



Lac Courte Oreilles Ojibwe School

Dear Parents/Guardians:

The following information is required and **MUST** be accurate and accompany your completed admission application. Your child's application will not be reviewed until **ALL** required documents are received:

1. Tribal Enrollment Certification
2. Immunization Record
3. Copy of Birth Certificate

If you are re-admitting your child, it is your responsibility to see if your child's cumulative file with the school is complete.

Lac Courte Oreilles Ojibwe School Admission Policy

All students are required to update enrollment information in the Lac Courte Oreilles Ojibwe Schools on a yearly basis. This will be done when the parent or guardian completes a returning student form as approved by the Board of Education. To be admitted as a student, they must meet the following criteria:

- A student must be a member of the Lac Courte Oreilles Band of Ojibwe, or a member of another federally recognized tribe, or proof of one-quarter degree Indian Blood.
- Consideration will be given to applicants without tribal membership that have siblings currently enrolled at Lac Courte Oreilles Ojibwe School.
- A student who is now, or has been a resident of the Lac Courte Oreilles Ojibwe School attendance area must be enrolled and in attendance in the Lac Courte Oreilles Ojibwe Schools within one (1) week of the start of the semester.
- All new and returning students must not have been expelled, suspended, habitually truant, nor have expulsion proceedings initiated from any school in a previous school year in order to be eligible to enroll in the Lac Courte Oreilles Ojibwe Schools. A student with any of the afore-mentioned problems can only apply for admission at the beginning of the year or at the semester break. The admission of a student with these issues is subject to approval by the school admission committee.
- After dropping or transferring to another school, a student must complete a full semester at another school before applying for re-admission, unless the student is moving back into Sawyer County.
- Disclaimer-Providing inaccurate or incomplete information nullifies the validity of the child's enrollment to the Lac Courte Oreilles Ojibwe School.

A student's parent/guardian may appeal any of the above criteria to the Lac Courte Oreilles Ojibwe School Board or the Board's designee. As a condition of admission, a student who is admitted to the Lac Courte Oreilles Ojibwe School may be required to enter into an admission contract for continued enrollment.

Approved LCO TGB 8/2012





8575 N Trepania Rd
Hayward WI 54843-2191
(715) 634-8924
FAX (715) 634-6058

Lac Courte Oreilles Ojibwe School

APPLICATION FOR DAY ENROLLMENT

The Lac Courte Oreilles Tribal Council and School Board declares it is the policy of the Lac Courte Oreilles Ojibwe School to allow any Indian child enrolled in a federally recognized tribe, 1/4 blood quantum or more Indian, a tuition free educational opportunity. Proof of 1/4 Indian blood must accompany registration upon entrance. (Policy adopted by the Lac Courte Oreilles Tribal Council & School Board on May 3, 1999.)

Student Name _____ Today's Date: _____

Last Name _____ First _____ Middle _____
Date of Birth _____ Present Age _____ Gender _____ Entering Grade _____

Common/Nick Name _____ Tribal Agency Enrolled _____

Mailing Address _____ Community _____

Fire Number and Street Name _____

City, State, Zip _____ Home Phone _____

Parent/Guardian Information (circle one)

Mother's Name _____ Maiden Name _____

Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

e-mail _____ Tribal Agency Enrolled _____

Place of Employment _____ Does this person live with student? YES NO

Father's Name _____

Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

e-mail _____ Tribal Agency Enrolled _____

Place of Employment _____ Does this person live with student? YES NO

CUSTODY ARRANGEMENTS

Name _____ Relationship to Child _____

Please attach a copy of documentation for legal or voluntary placement, if appropriate

FOR OFFICE USE ONLY:
BIA-OIEP-MRO

Enrollment decision Y N date _____

Data entered by _____ date _____

Assigned Homeroom _____

C. Euneau, Principal

Rev 4/11

EMERGENCY CONTACT INFORMATION—In the event parents/guardians cannot be reached

Name _____ Relationship _____

Address _____ Phone _____

City, State, Zip _____ Community _____

Name _____ Relationship _____

Address _____ Phone _____

City, State, Zip _____ Community _____

Name _____ Relationship _____

Address _____ Phone _____

City, State, Zip _____ Community _____

SIBLING INFORMATION (Brothers and Sisters attending LCO School)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

SCHOOL INFORMATION (Omit if Student attended LCO during the previous school year)

Last School Attended _____ Year _____ Grade _____

Address _____ City, State, Zip _____

Child participated in _____ EBD _____ LD _____ Speech _____ Gifted & Talented _____

I hereby agree to help my child to abide by the rules of the school, to insure my child's participation in school activities and to the best of their ability I will support all educational, cultural, and social programs of Lac Courte Oreilles Ojibwe School.

