the Chickasaw Nation

Chris Anoatubby
Governor

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
☐ Current immunization record
☐ Disability documentation
☐ Insurance/Soonercare
☐ State birth certificate

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

Form no. 10466 EDU-EC Rev. 5/2025

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:

☐ Federally recognized tribal documentation
☐ Current immunization record
☐ Disability documentation
☐ Added to waiting list
☐ Insurance/Soonercare
☐ State birth certificate
☐ Eligible for enrollment