



*the*  
**Chickasaw**  
**Nation**

Education Division

**Adult Learning Program – DOUGLAS H. JOHNSTON BUILDING**

300 Rosedale Road / Ada, OK 74820 / Phone: (580) 421-7711 / Fax: (580) 272-1224

**Bill Anoatubby**  
Governor

## Petition for Re-Admission

### Contact Information:

Full legal name (first, middle initial, 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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Please explain below why you should be re-admitted to the *Adult Learning Program*:

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

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

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.

**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 code: \_\_\_\_\_

Contact phone no.: \_\_\_\_\_

**Special Services Required (Intake notes):**

**Other Intake Notes:**

Application packet is complete?  Yes  No

Intake specialist signature: \_\_\_\_\_ Date of intake: \_\_\_\_\_

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