I authorized LCO Ojibwe School to obtain emergency medical treatment for my child in the event that the school is unable to contact me. I accept full financial responsibility for such treatment.

I ☐ DO ☐ DO NOT give permission for my child to participate in all school-sponsored field trips.

I ☐ DO ☐ DO NOT give permission to videotape or photograph my child to represent my child's abilities; to record classroom events; to create books and charts to be used for educational purposes; to be published in the local news media for participation in school events.

Parent/Guardian Signature

Date



Lac Courte Oreilles Ojibwe School

Emergency Consent Form

If you are unavailable, and Emergency Consult Form allows you to provide consent for your child's emergency care. In an event of a medical emergency, the form should accompany your child to the hospital.

Child's Name: _____ Child's Birth Date: _____

Physician: _____ Physician's Telephone: _____

Address of Parent/Guardian: _____

Telephone number of parent/Guardian: _____ Cell: _____

Employer: _____ Phone: _____

Health Insurance co.: _____ Member no.: _____ Group no.: _____

Policy holder name: _____ Policy holder date of birth: _____

Emergency Contact (other than parent/guardian): _____

Telephone: _____ Cell: _____

Allergies to medicine: _____

Allergies to Foods: _____

Current medical Problems: _____

I, _____ give permission for the child listed above to receive medical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personal, Technicians, emergency responders and LCO School Staff. I also assume responsibility for the cost of treatment.

Signed Parent/Guardian: _____ Date: _____





Lac Courte Oreilles Ojibwe School

Dear Parents/Guardians:

Many issues can impact a child's self-esteem and ability to learn. Knowledge of such information can help alert the School to potential concerns regarding your child's overall school performance. This information will be kept confidential within your student's cumulative file. However, it may be necessary to disclose certain information to appropriate school personnel to help your child succeed academically. To continue to provide quality services for your child, please complete this form as accurately as you can. Feel free to add pertinent details on the back of this page.

Child's Name _____ Date of Birth _____ Age _____ Grade _____

Has your child ever received any of the following services:

Counseling

Date _____ Location _____

_____ School Delivered

_____ Community Delivered

Title I/Chapter I (reading services)

Date _____ Location _____

Special Education (location of current IEP)

Date _____ Location _____

_____ Learning disabilities

_____ Emotional concerns

_____ Behavioral concerns

Therapy

Date _____ Location _____

_____ Speech/Language

_____ Occupational Therapy

_____ Physical Therapy

_____ Art Therapy

On-going Medical Concerns impacting academic performance:

Dates _____ Location _____

_____ Fine motor skills (using pencils, scissors, etc)

_____ Gross motor skills (walking, running, etc)

_____ Medications that improve your child's learning (ADD, ADHD, bi-polar, etc)

_____ Medications that may interfere with your child's learning (allergy, seizure, etc)

Changes in family (date of occurrence & relationship to child)

_____ Addition of a family member

_____ Loss of a family member

_____ Divorce

_____ Re-marriage

_____ Custody

_____ Incarceration

My signature authorizes release of information to appropriate school personnel working directly with my child.

Parent/Guardian Signature _____

Date _____

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AUTHORIZATION for COMPUTER USE/INTERNET PERMISSION

As a student at LCO Ojibwe School, I understand and will follow the rules of this contract for computer use and Internet access. I further understand that should I commit any violation of this contract, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the school's Internet connection and having access to public networks, I hereby release the school and its board members, employees, and agents from any claims and damages arising from my use or inability to use the Internet.

Student's PRINTED Name

Grade

Student Signature

Date

As a parent of an LCO Ojibwe School student, I have read this Authorization for Computer Use & Internet Access. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate access to controversial material. However, I also recognize that it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision when my child's use is not in a school setting. I have discussed the terms of this contract with my child. I hereby request that my child be allowed access to the District's Internet.

