



Sasiwaans Immersion School Instructions for Enrollment

Anishinaabe Language Revitalization Department (ALRD)



Child's Name: _____ Birthdate: _____

Please check one: _____ Returning Student -OR- _____ New Applicant

Miigwech for your interest in enrolling your child in our prestigious Anishinaabemowin immersed school.

1. Complete all pages of the enrollment packet with signatures where required (**returning students must complete form also**). The packet consists of the Sasiwaans Immersion School Permission Form; Sasiwaans Immersion School Emergency Medical Authorization Form; Sasiwaans Immersion School Bus Form for Pick-Up & Drop-Off; Sasiwaans Immersion School Parent Language Promise; and if applicable, SCIT Enrollment Statement. **All the forms have these headings on them and must be turned in, Pages 1 – 8 of this packet.**
2. Provide copies of the following documents (**returning students – not necessary**):
 - _____ Birth Certificate (copy of the original, not the hospital one)
 - _____ Social Security Card
 - _____ Childs SCIT Tribal Enrollment Card
 - _____ Health Insurance Card
 - _____ Descendant documentation: enrollment card/letter of parent & birth certificate(s) linking student to member of a federally recognized tribe. SCIT Descendants-Pg. 8.
3. Students must schedule and complete physical & dental exams and immediately submit them to the Sasiwaans Immersion School. Please keep in mind that this is done yearly. If the exams are scheduled after school will be starting, please get documentation of such to submit along with the enrollment form.
4. Parents/Guardians must attend school orientation when the date & time are scheduled.

Return everything requested above to the Sasiwaans Immersion School on Ogemaw Drive. Please note that if any of the above items are missing, the student will **NOT** be eligible for placement for the new school year. Please be sure you have all signatures where required throughout the packet. **It is your responsibility to update any address or emergency contact information!! If your child is 3 years or older, they must be potty trained.**

If you have any questions or concerns, please feel free to contact either the Admin. Asst. I at the Sasiwaans Immersion School at (989) 775-4470 or the Admin. Asst. II at the ALRD Main Office at (989) 775-4026.



Sasiwaans Immersion School Enrollment Form

Anishinaabe Language Revitalization Department (ALRD)



School year: _____

Today's Date: _____

Student's Name: _____

Date of Birth: _____

Student's Address: _____

City/State/Zip: _____

Phone: _____

(Please update any changes immediately)

PARENT INFORMATION

Mother:	Father:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Cell:	Cell:
Employer:	Employer:
Employer Phone:	Employer Phone:

Does child live with both parents? Yes _____ No _____ or Ward of Court, check here _____

The School needs court documentation in order to uphold current custody or court ward information.

TRIBAL AFFILIATION

Is student a SCIT Member? Yes _____ No _____ If yes, Membership #: M _____

Is parent a SCIT Member? Yes _____ No _____ If yes, Membership #: M _____

Names of Parent(s): _____

Is the student a SCIT descendant (if yes, use Pg. 8 of packet) or a member/descendant of another tribe?

Yes _____ No _____ If yes, name of Tribe: _____

ALL TRIBAL AFFILIATION MUST BE SUPPORTED BY LEGAL DOCUMENTATION.

Other Adult Residing in Home: _____

Employer: _____ Work Hours: _____

Work Phone: _____ Relationship to child: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION – someone other than parent/guardian

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact either emergency contact listed below or my physician. If it is impossible to contact these sources, the school may make whatever arrangements they find necessary.

