OPEN ENROLLMENT 2020-2021

Student Application

All new students applying for the Indian Community School 2020-2021 School Year are required to include the following documentation along with their application:

1. Most Recent Immunization Record
2. An Original Birth Certificate **
3. Tribal Enrollment Information: **
   Proof of eligibility by virtue of tribal enrollment or descendancy; these documents must be issued on the letterhead of a federally recognized tribal government or a tribal identification card issued by a tribal government.
   Eligibility criteria:
   - Enrolled member of a federally recognized tribe, or
   - Descendant of an enrolled member(s) of a federally recognized tribe, or
   - Descendant of any Native American Indian who was subject to governmental sanctioned educational policies treating Native Americans differently than others, based on their status as Native American Indians. Proof of tribal descendancy is subject to government sanctioned educational policies. Documentation must prove satisfactory to the ICS Head of School.
4. A most recent report card (with attendance information, teacher comments and if applicable, a copy of any Individualized Education Plans (IEP).
5. A most recent copy of your child's MAP scores (and any other assessment scores you may have).
6. Completed ICS Student Information Sheet/Emergency Contact Form.
8. Completed 2020-2021 Request for Bus Stop Location Form.

** Birth Certificates and Tribal Enrollment Information will be collected during an in-person screening that will be scheduled at a later date.

K4/K5 Applicants Only:
Completed Parent/Guardian Questionnaire* (An ASQ Parent questionnaire will be mailed separately. This questionnaire is to be completed and returned on or before the scheduled screening).

Please Note:
Complete applications will only be accepted. A complete application includes all the information listed above; which includes all the completed forms and listed documents. No partial applications will be accepted. Completed applications should be mailed to Indian Community School, c/o Student Enrollment, 10405 W. St. Martins Rd., Franklin, WI 53132.

Submitting a completed application DOES NOT guarantee your child's/children's enrollment at Indian Community School. You will be notified if your child's/children’s application has been accepted/not accepted for enrollment after it is reviewed.
Student Information School Year 2020-2021

Student Legal Name (as it appears on birth record or other legal document)

Last Name: ___________________________________________ First: __________________________ Middle Initial: ________

Date of Birth: __________ Gender: Male ____ Female ____ Age as of September 1st: _____ Grade Level: ___

All Tribes Affiliated with: ____________________________ Bands: ________________________________

Native Language Class Preferred: ___ Ojibwe Language ___ Menominee Language ___ Oneida Language

Household A - Student Primary Residence

1ST ADULT - HOUSEHOLD A WILL RECEIVE ALL SCHOOL CORRESPONDENCE

Student resides here (please check one): ____ 100% of the time ____ 50% of the time ____ less than 50% of the time

Relationship to Student: ____ Mother ____ Father ____ Step-Parent ____ Foster Parent ____ Other (please explain):

Last Name: ___________________________________________ First Name: ________________________

Address: ___________________________________________ City: ________________________________ State: ____ Zip: __________

Home Phone: (____) ______________ Cell Phone: (____) ______________ Work Phone: (____) ______________

Mailing address: (if different than above)

Address: ___________________________________________ City: ________________________________ State: ____ Zip: __________

Parent/Guardian e-mail address: ________________________________________________________

2nd Adult with the same address as Household A

Last Name: ___________________________________________ First Name: ________________________

Home Phone: (____) ______________ Cell Phone: (____) ______________ Work Phone: (____) ______________

Household B

1st Adult Wishes to receive school correspondence? ____ Yes ____ No

Student resides here (please check one): ____ 100% of the time ____ 50% of the time ____ less than 50% of the time

Relationship to Student: ____ Mother ____ Father ____ Step-Parent ____ Foster Parent ____ Other (please explain):

Last Name: ___________________________________________ First Name: ________________________

Address: ___________________________________________ City: ________________________________ State: ____ Zip: __________

Home Phone: (____) ______________ Cell Phone: (____) ______________ Work Phone: (____) ______________

Mailing address: (if different than above)

Address: ___________________________________________ City: ________________________________ State: ____ Zip: __________

Parent/Guardian e-mail address: ________________________________________________________

2nd Adult with the same address as Household B

Last Name: ___________________________________________ First Name: ________________________

Home Phone: (____) ______________ Cell Phone: (____) ______________ Work Phone: (____) ______________
EMERGENCY CONTACTS

In the event that parents/guardians cannot be reached please list two individuals we may contact in the event that an emergency situation occurs. Please list the individuals in the order you would like us to contact them.

CONTACT 1:

Name: __________________________________________________________

Relationship: __________________________________________________________

Home Phone: (___) ____________  Cell Phone: (___) ____________  Work Phone: (___) ____________

THIS PERSON IS ALLOWED TO PICK UP MY CHILD: ____ Yes  ____ No

CONTACT 2:

Name: __________________________________________________________

Relationship: __________________________________________________________

Home Phone: (___) ____________  Cell Phone: (___) ____________  Work Phone: (___) ____________

THIS PERSON IS ALLOWED TO PICK UP MY CHILD: ____ Yes  ____ No

ILLNESS EMERGENCY

In case of serious illness/accident at the school, the Head of School or designee will contact the City of Franklin Fire Department Emergency Medical Services at 911. The City of Franklin Fire Department or assigned ambulance service will convey your child to a hospital providing emergency service. The responsibility for assuming all conveyance and medical expenses incurred on behalf of your child is a parental one.