Parent/Guardian PRINTED Name

Parent/Guardian Signature

Date

PLEASE PRINT NEATLY

Student's First Name

Student's Middle Name

Student's Last Name

The student's USER NAME will be their first initial, middle initial, and last name.

For example: John Adam Smith will have the USER NAME of *jasmith*

Students will also need to select a password. A password must be something that the student can remember, and a word that the student will not share with anyone else. A password should have 6, 7, or 8 letters, numbers, or a combination of both. Spaces cannot be used in a password. Passwords cannot have symbols such as @ # \$ % ^ &, etc.

Requested Password:



Lac Courte Oreilles Ojibwe School

Certification - Intense Bilingual Program

Dear Parent/Guardian(s):

This form is used to determine the proper type of service needs in your child's language development. The school needs accurate information concerning your child's skills in Ojibwe Language. For all students, the Lac Courte Oreilles Ojibwe School provides instruction in both English and Ojibwemowin so that the student will learn skills in both languages.

Please mark the appropriate Native language status for your child. A student's primary or home language is other than English when they meet one of the following eligibility criteria:

- LP ____ 1. Student has some knowledge (understanding/speaking of both English and a Native language, or is influenced in any manner by a Native language.
- F ____ 2. The student speaks a Native Language most of the time (i.e.: during play or family conversation).
- NL ____ 3. The student speaks a Native Language as a first language (i.e.: learned Native Language before learning English), and prefers to use that language in daily conversation.
- ____ 4. Other language (Spanish, etc.)

LCO Ojibwe Schools receives funding to provide instruction in both the Native and English languages. This form provides the documentation for this funding and must be signed by the child's parents or guardians. This document is confidential and will be kept in a secure location at the school.

If you have any questions, please contact the school principal.

Child's Name (please print)

Grade

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Rev 1/07





Lac Courte Oreilles Ojibwe School

RECORDS RELEASE

To Whom It May Concern:

Please release the records of:

(Student Name: Last, First, Middle)

Date of Birth

Grade

Please include the following items in the records:

- ✓ Health Records, including immunization records
- ✓ Special Education records, including the most current IEP
- ✓ Attendance Records
- ✓ Psychological Records
- ✓ Achievement and Aptitude test scores
- ✓ Statement of child's social relations with peers, groups and adults
- ✓ Gifted and Talented test scores
- ✓ Transcripts/Permanent Records
- ✓ Behavioral Records

School Last Attended

Address

Telephone number

City, State, Zip

Fax number

I authorize the release of my child's records:

Office Use Only:

Parent/Guardian PRINTED NAME

Date

Date of Request

Parent/Guardian Signature

DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, D.C. 20202

Elementary and Secondary Education Act, Title IX, Part A

Parents: In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. Please return completed form to your child's school.

Definition: Indian means any individual, or parent or grandparent, who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe, or band, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside; or (2) considered by the Secretary of Interior to be an Indian for any purpose; or (3) an Eskimo or Aleut or other Alaska Native; or (4) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth ____/____/____
(As shown on school enrollment records)

SCHOOL NAME _____ Grade _____

NAME OF TRIBE, BAND, or GROUP _____

Tribe, Band or Group is : (check one)

_____ Federally Recognized, _____ State _____ Terminated _____ Organized Indian Group
including Alaska Native Recognized meeting #4 of the
definition above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band, or group:

A. Membership or enrollment number (if readily available) _____ OR

B. Other (explain): _____

Name and address of organization maintaining data for the tribe, band, or group: _____

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ Date _____

Mailing Address _____ Telephone _____



Lac Courte Oreilles Ojibwe School

Informed Consent/Notification of Rights and Responsibilities

Student Name: _____ Grade: _____

The Benefits to counseling you may experience include:

- Feeling more confident in yourself
- Making healthy decisions
- Talking and thinking about difficult situations
- Looking more closely at things you do that are harmful to yourself and others
- Coping with emotional things
- Learning about things that will help you grow as a person

Treatment:

All treatment options are based on guidelines published by professional organizations and within the therapist's educational training.

This consent allows for counseling services provided by Licensed Therapists, Art Therapists, School Counselors and/or School Social Workers via individual, peer groups, and/or art therapy.

