the Chickasaw Nation

Chris Anoatubby
Governor

Department of Family Services / Residential Services Division
Chickasaw Children's Village
12998 Village Road-Office / Kingston, OK 73439 / (580) 564-3060 / Fax: (580) 564-3605

Application for Enrollment

The mission of the Chickasaw Children's Village (CCV) is to provide First American children with the opportunity for social, spiritual, and personal development through professional guidance in a safe, nurturing environment, with an emphasis on their educational needs.

Person completing the form: ☐ Parent ☐ Legal guardian

Student information:

☐ New
☐ Returning (if returning student) Do you wish to be in the same cottage as last year? ☐ Yes ☐ No

Name: _____ Grade: _____
First Middle Last Suffix

Gender: ☐ Male ☐ Female Birth date: _____ Social Security no.: _____

Tribal affiliation: _____ Degree: _____

Church preference: _____ Can student attend another church? ☐ Yes ☐ No

Has student attended boarding school before? ☐ Yes ☐ No
If yes, where? _____
Does the student want to attend? ☐ Yes ☐ No
If no, please explain: _____
_____
_____

Reason for referral: (Please put any additional information on the back of the page.)
_____
_____
_____

Education information:

Previous school attended: _____

School address: _____
Street City State ZIP

Date completed: _____ Grade(s) completed: _____

Reason for leaving: _____
_____

Please provide most current copy of the student's report card.

Has the student (check appropriate boxes):
Been retained in the same grade? ☐ Yes ☐ No

Been tested for special education, attention deficit disorder, and/or learning disabilities disorder? ☐ Yes ☐ No
If yes, please explain: _____

Been in special education classes or have classroom modifications? ☐ Yes ☐ No
Received speech therapy? ☐ Yes ☐ No

Parent/legal guardian no. 1 information:

Father name: _____
First Middle Last Suffix

Age: _____ ☐ Living ☐ Deceased

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Directions to your home: _____

_____

Home phone no.: (___) _____ Cell phone no.: (___) _____

Emergency phone no.: (___) _____ Tribal affiliation: _____

Dominant language spoken in home: _____

Home agency (list tribal headquarters name and location): _____

Do you have Medicaid (SoonerCare)? ☐ Yes ☐ No
If yes, what is the Medicaid number/person code? _____

Do you have private/group health insurance? ☐ Yes ☐ No
If yes, please provide the following:

Insurance company name: _____

Insurance company address: _____
Street City State ZIP

Name of insured: _____

Relationship to student: (please check one) ☐ Parent ☐ Legal guardian

What is the policy ID or Social Security no.? _____

Group name/group number: _____

Father's known allergies: _____

Parent/legal guardian no. 2 information:

Mother name: _____
First Middle Last Suffix

Age: _____ ☐ Living ☐ Deceased

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Directions to your home: _____

_____

Home phone no.: (___) _____ Cell phone no.: (___) _____

Emergency phone no.: (___) _____ Tribal affiliation: _____

Dominant language spoken in home: _____

Home agency (list tribal headquarters name and location): _____

Do you have Medicaid (SoonerCare)? ☐ Yes ☐ No
If yes, what is the Medicaid number/person code? _____

Do you have private/group health insurance? ☐ Yes ☐ No
If yes, please provide the following:

Insurance company name: _____

Insurance company address: _____
Street City State ZIP

Name of insured: _____

Relationship to student: (please check one) ☐ Parent ☐ Legal guardian

What is the policy ID or Social Security no.? _____

Group name/group number: _____

Mother's known allergies: _____

Neighbor, friend, or relative information:

Name: _____ Phone no.: (___) _____

Brothers' and sisters' information:

Name: _____ ☐ Male ☐ Female Age: _____

Name: _____ ☐ Male ☐ Female Age: _____

Name: _____ ☐ Male ☐ Female Age: _____

Permission to Leave Authorization:
Please initial one or more of the items below if you wish to give your student permission to leave the CCV campus without the sponsorship of the CCV and/or Kingston Public Schools.

_____ Student is to leave campus *only* with written permission each time from parent or legal guardian.
_____ Student is to leave campus *only* with parent or legal guardian.
_____ Student is to leave campus *only* with authorized person(s) listed below: MUST be 21 or older.
Note: To add other names to the checkout list, a parent or legal guardian must submit a signed permission statement through fax, letter, or in person to the CCV director 48 hours prior to the student checking out.

(1) _____ (2) _____

(3) _____ (4) _____

I, _____, am legally responsible for _____ and understand that the CCV is released of responsibility whenever the student is checked out by the authorized person(s).

The CCV may request additional information before the student is enrolled.