Parent Signature: __________________________________________________________

Date: __________________________

Hospital: __________________________________________________________

Insurance: __________________________________________________________

PLEASE LIST BROTHERS & SISTERS OF THE STUDENT WHO CURRENTLY ATTEND INDIAN COMMUNITY SCHOOL:

Last Name: ____________________________  First________________  Current Grade: ______

Last Name: ____________________________  First________________  Current Grade: ______

Last Name: ____________________________  First________________  Current Grade: ______

Last Name: ____________________________  First________________  Current Grade: ______

Last Name: ____________________________  First________________  Current Grade: ______

GENERAL PHOTOGRAPHY PERMISSION

I, ___________________________________ (parent/guardian printed name), give my permission for pictures or video footage be taken of my child, ___________________________________, at the Indian Community School. I understand that I may not be notified in advance of any pictures/video footage taken during the school year and that my child will not receive compensation of any kind for appearances. These images or video may be used on the school’s website, social media or in printed materials.
New Student Information

(Please Check One)
Students’ Parents Are:  ___Married    ___Never Married    ___Separated    ___Divorced

Do the student’s parents have joint custody?  ___ Yes    ___ No

Is there a court order designating responsibility for decisions related to the child’s education?  
___ Yes    ___ No

If YES response to question, COURT DOCUMENTATION REQUIRED

If you are NOT the child’s parent, are you the legal guardian per a court order?  
___ Yes    ___ No

(If YES response to question, COURT DOCUMENTATION REQUIRED)

School currently enrolled in or most recently attended:

Address

City____________________ State ________ Zip__________ Phone (______) __________________ Grade ______

Did this student receive special programming?  (please check all that apply)

___Special Education    ___Speech    ___Academic Assistance    ___Other (Please list) _______________

Has the student ever attended Indian Community School? If yes, please list years of attendance and reason for leaving:

Please list the names and ages of siblings of the student who have previously attended or are currently attending Indian Community School:

Has your child ever been suspended, or placed on disciplinary or academic probation?  ___Yes    ___No
If yes, please explain:

Has your child ever been asked to leave another educational institution?  ___Yes ___No
If yes, please indicate the name of the institution, the date your child was asked to leave, and the reason for being asked to leave:

Application continued on next page
I understand that this application does not guarantee my child’s enrollment at Indian Community School and I also understand that providing false or inaccurate information will result in my child not being accepted or (if enrolled) my child’s enrollment being terminated.

I have reviewed the school’s guidelines regarding the bus transportation boundaries and I understand that my Bus Stop Location(s) must be within the bus boundaries in order for my child to be eligible to receive bus transportation to and from ICS _________.

(please initial)

**Bus Stop Information**

Annual Bus Stops may be changed. The change will require a minimum of 3 school days to process and will only become effective as of the date set forth in the written approval given by the Principal or his/her designee. Until such approval is received, parents/guardians shall arrange for transportation for their student(s). This entire form must be completed to be accepted and processed.

<table>
<thead>
<tr>
<th>Parent/Guardian’s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name ___________</td>
<td>Last Name ___________</td>
</tr>
<tr>
<td>Current Home Address ___________</td>
<td>City ________ Zip ________</td>
</tr>
<tr>
<td>Home Phone ___________</td>
<td>Cell Phone ___________ Work Phone ___________</td>
</tr>
</tbody>
</table>

A.M. Pick UP Address (Complete address of where child will be picked up from)

Parent/Guardian/Relative/Daycare Name _______________________________________________________

Street Address _______________________________________________________

City ___________ State ________ Zip ________

P.M. Drop Off Address (Complete address of where child will be dropped off at)

Parent/Guardian/Relative/Daycare Name _______________________________________________________

Street Address _______________________________________________________

City ___________ State ________ Zip ________

PLEASE LIST BROTHERS & SISTERS OF THE STUDENT WHO WILL ALSO RIDE THE BUS:

| Last Name: ________ | First ________ | Current Grade: ________ |
| Last Name: ________ | First ________ | Current Grade: ________ |
| Last Name: ________ | First ________ | Current Grade: ________ |
| Last Name: ________ | First ________ | Current Grade: ________ |
| Last Name: ________ | First ________ | Current Grade: ________ |
| Last Name: ________ | First ________ | Current Grade: ________ |

Parent/Guardian Signature

Name: ___________________________ Date: ___________________________

This section for school use only:

_DATE RECEIVED IN OFFICE: ______/_____/_____
_REQUEST APPROVED: ________ REQUEST DENIED: ________
_DATE LETTER SENT TO PARENT/GUARDIAN: ______/_____/_____
_DATE FILED: ______/_____/_____

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Student Meal Identity System

We are in the process of implementing a new system that will help students identify themselves quicker and easier during breakfast and lunch meals. Our new system is the latest technology in biometrics and associates an ID number with the student's finger. This means that students will no longer be required to enter their student ID, which will ease their movement through the line and allow them more time to enjoy their meal.

Please note: The new ID system we are using is called “IDConnect” and does not store any biometric information, fingerprints, matrix’s, or measurements. It cannot reproduce a fingerprint in any way. Only ICS will have access to this system; the data will be kept here at the School and protected by multiple levels of password encryption.

The ICS food service staff is committed to serving nutritious and flavorful meals that students look forward to. We believe the new ID system will help ensure a more enjoyable mealtime for our students as well.

Please free to reach out with any questions.

Waewanon, Miigwech, Yaw’ko, Wa’įniginap šąną — thank you,

Natalia G. Woehl, M.ED, RD, CD
Food Service Manager
(414) 525-6100
nwoehl@ics-edu.org

To opt out, please complete the section below:
As a parent or guardian, you have the ability to opt out of using the new IDconnect system at ICS. By opting out, your child will continue entering their ID number during School meals. To opt out, please complete the form below and return it to the School. Please note, we must receive this completed form with the enrolment application.

I DO NOT give permission for my child(ren): ________________________________

________________________________________________________
to participate in the IDconnect system at ICS. He/She/They will continue to use their student ID number.

Parent/Guardian Name: _____________________________________________
Parent/Guardian Signature: __________________________________________
Date: _____________________