Potential Risks encountered in counseling:

Counseling may open levels of awareness that could produce discomfort and/or anxiety. Counseling may also create changes that may produce disruptions or turmoil in your life. Counseling by itself cannot solve all problems.

Alternatives to Counseling:

Individual self-help programs designed for personal effectiveness, peer self-help groups, crisis intervention systems and other institutional helping systems.

Possible Consequences for failure to receive counseling:

The severity and impact of individual clients may vary. While some clients may experience little or not change if treatment is not received, some conditions may require treatment or referral to other professionals.

Reasons for Receiving Counseling:

Anticipated Frequency and Duration of Counseling: _____



Goals of Counseling:

Discharge Policy:

You may be discharged from counseling by the LCO Counseling staff if your needs cannot be met adequately and thus creating a referral to an additional source.

Expiration of Informed Consent:

This consent as signed will be effective for the school year. This consent will not be valid for more than 12 months. You have the right to withdrawal from counseling at any time.

As a client you have the Right to:

- Be treated with respect.
- Refuse any treatment you do not agree with.
- Obtain a second opinion.
- Help establish the treatment plan if needed.
- Have treatment plan, assessment or other documentation explained to you.
- Know your counselor's education and credentials.
- Review your records.
- Have all information shared in counseling kept confidential, unless written permission is given. All Counselors are required by law to report information about physical and sexual abuse, and harm to self.

As a client, your responsibilities include:

- Providing information of other professionals from whom you have received services.
- Providing accurate information about your problems, issues and symptoms.

I have read and understand this Informed Consent and Notification of Rights and Responsibilities. I understand that by signing this form my child/student will receive counseling services provided at LCO School. I will be notified when and if these services begin.

Client/Student Name

Date

Parent/Guardian Signature

Date

Therapist Signature

Date

Lac Courte Oreilles Ojibwe Schools

Student Health History

Student Name _____ Entering Grade _____

Parent/Guardian _____ Phone _____

Family Doctor _____ Family Dentist _____

Date of last physical exam _____ Date of last dental exam _____

Please circle the diseases that this child has had:

Measles	3-day Measles	Mumps
Pneumonia	Polio	Chicken Pox _____ age
Rheumatic Fever	Diphtheria	Scarlet Fever
Typhoid Fever	Tuberculosis	Whooping Cough

Health Review—Circle any health problems that your child has:

Vision Problems

Difficulty seeing
Eyes - Turned IN/OUT
Glasses—reading/distance
Frequent headaches
Preferential seating

Hearing Problems

Earaches
Draining Ears
Tubes in Ears _____ date
Preferential Seating

Skin Problems

Rashes
Eczema
Hives
Bruises Easily
Allergies _____

Respiratory Problems

Frequent colds
Runny nose
Chronic cough
Bronchitis
Asthma
Nosebleeds
Nebulizer treatments needed
Allergies _____

Digestive Disorders

poor appetite
feeding problems
excessive appetite
stomach aches
vomiting
diarrhea
lactose intolerance
food allergies _____

Urinary Problems

complaints of pain when urinating
needs to urinate frequently
excessive amounts of urine
bed-wetting
blood in urine
bladder or kidney infections

Seizures or Convulsion Problems

Loss of consciousness
Fainting spells
Head injuries

Operations/Hospitalization/Serious Injury _____

Physical Limitations _____

Is your child receiving any prescription medications now? _____ Please list names and for what purpose any prescription medications that need to be given at school:

Should activities be limited due to any of the above conditions? Please explain: _____

Parent/Guardian Signature _____

Date _____

Consent for Over-The-Counter Medications

Dear Parent/Guardian,

As the School Health Care at Lac Courte Oreilles Ojibwe School, I am responsible for emergencies, accidental injury, illness, and medications at all school sponsored activities. I am also responsible with making arrangements with physicians as needed. At the Lac Courte Oreilles Ojibwe School we have available some over-the-counter medications available to students **ONLY** if proper permission is given below, **PLEASE INITIAL** only the medications you would like your child to receive.

