



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

Program Application

Ada Ardmore Sulphur Tishomingo

The following documentation must accompany a complete and signed application to be considered for enrollment.

- Federally recognized tribal documentation Insurance/Soonercare
- Current immunization record State birth certificate
- Disability documentation

Child information:

Name: _____ Gender: Female Male
First Middle Last Suffix

Birth date: _____ Age: _____ Public school district: _____

- First American Tribal affiliation: _____
- Caucasian African American Hispanic Other: _____

Primary parent/legal guardian information:

Name: _____ Relationship: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

Birth date: _____ Chickasaw Nation employee? Yes No

Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

Secondary parent/legal guardian information:

Name: _____ Relationship: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

Birth date: _____ Chickasaw Nation employee? Yes No

Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

Family status: (Check what best describes your situation)

- Family status: Number in household: _____
- Single, head of household, never been married
 - Divorced
 - Separated
 - Married
 - Widow
 - Common law

Persons in household:

Name	Relationship to child	Age

Additional information:

Are there any hardship conditions in your family at this time? Yes No

If yes, please describe: _____

Does your child have a documented disability or special need (speech, individualized education program, individualized family service plan, etc.)? Yes No

If yes, please attach supporting documentation.

Please address in detail any educational, medical, social or emotional concerns you have for your child.

Does your child require transportation to/from school? Yes No

Has any member of your immediate family been a Chickasaw Nation Head Start or Early Childhood program participant? Yes No

Where did you hear about the Chickasaw Nation Head Start or Early Childhood program? _____

I acknowledge that the information submitted is true to the best of my knowledge and realize it is subject to verification. I understand that falsifying information may result in adverse actions by the Chickasaw Nation. I agree to the release of information for verification and reporting purposes.

Parent/legal guardian signature

Date

Eligibility, recruitment, selection, enrollment or attendance manager signature

Date

Office Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Federally recognized tribal documentation | <input type="checkbox"/> Insurance/Soonercare |
| <input type="checkbox"/> Current immunization record | <input type="checkbox"/> State birth certificate |
| <input type="checkbox"/> Disability documentation | <input type="checkbox"/> Eligible for enrollment |
| <input type="checkbox"/> Added to waiting list | |