



**the
Chickasaw Nation
Chickasaw Children's Village**

12998 Village Road-OFC / Kingston, OK 73439 / (580) 564-3060 / Fax (580) 564-3605

**Bill Anoatubby
Governor**

**APPLICATION
FOR**

Student's Name

Grade Entering

The mission of the Children's Village of the Chickasaw Nation is to provide Indian children with the opportunity for social, spiritual and personal development through professional guidance in a safe, nurturing environment, with an emphasis on their educational needs.



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APPLICATION FOR ENROLLMENT

Returning (if returning student)

New

Do you wish to be in the same cottage as last year? Yes No

Name of student: _____ Grade: _____

Gender: Male Female Birth date: _____ Social Security no.: _____

Affiliated Indian tribe(s): _____ Degree: _____

Church preference: _____ Can student attend another church? Yes No

Name and address of parent or legal guardian: _____

Home phone: _____ Work phone: _____

Directions to your home: _____

Name and phone number of neighbor, friend or relative: _____

Has student attended boarding school before? Yes No If so, where? _____

Does the student want to come? Yes No If no, please explain: _____

Reason for referral: _____

(Please put any additional information on back of page.)

Names of brothers and sisters:

1. _____ Male Female Age: _____

2. _____ Male Female Age: _____

3. _____ Male Female Age: _____



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Please initial one or more of the items below if you wish to give your child permission to leave the *Chickasaw Children's Village* campus without the sponsorship of the *Chickasaw Children's Village* and/or Kingston Public Schools.

1. ____ Student is to leave *only* with written permission each time from parent/legal guardian.
2. ____ Student is to leave campus *only* with parent or legal guardian.
3. ____ Student is to leave campus with authorized persons listed below: MUST be over 21 years of age.
4. ____ To add other names to the check-out list, a parent/legal guardian must submit a signed permission statement through fax, letter or in person to the director 48 hours prior to student check-out.

(1) _____ (3) _____
 (2) _____ (4) _____

I, _____, am legally responsible for _____ and understand that the *Chickasaw Children's Village* (CCV) is released of responsibility whenever the student is checked out by authorized persons.

CCV may request additional information before the child is enrolled.

Signature of parent/legal guardian

Date

EDUCATION INFORMATION

Previous school attended: _____

Address: _____

Date and grades completed: _____

Please provide most current copy of your report card.

Reason for leaving: _____

Has your child: (check appropriate boxes)

Been retained in same grade? Yes No

Been tested for special education, Attention Deficit Disorder and/or Learning Disabilities Disorder?

Yes No Please explain:

Received speech therapy? Yes No

Been in special education classes or have classroom modifications? Yes No



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AUTHORIZATION FOR TREATMENT AND DISCLOSURE OF CLINICAL INFORMATION

I am legally responsible for _____ and hereby give consent for any medical, dental, counseling, substance abuse screening and drug/alcohol treatment that become necessary while the child is in school. I also approve such inoculations and treatments in the field of preventive medicine as may be deemed necessary by medical personnel.

I further understand that I will be notified when emergency situations arise in any medical, dental, counseling, substance abuse screening and drug/alcohol treatment situations.

I authorize this release knowing and understanding the records may contain information relating to a reportable communicable disease, which is confidential according to Oklahoma state law.

Consent is also given for the disclosure and exchange of pertinent information essential for medical treatment, drug/alcohol treatment and substance abuse screening or counseling services. This information may be interchanged between the health services and the *Chickasaw Children's Village* beginning _____ and ending _____.

Consent is given for a drug screening to be done upon acceptance of application.

Signature of parent/legal guardian

Address

Relationship

City State ZIP

Date

Phone number

State of _____

County of: _____

Signed before me on _____ 20__

By _____

Identification _____

My commission expires _____

Notary Public



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FAMILY AND INSURANCE INFORMATION

Person filling out form: Parent Legal guardian

Father: _____

Age: ____ Living Deceased

Address: _____

City _____ State _____ ZIP _____

Phone: Home: _____

Work: _____

Emergency: _____

Tribal affiliation: _____

Dominant language spoken in the home: _____

Home agency: _____

Do you have Medicaid (SoonerCare)?
 Yes No If yes, what is the Medicaid number/person code? _____

Do you have private/group health insurance?
 Yes No If yes, please provide the insurance company's name and address:

Name of insured: _____

Relationship to student: (please check one)
 Parent Legal guardian

What is the policy ID or Social Security no.?

