



Language Class Registration Form

Student's Name: _____
(PLEASE PRINT)

Student's Age: _____ Date of Birth: _____ Student E-mail: _____

Current Grade Level: _____ School: _____

What type of instruction is your student receiving? (Ex: virtual, hybrid, in-person) _____

Parent/Guardian Name(s): _____

Home Address: _____

Mailing Address: _____

Phone (H): _____ Cell: _____

Parent/Guardian Email: _____

Secondary Contact: _____ Phone: _____

Special Accommodations: _____

What day(s) and time(s) is your student available to participate in language classes via video conferencing?

CONSENT TO USE PHOTOGRAPHIC & VIDEO IMAGES

I grant the Tunica-Biloxi Tribe of Louisiana (TBTLA) and its designated representatives and employees permission to use photographic and video images of myself/my children/children legally in my care in connection with classes and workshops for any lawful purpose, including publicity, illustration, advertising, and Web content, which promotes the Tunica-Biloxi Language & Culture Revitalization Program (LCRP). I authorize the TBTLA and its designated representatives, employees, and transferees to use aforementioned images in copyrighted print and digital publications for the purpose of promoting the LCRP without financial compensation. ***I authorize LCRP staff to communicate with my child online via the internet for the purposes of language and culture education.***

Do you grant permission: YES _____ NO _____? I have read and understand the above:

Signature: _____ Date: _____

Printed Name: _____