



**Osage Nation Education Department
Osage Nation School Support Program**

102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
(918) 287-5300

Dear Parents/Guardians,

The Osage Nation Education Department (ONED) offers the School Support Program (ONSSP) to Osage students attending public or private schools (Pre-K-12th) within the boundaries of the Osage Nation. This program provides academic services and assistance in order to help participants excel in their educational endeavors. Each enrolled student will be assigned a Tribal Education Advocate who will monitor student grades and attendance. Advocates will also help students navigate through the college search, enrollment, and funding application process, as well as refer and/or obtain services to assist the student and student's family with programs available through the Osage Nation. **The Tribal Education Advocates will keep all information collected from the parents, students, and school confidential.**

If a student receives tutoring services, transportation is not provided to or from tutoring sessions nor does the tutor or Osage Nation Education Department accept any responsibility for students before or after tutoring. Scheduling of tutoring services will be coordinated through the Tribal Education Advocate based on need and availability of tutors. **First priority** will be given to students who are reading below grade level, failed a state mandated test, failed end-of-instruction test, is struggling to maintain a "C" average, or their teacher recommends tutoring.

To enroll in the ONSSP please complete this form and return. Completed applications may be returned using one the following methods listed below:

- Mail - Osage Nation Education Dept., 102 Buffalo Ave., P.O. Box 250, Hominy, OK 74035
- E-mail - Education@osagenation-nsn.gov
- School - deliver to your school's office

If you have any questions, please contact the Osage Nation Education Department.

Sincerely,

Mary Wildcat
Director

Student Eligibility Requirements

1. Osage Nation Membership:

_____ Student is a member of the Osage Nation. Enrollment # _____

2. Attends a Public or Private School within the Osage Nation Boundaries:

Name of School _____ Grade _____

STUDENT INFORMATION

Full Name: _____ DOB: _____
First Last M.I.

Address: _____ County: _____

Gender: _____

Home Phone: _____ Alternate Phone: _____

Student E-Mail: _____

PARENT/GUARDIAN INFORMATION

Parent #1 – Full Name

Mailing Address (if different than above):

Home Phone _____

Cell Phone _____

Email _____

Parent #2 – Full Name

Mailing Address (if different than above):

Home Phone _____

Cell Phone _____

Email _____



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AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion of this document also authorizes you to discuss this information with representatives of the organization named below entitled to receive said information.

Student Information	
Student Name:	Date of Birth:
Name of School:	Grade:
Parent/Legal Guardian:	Relationship to Student:

Use & Disclosure Information

I, the undersigned, do hereby authorize _____ to disclose and deliver the complete education records maintained under the above student's name including, but not limited, to the following:

Name of student's school

- Grades and transcripts
- Psychological & educational testing
- Verbal information
- School health records
- Special education records
- Discipline

Please list any records you do not wish to be disclosed:

The education records described above shall be delivered to the Osage Nation c/o Osage Nation Education Department located at 102 Buffalo Ave., P.O. Box 250, Hominy, OK 74035. For questions, please call the Osage Nation Education Department at (918) 287-5300.

Purpose

This information is to be disclosed and used for the purpose of the reasons listed below (check if applicable):

- Special Education
- Evaluation & Planning
- Provision of Special Education Services
- Other

Authorization for Redisclosure

Under federal law, the Osage Nation may not disclose the information identified above to any other party without your prior consent. If you wish to authorize the Osage Nation to disclose the information identified above, please mark the box below:

I authorize the Osage Nation to disclose the education information described above and I understand that if the information is disclosed it may not be protected by federal privileges, privacy laws or regulations.

Approval

My authorization for the use, disclosure and/or re-disclosure of the information identified above is voluntary. I understand that the information to be disclosed or re-disclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. Unless sooner terminated in writing, this release shall remain effective from the date signed below. A copy of this release shall be sufficient to authorize release of information identified above as the original signed by me.

Student's Parent/Legal Guardian

Date

Relationship to Student