

# SENECA - CAYUGA NATION

Education Department  
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**Johnson O'Malley Program**  
**FY2025**  
**2024-2025 School**  
**Year Pre-K -- 12<sup>th</sup>**  
**Grade**

**Please Print:**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Complete 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.
5. **MUST LIVE WITHIN 50 MILE RADIUS OF GROVE TRIBAL COMPLEX**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Date Action Taken: \_\_\_\_\_ Approved: \_\_\_ Denied: \_\_\_\_\_

Reason of Denial: \_\_\_\_\_