

Saginaw Chippewa Academy

Re-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:
 - Custody/Guardianship documentation (*if applicable*)
 - Immunization records - must be up to date
 - Annual Physical-to be completed by last Friday in August
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 last Friday in August.
4. Students who are **four** by September 1st are eligible for Pre-kindergarten.
5. Students who are **five** by September 1st are eligible for Kindergarten.
6. Students who presently attend the SCA and Sasiwaans Programs have priority placement for the next school year.
7. Packets must be **turned in** to the SCA office by **May 1st** in order to have priority placement.



Saginaw Chippewa Academy Re-Enrollment Form

Grade Enrolling In: _____

Today's Date: _____

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

Date of Birth: (MM/DD/YYYY) _____ Birthplace: _____ Gender: Male Female

Phone Number (1st priority): (_____) _____ Phone Number (2nd priority): (_____) _____

Email Address : _____ Internet Available at home: () Yes () No

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: SCA Bus Self-Transport Public Transportation (ICTC)

****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 (Guardian)

Father (Guardian)

<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>Marital Status</i>		
<i>Date of Birth</i>		
<i>Employer's Name</i>		
<i>Employer's Phone Number</i>		
<i>Step-Parent's Name</i>		
<i>Step-Parent's Phone Number</i>		
<i>Step-Parent's Employer's Phone Number</i>		

Emergency Contact/Safe Release* Information if Parents Cannot be Reached: (Someone other than parent)

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

***Safe Release:** in the event that I am unavailable, my student may be released to the individuals above.

If this changes, I will contact the school to update this information.

Saginaw Chippewa Academy

School Year: _____ 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, Wears Glasses, Bee Stings, Diabetic, Contact Lens, Epileptic, Asthma, Nose Bleeds, Headaches, Hearing Problems, Any physical conditions prohibiting physical activity, Takes medication regularly, Allergies

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.

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.

Parent/Guardian's 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 will take 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.	
Parent/Guardian Signature (MANDATORY):	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 _____