



2875 Gikendaaso Way
Mt. Pleasant, MI 48858
Phone:(989)775-4453
Fax: (989)775-4450
2025-2026 School Year

In order for your child to be considered eligible for attendance at Wii Maajikwad you must:

1. Complete all pages of the enrollment form.

2. With the Enrollment packet, please provide a copy of the following to the Wii Maajikwad:

Check List

- ☐ Birth certificate
- ☐ Health insurance Card
- ☐ Immunization records - must be up to date
- ☐ Annual Physical
- ☐ Dental Records
- ☐ Tribal affiliation information: (Federally recognized Tribe)

(a copy of tribal enrollment card or a letter from tribal enrollment, if the student is a descendent – a copy of the enrolled tribal member's card or letter of enrollment and birth certificate linking the student to the enrolled member of a federally recognized tribe).

3. If any of the above items are missing the student will **not** be eligible for placement for the new school year.

4. **ALL** students must complete a physical by the third Friday in August.

5. 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.*

6. Students who are **five** by September 1st are eligible for Kindergarten.

7. Students who presently attend the Sasiwaans Program have priority placement for the next school year provided the new student enrollment packet is filled out and returned no later than **AUGUST 28th 2024**

8. Parent Language Promise page signed agreeing to 12 Parent Language hours completed by the 3rd week of January with an additional 12 Parent Language hours by the end of the school year, totaling in 24 Parent Language hours. (Immersion classrooms only).

***After School Program for Students 1st-12th Grade ONLY**

Office Use Only:

Date Received: _____

Student Name: _____ Grade: _____

Date Enrolled: _____ Teacher Assigned: _____ Bus #: _____

Special Ed? Yes ☐ No ☐ If so, records request form signed? Yes ☐ No ☐

Proof of Tribal Affiliation Submitted? Yes ☐ No ☐

STUDENT(S) INFORMATION*(A copy of your child(s) birth certificate and social security card is required for his or her student file)*

Student #1 Name (last, first, middle): _____ <input type="checkbox"/> Immersion _____ <input type="checkbox"/> K-5 _____ <input type="checkbox"/> ASP Date of Birth (mm/dd/yy): / / Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Tribal Affiliation (check one): <input type="checkbox"/> SCIT Member <input type="checkbox"/> SCIT Descendant M00# _____ <input type="checkbox"/> Other: _____	Student #3 Name (last, first, middle): _____ <input type="checkbox"/> Immersion _____ <input type="checkbox"/> K-5 _____ <input type="checkbox"/> ASP Date of Birth (mm/dd/yy): / / Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Tribal Affiliation (check one): <input type="checkbox"/> SCIT Member <input type="checkbox"/> SCIT Descendant M00# _____ <input type="checkbox"/> Other: _____
Student #2 Name (last, first, middle): _____ <input type="checkbox"/> Immersion _____ <input type="checkbox"/> K-5 _____ <input type="checkbox"/> ASP Date of Birth (mm/dd/yy): / / Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Tribal Affiliation (check one): <input type="checkbox"/> SCIT Member <input type="checkbox"/> SCIT Descendant M00# _____ <input type="checkbox"/> Other: _____	Student #4 Name (last, first, middle): _____ <input type="checkbox"/> Immersion _____ <input type="checkbox"/> K-5 _____ <input type="checkbox"/> ASP Date of Birth (mm/dd/yy): / / Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Tribal Affiliation (check one): <input type="checkbox"/> SCIT Member <input type="checkbox"/> SCIT Descendant M00# _____ <input type="checkbox"/> Other: _____
Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Bussing Needed (check one)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of Transportation:
Would you like to use this form to register your child(ren) in the After School Program (check one)?: <input type="checkbox"/> Yes <input type="checkbox"/> No (ONLY 1 st -12 th) Will your child(ren) be attending the Homework Lab/Tribal Library after school (check one)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: Address (if different than student): City, State, Zip: Phone #1: () - Work: () - Email: SCIT Member (check one)?: <input type="checkbox"/> Yes <input type="checkbox"/> No SCIT Membership #: _____	Parent/Guardian #2: Address (if different than student): City, State, Zip: Phone #1: () - Work: () - Email: SCIT Member (check one)?: <input type="checkbox"/> Yes <input type="checkbox"/> No SCIT Membership #: _____
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LIVING ARRANGEMENTS*(Court documentation required for student(s) file in order to uphold current custody, guardianship or court ward information)*

Child(ren) Lives With (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other: _____		
# of Adults in Home: _____	# of Children in Home: _____	School District: _____

