

Department of Education / Chickasaw Education Division 300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-7279

Program Application

		•			
	□ Ada □ Ard	dmore 🗆 Sulphu	ur □ Tishom	ingo	
The following documentation ☐ Federally recogniz ☐ Current immuniza ☐ Income document	zed tribal docume tion record		☐ Insurance☐ State birt	e/Soonercare	enrollment
Child's Information :					
Name: First	Middle	Last	Suffix	Gender: □ Female	☐ Male
Birth date:					
☐ First American Tribal at					
☐ Caucasian ☐ African A	merican His	panic Other: _			
Primary Parent/Legal Gua	rdian Informatio	on:			
Name:	Middle Last Suffix		Relationship:		
			Sullix		
Mailing address:		City		State	ZIP
Physical address:		City		Chata	ZIP
Email address:				State	ZIP
Birth date:					
Home phone no.: ()				rk phone no · ()	
Secondary Parent/Legal G			*****		
				Dalatianahin	
Name: First	Middle	Last	Suffix	Relationship:	
Mailing address:					
Street		City		State	ZIP
Physical address:		City		State	ZIP
Email address:					
Birth date:	Chickasaw N	Nation employee? [□ Yes □ No		
Home phone no.: ()	Cell p	hone no.: ()	Woı	rk phone no.: ()	
		Page 1 of 2		Form no. 10466 EDU-EC	Rev. 3/2023

Family Status: (Check what best describes your situation) Family status: ☐ Single, head of household, never been married ☐ Divorced ☐ Separated ☐ Married ☐ Widow ☐ Common law	Income/benefit: ☐ Unemployed ☐ Paid weekly ☐ Paid bi-weekly ☐ Paid monthly ☐ Other income:	Number in household:	
Persons in Household:			
Name		Relationship to child	Age
Additional Information:			
Are there any hardship conditions in your family at If yes, please describe:			
Does your child have a documented disability or spindividualized family service plan, etc.)? ☐ Yes ☐ If yes, please attach supporting documentation.		n, individualized education	on program,
Please address in detail any educational, medical,	social, or emotiona	I concerns you have for	your child.
Does your child require transportation to/from scho	ol? □ Yes □ No		
Has any member of your immediate family been a participant? ☐ Yes ☐ No	Chickasaw Nation I	Head Start or Early Chil	dhood program
I certify that the information that I have submitted is verification, and that falsification is grounds for immallow the release of information for verification and	nediate denial and v	will subject me to prosed	
Parent/legal guardian signature		Date	
Eligibility, recruitment, selection, enrollment, and attendance manager	Date		
Office Use Only: ☐ Federally recognized tribal documentation ☐ Current immunization record ☐ Income documentation ☐ Eligible for enrollment	□ State □ Disabi	nnce/Soonercare birth certificate ility documentation d to waiting list	