



Gila River Indian Community

Off Reservations Boarding Schools

Office: 520-562-3662

Fax: 520-562-2924



Student/Parent Information

Please Print

Student: _____ Grade: _____ Age: _____

Mother/
Guardian: _____ Phone: _____

Father/
Guardian: _____ Phone: _____

Primary Secondary
Email: Email: _____

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

Student lives with: ☐ Mother ☐ Father ☐ Other _____

Other Siblings attending boarding school? Where? _____

***I give permission for Tribal Education to contact/visit my child for the following reasons:
birthday cards, well checks, school information, counseling, events etc.***

Receive Mail:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Student
Contact by phone:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Cell: _____
Contact in Person:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Student _____
			Email: _____

Parent/Guardian Signature: _____ Date: _____

District: _____