



Menominee Tribal School

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

Kindergarten Application

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 before it can be reviewed.**

- ___ Enrollment certification signed by MITW Enrollment Department
- ___ Birth certificate
- ___ Immunization records
- ___ Most recent report card from last school attended

The application must be filled out completely in order to be reviewed, which includes: records release form, research activity form, permission of services release form, computer Internet contract, field trip form, and parental involvement agreement.

Please return this information to the Menominee Tribal School for review. According to the MTS Admission Policy the Admission Committee will review the application and make the determination whether to accept or deny admission.

Waewaenon,

Ms. Shannon Chapman
Administrator/Principal

Revised on 06/11/2010

Where the Bear Walks, there is power.



Menominee Tribal School

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

REQUEST FOR PRE-SCHOOL RECORDS

Date: _____

Dear Administrator:

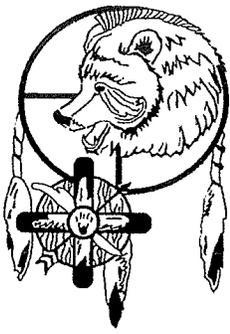
We are requesting the following information:

- Birth Certificate
- Proof of Tribal Enrollment
- Health forms and Immunizations
- Special Education Records, Psychological Information
- Screening Records
- Behavioral Records that would help the school assist the child to make the transition into Kindergarten better
- Other

For the following student: _____

Name and address of school last attended:

Parent Signature: _____ Date: _____



Menominee Tribal School

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

MENOMINEE TRIBAL SCHOOL REGISTRATION FORM

Date of Enrollment: _____ Male _____ Female _____

Student Name: _____ DOB: _____

Address: _____ Grade: _____

Phone: _____ (home) _____ (cell) _____ email _____

Was your child in a special program?

Circle one: Gifted & Talented E.D. L.D. Speech C.D.

PARENT INFORMATION:

Mother: _____ Occupation: _____

Place of employment: _____ Phone: _____

Father: _____ Occupation: _____

Place of employment: _____ Phone: _____

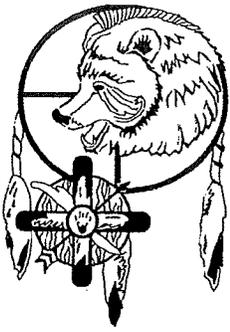
Child lives with: Parents: ___ Mother: ___ Father: ___ Other: _____

FAMILY INFORMATION:

Other children's names: Age: Grade:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent/Guardian signature Date



Menominee Tribal School

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

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

MENOMINEE TRIBAL SCHOOL STUDENT EMERGENCY INFORMATION

Student Name _____ Grade _____
Last First

Mailing Address _____

Physical Address _____
 Select Area _____ East Line/Hwy. VV _____ School View _____ Middle Village
 _____ Old South Branch Rd _____ Pine Ridge _____ Neopit Area
 _____ Rabbit Ridge _____ Warrington Add. _____ South Branch Area
 _____ Keshena Area _____ Pine Meadows _____ Zoar Area

Transportation Information

AM Pick up Address _____

Name & Phone number at location _____

PM Drop off Address _____

Name & Phone number at location _____

Student Health Information – Please check the following that apply

| YES | NO | | YES | NO | |
|-------|-------|--------------------------------------|-------|-------|---------------------|
| _____ | _____ | Allergies (ie bee sting, food, meds) | _____ | _____ | Ashtma |
| _____ | _____ | 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 the school office.*

Does student have allergies to medication? YES _____ NO _____ Please specify _____

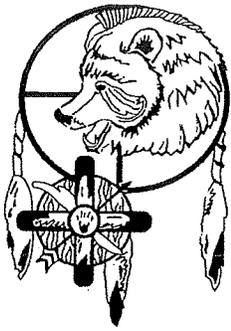
Physician _____ Location _____ Phone _____

Parent / Guardian Emergency Contact Information

| | |
|---------------------|---------------------|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Home Phone _____ | HomePhone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Work Phone _____ | Work Phone _____ |
| Email Address _____ | Email Address _____ |

Name 2 other emergency contacts if parent/guardian cannot be reached

| | |
|---------------------|---------------------|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Home Phone _____ | HomePhone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Work Phone _____ | Work Phone _____ |
| Email Address _____ | Email Address _____ |



Menominee Tribal School

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

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.

