

Saginaw Chippewa Academy

Student Enrollment Form

In order for your child to be considered eligible for attendance at Saginaw Chippewa Academy you must:

1. Complete all pages of the enrollment form.
2. With the Enrollment packet, please provide a copy of the following to the Saginaw Chippewa Academy:
 - Birth certificate
 - Immunization records - must be up to date
 - Annual Physical
 - Dental Records
 - Tribal affiliation information:
(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. Students who are **five** by September 1st are eligible for Kindergarten.
6. 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 23rd 2021.**



Office Use Only:

Student Name: _____ **Grade:** _____ **Date Received:** _____

Date of Enrollment: _____ School Enrolled: _____ Teacher Assigned: _____

Special Ed? Yes No If so, Records Request Form signed by parent? Yes No Bus No. _____

Proof of Tribal Affiliation Submitted: Yes No Free/Reduced Lunch Form Submitted: Yes No

Saginaw Chippewa Academy

Student Enrollment Form

Grade Enrolling In: _____ **Today's Date:** _____

Student's Legal Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth:(Month) _____ (Day) _____ (Year) _____ Birthplace: _____ Gender: _____ Male _____ Female

Phone Number: (_____) _____ Language Spoken at Home _____

Tribal Affiliation: Is the child a SCIT member? Yes No If yes, membership # _____

Tribal Affiliation: Is the parent a SCIT member? Yes No If yes, who? _____ membership # _____

Is the student a SCIT descendant (other than 1st descendant) or a member/descendant of another tribe? Yes No

If yes, what tribe? _____ ***ALL Tribal affiliation must be supported by legal documentation.***

With Whom Does the Child Reside _____ Relationship _____

Does child live with both parents? Yes _____ No _____ ***The school needs court documentation in order to uphold custody information.***

Mode of Transportation: _____ ****If bussing is needed, please fill out the attached Pick-Up and Drop-Off form****

Mailing Address of Child: _____ City/State/Zip _____

Other Children in the Family: Child's Name: _____ School of Attendance: _____

Child's Name: _____ School of Attendance: _____

Child's Name: _____ School of Attendance: _____

Family Information

Mother

Father

<i>Name (Last, First, Middle)</i>		
<i>Address (if different from child's)</i>		
<i>Phone Number (if different than child's)</i>		
<i>Cell Phone (if applicable)</i>		
<i>Employer's Name</i>		
<i>Employer's Phone Number</i>		
<i>E-mail address</i>		
<i>Step-Parent's Name</i>		
<i>Step-Parent's Employer</i>		
<i>Step-Parent's Employer's Phone Number</i>		

Emergency Contact Information if Parents Cannot be Reached:

Prior to the end of the day, my child may be released to one of the following authorized below (Someone other than parent)

	Name	Address	Phone #1	Phone #2	Relationship
1.					
2.					
3.					

Has Student Previously Attended SCA? No Yes If Yes, When? _____

Has your child received special education services? No Yes If Yes, date of last IEPC: (Month) _____ (Year) _____

If yes, please specify what type: Speech Resource Room Physical Therapy Occupational Therapy

Other If other, please describe: _____

Saginaw Chippewa Academy

School Year: 2021-2022 Student's Name: _____ D.O.B. _____

Insurance Company: _____ Contract #: _____

Subscriber's Name: _____ Group #: _____

Parent's Names: _____

Emergency phone number where parents may be reached: _____

Guardian'(s) Names: _____

Emergency phone number where guardian(s) may be reached: _____

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

Prescription _____ Dosage _____ Time(s) Given: _____

Prescription _____ Dosage _____ Time(s) Given: _____

Prescription _____ Dosage _____ Time(s) Given: _____

Prescription _____ Dosage _____ Time(s) Given: _____

If medication needs to be given during the school day, please request an Authorization of Medications form from the school office

List any health problems/previous operations that may restrict your child from any school activity:

Emergency Medical Conditions/Problems: Check all that apply

- Nothing known
- Diabetic
- Asthma
- Hearing Problems
- Any physical conditions prohibiting physical activity
- Takes medication regularly (please indicate which medication & how often)
- Allergies (please indicate what type & any medications for them)
- Wears Glasses
- Contact Lens
- Nose Bleeds
- Bee Stings
- Epileptic
- Headaches

All food allergies must be accompanied by a doctor's slip.

List ALL Allergies: _____

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 Saginaw Chippewa Academy 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 Saginaw Chippewa Academy 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

I hereby give my permission for my child to attend and participate in any and all field trips during the current school year. The Saginaw Chippewa 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 Saginaw Chippewa Academy 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: _____



Saginaw Chippewa Academy
7498 E. Broadway Rd.
Mt. Pleasant, MI 48858
989-775-4453



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.

Thank you

Name	Last Grade Completed	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School _____

Address _____

Phone/Fax _____

Date enrolled at SCA: _____

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 the Saginaw Chippewa Academy.

Parent Signature: _____

Date: _____

**Saginaw Chippewa Academy
Pick-up and Drop-off Form**



- 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 VISIBLE at the drop off address otherwise the child(ren) 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 Anishnaabeg Child & Family Services.
- After 3 failed attempts to drop of your student(s) bussing privileges will be **suspended/revoked**
- **Changes to this form may take up to 3 days to be implemented.**
- **All students riding the bus must adhere to bus policies and procedures in the Student Handbook.**

1. Child's Name:	Grade:
2. Child's Name:	Grade:
3. Child's Name:	Grade:
4. Child's Name:	Grade:

Pick Up	Drop Off
Parent/Guardian at Home:	Parent/Guardian at Home:
Address:	Address:
Home #:	Home #:
Cell #	Cell #
Request for Bus Service: As a parent/guardian of the above noted child/children, I request school bus service for the school year and have read and agree to the eligibility policies for bus service. <p style="text-align: center;"><u>Please note that students are required to wear a face mask while riding the bus.</u></p>	
Parent/Guardian Signature:	Date of Request:

Please check if your child is being dropped off at the Tribal Gym after school: Yes No

Does your child attend: Library Homework Lab

Is your child registered through the Recreations Department for the Afterschool Program: Yes No

Check selection that applies: New Enrollee New Address No Change



Saginaw Chippewa Academy

Library Card Application

Student's Last Name: _____

Student's First Name: _____

Street Address: _____

City, State, Zip: _____

Township: _____ County: _____

Telephone: _____ Email: _____

Student's Birthdate (month, day, and year): _____

Residence:

- 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 #: _____ OR Tribal ID #: _____

By my signature, I agree to abide by the polices 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

Card Number _____