



# Iowa Tribe of Oklahoma

## 3<sup>rd</sup>-6<sup>th</sup> grade Afterschool Program

### Application

335588 E. 750 Road in Perkins, OK 74059

Phone: (405)547-2402, Ext. 209

Fax: (405)547-1093

DEADLINES for *Fall semester*: **August 30<sup>th</sup>** and *Spring semester*: **January 6<sup>th</sup>**

#### **\*\*\* NOTICE TO ALL APPLICANTS: \*\*\***

1. This application is for youth 3<sup>rd</sup> – 6<sup>th</sup> grades that reside within the ITO service district.
2. Must submit a NEW application each year by or before required deadline(s), second semester required document checklist must be submitted to the ITO by Spring semester deadline.
3. No application will be considered complete until all documents have been received by the ITO Education department.
4. Please be sure all requested documents are submitted by the designated deadline dates.
5. The Afterschool Program will follow the Perkins-Tryon school closures.

#### **AFTERSCHOOL PROGRAM**

##### ***Eligibility Guidelines:***

- Must be a student residing within the service district of the Iowa Tribe of Oklahoma.
- Must submit a tribal enrollment card or CDIB if claiming application priority status.
- Must submit an application by or before required deadline(s).
- Must have successfully completed the second grade by the previous academic school year and not have completed the sixth grade.

#### **PROGRAM PRIORITY SYSTEM**

The following priority system shall be in effect as the guidelines for student acceptance to the ITO 3<sup>rd</sup> – 6<sup>th</sup> Grade Afterschool Program:

- *First Priority:* Iowa Tribal Member Students.
- *Second Priority:* All other Native American Students.
- *Third Priority:* All other Students residing within the ITO service district.

**CHECKLIST OF REQUIRED DOCUMENTS FOR FIRST SEMESTER NEW APPLICANTS:**

- \_\_\_\_\_ Completed current application for the upcoming school year.
- \_\_\_\_\_ Iowa Tribe of Oklahoma Tribal Membership Card or other Tribal Membership Card
- \_\_\_\_\_ Medical Release and Release of Liability
- \_\_\_\_\_ Photograph and Media Consent
- \_\_\_\_\_ Transportation Liability Release
- \_\_\_\_\_ Copy of Official Transcript, latest report card, or progress report
- \_\_\_\_\_ ITO Request for Release of Student Records
- \_\_\_\_\_ Relevant Medical Information

**CHECKLIST OF REQUIRED DOCUMENTS FOR SECOND SEMESTER OR RETURNING/**

**CONTINUING STUDENT DEADLINE:**

- \_\_\_\_\_ A current Afterschool Program Application must be on file.
- \_\_\_\_\_ A current official transcript, latest report, or progress report.
- \_\_\_\_\_ A statement of all current contact information for the Applicant and Parents/Guardian (including physical address, email, and phone).
- \_\_\_\_\_ Updated Medical Information

# 3rd-6th grade Afterschool Program Application



Please submit completed applications to:

ITO Education Department  
335588 E. 750 Road  
Perkins, OK 74059

**FALL DEADLINE: August 30th SPRING DEADLINE: January 6th**

Please complete application in blue/black ink. All information requested is necessary to determine eligibility. *Applications must be turned in by the deadline date.*

<b>STUDENT NAME: (Please Print)</b>			/ /	/ /
Last	First	Middle	Birth Date	Social Security #
<b>Address:</b>				
Street	City		State	Zip
<b>Phone #:</b>	<b>Message #:</b>	<b>E-mail Address:</b>		
<b>Allergies/Relevant Medical Information:</b>				
<b>Adults Authorized to pick up student:</b>				
<b>PARENT/ LEGAL GUARDIAN NAME: (Please Print)</b>				
Last	First	Middle		
School Name	Address	City	State	Zip
Iowa Tribal Member: (circle one) YES or NO				
Other Tribal Member/CDIB: (Please list Tribe):				
<b>Year in School:</b>				
<b>Homeroom Teacher:</b>				
<b>APPLICATION REQUEST:      FALL 20_____      SPRING 20_____</b>				
<b>Do you have any Special Needs that would require special services?    YES or NO</b>				
If Yes, please explain:				
I acknowledge that any information submitted is confidential, and that all information I have submitted is true and correct to the best of my knowledge. <b><u>I consent to the release of information to necessary agencies in order to complete my enrollment packet.</u></b>				
**I agree to provide a copy of my GRADES, TRANSCRIPT, and/or PROGRESS REPORT to The Iowa Tribe's Education office at the end of each academic semester for program compliance. I further assure that I will notify the Education Office <u>before</u> withdrawing my child from their designated school.				
<b>PARENT/LEGAL GUARDIAN SIGNATURE:_____</b>				<b>DATE:_____</b>



# ITO REQUEST FOR RELEASE OF STUDENT RECORDS

335588 E. 750 Rd. Perkins, Oklahoma 74059 **Phone** (405) 547-2402, Ext. 209 **Fax** (405) 547- 1093

**\*\*\*NOTE:** A FAX is acceptable for deadlines; however the *Original MUST* be mailed to this office.

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" (FERPA), I understand that generally my educational records cannot be released without my written permission. **This form will serve as your authorization to disclose your student record information to a third party.** A records release is limited to a catalog year, which begins before fall semester and ends after spring semester. This request form is intended as a one-time-only use of records you want released by the school (but your authorization may span over an entire school year).

## Part 1 – Student information to be completed by Parent/Legal Guardian

STUDENT NAME: _____ SOCIAL SECURITY # _____	
PARENT/LEGAL GUARDIAN'S NAME: _____	E-Mail: _____
FULL ADDRESS: _____	PHONE: _____ MESSAGE: _____
APPLICATION REQUEST: Fall 20 ____ Spring 20 ____	
GRADE IN SCHOOL: _____	
HOMEROOM TEACHER: _____	
<i>***I hereby authorize my child's school to release the following information to the ITO Afterschool Program eligibility determination.</i>	
Parent/Legal Guardian Signature _____	Date _____

## Part II – To be completed by School

Course Schedule and Academic Grades received:	
_____	_____
_____	_____
_____	_____
_____	_____
Academic Good Standing: YES _____ NO _____ if no please explain:	
Behavior Good Standing: YES _____ NO _____ if no please explain:	
Attendance Good Standing: YES _____ NO _____ if no please explain:	

### SCHOOL'S ACADEMIC OFFICER:

### SCHOOL ADDRESS:

Print Name: _____	_____
Signature: _____	_____
Date: _____	Phone: _____
Fax: _____	

*\*Refusal to provide such information or documentation may be cause for program eligibility denial.*