

ᎠᎵᏍᏅᎠ ᎠᏪᏍᏅᎠᎵᏍᏅᎠ



APPLICATION

The following information is required before your child's application will be considered for acceptance.

_____ Immunization Record

The following information is needed to complete your student's file:

_____ If Osage, Osage membership number

_____ Copy of birth certificate

_____ IHS Clinic _____ Chart # _____

_____ Copy of Social Security Card

_____ Letter showing current or prior enrollment from Osage Language Department
for each member _____ of the household (if applicable)

If your child is accepted into ᎠᎵᏍᏅᎠ ᎠᏪᏍᏅᎠᎵᏍᏅᎠ, he/she must have a physical and dental exam within 90 days of enrollment. Upon request, we will assist you in meeting this requirement. You may contact your site coordinator for more information or call the main office located in Pawhuska at 1-800-287-6647 or 918-287-5460.

ᎠᎵᏍᏅᎠ ᎠᏪᏍᏅᎠᎵᏍᏅᎠ Program Coordinator: _____

ᎠᎵᏍᏅᎠ ᎠᏪᏍᏅᎠᎵᏍᏅᎠ phone number: _____

ᎠᎵᏍᏅᎠ ᎠᏪᏍᏅᎠᎵᏍᏅᎠ Fax Number: _____

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I. General Information

Student Name:	Last	First	MI	Nickname	Osage, Membership number:
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Gender:
Potty Trained:	Yes	No	In Progress		Date of Birth:

II. Parent/Guardian Information

Parent/Guardian Name:	Last	First	MI	Date:	
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Date of Birth:
Email:				Osage, Membership number:	
Enrollment in Osage Language Classes (circle one):	current enrollment	previously enrolled	never	If current or previously, highest level:	
	enrolled				

Parent/Guardian Name:	Last	First	MI	Date:	
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Date of Birth:
Email:				Osage, Membership number:	
Enrollment in Osage Language Classes (circle one):	current enrollment	previously enrolled	never	If current or previously, highest level:	
	enrolled				

Household Information (please list all members of the household)

Name	Age	Relationship to Student	Currently/Previously Enrolled in Immersion	Currently/Previously Enrolled in Language
		Student	Yes No	Yes No
			Yes No	Yes No

Family composition:

- | | |
|---|--|
| <input type="checkbox"/> Two parent (biological) | <input type="checkbox"/> Guardian (relative) |
| <input type="checkbox"/> Two parent (one step-parent) | <input type="checkbox"/> Guardian (non-relative) |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Foster | |

III. Health Information

Allergies (medication):
Allergies (food):
Allergies (animals):
Allergies (insect bites):
Allergies (other):
Does your child require special needs services? If yes, please specify (attach statement)

I certify that the attached information is true and accurate to the best of my knowledge.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit Education services through *ᏍᏓᏆᏄ ᏚᏐᏚᏐᏚᏐ* is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

Parent/Guardian Signature

Staff Signature