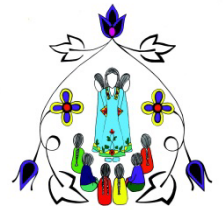




Sasiwaans Immersion School



Student Registration Form 2016-2017

Application Instructions

Sasiwaans Immersion School was developed specifically to revitalize Anishinabemowin for members of the Saginaw Chippewa Indian Tribe and Isabella Reservation Community. Enrolling a child in Sasiwaans is a family obligation and conscious choice to learn and revitalize the language. There are several opportunities for parental language learning including the Outreach classes; which are open to the general public as well. Extended families are encouraged to join parents in language learning. This will help increase language knowledge in your child and build fluent Anishinabemowin speakers.

In order for your child to be considered eligible for Sasiwaans Immersion Early Childhood Center you must:

- Complete all pages of the enrollment packet with signatures where required (**returning students must complete form also**). The packet consists of Applications Instructions, Parent Language Promise, Student Information Form, Permission/Release Authorization, Emergency Contact Information, Emergency Medical Conditions/Problems-Emergency Medical Authorization, and Bus Service Request Form.
- Provide copies of the following documents (**returning students – not necessary**):

| | |
|---|--|
| <input type="checkbox"/> Birth Certificate (copy of original, not hospital issued certificate) | <input type="checkbox"/> Social Security Card <input type="checkbox"/> Health Insurance Card |
| <input type="checkbox"/> Membership/Descendant Documentation (described on page #3). | <input type="checkbox"/> <u>Annual</u> Non-Refundable Registration Fee (ALL students) (\$100 per student- due before the first day of school) |
| <input type="checkbox"/> Immunization Record <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Dental Exam <input type="checkbox"/> Office Verified _____ |
- Childhood Immunizations must be up to date. If not, Parents/Guardians must provide documentation from Health Care Provider as to why they are not current and scheduled dates for receiving recommended Immunizations. If a parent chooses not to obtain Childhood Immunizations, please provide pertinent documentation.
- Students must complete a school physical and dental exam prior to the beginning of school. Parents/Guardians are responsible for submitting Physical/Dental exam reports to Sasiwaans Immersion School. Please keep in mind this is an annual requirement for the health and wellbeing of your student. If the exams are scheduled after school will be starting, please provide documentation of such to submit along with the enrollment form.
- Parents/Guardians must attend school orientation.

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.

Please note: Children entering Pichiinsag (Little Robins-3 year old classroom) MUST BE POTTY TRAINED.
There are no exceptions as the 3 year old classroom cannot accommodate diaper/soiled clothes changes.

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

OFFICE USE ONLY

| | | | |
|---------------------------|---------------------|--------------------|-----------------|
| Date Received: | Received By: | Date Paid: | Receipt: |
| Parent Orientation | | Classroom | |
| Date Attended: | | Assignment: | |

Parent Language Promise

2016-2017

Student Name

Birthdate

School Year

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 Anishinabemowin 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 Anishinabemowin.

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 Anishinabemowin 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 Anishinabemowin Outreach Classes and/or activities throughout the school year. Attend 12 one hour lessons for each of the three marking periods.
- To participate in Anishinabemowin Learning Home visits.
- To reinforce the use of Anishinabemowin with my child in my home and community.

Parent/Guardian Printed Name

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 Anishinabemowin in the SCIT community once again. We commend you and your commitment to the survival of our beautiful Anishinabemowin.

Student Information Form

| | | |
|--|-----------|---|
| | | 2016-2017 |
| Student Name | Birthdate | School Year |
| Parents/Guardian Name: | | Today's Date |
| Student Address: | City | State/Zip |
| Check one: <input type="radio"/> Returning Student <input type="radio"/> New Applicant | | Gender: <input type="radio"/> Female <input type="radio"/> Male |

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: <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/> Foster Care <input type="radio"/> Grandparent <input type="radio"/> Other <input type="radio"/> Joint Custody-Physical <input type="radio"/> Joint Custody Legal <i>Court documentation is required to be on file in order to uphold current custody or court ward information.</i> | | | |
| Number of Adult living in Household: | | Number of Children living in Household: | |

TRIBAL AFFILIATION

| | | | | |
|--|---------------------------|--|---|---|
| <input type="radio"/> SCIT Member | Membership #: M00_____ | <input type="radio"/> SCIT Descendant | <input type="radio"/> Member Of Other *Tribe | <input type="radio"/> Descendant of Other *Tribe |
| Membership documentation: Membership ID Card/Certificate. | | Descendant documentation: Membership ID Card/Certificate of parent and birth certificate(s) linking Parent and Child. | | |
| ALL TRIBAL AFFILIATION MUST BE SUPPORTED BY LEGAL DOCUMENTATION | | | | |
| <i>*Federally Recognized Indian Tribe</i> | | | | |

Permission/Release Authorization

| Student Name | Birthdate | 2016-2017 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 my child/ student’s 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 |
| Speech/Language Screening | Hearing Screening | |

_____ To attend and participate in any and all field trips during the current school year.
_____ To include Parent Contact on Remind® communication and text messaging service for school activities, emergency and weather related announcements 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. 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 |
|------------------------------|-----------|------|
|------------------------------|-----------|------|

Emergency Contact Information

| | | |
|--------------|-----------|--------------------------|
| Student Name | Birthdate | 2016-2017 School Year |
|--------------|-----------|--------------------------|

In case of an accident, serious illness, or school closing; the school will first 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

| | | |
|--------------|-----------|--------------------------|
| Student Name | Birthdate | 2016-2017 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 on my behalf 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

Bus Service Request Form Pick-Up & Drop-Off

2016-2017

Student Name

Birthdate

School Year

Bussing assistance is available based on location of pick-up and drop off locations and time/length of routes considering the age of our students. Completing this form is a request for services, however bussing services are not guaranteed. There is a non-refundable, non-prorated \$100 fee for bussing for the school year, if request is accepted.

- ◆ 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, Sasiwaans staff may contact proper authorities, including Tribal ACFS or Tribal Police.
- ◆ Requested changes for pick up or drop off locations may take up to 3 days to be implemented.

PICK-UP:

Parent/Guardian or Other Adult:

Address:

Phone:

Cell Phone:

DROP-OFF:

Parent/Guardian or Other Adult:

Address:

Phone:

Cell Phone:

Parent/Guardian Printed Name

Signature

Date