Menominee Tribal School

W6817 Church Street
PO Box 39
Neopit, WI 54150
Office: (715) 756-2354
Fax: (715) 756-2364

APPLICATION FOR GRADES 1 THROUGH 8

Dear Parents/Guardians,

Thank you for applying to Menominee Tribal School for admission of your child/children. We will be happy to review your application. The following items must be included with the application in order for the application to be considered complete:

_____Certificate of Indian Blood (CIB) signed by the MITW Enrollment Department
_____Birth Certificate
_____Immunization Records
_____Most recent report card from last school attended

The application must be complete in order to be reviewed by school administration. The application packet includes:

- Records request to be sent to last school attended
- Student Registration Form
- Student Emergency Information Form
- Transportation Authorization Form
- Consent Form & Release for student image
- Computer / Internet User Agreement
- Bilingual Program Certification
- Field Trip Permission Form
- Parent Involvement Agreement
- Permission of Services Release
- Dental Prevention Program Consent Form

Please return the above mentioned documents, along with this application packet, to the main office at Menominee Tribal School for review. The Admission Committee will review the application and make the determination whether to accept or deny admission.

Please call the main office with any questions 715-756-2354. Maec Waewaenen!

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REQUEST FOR SCHOOL RECORDS

DATE:_____

Dear Administrator:

We are requesting the school records for the student listed below. Please include all records such as: attendance, academics, and behavior; including multidisciplinary team reports, psychological reports, social work reports, teacher diagnostic reports and Individual Educational Plans (IEP), health reports, test data and other pertinent pupil records.

Student Name:_____

Name and address of last school attended:

_____

_____

_____

Parent/Guardian Signature:_____

Please send this information to:
Menominee Tribal School
PO Box 39 - Neopit, WI 54150
Fax (715) 756-2364

Thank you,

Shannon Chapman
Administrator/Principal

Where the Bear Walks, there is power.

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STUDENT REGISTRATION FORM

Today's Date_____

Student Name_____ **Grade**_____ **Circle:** Male Female
Last First

Mailing Address_____ **City**_____ **Zip**_____

Physical Address_____

Select Area

_____East Line/Hwy. VV
_____Old South Branch Rd
_____Rabbit Ridge
_____Keshena Area
_____School View
_____Pine Ridge
_____Warrington Add.
_____Pine Meadows
_____Middle Village
_____Neopit Area
_____South Branch Area
_____Zoar Area

FAMILY INFORMATION

Mother's Name_____ Occupation_____

Father's Name_____ _____Occupation_____

Child lives with: _____Parents _____Mother _____Father _____Other:_____

Other children's names:	Age:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last school attended_____ **City**_____

Was your student in a special program?

Circle any that apply: SPED L.D. SPED E.B.D SPED C.D. SPED Speech Gifted &Talented

Parent/Guardian Signature_____ Date_____

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STUDENT EMERGENCY INFORMATION

Student Name_____ **Grade**_____ **Today's Date** _____
Last First

Mailing Address_____ **City**_____ **Zip**_____

Physical Address_____

PARENT/GUARDIAN INFORMATION

Mother's Name_____ Place of employment_____

Primary Phone_____ Work Phone_____

Email address_____

Father's Name_____ Place of employment_____

Primary Phone_____ Work Phone_____

Email address_____

EMERGENCY CONTACTS

Name _____
Relationship _____
Cell Phone _____
Home Phone _____

Name _____
Relationship _____
Cell Phone _____
Home Phone _____

Student Health Information - Please check the following that apply:

Yes	No		Yes	No	
_____	_____	Allergies (i.e. bee sting, food, meds)	_____	_____	Asthma
_____	_____	ADD/ADHD	_____	_____	Diabetes
_____	_____	Epilepsy	_____	_____	Fainting Spells
_____	_____	Head Injuries-	_____	_____	Headaches/Migraines
_____	_____	Hearing Problems	_____	_____	Heart Problems
_____	_____	Vision Problems	_____	_____	Other_____

Does student require medication? YES NO Please specify_____
**If medication needs to be taken at school, by law we need to have you complete the necessary forms in school office.*
Does student have allergies to medications? YES NO Please specify_____
Physician_____ Location_____ Phone_____

Parent/Guardian Signature_____ Date_____

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Menominee Department of Transit Services - MDOTS
Transportation Authorization

School Year - Start Date: _____, 2014 Ending Date: _____, 2015

General Information

Childs Name: _____ Age: _____ Grade student will be in: _____

Parent(s)/Guardian Name: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Email Address: _____

The telephone numbers& email you have listed will be used to contact you.

Emergency Contacts Information

Please list two individuals that MDOTS can contact in case we cannot reach you, it is your responsibility to make sure these individuals are aware they are listed as your emergency contact.

1. Name: _____ Relationship to Child: _____

   Telephone: (Cell) _____ (Home) _____ (Work) _____

2. Name: _____ Relationship to Child: _____

   Telephone: (Cell) _____ (Home) _____ (Work) _____

School Information

Shawano:	☐Olga Brenner – 715-524-2131	☐Hillcrest Elementary – 715-524-2134
	☐Shawano Community High School – 715-526-2175	☐Sacred Heart School – 715-526-5328
	☐Shawano Community Middle School 715-526-2192	
Keshena:	☐Menominee Indian High School – 715-799-3846	☐Keshena Primary School – 715-799-3828
Neopit:	☐Menominee Indian Middle School – 715-756-2324	☒**Menominee Tribal School – 715-756-2354**

Transportation for: ☐**Both - AM & PM** ☐**AM only** ☐**PM only**

AM Pickup Address: _____

PM Drop off Address: _____

Before signing this application, please review all information you have entered to make sure what you have listed is correct. Blank fields on this application will be considered incomplete and will not be processed.

Signature of Parent/Guardian: _____ Date: _____

Signature of individual taking application for Transit _____

Date Received:

Approved 7-10-13

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CONSENT FORM AND RELEASE

I hereby consent to have my student, _____, photographed, videotaped, audio taped and/or interviewed by the Menominee Tribal School (MTS) or the news media on the school premises when school is in session or when my child is under the supervision of MTS.

Additionally, I hereby give MTS consent to use creative work(s) generated and/or authored by my child on the Internet, or on an educational CD/DVD, or any other electronic/digital media. I understand that my child will be identified by first name only, for confidentiality purposes, as the author of said work. I also consent to the school's use of my child's photograph or likeness or voice on the Internet or on an Educational CD/DVD or any other electronic/digital media.

As the child's parent or legal guardian, I agree to release and hold harmless the school, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium. It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's creative work(s), photograph, likeness or voice.

Today's date _____

Child's name _____

_____

Signature of Parent or Guardian

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Menominee Tribal School

Dear Parents:

The Menominee Tribal School has been upgrading its computer technology. We are connecting all classrooms computers to the network, installing new computers throughout the school; the computer lab has all new computers, and will be connected to the internet. We have also purchased new academic software for our students to use. We will continue to implement new changes throughout the school year.

With the new computers and equipment comes additional responsibility on the part of the students. Network computer system brings complexity and the cost of a great deal of money. Students and parents together will need to read, discuss, and sign the attached acceptable use policy. Students who do not return this form will not be able to use any computer at Menominee Tribal School.

Students who abuse their rights on the computer will not be allowed to use any computer equipment for any reason. We consider computers to be a tool to reaching our learning goal but if a student abuses these rights, we will use other tools to reach these educational goals.

Internet access: students will be allowed internet access only when supervised by a teacher. The Menominee Tribal School uses an Internet filter to stop access to inappropriate Internet rights. No Menominee Tribal School student will be given an E-mail address.

If you have any questions or concerns about the acceptable use policy, our new network or student Internet access, please call me.

