



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 23, 2026

Subject: Update on K-12th Grade Tracking Form

The Higher Education Department is asking for participation in 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 now a voluntary document.

If you have already submitted the K-12 Grade Tracking Form, please contact the Higher Education Department to arrange a pickup or allow for shredding of the forms. If you would like to participate by providing information, please let us know to provide the updated forms.

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,

A handwritten signature in black ink, appearing to be "CR" followed by a stylized flourish.

Cyrus Ramirez, M. Ed
Director of Education



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K-12 Student Tracking Form

Purpose: The purpose of these forms is to assist enrolled members achieve their educational goals through educational interventions and support services for both students and parents/guardians. Participation helps the Tribe advocate for future educational funding and resources to further support the children and parents/guardians.

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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2026-2027 School Year K-12 Student Tracking Form

Authorization and Confidentiality

By signing this document, I give permission to the Quechan Higher Education Department to receive educational records upon request. The following records are **attendance, grades checks, and report cards.**

*There will be a separate form for parents/guardians seeking support services for the Quechan Higher Education Department to request the following **special education placements, IEPs or 504 plans, disciplinary records, and student information services.**

It is understood that the confidential nature of these records will be maintained as prescribed by the Family Rights and Privacy Act (FERPA). (20 U.S.C. § 1232g; 34 CFR Part 99)

THIS DOCUMENT WILL EXPIRE AT THE END OF THE ACADEMIC SCHOOL YEAR.

Student Name

Date of Birth

Parent/Guardian Signature

Date

Relationship to student: _____

Received Date:	Entered Date:	Entered By:
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