



PROJECT SHELL

Program Application
Turtle Mountain Community
College
10145 BIA Road 7
PO Box 340
Belcourt, ND 58316

Strengthening Higher Expectations for Learning and Leadership

First Name: _____	Last Name: _____	
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____		
School Name: _____	Grade: _____	DOB: _____

Please provide names and contact information for parent(s) or guardian(s):

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
How related to you: _____	How related to you: _____

This form allows TMCC Project SHELL personnel access to the above student's quarterly grades, state assessment scores and final transcripts. This information is needed to remain compliant with required program tracking and reporting.

My Student's Name: _____

I agree to release my student's quarterly grades, state assessment scores and final transcripts to TMCC Project SHELL personnel as outlined in the above statement. **I also give TMCC Project SHELL permission to use my child in promotional materials such as newsletters, brochures and/or educational videos.**

_____	_____	_____
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date

