

STUDENT REGISTRATION FORM

GRADE All Kindergarten students and first-time enrolled students need Birth Certificate with Seal on file.	Student LAST Name (Legal) Jr., II, III	Student FIRST Name	MIDDLE Name	M/F	D.O.B. M/D/Yr.	Receives Special Ed Services Yes / No	Pictures taken that can be used in forms of multi-media production tools without any liability or obligation to the School/ Student/ Parent/Guardian: Yes or No	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled In: (FDL, WE, RL, BF, LCO, etc.)	RACE (List <u>ALL</u> that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/ other-Pacific Islander 4=Black 5=White

Student(s) Lives with: ☐ Both Parents ☐ Mother ☐ Mother/Stepfather ☐ Father ☐ Father/Stepmother ☐ Grandparent
☐ Guardian ☐ Foster Parent ☐ Self ☐ Other _____

If student is not your biological child, please attach active Notarized/ Legal copy of Guardianship Paperwork

Student's PRIMARY HOUSEHOLD Information (Do you want The Primary household listed to receive mailings of report cards, etc.) YES NO

Adult First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Student's SECONDARY HOUSEHOLD (If one) Student Information can be shared with this person! Put on Student's Mailing List YES or NO

Adult First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Is Student Living in Temporary Housing Due to Economic Hardship? ☐ Yes ☐ No

If Yes, Please check which box applies: ☐ Hotel/Motel ☐ At a Shelter ☐ In Auto ☐ Campground, Tent ☐ Awaiting Foster Placement ☐ Living with family/friends (Due to Hardship)

My Child(ren) have permission to be Picked up from School by:
(Please print clearly)

Emergency Contacts: Person to call if I cannot be reached; this person
will then contact me and I will contact the school

1. _____	Relation To Student: _____	Print Name 1. _____ (____) _____	Daytime Phone Number _____	Relationship to Student _____
2. _____	_____	2. _____ (____) _____	_____	_____
Signature of Parent/Guardian		Relationship to Student		Date
Printed Name of Parent Guardian:				

Authorization for Transportation 2025 – 2026 (Ojibwe School Only)

Child's Name: _____ Grade: _____ Date of Birth: _____ — Student Enrolled Y / N

Fond du Lac Department of Transportation will transport eligible children to and from the Ojibwe School daily. You are not required to have your child ride the bus, but if you would like to, please fill out the information below. **If your child(ren) will not be riding the bus please write in "Self-Transport"**

Please fill in the morning **pick up** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use:	For office use:	For office use:	For office use:	For office use:
Driver:	Driver:	Driver:	Driver:	Driver:
Bus: Time	Bus: Time	Bus: Time	Bus: Time	Bus: Time

Please fill in the afternoon **drop off** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use:	For office use:	For office use:	For office use:	For office use:
Driver:	Driver:	Driver:	Driver:	Driver:
Bus: Time	Bus: Time	Bus: Time	Bus: Time	Bus: Time

☐ Does this child have any special transportation needs? ☐ Yes, please explain: _____ ☐ No

Is this child picked up from or dropped off at childcare in the ☐ Morning ☐ Afternoon ☐ Both

☐ Yes, Name of Center / Provider and Telephone number _____

☐ No

Transportation Agreement

Initial

Consent

_____ **I understand that if I need to make any changes to the above information, (short term or permanently) I must inform the Ojibwe School office by 11:00 am the Monday before the change. Changes will ONLY be approved by the Ojibwe School Office. No changes will be allowed or accepted by FDL Transportation Department.**

_____ **I understand that the Ojibwe School will deny any changes that are not made by Monday at 11:00 am. In this case, it is my Responsibility to arrange my own transportation.**

With this knowledge, I give permission for Fond du Lac Transportation Department to transport my child to and from the Fond du Lac Ojibwe School according to the listed schedule. I am aware of the transportation policy and above guidelines and will follow them.

Telephone number you may be reached at: _____ Parent / Guardian Printed Name: _____

Parent / Guardian signature: _____ Date: _____

School/Parent Compact

RIGHTS AND RESPONSIBILITIES

PARENTS/GUARDIANS' RESPONSIBILITIES

As a parent or guardian it is your responsibility to:

- A. See that my child attends school regularly, and notify school if child is absent.
- B. Support the Anishinaabeg Core Value System and Grandfather Teachings.
- C. Establish a time for homework and review it regularly.
- D. Attend school functions (e.g. conferences, programs, parent/community night).
- E. Encourage your child to work at the highest level possible.
- F. Support the education provided by the Fond du Lac Ojibwe School.

