# Cultural Department
## Creek Language Program
### Class Application

#### Applicant Information

<table>
<thead>
<tr>
<th>Class Name:</th>
<th>Month/Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Sex:</td>
<td>Female</td>
</tr>
<tr>
<td>Tribal Member</td>
<td>First Generation Tribal Member</td>
</tr>
<tr>
<td>Roll #:</td>
<td>(Letter must be submitted)</td>
</tr>
</tbody>
</table>

Do you have any health issues or allergies?  NO [ ] YES [ ]
If yes, please explain your condition:

Do you have any special needs, such as; wheel chair access, etc.?  NO [ ] YES [ ]
If yes, please explain your condition:

Have you participated in any Language class(es) before?  NO [ ] YES [ ]
If yes please list the class(es):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
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__________________________________________________________________
__________________________________________________________________

#### Emergency Contact

| Name: | Relationship to Applicant: |
| Phone: | Email: |
| Name: | Relationship to Applicant: |
| Phone: | Email: |

Applicant Signature __________________________ Date ____________

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For Cultural Staff Use Only:

- [ ] Enrolled
- [ ] Not Enrolled

Correspondence Received:
- [ ] Hand Delivered
- [ ] Mail
- [ ] Email
- [ ] Fax

Confirmed: [ ] Yes [ ] No

Received by: ____________

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