



Elementary Enrollment Packet

**3 years through Fourth Grade
Must be 3 years old by September 1st**

Pawhuska

**Providing Excellence in Education While
Revitalizing Osage Culture and Language**

2020-2021

APPLICATION CHECKLIST

To process applications for ገለጽ ለጽዕን ለጽዕን, the following information is needed for each child:

- Osage Membership number
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of school records if applicable
- Child's Immunization Record

Superintendent: Patrick Martin | Office (918) 287-5320

Executive Assistant: Jessica Goodfox | Office (918) 287-9772

ENROLLMENT INFORMATION

Application Date: _____

Grade Level: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____

Osage Name (if applicable): _____

Date of Birth: _____

Osage Membership Number: _____

What district are you from? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

Special Needs: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Mother's Place of Employment: _____ Work #: _____

Mother's Cell: _____ Email: _____

Father's Place of Employment: _____ Work #: _____

Father's Cell: _____ Email: _____

LIST ALL INDIVIDUALS IN THE HOUSEHOLD

Name	Relationship to Student	Age

Individuals who have permission to pick up my child, other than legal guardian(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Please identify two individuals (other than the parent or legal guardian) **ՃԼԻՍՏՅԱ ԼՎԿՕԾԼԻՐՈՂ** may contact in the event of an emergency.

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

HEALTH RECORD

Child's Physician or Clinic: _____ Phone: _____

Address: _____ City _____ Zip: _____

_____ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? _____ Yes _____ No

If yes, describe:

Does your child have any known allergies? Yes No

If yes, explain:

Does the known allergy require special precautions, actions, or medications? Yes No

If yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? Yes No

If yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel? Yes No

If yes, I understand that a signed and dated parental consent is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child. Yes No

- Please provide any documentation if possible to support above stated.

PARENT AUTHORIZATION

Student's Name: _____ Date Completed: _____

AUTHORIZATION FOR SCREENINGS/ASSESSMENTS

The Osage Nation ገለቦርቻ ለግድግ ለግድግ Program offers the following Health Screening. By checking the boxes, you are giving consent for your child to participate in these screenings.

Type of Screening

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Height/Weight |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Developmental | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Osage Language | <input type="checkbox"/> Other |

Parent/Guardian Signature Date

MEDICAL AUTHORIZATION

- In case of an emergency, I authorize the ገለቦርቻ ለግድግ ለግድግ staff to provide medical/dental treatment for my child from a qualified doctor, dentist, emergency room, EMT, or health care provider.
- I authorize the ገለቦርቻ ለግድግ ለግድግ staff to administer basic first aid to my child in the classroom or in transit should an injury occur.

Parent/Guardian Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION

- I authorize the Osage Nation WIC to release pertinent health information on my child to ገለቦርቻ ለግድግ ለግድግ.
- I authorize ገለቦርቻ ለግድግ ለግድግ to share information with the public school and WIC, such as my child's name and date of birth.
- I authorize ገለቦርቻ ለግድግ ለግድግ and the local public schools to share pertinent social, developmental, medical, or any other information on a need to know basis.

Parent/Guardian Signature Date

OTHER PERMISSIONS AND RELEASES

I give my child permission to take part in ALL ՃԼԲՕՏԿԸ ԼՎԿՕԾԸԲՈՒ field trips, picnics, etc. Advance notice of one week will be given to parents/guardians.

I give my permission for photo releases of my child relating to ՃԼԲՕՏԿԸ ԼՎԿՕԾԸԲՈՒ.

Parent/Guardian Signature

Date

ENROLLMENT CONTRACT

Both parents, guardians, and other persons responsible for payments should read all the provisions of this contract, complete the required information, and sign and return the contract with the Enrollment Packet. A student is enrolled when the entire enrollment packet has been delivered to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ, countersigned and dated. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ Superintendent and the Osage Nation Director of Operations.

Students Name: _____

The families of students enrolled and attending ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ have several payment options available to them. It is the policy of ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ to make every attempt to aid those students wishing to attend ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ to be able to do so by providing financial assistance when possible, and providing payment options for Osage Nation employees.

Payments are accepted at ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ by check or money order only. Payments are due no later than the 10th of the following month.

If a check is returned, money orders will only be accepted as a form of payment.

In cases where payment has not been made by the 30th of the month, students will not be allowed to return to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ until their balance has been paid in full.

Accounts for which no payment has been made in over sixty (60) days will be sent to the Osage Nation Attorney General for collection.

Enrollment and re-enrollment is conditioned upon the following terms:

1. Payments must be received by ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ on or before each monthly due date.
2. Payments for Osage Nation employees will be automatically deducted.
3. Acceptance of enrollment constitutes an agreement to pay each full academic month's account, comprised of both TOTAL MONTHLY RATES and all related fees and expenses of the student. ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
4. The student and the students family agree to comply with and be subject to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ rules and policies as set forth in the Parent Handbook, as amended from time to time.
5. An account is considered delinquent if not paid on or before the 10th calendar day of each month. If your account is not paid by the 10th of each month your child will not be able to return until the balance is paid in full. Whenever a fee account becomes

- past due for a period of 30 days from its due date, then the remaining balance will be sent to the Attorney General's Office for collection and the student will be dismissed.
6. Parents/Guardians receiving financial assistance are responsible for all co-payments, fees, and unpaid balances under the above terms of this contract.
 7. The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: enrollment of my child in ᏓᏳᏅᏍᏗ ᏱᏪᏍᏗᏳᏅ is a privilege and a benefit, regardless of whether the undersigned is a natural artifact person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matter and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation laws, codes regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdictions of the Osage Nation Courts over any such matter, disputes, actions, or decisions of any branch of the Osage Nation Government.

Father/Guardian or Person Responsible for Payment

Date

Mother/Guardian or Person Responsible for Payment

Date

ᏓᏳᏅᏍᏗ ᏱᏪᏍᏗᏳᏅ Administrator

Date

ALL ABOUT ME

My name is: _____

My Osage name is: _____

My district is: _____

I was born on: _____

I have _____ members in my family.

I am _____ years old.

My favourite things:

Pet _____

Color _____

Food _____

Toy _____

Things my teachers need to know about me:
