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Osage Nation Language Program  
2010-2011 Enrollment Form

OSAGE: Yes / No
Other tribe, please list: _____
_____
Non-Native: Yes / No

Are you are returning student? Yes / No                      What year did you last attend? \_\_\_\_\_

Will you require child care during class? Yes / No

Where do you attend class? Pawhuska      Fairfax      Hominy      Skiatook      Edmond

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

If class is cancelled, what is the best way to contact you? Phone / E-mail / Text

What is your birth date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Age Range:  
0-5                      21-30  
6-10                     31-40  
11-15                    41-50  
16-20                    Elder

Gender: Male / Female

If under 18 years of age, please provide guardian name: \_\_\_\_\_

T-Shirt Size

Youth: S      M      L      XL

Adult: S      M      L      XL      2X      3X      4X