



## Enrollment Department

P: 360-716-4300 | F: 360-716-0209

Send completed form either by:  
Fax: 360-716-0209 or Email: enrollment@tulaliptribes-nsn.gov

# Enrollment Changes Form

**\*\*Only the legal parent or guardian can fill this form out for a minor\*\***  
**\*\*All the information that is provided is kept highly confidential within the Tulalip Tribes\*\***

Name: \_\_\_\_\_ | Roll #: \_\_\_\_\_

Address: \_\_\_\_\_ | Apt: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ | Email: \_\_\_\_\_

### Please include children with address changes:

Name: \_\_\_\_\_ | Roll #: \_\_\_\_\_

Name: \_\_\_\_\_ | Roll #: \_\_\_\_\_

Name: \_\_\_\_\_ | Roll #: \_\_\_\_\_

Name: \_\_\_\_\_ | Roll #: \_\_\_\_\_

**Name change:** Must have legal documentation AND Social Security card to change name.

**See-Yaht-Sub/Mailings:** Allow 4-6 weeks for update. There will only be one See-Yaht-Sub sent per household.

- Change(s) on this form will apply only to the Enrollment Department, receiving the See-Yaht-Sub and mail-outs, and the Finance Department. Updates need to be completed by the 18th of the month to be effective for the following month's per capita.

Date: \_\_\_\_\_ | Signature: \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the below Terms of Acceptance.

### TERMS OF ACCEPTANCE

I, the requestor for this Enrollment Changes Form, warrant the truthfulness of the information provided in this application.

#### Official Use Only

Staff: Progeny \_\_\_\_\_ Date: \_\_\_\_\_ MOM: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_