



Education Division

Adult Learning Program – DOUGLAS H. JOHNSTON BUILDING
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax (580) 272-1224

Application for Adult Education Services

Contact information:

Full legal name (first, middle, last, suffix):	Home phone:
Address:	Cell phone:
City, state, ZIP:	Email address:

Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Tribal affiliation (if Native American):
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Tribal affiliation – If Native American, submit Chickasaw citizenship card/certificate or verification as an enrolled member of a federally recognized tribe.

Did someone refer you to our program? Yes No
 If yes, which agency referred you to our program? _____

Are you a Chickasaw Nation employee? Yes No
 If yes, in what department are you employed? _____

Background Information:

Last public school attended:	What year did you drop out?	Last grade completed:	Did you attend special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Other adult education programs attended (when & where):		Birth date:	Your age today?	
Has the Chickasaw Nation ever paid for your HSE testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____			Social Security no.:	

Have you ever been convicted of a felony or misdemeanor? Yes No

Do you have any disabilities or handicaps that require special services? Yes No
 If yes, briefly describe: _____

Certification – I certify that the information provided on this form is true and correct.

Signature:	Date:
Guardian's signature (if under 18):	Date:

Intake Interview Notes: (This Page for Office Use Only)

Criminal history – Client checked Yes No that they have been convicted of a felony or misdemeanor.

Are you on supervised or unsupervised probation? Supervised Unsupervised

Do you have any pending criminal charges against you? Yes No

(If yes, brief description of conviction):

Student is a referral to our program? Yes No Referral document on file? Yes No

If yes, name of referring person: _____

Referring agency: _____

Address: _____

City, state, ZIP: _____

Contact phone no.: _____

Special services required (intake notes):

Other intake notes:

Application packet is complete? Yes No

Intake specialist signature: _____ Date of intake: _____

The Chickasaw Nation Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law