



Wichita and Affiliated Tribes  
Education Services Department

P.O. Box 729 - Anadarko, OK 73005  
Telephone (405) 247-8612 - Fax (405) 247-2430  
www.wichitatribe.com

Tutor.Com Application  
FY-20\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Current Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_ Wichita Tribe Enrollment #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
*Address City State Zip Code*

School Name: \_\_\_\_\_ School Location (City and State): \_\_\_\_\_

Type of tutoring assistance needed (please explain): \_\_\_\_\_

Will you be able to attend an online meeting to create user account and attend a quick tutorial on how to use Tutor.com services? \_\_\_\_\_ **If yes**, please share available dates and times:

**Check One:** Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Both semesters \_\_\_\_\_

**Please Submit:**

- (1) Completed Application
- (2) Copy of Wichita and Affiliated Tribal Enrollment Verification

*Please email application and documents to: [educationservices@wichitatribe.com](mailto:educationservices@wichitatribe.com)*

**PLEASE READ BEFORE SIGNING:** I understand that the above information, if false, may lead to the disapproval of this application. I certify that the information is true and correct to the best of my knowledge. I will submit my/the student's grade(s), certification, and/or course completion certificate to the Wichita Tribe Education Services Department upon the end of the course. Parent/Guardian must sign if student is under the age of 18.

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date