Child's name: _____

DOB: _____

Allergies: _____

Phone #: _____

Initial Medications

Use(s)

_____ Tylenol Extra Strength APAP (Acetaminophen 500mg)

Pain Reliever/fever reducer

_____ Children's Ibuprofen (oral Suspension 100mg per 5ml)

Pain Reliever/ Fever reducer, relieves minor aches & pains due to the common cold, flu, sore throat, headache & toothache

_____ Mapap Acetaminophen Chewable 80mg (Aspirin-free, Ibuprofen free)

Fever Reducer/Pain reliever

_____ Children's Acetaminophen Oral Suspension (160mg per 5ml)

Fever reducer/Pain reliever

_____ Addaprin (Ibuprofen 200mg per tab)

Fever reducer, Pain/inflammation, Headache, toothaches, muscle aches due from common cold, minor pain due to arthritis.

_____ Q-Dryl (diphenhydramine Hydrochloride)

Antihistamine (relieves symptoms due to upper respiratory allergies: sneezing runny nose itchy watery eyes)

_____ Midol Complete/Cramp Tabs

Relieves Cramps, Bloating, Fatigue, Backaches and Headaches.

_____ Milk of Magnesia

Relieves constipation

_____ Antacids Tablets

Relieves Heartburn, sour stomach and acid indigestion.

_____ Chloraseptic (Throat Spray)

Temporarily relieves sore throat pain

_____ Cough Drops

Temporarily relieves cough, and minor throat irritation.

_____ Bismatrol (Pepto)

Provides fast relief from heartburn, indigestion, nausea, upset stomach and diarrhea.

_____ Children's Sudafed PE Cough & Cold(non-drowsy) or Children's Sudafed PE Nasal Decongestant(non-drowsy)

Temporarily relieves symptoms due to the common cold: Cough, nasal decongestant and upper respiratory allergies.

_____ Adult Q-Tussin(Non-Drowsy)

Temporarily relieves cough due to minor throat and bronchial irritation with a cold. Helps loosen phlegm (mucus).

_____ Calamine lotion/ Calamine spray

Skin protectant for drying oozing & weeping of poison ivy, oak, sumac.

_____ Antiseptic Spray

For minor cuts & scrapes, relieving pain

_____ Bacitracin Zinc Ointment/ Triple antibiotic Ointment

First Aid antibiotic

_____ Corticool (1.0% Hydrocortisone Anti-itch gel)

Soothes & relieves rash inflammation

_____ Oral pain relief (Benzocaine)

Oral anesthetic. Toothache relief

_____ Lip Balm/ Blistex lip guard

Relieves cold sores & dry cracked lips

_____ Eucerin Original Dry skin Therapy

Treatment for dry sensitive skin conditions

_____ TEA- Chamomile
Raspberry
Peppermint

Chamomile for upset belly, Raspberry for Cramps, Peppermint for Headache.

_____ Ladies Personal Hygiene (tampons)

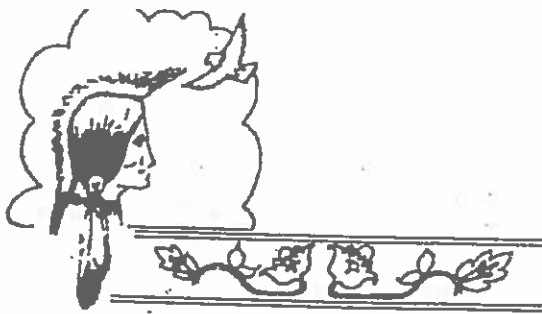
Menstrual Flow. Assuring Health Care that you and your child are familiar and comfortable using the product.

By initialing next to the medication(s), you are giving the School Health Care prior approval to dispense these to your child upon completion of nursing assessment. Please contact the school nurse at LCO School if you have any further needs or concerns. 715-634-8924 ext. 1288 Miigwetch (Thank you).

