

Saint Regis Mohawk Tribe Education Division
Youth Services Student Profile Form

Name: _____ Today's date: _____

What type of service are you interested in? (check all that apply)

- Tutoring Financial assistance for courses
 Activities/Trips Other: _____

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: _____

#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): _____

If you are a **returning student**, your parent/guardian must update your account every academic year by calling **518-358-9721**.