1. Emergency Contact Person Name & Relationship to Child:	2. Emergency Contact Person Name & Relationship to Child:
Home Number:	Home Number:
Cell Number:	Cell Number:
Work Number:	Work Number:

Other Adults that Child can be released to:

Other Children who reside in the home:

Name:	Birth Date:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Medical Conditions/Problems: Check all that apply

_____ Nothing Known	_____ Wears Glasses	_____ Bee Stings
_____ Diabetic	_____ Contact Lens	_____ Hearing Problems
_____ Asthma	_____ Nose Bleeds	
_____ Any Physical Condition Prohibiting Physical Activity (provide doctor's slip)		
_____ Takes medication regularly (please indicate which medications & how often, provide doctor's slip)		
_____ Allergies (please indicate what type & any medications for them, provide doctor's slip)		



Sasiwaans Immersion School Permission Form
 Anishinaabe Language Revitalization Department (ALRD)



School Year: _____

I, the undersigned, parent or legal guardian of _____
 hereby give my permission to the Sasiwaans Immersion School - Anishinaabe Language
 Revitalization Department, upon their discretion to:

(Please Initial)

_____ Release name, photo and video footage to Tribal and area news media and
 school promotion productions.

_____ Obtain health records of my child/student from the Tribal or County Health
 department.

_____ Agree to participate in the requirements of the school health program

- Head checks for head lice
- Vision Screening
- Hearing Screening
- Speech/Language Screening
- Health Education

In signing this document, I am fully aware of the items listed and concur that the above
 consent is in the best interest of my child/student.

Signature of Parent/Guardian: _____

Date: _____



Sasiwaans Immersion School Emergency Medical Authorization Form

Anishinaabe Language Revitalization Department (ALRD)



School Year: _____ Student's Name: _____ DOB: _____

Emergency Medical Authorization

Whenever my child is involved in a school activity and I am unavailable (or otherwise unable) to provide medical authorization directly, I grant the Sasiwaans Immersion School staff – Anishinaabe Language Revitalization Department staff and its representatives the authority to act for me to provide any required consents and authorization for the delivery of emergent medical care to my minor child listed above. This may include care decisions, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child. The Sasiwaans Immersion School staff – Anishinaabe Language Revitalization Department staff and its representatives have my permission to do all other necessary things as I might or could do to provide for my child's health and safety if I am not able to be present. This authorization is valid for the current school year or until such time as I withdraw the authorization through written notice.

Parent/Guardian's Signature: _____ Date: _____

Permission Slip for Field Trips

I hereby give my permission for my child to attend and participate in any and all field trips during the current school year. The Sasiwaans Immersion School staff - Anishinaabe Language Revitalization Department staff or representatives have my permission to seek medical attention for my child in the event of an emergency that may occur during a field trip in accordance with the Medical Authorization Permit I have signed above. I waive any rights I may have against the Sasiwaans Immersion School staff - Anishinaabe Language Revitalization Department staff and/or the Saginaw Chippewa Indian Tribe for damages or injury sustained by my minor child through participation in school field trips or events. This authorization is valid for the current school year or until such time as I withdraw the authorization through written notice.

Parent/Guardian's Signature: _____ Date: _____

Student's Information

Student's Name: _____ Birthdate: _____

Insurance Company: _____ Contract #: _____

Subscriber's Name: _____ Group #: _____

Parent's/Guardian's Names: _____

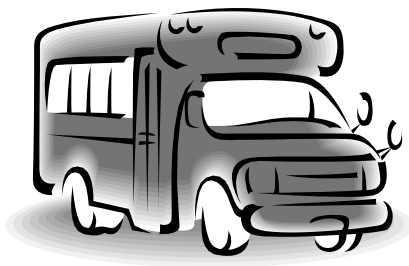
Emergency Phone Number Where Parent/Guardians May Be Reached: _____

PLEASE PROVIDE A DOCTOR'S SLIP WHEN ANSWERING THE FOLLOWING (if it's applicable):

Allergies: _____

Prescription drugs the student is currently taking and dosage (how often do they take it?): _____

Health problems/previous operations that may restrict your child from any school activity: _____



**Sasiwaans Immersion
School Bus Form for
Pick-Up & Drop-Off**



- ◆ Please list where your child is to be picked up and dropped off by the bus each day.
- ◆ The address below will be the only place where the bus will either pick up or drop off your child. **WE WILL NOT BE ABLE TO MAKE TEMPORARY CHANGES.**
- ◆ Make arrangements to have someone at home to meet your student(s). An adult must be present at the drop off address otherwise the child will be brought back to the school. If the child is not picked up within a half hour of being brought back to the school, a referral will be made to Anishinaabe Child & Family Services.
- ◆ Changes in this form may take up to 3 days to be implemented.