PARENTS/GUARDIANS' RIGHTS

As a parent or guardian you reserve the right to:

- A. Expect an appropriate education for their children.
- B. Be notified of all disciplinary action.
- C. Be informed of all upcoming school activities.
- D. Communicate freely with teachers and staff on all matters concerning your child.
- E. Be involved in instruction and activities.

SCHOOLS' RESPONSIBILITIES

The Fond du Lac Ojibwe School assumes the responsibility to provide a safe environment for students which is free from hazards, threat of violence, and furthermore to:

- A. Provide an appropriate education in accordance to our goals and objectives.
- B. Provide students an opportunity to make positive behavior choices and options to amend any negative choices, which adversely affect their educational experience.
- C. Hold student information and records confidential.
- D. Notify parents of disciplinary actions.
- E. Provide prevention, and intervention for chemical health issues.

SCHOOLS' RIGHTS

The Fond du Lac Ojibwe School reserves the rights to:

- A. Expect courteous and respectful behavior.
- B. Provide consequences in accordance with the School Code of Conduct.
- C. Establish school hours, days, and rules.
- D. Determine graduation requirements.
- E. Determine school curriculum.
- F. Administer all forms of Achievement Assessments.

Parent/Guardian Responsibilities:

We, as parents, will support our children's learning in the following ways:

- See that my child attends school regularly, and notify school if child is absent.
- Support the Anishinaabeg Core Value System and Grandfather Teachings.
- Establish a time for homework and review it regularly.
- Attend school functions (e.g. conferences, programs parent/community night)
- Encourage your child to work at the highest level possible.
- Support the education provided by the Fond du Lac Ojibwe School.

Student Responsibilities:

We, as students, will commit to the following

- Attend school regularly and on time.
- Complete and return homework assignments.
- Follow the Anishinaabeg Core Value System, and Grandfather Teachings
- Respect others, my environment, and myself
- Learn and apply classroom lessons to daily life
- Adhere to the dress code (no bare midriffs, low hanging pants, and strapless shirts)

School Responsibilities:

We, as teachers, will commit to the following:

- Provide quality teaching and learning.
- Give corrective feedback.
- Hold all students accountable for all assignments.
- Communicate effectively with all parents regarding their child's progress.
- Maintain current teaching licenser.
- Work with parents/guardians to develop parental/guardian involvement activities.
- Nurture the students emotionally, socially, and academically.
- Respect cultural, racial and ethnic differences.
- Teach and support the Anishinaabeg Core Value System, and Grandfather Teachings

As a parent/guardian, I understand that I am my child's first teacher, and I agree to **support the school as necessary** for the benefit of my child's education.

Parent/Guardian Signature(s)_____ Date _____

Fond du Lac Ojibwe School

School Year 2024/2025

Policy for Acceptable Use of Technology Resource and the Internet

The intent of this Acceptable Use Policy is to establish and administer guidelines for the use of the Fond du Lac Education Division technology resources by staff, students, and any other individuals. This policy identifies ethical uses of technology resources, and identifies personal.

Technology resources include all voice, video, and data systems such as telephones, televisions, computers, networks, and supplies. As a learning tool, a technology resource is similar to a book, video, magazine or any other information source. Concerns about technology learning tools will be handled, and policies now dealing with other educational resources also pertain.

Fond du Lac Education Division provides access to the Internet because it is a global electronic network with vast amounts of information and educational potential. The skills required for its use are vital to the productivity and citizenship of individuals in a democracy, higher education, and the work force.

The Internet, which connects educators, businesses, the government, the military and other organizations, is not under the control of the Division. Making Internet access available to the students carries with it the possibilities that some students might encounter information that some have identified as controversial and of potential harm to students.

Fond du lac Education Division will actively focus on providing participants with the understanding, and skills needed to use the Internet and all technology resources in ways appropriate to educational needs and personal safety. The use of the Internet is a privilege, not a right, and inappropriate or unauthorized use will result in disciplinary action, including the termination of those privileges.

Staff Responsibilities

- Develop and help students develop the skills needed to discriminate among information sources.
- Identify information appropriate to age and developmental levels, and 10 evaluate and use information to meet educational goals.
- Monitor and supervise all to whom one grants access to technology resources regarding implementation of this policy.
- Take an active role in ensuring that students and their parents are aware of the individual student's responsibility to use technology resources in an ethical and educational manner.

Student Responsibilities

- Students must be able to demonstrate basic skills in computer use, understanding of this policy, and have parental permission before being allowed 10 use any school computer on the Internet without direct supervision by a teacher or member of its educational staff.