Parent or Guardian Signature

Initials

Date



Lac Courte Oreilles Ojibwe School

8575 N Trepania Rd
Hayward WI 54843-2191
(715) 634-8924
FAX (715) 634-6058

Dear Parent/Guardian:

Children need healthy meals to learn. Lac Courte Oreilles Ojibwe School offers healthy meals every school day.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Katherine Bunker, 8575 N Trepania Rd, Hayward WI 54843, (715)634-8924.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR) or W-2 Cash Benefits, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
STOP If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. More information can be found at http://fns.dpi.wi.gov/fns_fincou1#fckc under "Eligibility Benefits for Students in Foster Care, Kinship Care, and Chips.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Katherine Bunker, (715)634-8924 to see if they qualify.
5. **CAN CHILDREN ENROLLED IN A HEAD START PROGRAM RECEIVE FREE MEALS?** Yes, children who are enrolled in a Federally-funded Head Start Program, or a comparable State-funded Head Start Program or pre-kindergarten program using identical or more stringent eligibility criteria than the Federal Head Start Program or an Even Start Program.
6. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines, shown on this application.
7. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter carefully and follow the instructions. Call the school at (715)634-8924 if you have questions.
8. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
9. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
11. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

12. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Craig Euneau, 8575 N Trepania Rd, Hayward WI 54843, (715)634-8924.
13. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
14. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
15. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
16. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your child's school for more information.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call (715)634-8924 ext. 1222.

Si necesita ayuda, por favor llame al teléfono: (715)634-8924 ext. 1222.

Si vous voudriez d'aide, contactez nous au numero: (715)634-8924 ext. 1222.

Sincerely,



Katherine Bunker
8575 N Trepania Rd
Hayward WI 54843
(715)634-8924 ext. 1222
Katherine.bunker@bie.edu

INSTRUCTIONS FOR APPLYING

If anyone in your household receives benefits from FoodShare, W-2 Cash Benefits, or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions.

Part 1: All Household Members-List the name of each household member (a household member is any child or adult living with you), and the name of the school each child attends.

Part 2: List the case number and the name of the household member (adult or child) who receives FoodShare, W-2 Cash Benefits, or FDPIR benefits and which program the benefits are from.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of your Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If no one in your household gets FoodShare, W-2 Cash Benefits, or FDPIR benefits and if any child in your household is homeless, a migrant, or runaway, or enrolled in a Head Start Program, follow these instructions.

Part 1: All Household Members-List the name of each household member (a household member is any child or adult living with you), and the name of the school each child attends. If any child you are applying for is homeless, migrant, runaway, or enrolled in a Head Start Program, check the appropriate box and call Katherine Bunker, (715)634-8924 ext. 1222.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households below.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If all of the children in the household are foster children, follow these instructions. You do not need to fill out a separate application for each foster child in your household.

Part 1: If all children in the household are foster children, list all foster children and the name of the school each child attends. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

If some of the children in the household are foster children, follow these instructions.

Part 1: All Household Members-List the name of each household member (a household member is any child or adult living with you), and the name of the school each child attends. For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call Katherine Bunker, (715)634-8924 ext. 1222.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions under Part 3 for All Other Households below.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: All Household Members-List the name of each household member (**a household member is any child or adult living with you**), and the name of the school each child attends. If any child you are applying for is homeless, migrant, or runaway, or enrolled in a Head Start Program, check the appropriate box and if you have questions, call your school.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** List the income for each household member listed in Part 1. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month, monthly, quarterly, or annually. Do not include income from FoodShare, FDPIR, WIC, Federal education benefits and foster payments received by your family from the placing agency. For the self-employed **ONLY**: under Earnings from Work, report income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include **these** allowances as income.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: This question is optional. You can choose whether or not to provide ethnic and racial data.

Turn the form in to your school.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to part 4 to sign this form.				Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	

PART 2. BENEFITS

If any member of your household receives FoodShare, FDIPIR, or W-2 Cash Benefits, provide the name of the household member, the program name, and case number (not a Quest Card number) for the person who receives benefits and skip to part 4. If no one receives these benefits, go to Part 3.

NAME: _____ PROGRAM NAME: _____

CASE NUMBER: _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: _____

Categorically Eligible: _____ Income Eligibility: Free _____ Reduced _____ Denied _____

Date Withdrawn: _____ Reason for denial or withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FPIR) case number or other FPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number.

