

## Department of Education / Education Resources Division Student Development

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 310-9531 / Email address: TutoringAssistance@Chickasaw.net

## Student Tutoring Assistance Application

The student tutoring assistance program coordinates access to high-quality tutoring services intended to improve the academic performance of students enrolled in K-12 education programs. Applicants are eligible for assistance once per calendar year. Grade reports submitted should include information for the current school year and the academic grading period in which the application is submitted.

The Chickasaw Nation Department of Education agrees to strictly maintain the confidentiality of all information disclosed by the school hereunder, or any amendments thereto. Information contained within this referral will be considered confidential and will not be re-disclosed to third parties without the written consent of the student applicant or as otherwise required by law.

| Student information:   |                                |  |  |        |  |
|--|--------------------------------|--|--|--------|--|
| Student name:  |                                | Middle   | Last   | Suffix |  |
| Mailing address:   |                                |  |  |        |  |
| Mailing address:Street   |                                | City   | State  | ZIP    |  |
| Physical address: Street   |                                | City   | State  | ZIP    |  |
| · ·  | Grade level: _                 | •  | School attending:                                    |        |  |
| Parent/legal guardian in   | formation:                     |  |  |        |  |
| Parent/legal guardian nam  |                                |  |  |        |  |
|  | First                          | Middle   | Last   | Suffix |  |
| Mailing address:   |                                |  |  |        |  |
|  |                                |  | State  | ZIP    |  |
| Physical address: Street   |                                | City   | State  | ZIP    |  |
| 9  | Relationship: _                | •  | il address:  |        |  |
| Home phone no.: ()   | me phone no.: () Cell phone no |  | Work phone no.: ()                                   |        |  |
| Program eligibility:   |                                |  |  |        |  |
| Indicate the eligibility cate  | gory for which the app         | licant is seeking appro  | oval for program participation.                      |        |  |
| ☐ Student demonstrates Requires completion of Requires submission of | student tutoring assis         |  | l Form 10620.  |        |  |
|  | f current IEP or 504 P         | lan including current s  | education program (IEP) or school recommended accomm |        |  |
| <b>Certification</b> :   |                                |  |  |        |  |
| I certify that the informatio  | n provided is true and         | correct.   |  |        |  |
| Parent/legal guardian signatur                                       |                                | Return application to:<br>The Chickasaw Nation<br>n.: Tutoring Assistance Pro<br>300 Rosedale Road | Date<br>ogram  |        |  |

Ada, OK 74820 Fax no.: (580) 310-9531

Email address: TutoringAssistance@Chickasaw.net