QUECHAN INDIAN TRIBE
Higher Education Department
P.O Box 1899
Yuma, Arizona 85366-1899
Telephone (760)919-3653

MEMORANDUM

To: Community Members

From: Cyrus Ramirez, Director of Education

Date: July 17, 2026

Subject: K-12th Grade Tracking Form

The Higher Education Department will be collecting student information with an additional form added to the SCAP. The purpose of collecting this information will be to track students, create MOUs with schools, and to assess grades and age ranges that may need addition support Additionally, the information provided will be used to help provide educational support services in the future. All information provided is confidential and will be used solely for the purposes stated in this memo.

The K-12th Grade Tracking Form is a mandatory document and MUST be submitted accurately to receive the SCAP Distribution Benefits. This has been approved by Tribal Council.

I understand that it takes time to adjust to change. This information is to help support the future leaders of the Quechan Tribe. Your cooperation is greatly appreciated.

If you have any questions or would like to further discuss this information, please contact me at educationdirector@quechantribe.com.

Together We Progress.

Thank you,

Cyrus Ramirez, M. Ed
Director of Education

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K–12 Student Tracking Form

Student Information

- Full Name: _____
- Student ID #: _____
- Date of Birth: _____
- Grade Level: _____
- School Name: _____
- School City and State: _____

Contact Information

- Parent or Guardian: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____

College & Career Readiness (HIGH SCHOOL ONLY)

- Career Interests: _____
- Interested in College: ☐ Yes ☐ No
- Interested in a trade school: ☐ Yes ☐ No
- FAFSA Completed: ☐ Yes ☐ No

Any Additional Information:

_____
_____
_____

Received Date:	Entered Date:	Entered By:

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K–12 Student Tracking Form

DISCLAIMER: This form must be accurately completed and submitted for each child in your care with all other SCAP documents to receive SCAP Distribution Benefits. If this form is not accurately completed or submitted, you will NOT receive the SCAP Distribution Benefits.

Authorization and Confidentiality

By signing this document, I give permission to the Quechan Higher Education Department to receive educational records upon request for the listed student. The following records are **attendance, academic program reports, grades, educational assessments, special education placements, IEPs or 504 plans, cumulative records, disciplinary records, psychological evaluations, report cards, and student information services**.

The information collected on this form will be used to administer educational programs and services, maintain accurate records, and provide educational outreach and support to students and community members. Your information will be kept confidential and used only for authorized program-related purposes.

_____ _____
Student Name Date of Birth

_____ _____
Parent/Guardian Signature Date

Relationship to student: _____

Received Date:	Entered Date:	Entered By: