

OFFICE USE ONLY Date Received:

Anishinaabe Language Revitalization Department

Sasiwaans Immersion School



Current Student Registration Form 2018 Summer Session

Student Information Form School Year: 2018-Summer Session June 18-28; July 9-19; July 30-Aug.2 Date: **Student Name:** Birthdate: Age: **Student Address:** Phone: (XXX) XXX-XXXX **Primary Instructor: EMERGENCY CONTACT:** 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. If it is impossible to contact these sources; Sasiwaans will contact appropriate Tribal or non-Tribal authorities. **Emergency Contact #1 Emergency Contact #2** Name: Name: Home Phone: Home Phone: Cell Phone: Cell Phone: Work Phone: Work Phone: ADULT RELEASE: Children will be released to Parents/Guardians (following court order as applicable); Adults residing in the home and individuals listed as Emergency Contacts. Please list any other adults your child can be released to. Children will NOT be released to any other individuals other than those listed. (1) Name: (2) Name: Relationship to Child: Relationship to Child: Cell Phone: Cell Phone: (4) Name: (3) Name: Relationship to Child: Relationship to Child: Cell Phone: Cell Phone: **Parent/Guardian Signature Date** By signing I understand that the Summer Session is an extension of the 2017-18 school year and all rules, regulations, and policy acknowledged by me for the regular school year are applicable to the summer session

Date Paid:

Received By: