

**SUMMIT LAKE PAIUTE TRIBE**  
**K-12 STUDENT SERVICES APPLICATION**

1001 Rock Blvd.  
Sparks, NV 89431  
Phone: 775-827-9670 or 800-335-7978 • Fax: 775-827-9678

Student Name: \_\_\_\_\_ [ ] Male [ ] Female

Summit Lake Paiute Tribe Enrollment Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number (if any): \_\_\_\_\_

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School District Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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What extracurricular activities (sports, organizations) do you participate in at school, if any:

\_\_\_\_\_

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Parent/Guardian: \_\_\_\_\_ SLPT Enrollment Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email (if any): \_\_\_\_\_

Does child live with parent(s)/guardian? [ ] Yes [ ] No

**The information contained in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian's Name (Printed) Date

\_\_\_\_\_  
Parent/Guardian's Signature