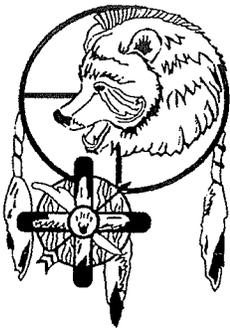
STUDENT NAME

PARENT/GUARDIAN SIGNATURE

STUDENT GRADE LEVEL

DATE

Where the Bear Walks, there is power.



Menominee Tribal School

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

To Whom It May Concern:

I give the staff at Menominee Tribal School permission to videotape or photograph my child for the following purposes:

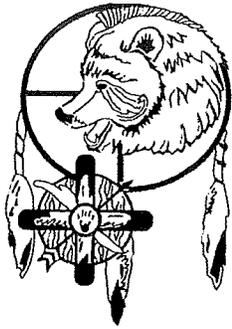
- ▣ As a visual representation of my child's abilities
- ▣ To record classroom events
- ▣ To create books and charts about his/her classroom or school
- ▣ To be published in the newspaper as he/she participates in school events

The photographs and videotapes will be used to assist the staff of Menominee Tribal School in capturing moments of learning. These will be uses in our new assessment system.

(Child's name)

(Parent/guardian's signature)

(Date)



Menominee Tribal School

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

To Whom It May Concern:

I give the staff at Menominee Tribal School permission to do research activities with my child. The purpose of these research activities will be for:

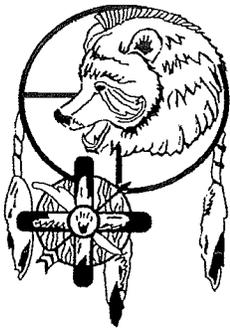
- To record classroom events
- To create books and charts about his/her classroom or school
- To be published in the newspaper as he/she participates in school events.

The research activities will be used to assist the staff of Menominee Tribal School in capturing moments of learning. These will be used in our new assessment system. I understand that there may be additional research opportunities to better the educational strategies of teachers, however I expect to be notified as these events occur.

(Child's name)

(Parent /Guardian Signature)

(Date)



Menominee Tribal School

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

Permission Of Services Release

Child's name: _____ Date: _____

I give permission for Menominee Tribal School to:

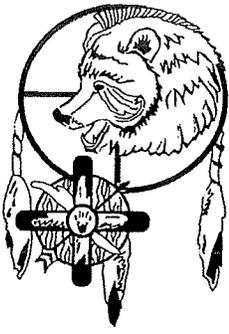
1. Share my child's medical records with appropriate staff.
2. Have my child's screened in vision and hearing at school.
3. Administer first aid to my child when he/she is injured.
4. Administer IPECAC SYRUP in the event of poisoning with instructions from the poison center (1-800-815 8855).
5. Transport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

Emergency contact name: _____

Phone number: _____

Address: _____

Parent/Guardian Signature: _____



Menominee Tribal School

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

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.

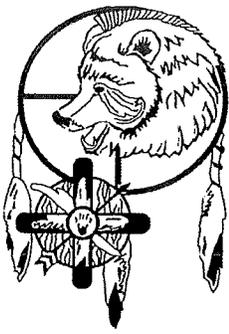
With the new computers and equipment comes additional responsibility on the part of the students. Network computer system brings complexity and the cost of a great deal of money. Students and parents together will need to read, discuss, and sign the attached acceptable use policy. Students who do not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



Menominee Tribal School

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

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 from 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.

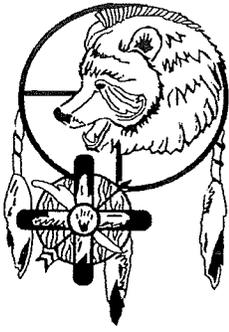
The school reserves the right to deny access to computer technology to any student unwilling to abide by the conditions of the contract.

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

Student name

Date

Where the Bear Walks, there is power.



Menominee Tribal School

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

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

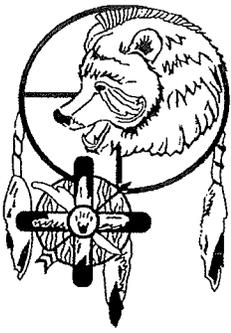
PO Box/ Street

City-State-Zip

Phone Number

Where do we call if not at home

Where the Bear Walks, there is power.



Menominee Tribal School

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

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: _____



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 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



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.

Parent/Guardian Signature _____

Date: ____/____/____