



Education Department
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Johnson O'Malley Program
FY'2020
2020-2021 School Year
Pre-K --- 12th Grade

Please Print:

Student Name: _____ Phone: _____
Mailing Address: _____
Date of Birth _____ Age: ____ Grade: ____ Roll#: _____
Email Address: _____
Parent or Guardian Name: _____
Name of School _____
ADDRESS: _____

____ I certify that all information is true to the best of my knowledge and that all services requested. I understand that there are penalties for falsifying information and that if determined to have provided false information I may be denied further tribal services and will have to reimburse the Nation for services given. I give the Nation permission to investigate my case if questions or concerns arise.

____ I do hereby give my permission for the **release of information** to the Seneca-Cayuga Nation Education Department. This shall include, but limited to, enrollment status, student classification, and enrolled.

THE FOLLOWING DOCUMENTATION WILL BE NECESSARY TO COMPLETE THIS APPLICATION:

1. Child's Seneca-Cayuga Enrollment Card
2. Parent and/or Legal Guardian tribal card if not tribal then a copy of Driver's License.
3. **Proof of Enrollment (School Letterhead signed and dated by the school and make sure the child's name, date of Birth, grade, school year, and Parent/Guardian name of who the child resides with along with the address.)**
4. Proof of Legal Guardianship if signed by a Legal Guardian.

Signature of Parent or Legal Guardian Date

FOR OFFICIAL USE ONLY
Date Action Taken: _____ Approved: ____ Denied: _____
Reason of Denial: _____