Marci Grignon
(MIS Department)
715-756-2354

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Menominee Tribal School Computer/Internet Contract

The Computer networks are designed to provide students and staff with access to information processing tools. Because of the network capabilities and complexity, and the multiple student use of the equipment, certain standards are expected of students using this technology. This contract will be in effect while the child is a student at Menominee Tribal School. As a student with access to the computer network and Internet, I agree that:

1. I am only to access my own files. This means that I will not enter another Student's files.
2. I will use the information processing appropriately. They are not to be used For writing and saving profanity.
3. I will treat the computer equipment and software with respect. I will not Tamper with, nor in any way vandalize, modify nor delete any system files, nor in any way customize the computer to which I am assigned.
4. I will use furniture and chairs appropriately.
5. I will not interfere with other student's right to use the computer/lab facilities.
6. I will not copy other student's work from the computer, files, or the printer.
7. I will always leave my workstation neat and orderly. I will turn off my computer if requested to do so by my teacher, push the chair in and not leave litter in the area.
8. I will not bring food or beverages to the computer lab/workstation.
9. I will use the appropriate techniques for existing software and files.
10. I will report any problem/damages immediately.
11. When using the internet I agree to:
    a) only go online with teacher's permission
    b) be polite online
    c) use appropriate language
    d) use the internet for legal activity
    e) not use the internet for commercial gain
12. I understand that computer games are a privilege, not a right, I will only Access computer games with the teacher's permission.

The following procedures will be followed for students who cannot follow the above listed rules/expectations.

First offence: The student will be given a verbal warning.
Second offence: The student will be removed for the network files and the school discipline policy will be implemented.
Severe misconduct which warrants repairs: The student will be held financially responsible for any repairs.

The school reserves the right to deny access to computer technology to any student unwilling to abide by the conditions of the contract.

I have read and understand the above policy, and agree to abide by the rules stated.

_____ _____
Student name Date

_____
Parent Signature

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INTENSE BILINGUAL PROGRAMS CERTIFICATION
MENOMINEE TRIBAL SCHOOL

Dear Parents:

This form will be used by the Menominee Tribal School to select the right type of services it will provide to your child in language development. The school needs accurate information whether your child is influenced by the native languages so the student will progress in the language process.

A student's primary or home language is other than English which meets one of the following eligibility criteria:

____1. Student has some knowledge of both English and Menominee language (understand/speaking) or is influenced in any manner by an Indian language.

____2. The student speaks an Indian language most of the time, i.e., during play or family conversation.

____3. An Indian language is spoken in the students home most of the time, i.e., by family members, etc.

____4.Other (Please Explain) _____

_____

For the school to receive additional funds to provide instruction in both the Indian and English languages, it must have this form sign by the child's parents or guardian. **THIS FORM WILL BE KEPT IN A CONFIDENTIAL FILE AT THE SCHOOL.**

Please check the appropriate box above that describes your child's Indian language status, sign this document and return it to the school as soon as possible.

Please contact the school at 756-2354 if you have any questions.

_____ STUDENT NAME

_____ PARENT/GUARDIAN SIGNATURE

_____ STUDENT GRADE LEVEL

_____ DATE

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FIELD TRIP PERMISSION FORM

I the parent guardian of _____ give permission for him/her to participate in any field trip taken during this school year. The school will send home a notice prior to his/her field trip.

_____ _____
Signature of parent/guardian date

I do not wish my child to participate in any field trip.

_____ _____
Signature of parent/guardian date

If an emergency exists and Parent(s) or Guardian(s) cannot be reached. I hereby authorize the Menominee Tribal School to obtain emergency care for my child.

_____ _____
Signature of parent/guardian date

_____
Parent/Guardian Name

_____
PO Box/ Street

_____
City-State-Zip Phone Number Where do we call if not at home

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Parent Involvement Agreement

As a parent of a Menominee Tribal School student I agree to comply with the Parent Involvement requirements. I will participate in four school functions, such as: parent dinners, family nights, fundraising, pow wows, outdoor education, sport events, classroom helper, or any other school event. I realize that not completing the requirements could jeopardize the continuing admission of my child at Menominee Tribal School.

Parent signature: _____ Date: _____

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Permission Of Services Release

Child's name: _____ Date: _____

I give permission for Menominee Tribal School to:

1. Share my child's medical records with appropriate staff.
2. Have my child's screened in vision and hearing at school.
3. Administer first aid to my child when he/she is injured.
4. Administer IPECAC SYRUP in the event of poisoning with instructions from the poison center (1-800-815 8855).
5. Transport my child home or to relatives in an emergency if I can not be reached.