CHILD’S NAME: _____

IF THIS IS A NEW ADDRESS, YOU MUST NOTIFY THE SCHOOL OFFICE IMMEDIATELY!

PICK-UP:

Parent/Guardian: _____

Address: _____

Phone: _____ Cell Phone: _____

DROP-OFF:

Parent/Guardian: _____

Address: _____

Phone: _____ Cell Phone: _____

Parent/Guardian’s Signature: _____ **Date:** _____



Sasiwaans Immersion School Parent Language Promise

Anishinaabe Language Revitalization Department (ALRD)



The Sasiwaans Immersion School – Anishinaabe Language Revitalization Department (ALRD) is a unique new learning environment for toddlers between the ages of 18 – 60 months. It was created because the original language spoken by the Saginaw Chippewa Indian Tribe is almost entirely lost. It was created in an effort to ensure that the sacred language of the SCIT would be learned and maintained for the generations who will follow us.

The Toddlers who enroll in this program will be immersed in a safe, nurturing, and inspiring place where all their instruction will be provided to them in Anishinaabemowin.

PARENTS OF THE CHILDREN AGREE TO THE FOLLOWING IMPORTANT COMMITMENT:

I, the undersigned, parent or legal guardian of _____ hereby give my promise as follows...

- to make a commitment to being to learn Anishinaabemowin to help my child become a bilingual speaker.
- to review language information provided by my child’s teachers so that I may learn and reinforce daily phrases.
- to reinforce the use of Anishinaabemowin with my child in my home and community.

Parent/Guardian’s Signature: _____ Date: _____

By making this Language Promise, you are embarking on an important journey with your child. After years of this critical state of loss, your child will become a part of the first generation of speakers, needed to create first language speakers of Anishinaabemowin in the SCIT community once again!

We commend you and your commitment to the survival of our beautiful Anishinaabemowin.



The Saginaw Chippewa Indian Tribe of Michigan

7070 East Broadway, Mt.Pleasant, MI 48858 Office (989) 775-4054
ENROLLMENT/TRIBAL CLERKS OFFICE
1-800-566-6090 Fax (989) 775-4094

ENROLLMENT STATEMENT

*****CONFIDENTIAL*****

Requested By: _____

Department: _____

TO WHOM IT MAY CONCERN:

The Tribal Clerk's Department of the Saginaw Chippewa Indian Tribe, hereby states that the person named, _____, date of Birth, _____, is:

_____ Not a member of the SCIT, however, is a descendent of a Tribal Member

_____ A SCIT member and on file, SCIT Membership #M00_____

_____ Eligible for enrollment and application is being processed.

_____ Ineligible for enrollment.

_____ Disenrolled.

_____ Relinquished from the SCIT.

The information contained herein is **CONFIDENTIAL** and should be kept within the Individual's file as such.

Enrollment/Tribal Clerk Staff Signature and Title

Date Signed

***This Enrollment Statement is provided so that you may take it to the SCIT – Enrollment Office to have them fill it out for you so that you can attach it to your child's Sasiwaans Enrollment Application in the event that you child is not a Saginaw Chippewa Tribal Member, but a descendant of an SCIT Member. You will need to bring copies of all birth records that lead up to the SCIT Member so that the Enrollment Office can make their determination of such.**

Anishinaabe Language Revitalization Department (ALRD)

Mission Statement

The original spoken language of the Saginaw Chippewa Indian community is in a critical state of loss. If action is not taken immediately the language that was spoken for thousands of years will be lost forever. The mission of the Anishinaabe Language Revitalization Department (ALRD) is to bring Anishinaabemowin back to the Saginaw Chippewa Tribal community and generate fluent first language speakers. Anishinaabemowin is vital to the tribal sovereignty and the survival of our people.

