



Sasiwaans Immersion School



Alumni Student Enrollment Form 2016 Summer Session

Student Information Form

2016 Summer Session

Student Name Birthdate School Year

Parents/Guardian Name: Today's Date

Student Address: City

Gender: Female Male

Last Primary Language Teacher: Last year attended Sasiwaans:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:		Parent/Guardian #2:	
Address (if different than above)		Address (if different than above):	
City/State/Zip:		City/State/Zip:	
Phone #1	Phone #2	Phone #1	Phone #2
Employer:		Employer:	
Employer Phone:		Employer Phone:	

Child lives with: Both Parents Mother Father Legal Guardian Foster Care
 Grandparent Other Joint Custody-Physical Joint Custody Legal

Court documentation is required to be on file in order to uphold current custody or court ward information.

Number of Adult living in Household: Number of Children living in Household:

TRIBAL AFFILIATION

Is student a SCIT Member? YES NO Membership #: M00 _____

Is parent a SCIT Member? YES NO Membership #: M00 _____

Is student is a SCIT Descendant? If so, please complete page five (5) of packet.

Is student is a Member or Descendant of another Tribe? YES NO

If YES; Name of Tribe: _____

ALL TRIBAL AFFILIATION MUST BE SUPPORTED BY LEGAL DOCUMENTATION

OFFICE USE ONLY

Date Received: Received By: Date Paid: Receipt:

Parent Language Promise

2016 Summer Session

Student Name	Birthdate	School Year
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The Sasiwaans Immersion School – Anishinaabe Language Revitalization Department (ALRD) is a unique learning environment for toddlers between the ages of 24 – 60 months. It was created because the original language spoken by the Saginaw Chippewa Indian Tribe is at a critical state of loss. It was created in an effort to ensure that the sacred language of the Saginaw Chippewa Indian Tribe would be learned and maintained for the generations who will follow us.

When you enroll your child in Sasiwaans you are making a conscious choice and commitment to learn the language along with your child. There are several opportunities for parental language learning. Outreach classes are open to the general public as well. Extended families are encouraged to join parents in language learning. This will help increase fluency in your child and build Fluent Anishinaabemowin speakers.

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

PARENT/GUARDIANS OF THE STUDENTS AGREE TO THE FOLLOWING IMPORTANT COMMITMENT:

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

- To make a commitment to begin 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 participate in Anishinaabemowin Outreach Classes, Language visits and/or Language activities throughout the summer.
- To reinforce the use of Anishinaabemowin with my child in my home and community.

Parent/Guardian Printed Name	Signature	Date
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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.

Permission/Release Authorization

2016 Summer Session

Student Name

Birthdate

School Year

I, the undersigned, parent or legal guardian of named student hereby gives my permission to the Sasiwaans Immersion School of the Anishinaabe Language Revitalization Department, of the Saginaw Chippewa Indian Tribe of Michigan, upon their discretion to:

(Please Initial)

Release of name, photo and video footage to Tribal and area news media, school promotion productions, or department publications/products.

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 when available or necessary, including the following:

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

To attend and participate in any and all field trips during the current school year.

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. I waive any rights I may have against the Sasiwaans Immersion School/Anishinaabe Language Revitalization Department staff and/or the Saginaw Chippewa Indian Tribe of Michigan for damages or injury sustained by my minor child (student) through participation in school field trips or activities held off school grounds. This authorization is valid for the current school session or until such time as I withdraw the authorization through written notice

Parent/Guardian Printed Name

Signature

Date

Emergency Contact Information

2016 Summer Session

Student Name Birthdate School Year

In case of an accident, serious illness, or school closing; the school will contact the Parent/Guardian. If the school is unable to reach Parent/Guardian listed, I hereby authorize the school to contact the Emergency Contact Person(s) listed below or my physician (for medical emergencies). I understand that depending on the Emergency situations; if the Sasiwaans staff cannot contact the Parent/Guardians, either of the Emergency Contacts, or Other Adults Child Can Be Released To; the Sasiwaans staff may contact proper authorities, including Tribal ACFS or Tribal Police.

1. Emergency Contact Person Name:	2. Emergency Contact Person Name:
Relationship to Child:	Relationship to Child:
Phone #1 Phone #2	Phone #1 Phone #2

Other Adults Child Can Be Released To:

1. Name Phone 2. Name Phone

3. Name Phone 4. Name Phone

Parent/Guardian Printed Name Signature Date

Emergency Medical Conditions/Problems
Emergency Medical Authorization

2016 Summer Session

Student Name

Birthdate

School Year

Emergency Medical Conditions/Problems - Check all that apply

Nothing Known

Asthma

Diabetic

Hearing Problems

Wears Glasses

Contact Lens

Any Physical Condition Prohibiting Physical Activity (provide Health Care Provider note)

Please note: Over the counter medicines will not be administered without the consent and instruction from a Health Care Provider.

Takes prescribed medication regularly (list medications/dosages; and provide Health Care Provider note)

Allergies (list Allergy; any medications/dosages prescribed; and provide Health Care Provider note)

Health Insurance Provider:

Contract Number:

Subscribers Name:

Group Number:

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/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 emergency medical care to my minor child (student) listed above. This may include care decisions, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child (student). The Sasiwaans Immersion School/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 (student) 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 Printed Name

Signature

Date

Sasiwaans Immersion School
The Saginaw Chippewa Indian Tribe of Michigan

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

ENROLLMENT STATEMENT

*******CONFIDENTIAL*******

Requested By: Misty Pelcher / Interim Early Childhood Manager

Department: Anishinaabe Language Revitalization Department (ALRD) -Sasiwaans Immersion School

Student Name	Birthdate	School Year
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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 on _____, 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.

Enrollment/Tribal Clerk Staff Signature and Title

Date Signed

NOTE: 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.