the Chickasaw Nation

Chris Anoatubby
Governor

Department of Education / Education Resources Division
Student Development
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 310-9531 / Email address: AdultLearning@Chickasaw.net

Adult Learning Program Minor Student Application

The purpose of this program is to provide educational services to students who did not complete the requirements to attain a high school diploma. The Chickasaw Nation Department of Education agrees to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. Information contained within this application will be considered confidential and will not be disclosed to third parties without the written consent of the applicant or as otherwise required by the Chickasaw Nation Code.

Applicant information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ Birth date: _____

Communication preferences: ☐ Text ☐ Email ☐ Both Gender: ☐ Male ☐ Female

Email address: _____

Last public school attended: _____

Last grade completed: ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th Last date attended: _____

Has the public school last attended been informed of the applicant's intent to apply for the Chickasaw Nation Adult Learning Program? ☐ Yes ☐ No

Do you have any special needs that may require additional program support modifications? ☐ Yes ☐ No
If yes, please explain: _____

_____

Program eligibility:
Indicate eligibility category for which the applicant is seeking approval for program participation. All applicants must submit a copy of a photo identification (ID).
Tribal affiliation: ☐ Chickasaw ☐ Chickasaw dependent ☐ Cherokee ☐ Choctaw ☐ Muscogee (Creek) ☐ Seminole ☐ Other First American (please indicate tribal affiliation): _____

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

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

Communication preferences: ☐ Text ☐ Email ☐ Both Email address: _____

Birth date: _____ Relationship: _____

Emergency contact: ☐ Yes ☐ No Authorized for pick up: ☐ Yes ☐ No

Secondary contact:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

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

Communication preferences: ☐ Text ☐ Email ☐ Both Email address: _____

Birth date: _____ Relationship: _____

Emergency contact: ☐ Yes ☐ No Authorized for pick up: ☐ Yes ☐ No

Emergency contact information:

Name: _____
First Middle Last Suffix

Phone no.: (___) _____

Email address: _____ Relationship: _____

Individuals authorized for pick up:

Name: _____ Relationship: _____ Phone no.: (___) _____

Supporting documentation:

1. Certificate of Degree of Indian Blood (CDIB)

Acknowledgment:

I/we, the parent(s)/legal guardian(s) of the above-named minor child, acknowledge that the information provided on this form is true and correct. By signing this document, I/we affirm that I/we are authorized to sign the same on behalf of the child listed above. I/we understand that submission of this application does not indicate program acceptance. I/we understand that the Chickasaw Nation Adult Learning Program is not designated as a local education agency and acceptance and participation in the program does not waive requirements established under Chickasaw Nation Code, Title 17, Chapter 5, Section 17.501.7 - Mandatory School Attendance. I/we understand that if my child is truant, it may result in referral to the Chickasaw Nation Truancy Court Program.

_____ _____
Parent/legal guardian signature Date

Return application to:
The Chickasaw Nation
Attn: Adult Learning Program
300 Rosedale Road
Ada, OK 74820
Fax: (580) 310-9531
Email address: AdultLearning@Chickasaw.net