_____ _____
Parent/legal guardian signature Date

Authorization for Treatment and Disclosure of Clinical Information

I am legally responsible for _____ and hereby give consent for any medical, dental, counseling, substance abuse screening, and drug/alcohol treatment that becomes necessary while the student is at the CCV. I also approve such inoculations and treatments in the field of preventive medicine as may be deemed necessary by healthcare professional.

I further understand that I will be notified when emergency situations arise in any medical, dental, counseling, substance abuse screening, and drug/alcohol treatment situations.

I authorize this release knowing and understanding the records may contain information relating to a reportable communicable disease, which is confidential according to Oklahoma state law.

Consent is also given for the disclosure and exchange of pertinent information essential for medical treatment, drug/alcohol treatment, substance abuse screening or counseling services. This information may be interchanged between the health services and the Chickasaw Children's Village beginning _____ and ending _____.

Consent is given for a drug/alcohol screening to be done upon acceptance of the application.

_____
Parent/legal guardian signature

_____
Address

_____
Relationship

_____
City State ZIP

_____
Date

(_____) _____
Phone no.

State of _____

County of _____

Signed before me on _____, 20___

By _____

Identification _____

My commission expires _____

_____
Notary Public

Statutory Form for Power of Attorney to Delegate Parental or Legal Guardian Powers

1. I certify that I am the parent or legal guardian of:

Full name of minor child _____ Birth date _____

Full name of minor child _____ Birth date _____

Full name of minor child _____ Birth date _____

2. I designate: _____
Job title and office name of attorney-in-fact

_____
Street address, city, state, and ZIP of attorney-in-fact

(___) _____ (___) _____
Home phone no. of attorney-in-fact Work phone no. of attorney-in-fact

as the attorney-in-fact of each minor child(ren) named above.

3. I delegate to the attorney-in-fact all of my power and authority regarding the care, custody, and property of each minor child(ren) named above including, but not limited to the right to enroll the child(ren) in school, inspect and obtain copies of education records and other records concerning the child(ren), the right for the attorney-in-fact to attend school activities and other functions concerning the child(ren), and the right to give or withhold any consent or waiver with respect to school activities, medical, dental, and mental health treatment (including treatment plans), and any other activity, function or treatment that may concern the child(ren). This delegation will not include the power to initiate or consent to evaluate, reevaluate, or place the minor child(ren) in special education. This delegation will not include the power or authority to consent to marriage or adoption of the child(ren), the performance or inducement of an abortion on or for the child(ren), or the termination of parental rights to the child(ren).
4. This delegation will not include those dates when the minor child(ren) is in the custody of the parent/legal guardian or when the minor child(ren) is otherwise dismissed from the Chickasaw Children's Village (CCV) for school breaks and/or weekends.
5. Nothing contained in this power of attorney will be construed to waive the sovereign rights of the Chickasaw Nation, its officers, employees, or agents.
6. This power of attorney is effective for a period not to exceed one year, beginning _____, 20___, and ending _____, 20___. (To be filled in by CCV staff.)
7. I reserve the right to revoke this authority at any time by giving the attorney-in-fact written notice of revocation.
8. By signing below, I affirm that I have legal authority to sign as the parent/legal guardian of the minor child(ren) named above.

Parent/legal guardian printed name _____ Parent/legal guardian printed name _____

Parent/legal guardian signature _____ Parent/legal guardian signature _____

9. I hereby accept my designation as attorney-in-fact for:

_____
Minor child(ren) as specified in this power of attorney.

Attorney-in-fact printed name and title _____ Attorney-in-fact printed name and title _____

Attorney-in-fact signature _____ Attorney-in-fact signature _____

State of _____

County of _____

Acknowledgment of Parent/Legal Guardian

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20 ___, personally appeared _____ (Name of parent/legal guardian) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as their free and voluntary act and deed for the uses and purposed set forth in the instrument.

Witness my hand and official seal the day and year above written.

State of _____

County of _____

Signed before me on _____, 20___

By _____

Identification _____

My commission expires _____

_____
Notary Public

State of _____

County of _____

Acknowledgment of Parent/Legal Guardian

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20 ___, personally appeared _____ (Name of parent/legal guardian) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as their free and voluntary act and deed for the uses and purposed set forth in the instrument.

Witness my hand and official seal the day and year above written.

State of _____

County of _____

Signed before me on _____, 20___

By _____

Identification _____

My commission expires _____

_____
Notary Public

State of _____

County of _____

Acknowledgment of Attorney-in-Fact

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20 ___, personally appeared _____ (Name of attorney-in-fact) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as their free and voluntary act and deed for the uses and purposed set forth in the instrument.

Witness my hand and official seal the day and year above written.

State of _____

County of _____

Signed before me on _____, 20___

By _____

Identification _____

My commission expires _____

_____
Notary Public