Iowa Tribe of Oklahoma
3rd-6th 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 30th and Spring semester: January 6th

*** NOTICE TO ALL APPLICANTS: ***

1. This application is for youth 3rd – 6th 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 3rd – 6th 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.*

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<thead>
<tr>
<th>STUDENT NAME: (Please Print)</th>
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<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Message #:</td>
<td>E-mail Address:</td>
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**Allergies/Relevant Medical Information:**

**Adults Authorized to pick up student:**

<table>
<thead>
<tr>
<th>PARENT/ LEGAL GUARDIAN NAME: (Please Print)</th>
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<td>Last</td>
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<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>Iowa Tribal Member: (circle one)</td>
<td>YES or NO</td>
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<tr>
<td>Other Tribal Member/CDIB: (Please list Tribe):</td>
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**Year in School:**
**Homeroom Teacher:**

**APPLICATION REQUEST:**  FALL 20_____  SPRING 20_____

Do you have any Special Needs that would require special services?  YES or NO

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. **I consent to the release of information to necessary agencies in order to complete my enrollment packet.**

**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 before withdrawing my child from their designated school.**

| PARENT/LEGAL GUARDIAN SIGNATURE:________________________ | DATE:____________ |

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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 hereby authorize my child’s school to release the following information to the ITO Afterschool Program eligibility determination.

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.