



**Osage Nation Education Department
Osage Nation School Support Program**

102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
(918) 287-5300

TERMINATION OF SERVICES

| Parent/Guardian Initiated Termination of Service | | | |
|---|-------------|--------|-------|
| Student's Last Name: | First Name: | MI: | Date: |
| School: | Grade: | Tutor: | |
| Reason for Termination of Service: | | | |
| <input type="checkbox"/> Student Graduated <input type="checkbox"/> Student no longer enrolled in school <input type="checkbox"/> Student Grades improved <input type="checkbox"/> Student moved off Osage Nation Reservation <input type="checkbox"/> Other | | | |

Comments:

I understand that I am terminating my child's enrollment in the Osage Nation School Support Program and that he/she will no longer receive tutoring services unless I choose to reapply for services.

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

Tutor Administrator Initiated Termination of Service

| | | | |
|---|-------------|--------|-------|
| Student's Last Name: | First Name: | MI: | Date: |
| School: | Grade: | Tutor: | |
| Reason for Termination of Service: <input type="checkbox"/> Student Graduated <input type="checkbox"/> Student no longer enrolled in school <input type="checkbox"/> Absences/No Contact <input type="checkbox"/> Student moved off Osage Nation Reservation <input type="checkbox"/> Other | | | |

Comments:

Advocate Signature Advocate Name (printed) Date

Advocate Request Approved Advocate Request Denied

Osage Nation Tutor Administrator's Signature Date

Osage Nation Education Department Director's Signature Date