



Osage Nation Education Department

102 Buffalo Ave.
Hominy, OK 74035
(918) 287-5300

**SCHOOL SUPPORT PROGRAM
TERMINATION OF SERVICES**

Parent/Guardian Initiated Termination of Service			
Student's Last Name:	First Name:	MI:	Date:
School:	Grade:	Tutor:	
Reason for Termination of Service: <input type="checkbox"/> Student Graduated <input type="checkbox"/> Student no longer enrolled in school <input type="checkbox"/> Grades improved <input type="checkbox"/> Student moved off Reservation <input type="checkbox"/> Other			

Comments:

I understand that I am terminating the enrollment of my child in the Osage Nation School Support Program and that he/she will no longer receive tutoring services unless I choose to reapply for services.

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

Advocate Initiated Termination of Service

Student's Last Name:	First Name:	MI:	Date:
School:	Grade:	Tutor:	
Reason for Termination of Service: <input type="checkbox"/> Student Graduated <input type="checkbox"/> Student no longer enrolled in school <input type="checkbox"/> Absences/No Contact <input type="checkbox"/> Student moved off Reservation <input type="checkbox"/> Other			

Comments:

Advocate Signature

Advocate Name (printed)

Date

Advocate Request Approved Advocate Request Denied

Director's Signature

Date