



the
**Chickasaw
Nation**

Department of Community Services / Youth Services

Youth Activities

231 Seabrook Road / Ada, OK 74820 / (580) 272-5716 / Fax: (580) 436-7288

Bill Anoatubby
Governor

Homeschool Fit Force Application

Return application to:
231 Seabrook Road, Ada, OK 74820
Phone no.: (580) 272-5716
Fax: (580) 436-7288

Parent/legal guardian information: (Birth date is required for security purposes.)

Parent/legal guardian information:

Primary contact: Individual with whom the child lives

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Gender: ☐ Male ☐ Female Authorized for pickup? ☐ Yes ☐ No

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

Email address: _____

Relationship: _____ Chickasaw Nation employee: ☐ Yes ☐ No

Secondary contact:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Gender: ☐ Male ☐ Female Authorized for pickup? ☐ Yes ☐ No

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

Email address: _____

Relationship: _____ Chickasaw Nation employee: ☐ Yes ☐ No

Emergency contact information:

Name: _____
First Middle Last Suffix

Relationship: _____ Phone no.: (____) _____

Email address: _____

Individuals authorized for pick up: (Please list any individuals who are authorized for pick up other than parent/legal guardian.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Homeschool Fit Force Application

Return application to:
231 Seabrook Road, Ada, OK 74820
Phone no.: (580) 272-5716
Fax: (580) 436-7288

Homeschool students 6-13 years of age
Chickasaw citizens, children of Chickasaw Nation employees, Pomiksa' Chikasha members

Child's Information: (All information must be completed to be considered.)

Child no. 1:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No

Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)

☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 2:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No

Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)

☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 3:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No

Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)

☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 4:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No

Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)

☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 5:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No
Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)
☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 6:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No
Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)
☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____

Child no. 7:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 Gender: ☐ Male ☐ Female

Email address: _____

Does child have special needs? ☐ Yes ☐ No

Please explain: _____

Tribal affiliation: ☐ Chickasaw ☐ Pomiksa' Chikasha member (card no. _____)
☐ Child of Chickasaw Nation employee

Homeschool affiliation: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give to your child (e.g., Tylenol, Motrin, Pepto-Bismol): _____

Please list any food allergies your child has that employees need to be aware of: _____