



Youth Services

Student Profile Sheet

Name: _____

DO.B.: _____

#1 - Parent/Guardian Name:

Relationship to Student:

Contact Information:

Phone - _____

E-mail - _____

Mailing Address (if not same as Students): _____

#2 - Parent/Guardian Name

Relationship to Student:

Contact Information:

Phone - _____

E-mail - _____

Mailing Address (if not same as Students): _____

Please Note: By signing the Applicant's Agreement of Understanding and Release of Information of the Tribal Learning Assistance Program application, the assigned Youth Services Educational Specialist will obtain class schedule and current grades from the school noted below.

Academic Year: _____

Current Grade Level: _____

Expected Graduation Date: _____

Guidance Counselor's Name: _____

School: _____