MEDICAL INFORMATION <i>(ALL students must provide a copy of their immunization records and a medical provider note for medications. Severe allergies require doctor's note)</i>	EMERGENCY CONTACTS/OTHER ADULTS CHILD(REN) CAN BE RELEASED TO
Student #1: Medical Conditions (check one): <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lens <input type="checkbox"/> Hearing <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Other: _____ Allergies: _____ Medications/Prescriptions: _____ Dosage: _____ Time(s) Given: _____ Student #2: Medical Conditions (check one): <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lens <input type="checkbox"/> Hearing <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Other: _____ Allergies: _____ Medications/Prescriptions: _____ Dosage: _____ Time(s) Given: _____ Student #3: Medical Conditions (check one): <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lens <input type="checkbox"/> Hearing <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Other: _____ Allergies: _____ Medications/Prescriptions: _____ Dosage: _____ Time(s) Given: _____ Student #4: Medical Conditions (check one): <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lens <input type="checkbox"/> Hearing <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Other: _____ Allergies: _____ Medications/Prescriptions: _____ Dosage: _____ Time(s) Given: _____	Contact #1: _____ Relationship: _____ Phone: _____ Contact #2: _____ Relationship: _____ Phone: _____ Contact #3: _____ Relationship: _____ Phone: _____ Contact #4: _____ Relationship: _____ Phone: _____ Contact #5: _____ Relationship: _____ Phone: _____
EMERGENCY MEDICAL AUTHORIZATION	
<p>Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide medical authorization directly, I grant the Saginaw Chippewa Tribal Schools/Recreation 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(ren) listed above. This may include care decisions, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child (student). The Saginaw Chippewa Tribal Schools/Recreation 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 that I withdraw the authorization through written notice.</p>	
Parent/Guardian Signature: _____	Date: _____
INSURANCE INFORMATION <i>(Copy of insurance card required for student(s) file)</i>	
Primary Provider: _____ Subscribers Name: _____ Group #: _____ Member Id: _____ Secondary Provider: _____ Subscribers Name: _____ Group #: _____ Member Id: _____	

OFFICE USE ONLY

Date Received: ____/____/____

Received By: _____

Registration Fee Paid: ____/____/____

Receipt#: _____ Orientation Date Attended: ____/____/____

TRAVEL/FIELD TRIP PERMISSION SLIP

I hereby give my permission for my child(ren) to travel or attend with Wii Maajikwad to participate in any and all field trips during the current school year. The Wii Maajikwad 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 below. I waive any rights I may have against the Wii Maajikwad 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 that I withdraw the authorization through a written notice.

Parent/Guardian Signature: _____

Date: _____

PERMISSION/RELEASE OF INFORMATION

I, the undersigned, parent or legal guardian of named student hereby gives my permission to the Wii Maajikwad of the Saginaw Chippewa Indian Tribe of Michigan, upon their discretion to:

- 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	

By signing this document below, 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 that I withdraw the authorization through a written notice.

Parent/Guardian Signature: _____

Date: _____

BUS SERVICE REQUEST FOR PICK UP/DROP OFF

Bussing assistance is available based on the pick-up and drop off locations and time/length of. Completing this form is a request for services, however bussing services are not guaranteed. Please notify school staff where your child(ren) are to be picked up and dropped off by the bus each day. Bussing service is only available for Immersion school and k-5th Wiimaajikwad students. Bussing will not be available for Recreation's afterschool program.

The address you listed in the student information will be the only location for pick up and drop off services for your child(ren). WE WILL NOT BE ABLE TO MAKE TEMPORARY CHANGES. Please make arrangements to have someone at your 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, Wii Maajikwad 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. Wii Maajikwad and/or the Saginaw Chippewa Indian Tribe is not responsible for lost or stolen items.

By signing this document below, I understand that if my child(ren) are approved for bus services that the bus fee is non-refundable and I am responsible for notifying school staff about pick up-drop off locations. I also understand that an adult or other persons must be present at drop off locations otherwise proper authorities may be contacted, it is further understood that the Wii Maajikwad and/or the Saginaw Chippewa Indian Tribe is not responsible for my child(s) lost or stolen items.

Parent/Guardian Signature: _____

Date: _____

Address for Bus Pick up: _____ Address for Bus Drop Off: _____

City, State, Zip: _____ City, State, Zip: _____

Name of Parent/Guardian that will be home: _____ Name of Parent/Guardian that will be home: _____

Phone Number: _____ Phone Number: _____

*Immersion Classrooms Only**Parent Language Promise-Commitment Information*

The Sasiwaans Immersion School, run by the Anishinaabe Language Revitalization Department (ALRD), is a unique educational program for children aged 2 to 4 years old. The school was established to address the critical loss of the original language spoken by the Saginaw Chippewa Indian Tribe and aims to ensure that the sacred language is learned and preserved for future generations.