Network User Responsibilities

Use of the Division's technology resources must be in support of education and research consistent with the educational objectives of the Fond du Lac Education Division.

- Comply with all rules and laws regarding access and copying of information as prescribed by either: Federal, state, or local law, and Internet Providers (Northeast Service Cooperative, Fond du Lac MIS Division).
- Be polite and appropriate. Adhere to all standards of courtesy, etiquette, and existing school board policies (Discipline, Harassment/Violence, etc.) as they may be interpreted to apply to technology resources.
- Help maintain security of Division technology resources by following this policy and maintaining secrecy of all passwords. Report known breaches of security to technology personnel.
- Be aware that network files and electronic mail are not guaranteed to be private. Division technology personnel shall have access to all files.

Technology Personnel (Technology Coordinator) Responsibilities

- Will be covered by the job description

Personal Safety Guidelines:

- Never give out personal or family information such as phone numbers or addresses.
- Never arrange for a face-to-face meeting with a stranger and never respond to abusive or suggestive messages. Report all such instances immediately to a teacher or technology personnel.
- Do not permit others to use your account.
- Fond du lac Education Division makes no warranties of any kind, for the service it is providing.
- Use of any information obtained via the Internet is at the individual's own risk.

Unacceptable uses include, but are not limited to:

- Harming or destroying data of another user or other networks connected to the Internet.
- Distributing or using obscene, abusive, or threatening material.
- Using school resources without administrative or School Board approval for commercial, political, and profit-making activities.
- Physically abusing the equipment.
- Violating school policies and behavior standards.
- Degrading or disrupting equipment or systems performance.

Internet Account Agreement

Fond du Lac Education Division believes that the benefits to educators and students of the Internet far exceed disadvantages. Ultimately, parents and guardians of minors are responsible for setting and obeying the standards that their child should follow. To support and respect each family's right to decide whether or not their child may have access to this resource. No child will be allowed to operate a computer to access the Internet unless all parties commit to responsibility by completing the attached Fond du Lac Education Division Internet Account Agreement.

Student:

I understand and will abide by the Fond du Lac Education Division Policy for Acceptable use of Technology Resources and Internet, I further understand that violation of the policy is unethical and could cause my Internet access privileges to be revoked and school disciplinary action and/or appropriate legal action to be taken.

Last Name (Please Print)	First Name	Middle
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Student Signature	Date
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Parent:

As the parent/guardian of the student, I have read the Fond du Lac Education Division Policy for acceptable Use of Technology Resources and the Internet. I understand that this access is designed for educational purposes. I recognize it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the school's network. I hereby give permission to issue an account for my child to use the Internet for this school year.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature	Date
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Medical Information Sheet

Student's Name _____ Birthdate _____ Grade _____

Parent/Guardian: _____ Home Phone _____ Work _____ Cell _____

Physician _____ Date of Last Exam _____

Dentist _____ Date of Last Exam _____

Hospital Preference (in case of an emergency)

(If the school is unable to get a hold of you, your child will be sent to the above facility if it is medically necessary)

Immunizations: By law, all school age children are required to be up-to-date. Please call 878-7244 if you have any questions or concerns regarding your child's immunizations.

Please list all current Health Diagnosis/Conditions for the above child (Physical &/or Mental Health):
i.e. Asthma, Diabetes, ADHD _____

Allergies:

The school nurse must be notified of any allergy your child may have to food(s), medication(s), seasonal, or other, and your child's reaction to the allergen, especially if an anaphylactic reaction occurs.

Furthermore, the school nurse will be contacting you regarding your child's allergy for further discussion on your child's care while at school.

Please list all allergies along with the reaction (i.e. Peanuts – results in hives)

Food(s): _____

Medication(s): _____

Seasonal: _____

Please list all current medications for the above child (drug name, time taken, and dosage): _____

Prescription Medications:

Every effort should be made to administer medication outside of school hours. However, the Fond du lac Ojibwe School does acknowledge that this is not always the case and will accommodate as needed for your child's medication needs.

If a prescription medication needs to be given while at school, the school nurse (or delegated personnel) has my permission to administer the prescribed medication(s) as ordered by my child's physician, and I give permission for the school nurse to contact my child's physician regarding the prescription medication.

Also, a separate form will need to be filled out for **any** prescription medication, which will include the prescribing physician's and parental signatures. This form will be given upon notification of your child's need of prescription medication administration during school hours.

X _____

Signature of Parent/Guardian

Date