Emergency contact name: _____

Phone number: _____

Address: _____

Parent/Guardian Signature: _____

Dental Prevention Program Medical/Dental History

Child's Name_____

Date of Birth: _____/_____/_____ Male____ Female_____

Please answer the following questions:

1. Is your child presently under the care of a physician?	Yes	No
2. Is your child taking any medications, drugs or vitamins?	Yes	No
3. Is your child allergic to any medications?	Yes	No
4. Does your child have any reactions to penicillin, aspirin, codeine, anesthetic, or any other drug?	Yes	No
5. What is your main source of water supply	City	Well

Please check any of the following that the child has had or has now:

Heart Murmur	Asthma	Bruise easily
Heart disease/attack	Hay fever	Hemophilia
Angina pectoris	Sinus trouble	Cough
High blood pressure	Allergies or hives	Cold sores
Rheumatic fever	Diabetes	Epilepsy or seizures
Artificial heart valve	Thyroid disease	Fainting or dizzy spells
Heart pacemaker	X-ray or cobalt	Nervousness
Heart Surgery	Chemotherapy	Psychiatric treatment
Congenital heart disease	Arthritis	Yellow Jaundice
Artificial joint	Cortisone medicine	Tuberculosis (TB)
Anemia	Aids or HIV virus	Prolonged Q.T
Stroke	Blood transfusion	Other:
Kidney trouble	Emphysema	_____
Ulcers	Hepatitis A or B	_____
Tumor or Cancer	Liver Disease	_____

Does your child have any disease, condition or problem not listed? Yes No

If yes, please explain_____

*Purpose of this appointment is oral health prevention. I understand that it does not replace yearly dental exams and treatment.

*To the best of my knowledge, all of the preceding information is correct.

*I will inform school staff and/or dental personnel of changes.

*I give consent for my child to participate and receive care in the oral health prevention program.

* I give consent for my child to receive operative treatment (fillings) at the school if offered.

Parent/Guardian Signature_____

Date:_____/_____/_____

Dental Prevention Program
Parental Consent Form

Students Name_____

Date of Birth_____

Social Security Number:_____

☐ Male ☐ Female Grade:_____

Mailing Address_____

_____

_____

Who is the Students Regular Dentist?_____

_____

Mother's Name_____

Father's Name_____

Legal Guardian, If Applicable

_____

Relationship_____

Contact information for Parent or Guardian:
Home_____Work_____
Cell #_____
Emergency Contact:
Name:_____
Relationship_____
Home:_____Work_____
Cell:_____

Insurance Information

Does your child have Medicaid? ☐ No ☐ Yes: Medicaid #_____
Does your child have Dental Insurance? ☐ No ☐ Yes: Name _____
Coverage #:_____
Is your child eligible for services at the Menominee Tribal Clinic? ☐ No ☐Yes
Has your child ever had treatment at the clinic? ☐No ☐Yes Dental Department ☐ No ☐ Yes

***We will be billing Medicaid and Insurance for Dental Services provided.**
If your child is NOT an Indian Health Service Beneficiary you will be billed for the services and your child will NOT be eligible for follow up services at the Menominee Tribal Dental Clinic.

Parental Consent-Release of Information

☐ **Yes,** I would like my child to participate in the prevention program.
I understand and agree to:

* Information I provide concerning this patient will be used for treatment and billing purposes. We will not share this information with any other agencies except as provided by law. We may provide information to public health authorities and health over-sight agencies, including school nurses, unless you notify us in writing that you object.

* I understand that this is a prevention program and does not replace the need for a regular dental exam and dental work (fillings, extractions,etc.)

*I consent to operative work (fillings) at the school if a Dentist is available

* I consent to have my child's picture taken, displayed and name submitted to promote and publicize programs that support or promote health, research and education, including but not limited to grant programs and awards.

☐ **No,** I do not want my child to participate in the prevention program.

By signing this consent I agree to the above terms.

_____ _____
Signature of Parent or Guardian Date