Enrolling your child in Sasiwaans means committing to learning the language alongside them. Parents can attend outreach classes and are encouraged to learn with extended family to increase fluency. The program offers a safe and inspiring environment where students are immersed in Anishinabemowin instruction.

By enrolling your child in our school, you agree to the following important commitments...

1. To commit to learning Anishinaabemowin language to help your child become a bilingual speaker.
2. To review the language information provided by your child's teachers so that you can learn and reinforce daily phrases.
3. To participate in Anishinaabemowin Outreach Classes and/or activities throughout the school year. Complete 12 hours of language acquisition by the end of the third week of January, and 12 additional hours to be completed by the end of the school year, totaling 24 hours.
4. To reinforce the use of Anishinaabemowin with your child in your home and community.

Here are some ways to obtain language hours:

1. Schedule an appointment with Isabelle Osawamick, Anishinaabe Outreach Specialist, by calling her at 989-775-4110 or emailing her at iosawamick@sagchip.org. You can choose a time slot of 30 minutes up to 1 hour.
2. You can also have Zoom sessions with Isabelle Osawamick. To schedule, call her at 989-775-4110 or email her at iosawamick@sagchip.org. You can select a time slot between 20 minutes up to 1 hour. You will need to download Zoom and create an account that can be used via your computer or cell phone. Here is the web address to sign up for Zoom: <https://zoom.us/signup#/signup>
3. "Blue House" is an immersion house located at 7785 E. Remus Road, next to the 7th Generation office building. You can schedule a session with Isabelle Osawamick by calling her at 989-775-4110 or emailing her at iosawamick@sagchip.org to see what dates are available. This option has a minimum of 2 hours because you will be preparing and cooking a meal while speaking in Anishinaabemowin about the food, tableware, and actions.
4. Anishinaabemowin & Sacred Fire Lunch is offered bi-weekly at the 7th Generation Ceremonial Building located at 7957 E. Remus Rd. For more information about the dates, please call 989-775-4780. The timings are from 12 Noon to 1 p.m. Remember to sign in legibly and include your Sasiwaans student's name.
5. Make sure to keep an eye out for approved Tribal Events throughout the school year that will count towards your accepted language hours. Stay updated via Remind, Emails, or Flyers, and ensure that we have your current email and phone number.

Parent/Guardian Signature: _____ Date: _____

Thank you for your cooperation in helping your child succeed in their language-learning journey.



Library Card Application

Student#1 Last Name: _____ **First Name:** _____

DOB (m/d/y): _____ **Card No.:** _____

Student#2 Last Name: _____ **First Name:** _____

DOB (m/d/y): _____ **Card No.:** _____

Student#3 Last Name: _____ **First Name:** _____

DOB (m/d/y): _____ **Card No.:** _____

Student #4 Last Name: _____ **First Name:** _____

DOB (m/d/y): _____ **Card No.:** _____

Street Address: _____

City, State, Zip: _____

Township: _____ **County:** _____

Phone: _____ **Parent Email:** _____

Residence (check one):

- ☐ District 1 (Isabella Reservation)
- ☐ District 2 (Saganing)
- ☐ District 3 (At-Large—not in District 1 or 2)
- ☐ Descendent/Non-Tribal member

Parent/Guardian Name (please print): _____

Driver's License/State ID #: _____ **Tribal ID #: M** _____

By my signature, I agree to abide by the policies set by the Saginaw Chippewa Tribal Libraries. I verify that the above information is true, and I accept the financial responsibility for paying for lost or damaged materials and for any associated fines.

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



Wii Maajiikwad
 2875 Gikendaaso Way
 Mt. Pleasant, MI 48858
 Phone:(989)775-4453
 Fax: (989)775-4450

Request for records:

Please send permanent records (CA60) for the following student(s) and any other pertinent information such as testing, classroom assessments, etc., that would be of help to the receiving teacher.

Miigwech.

<u>Name</u>	<u>Last Grade Completed</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School: _____

School Address: _____

Phone/Fax Number: _____ **Date enrolled at Wii Maajiikwad:** _____

In compliance with the Family Education Rights and Privacy Act of 1974, we give our permission to release all cumulative and health records of our child/children; (list student(s) name on the line below)

_____ To Wii Maajiikwad.

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