



Absentee Shawnee Tribe Of Oklahoma
 After School Program- Shawnee
 2025 S. Gordon Cooper
 Shawnee, OK 74801
 P: (405) 395-9888 F: (405) 878-0156
 Email: ASTAfterSchool@astribe.com



ASP WAITING LIST APPLICATION

GUARDIAN'S NAME: _____ DATE: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

APPLICANT'S TRIBAL AFFILIATION: _____ CDIB #: _____

PRIMARY EMAIL: _____ CELL: _____

SECONDARY EMAIL: _____ CELL: _____

GUARDIAN EMPLOYER: _____

PREFERRED METHOD OF CONTACT: CALL TEXT EMAIL

Family Information: Please list all family members living in the home.

Name	DOB	Age	Grade	School	Tribal Affiliation	Indicate Whom Needs Care (X)

Native American Preference given with proper documentation.

Please provide copy of child or parent CDIB card with application.

Please provide copy of parent's badge, if either parent works for the Absentee Shawnee Tribe.

 Applicant (Head of Household)

 Date

 ASP Manager

 Date