Group name/group number: _____

Father's known allergies: _____

Mother: _____

Maiden name: _____

Age: ____ Living Deceased

Address: _____

City _____ State _____ ZIP _____

Phone: Home: _____

Work: _____

Emergency: _____

Tribal affiliation: _____

Dominant language spoken in the home: _____

Home agency: _____

Do you have Medicaid (SoonerCare)?
 Yes No If yes, what is the Medicaid number/person code? _____

Do you have private/group health insurance?
 Yes No If yes, please provide the insurance company's name and address:

Name of insured: _____

Relationship to student: (please check one)
 Parent Legal guardian

What is the policy ID or Social Security no.?

Group name/group number: _____

Mother's known allergies: _____



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**Statutory Form for Power of Attorney to Delegate Parental or Legal
Custodian Powers**

1. I certify that I am the parent or legal custodian of:

(Full name of minor child) (Date of birth)

(Full name of minor child) (Date of birth)

(Full name of minor child) (Date of birth)

2. I designate _____
(Job title and office name of attorney-in-fact)

(Street address, city, state and ZIP of attorney-in-fact)

(Home phone of attorney-in-fact) (Work phone of attorney-in-fact)

as the attorney-in-fact of each minor child named above.

3. I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of each minor child named above including, but not limited to, the right to enroll the child(ren) in school, inspect and obtain copies of education records and other records concerning the child(ren), the right for the attorney-in-fact to attend school activities and other functions concerning the child(ren), and the right to give or withhold any consent or waiver with respect to school activities, medical, dental and mental health treatment (including treatment plans), and any other activity, function or treatment that may concern the child(ren). This delegation shall not include the power to initiate or consent to evaluate, reevaluate or place the minor child(ren) in special education. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.



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4. This delegation shall not include those dates when the minor child(ren) is in the custody of the parent/legal custodian or when the minor child(ren) is otherwise dismissed from the Chickasaw Children's Village for school breaks and/or weekends.
5. Nothing contained in this power of attorney shall be construed to waive the sovereign rights of the Chickasaw Nation, its officers, employees or agents.
6. This power of attorney is effective for a period not to exceed one year, beginning _____, 20__, and ending ____, 20__. (To be filled in by CCV staff)
7. I reserve the right to revoke this authority at any time by giving the attorney-in-fact written notice of revocation.
8. By signing below, I affirm that I have legal authority to sign as the parent/legal custodian of the minor child(ren) named herein.

Parent/legal custodian signature

Parent/legal custodian signature

Parent/legal custodian printed name

Parent/legal custodian printed name

9. I hereby accept my designation as attorney-in-fact for:

(Minor child(ren)) as specified in this power of attorney.

Attorney-in-fact signature

Attorney-in-fact printed name and title

Attorney-in-fact signature

Attorney-in-fact printed name and title

State of _____

County of _____

ACKNOWLEDGEMENT OF PARENT

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20__, personally appeared _____
(Name of parent/legal custodian) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

Signature of notarial officer

(Seal, if any)

Title and rank

My commission expires: _____

State of _____

County of _____

ACKNOWLEDGEMENT OF PARENT

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20__, personally appeared _____ (Name of parent/legal custodian) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

Signature of notarial officer

(Seal, if any)

Title and rank

My commission expires: _____

State of _____

County of _____

ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT

Before me, the undersigned, a Notary Public, in and for said county and state on this _____ day of _____, 20__, personally appeared _____ (Name and title of attorney-in-fact) to me known to be the identical person(s) who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

Signature of notarial officer

(Seal, if any)

Title and rank

My commission expires: _____