We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

FEDERAL ELIGIBILITY INCOME CHART School Year 2014-2015				For
Household size	Yearly	Monthly	Weekly	
1	\$21,590	\$1,800	\$416	
2	\$29,101	\$2,426	\$560	
3	\$36,612	\$3,051	\$705	
4	\$44,123	\$3,677	\$849	
5	\$51,634	\$4,303	\$993	
6	\$59,145	\$4,929	\$1,138	
7	\$66,656	\$5,555	\$1,282	
8	\$74,167	\$6,181	\$1,427	
Each additional person:	\$7,511	\$626	\$145	

Waadookodaading Ojibwe Language Immersion School

2016-2017 Supply List

Waadookodaading Ojibwe Language Immersion School students spend part of each day outside for work and play. In addition to bringing the listed items to school for your student's classroom use, please be sure to send a change of clothes and shoes/footwear. They will go out in the rain, in the snow, in the mud. There are few weather conditions that keep us from doing our work outdoors.

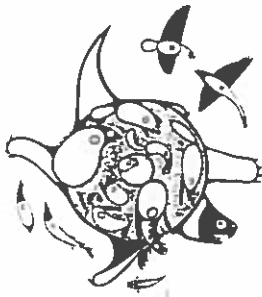
Fall: Wild rice gathering (long sleeve shirts and pants, shoes that can get wet)

Winter: Snowshoeing, Snaring, Sledding (waterproof boots, snow pants, winter coat, mittens/gloves, winter hat)

Spring: Maple Sugar Camp (waterproof mud boots, warm socks, snow pants, winter coat, mittens/gloves, winter hat)

Bandanas can be useful for all outdoor activities.

<u>Weshki-maajitaajig (4K)</u>	<u>Mayaajitaajig (5K)</u>
1 backpack (no wheels) 2 boxes facial tissue 1 blanket for rest time 1 water bottle 1 pouch of tobacco or 1 bag of handmade 1 full change of clothing (seasonally appropriate)	1 backpack (no wheels and large enough for a blanket and 3 ring binder) 1 water bottle 1 pouch of tobacco or 1 bag of handmade 2 boxes facial tissue 2 containers disinfecting wipes 1 box washable markers 1 pack dry erase markers 1 pencil box (plain) Largest possible pack of glue sticks 1 full change of clothing (seasonally appropriate) 1 box gallon size resealable bags
<u>Netamising (1st) and Eko-niizhiing (2nd)</u>	
1 backpack (no wheels and large enough for a blanket and 3 ring binder) 1 water bottle 1 pouch of tobacco or 1 bag of handmade 2 boxes facial tissue 2 containers disinfecting wipes 1 box washable markers 1 pack dry erase markers	1 pencil box (plain) 1 box of pencils 1 box of colored pencils 1 bottle of glue 3 glue sticks 1 pencil eraser 2 pocket folders 1 highlighter



Waadookodaading

An Ojibwe Language Institute

8575 N Trepania Road Hayward, WI 54843

715-634-8924 ext. 1313 Fax 715-634-6058

www.waadookodaading.org

Boozhdo Waadookodaading Parents:

Please take the time to read, complete and return this form. We are asking your permission to take video and still photos of our students. We will use them for educational and administrative purposes associated with Waadookodaading. We have some photos and videos that we are considering putting on our website.

We create digital video portfolios of student performance and create learning materials for the school. We also want to use photos and videos for reporting our school success to the community, foundations (local, state and federal), the State of WI Department of Education and other Ojibwe schools.

PHOTO/VIDEO RELEASE FOR MINORS

I, being the parent/guardian of _____ hereby consent that the video/photographs of Waadookodaading activities in which he/ she appears may be used by Waadookodaading, its assigns or successors, in whatever appropriate way the school may desire, including but not limited to audiovisual productions, television, web site productions, brochures, other media and other uses as the school deems appropriate.

As a courtesy, Waadookodaading will try to provide me with a prior notice of the use of these photographs or films.

Parent/GuardianName _____
Address: _____
City: _____ State: _____ Zip: _____

Signature of Parent/Guardian Date

Parent/GuardianName _____
Address: _____
City: _____ State: _____ Zip: _____

Signature of Parent/Guardian Date

Child's Name _____ **2016-17**
LCO Schools / Waadookodaading (Circle one)

Drop Off and Pick Up Policy

Verbal or written permission must be received before we will release your child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian must authorize up to 3 individuals to pick up their child(ren). Authorized individuals will be required to present valid identification to pick up any child from the school. A copy of the ID will be kept on file at the school.

I authorize the following individuals to pick up my child from the school.

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from school I can be contacted at this number.

All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from school.

Parent

Date
