



Caddo Nation Education Department

P.O. Box 487 - Binger, OK 73009

(405) 656-2344, Ext. 9855

Email: education@mycaddonation.com

CADDO NATION GRADUATE APPLICATION

Please provide the required documentation listed below.

- Completed application (Must be signed, typed in signatures will not be accepted)
- Copy of CDIB for student
- Completed enrollment verification (Must be completed and signed by a school official)
- Picture of student for slideshow (Clear photo, must be at least 4" x 6" for quality assurance)
- Please mail application and accompanying documentation/picture to the address listed in the letterhead. ***Do not fax or email.***

Incomplete applications will not be accepted.



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Applicant Information:

Name: _____
Last First MI

Home Address: _____
Street No./ Route/PO Box City State Zip

DOB: _____ Phone No. _____ E-mail _____

Caddo Membership No: _____ Would you like to receive a graduation stole? Yes No

T-Shirt Size: XL LG M S OTHER: _____

School Information:

High School College Trade School

School Name: _____
Name

_____ Address City State Zip

Expected Graduation Date: _____ Current Cumulative GPA: _____

Degree: Diploma Certification AAS AA AS BA BS MA MS PhD JD MD

What are your plans after graduation? _____

Application Agreement:

- I agree to abide by all the Caddo Nation Education Department rules, regulations and policies.
- I give consent to the Caddo Nation Education Department staff to use the above information, and any documentation submitted with this application.
- I understand that persons submitting or causing to be submitted any false information in connection with any application, report, or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as sections 287, 371, or 1001 of title 18, U.S. Code.

I UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND ACCEPT ALL OF THE ABOVE CONDITIONS. I declare the information given by me on this form is true, correct and complete to the best of my knowledge.

_____ Parent/Guardian signature

_____ Date



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VERIFICATION OF ENROLLMENT/GRADUATION

Dear School Official: This form, complete with your original signature, is required for the Caddo Nation Graduate application. This form can be mailed, or hand-delivered to the Caddo Nation Education Department at the information listed above, at your earliest convenience.

AUTHORIZATION FOR RELEASE OF INFORMATION: By signing this document, I authorize the release of this information to the Caddo Nation Education Department.

Parent/Guardian signature

Student's Printed Name

Caddo Membership Number

BELOW THIS LINE FOR SCHOOL OFFICIAL ONLY

The above student is currently enrolled at _____ as of _____
Name of Institution Date

as a Full-time Part-time student in good standing. He/She will graduate on _____,
Date

upon completion of all required courses. His/Her current cumulative GPA is _____.

Name of School

Address

City

State

Zip

I certify the information provided above is accurate according to our admission records.

Signature of School Official

Printed name for above signature

Date

Please place
school stamp or seal
here