About the ALRD

Our Anishinaabe teachings tell us that our language is sacred because it is a gift from the creator. Therefore, we must protect it from becoming lost. He gave it exclusively to the Anishinaabek people, and he loves to hear us speaking it. That's why we use it in prayer. The Saginaw Chippewa Anishinaabe Language Revitalization Department is a new department working to revitalize Anishinaabemowin in the Saginaw Chippewa community. The Saginaw Chippewa Tribal Council passed Resolution No. 08-103 on June 4th, 2008 which supports the efforts put forth by the Anishinaabe Language Revitalization Committee (now the ALRD) to create fluency and fluent speakers.



The Saginaw Chippewa Indian Tribe Of Michigan

7070 EAST BROADWAY MT. PLEASANT, MICHIGAN 48858 (989) 775-4000
COUNCIL FAX (989) 775-4131
ADMINISTRATION FAX (989) 775-4160

RESOLUTION NO. 08-103

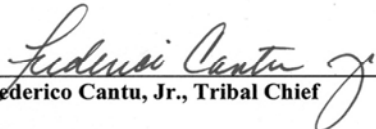
- WHEREAS:** The Saginaw Chippewa Indian Tribe of Michigan, ("Tribe"), is a federally recognized Indian Tribe organized under a Constitution and By-Laws ratified by the Tribe on November 4, 1986, pursuant to Public Law 99-346; and
- WHEREAS:** The Tribe values our Anishinabe culture and heritage and recognizes the significance of our Anishinabe ancestors; and
- WHEREAS:** The Tribe acknowledges that our Anishinabe language is a gift from the Creator and therefore is sacred, given only to "our Anishinabe people"; and
- WHEREAS:** The Tribe believes that our Anishinabe ancestors spoke a distinct dialect that is unique only to the people of our area and therefore must be perpetuated, protected, and saved because it is a national treasure of our heritage; and
- WHEREAS:** In furtherance of the Tribe's goal to perpetuate, protect, and save such unique language, the Tribe chose to establish a strategic plan for the Tribe that included the Seven Grandfathers teachings to address cultural preservation and language revitalization; and
- WHEREAS:** The Tribe values our children and our culture and it is our duty to ensure that our language **will thrive in all services and programs offered to the Tribal community, and succeeding generations;** and
- WHEREAS:** The Tribe understands our Anishinabe language safeguards the wisdom of our ancestors and defines how we as Anishinabek view the world; and
- WHEREAS:** The Tribe's culture is defined by our language and through the use of our language we are helping to **protect our sovereign rights and assert our own Tribal sovereignty;** and

NOW, THEREFORE, BE IT RESOLVED that the Saginaw Chippewa Indian Tribe of Michigan continues to support and pursue its goal to address and further cultural preservation and language revitalization.

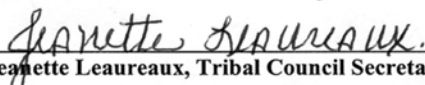
AND BE IT FURTHER RESOLVED that the Saginaw Chippewa Indian Tribe of Michigan supports and encourages the language efforts of the Ojibwe Language Revitalization Committee and sanctions its action to plan and implement language services for the Tribal community that foster fluency and fluent speakers.

CERTIFICATION

The foregoing resolution was duly adopted by the Saginaw Chippewa Tribal Council with a quorum being present during a Special Meeting on the 4th day of June, 2008 by a vote of 7 for, 0 against, and 0 abstaining.



Federico Cantu, Jr., Tribal Chief



Jeanette Leasureaux, Tribal Council Secretary