

SAC AND FOX NATION  
EDUCATION DEPARTMENT  
920963 SOUTH HIGHWAY 99  
STROUD, OK 74079  
918 968-3526

RAP TUTORING ASSISTANCE APPLICATION  
SAC AND FOX MEMBERS ONLY  
PLEASE SUBMIT A COPY OF STUDENT TRIBAL ENROLLMENT CARD

STUDENT NAME \_\_\_\_\_ TRIBAL ROLL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GARDIAN \_\_\_\_\_

LIST OF SUBJECTS FOR TUTORING SERVICE:

MATH \_\_\_\_\_ READING \_\_\_\_\_ SCIENCE \_\_\_\_\_ ENGLISH \_\_\_\_\_ HISTORY \_\_\_\_\_

DO YOU HAVE A TUTOR SELECTED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, IS TUTOR CERTIFY TEACHER: Y \_\_\_ N \_\_\_

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TO: OFFICE OF SCHOOL STUDENT IS ENROLL  
PLEASE FILL OUT THE FOLLOWING INFORMATION BELOW ALONG WITH A SCHOOL STAMP

I, certify the above student is enroll and attending \_\_\_\_\_

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ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_ TITLE \_\_\_\_\_

DATE: \_\_\_\_\_

(SCHOOL STAMP/SEAL)

PARENT OR GUARDIAN: I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TUTORIAL SERVICES FROM THE SAC AND FOX RAP PROGRAM.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_