



**Absentee Shawnee Tribe Of Oklahoma**  
 After School Program  
 2025 S. Gordon Cooper Drive  
 Shawnee, OK 74801  
 P: (405) 275-4030

### WAITING LIST APPLICATION

GUARDIAN'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street City State Zip

STUDENT'S TRIBAL AFFILIATION: \_\_\_\_\_ CDIB #: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_

GUARDIAN EMPLOYER: \_\_\_\_\_

GUARDIAN EMAIL ADDRESS \_\_\_\_\_

Name	DOB	Indicate Who Needs care (X)	Tribal Affiliation	Grade	School Attending

*Family Information: Please list all family members living in the home.  
 Native American Preference given with proper documentation.  
 Please provide copy of child CDIB card with application.*

\_\_\_\_\_  
*Applicant (Head of Household)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*AST Receiving Staff*

\_\_\_\_\_  
*Date*