

# Saginaw Chippewa Academy

## New 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.
4. Students who are **four** by September 1<sup>st</sup> are eligible for Pre-kindergarten.
5. Students who are **five** by September 1<sup>st</sup> 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 **May 1<sup>st</sup>**.



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**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

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New 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 1<sup>st</sup> 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

Name (Last, First, Middle)		
Address (if different from child's)		
Phone Number (if different than child's)		
Cell Phone (if applicable)		
Marital Status		
Date of Birth		
Employer's Name		
Employer's Phone Number		
E-mail address		
Step-Parent's Name		
Step-Parent's Employer		
Step-Parent's Employer's Phone Number		

**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.					

In the event that I am unavailable, my student may be released to the following individuals.

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

	Name (first, last)	Relationship		Name (first, last)	Relationship
1.			2.		
3.			4.		

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: \_\_\_\_\_ 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 (please indicate which medication & how often)  
 Allergies (please indicate what type & any medications for them)

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:** \_\_\_\_\_

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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 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
<b>Parent/Guardian at Home:</b>	<b>Parent/Guardian at Home:</b>
<b>Address:</b>	<b>Address:</b>
<b>Home #:</b>	<b>Home #:</b>
<b>Cell #</b>	<b>Cell #</b>
<b>Request for Bus Service:</b> 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.	
<b>Parent/Guardian Signature (MANDATORY):</b>	<b>Date of Request:</b>

**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 \_\_\_\_\_