number: () _____

E-Mail Address: _____

Print Parent/Guardian Name

Parent/Guardian Signature

Mailing Address

City/State/Zip Code

***All JOM Parents must compete a JOM Needs Assessment Form, One Per Family.**

Staff use only-----

Need documents: CDIB B/C

Received by: _____ Date _____