

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

Program Application

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The following documenta Federally reco Current immul	gnized tribal documentati nization record	omplete and si on	igned applicatio □ Insurance □ State birtl	e/Soonercare	enrollment.
Child information:					
Name:	Middle			Gender: ☐ Female	□ Male
			Suffix		
	Age:				
☐ First American Triba	al affiliation:				
☐ Caucasian ☐ Africa	n American ☐ Hispanic	☐ Other:			
Primary parent/legal gr	uardian information:				
Name:	Middle		Suffix	Relationship:	
			Suffix		
Street		City		State	ZIP
Physical address:					
		City		State	ZIP
Email address:					
Birth date:	Chickasaw Nation	n employee? □	∃ Yes □ No		
Home phone no.: ()	Cell phone	no.: ()	Wor	k phone no.: ()	
Secondary parent/lega	I guardian information:				
Name:	Middle			Relationship:	
			Suffix		
Mailing address: Street		City		State	ZIP
		-			
Street		City		State	ZIP
Email address:					
Birth date:	Chickasaw Nation	n employee? 🗆	∃Yes □ No		
Home phone no.: ()	Cell phone	no.: ()	Wor	k phone no.: ()	
Family status: (Check wh	at best describes your situation)				
Family status: ☐ Single, head of house ☐ Divorced ☐ Separated ☐ Married ☐ Widow ☐ Common law	ehold, never been married		nousehold:		Rev. 5/2025
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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. Perent/legal guardian signature Date Date Disability (occumentation Insurance/Soonercare Current immunization record State birth certificate Disability documentation Eligible for enrollment	Persons in household:						
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individualized family service plan, etc.)?							
Does your child require transportation to/from school?	individualized family service plan, etc.)? ☐ Yes ☐ Ne		program,				
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