



Cultural Department Creek Language Program Class Application

Applicant Information

Class Name:			Month/Year:
Last Name:	First Name:	Middle Name:	Jr., II, etc.
Address:			
Phone:		Email:	
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>		Age:	
<input type="checkbox"/> Tribal Member Roll #: _____		<input type="checkbox"/> First Generation Tribal Member (Letter must be submitted)	
<input type="checkbox"/> Tribal Employee		<input type="checkbox"/> Other Tribe	
Do you have any health issues or allergies? NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes, please explain your condition:			
Do you have any special needs, such as; wheel chair access, etc.? NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes, please explain your condition:			
Have you participated in any Language class(es) before? NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes please list the class(s).			

Emergency Contact

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

Applicant Signature

Date

For Cultural Staff Use Only:

<input type="checkbox"/> Enrolled <input type="checkbox"/> Not Enrolled Correspondence Received: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax	Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received by:
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