the
Chickasaw Nation
Division of Education
Adult Learning Program - DOUGLAS H. JOHNSTON BUILDING
300 Rosedale Road / Ada, OK 74820 / Phone: (580) 421-7711 / Fax: (580) 310-6621

Bill Anoatubby
Governor

Petition for Re-Admission

Contact Information:

Full legal name (first, middle initial, last):	Phone no. (preferred):
Address:	Phone no. (alternate):
City, state, zip code:	Email address:

Ethnicity: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other: _____	Tribal affiliation (if Native American):

Please explain below why you should be re-admitted to the *Adult Learning Program:*

***Certification* – I certify that the information provided on this form is true and correct.**

Signature: ✕	Date:
Guardian's signature (if under 18): ✕	Date:

The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

(FOR OFFICE USE ONLY)

Date petition received: _____

☐ Re-admission allowed ☐ Re-admission denied

Explanation of recommendation:

Division of Education Committee – Approved by:

Committee Member Signature	Title	Date Reviewed

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