Physical Address: 73 Upper Rd, Grand Portage, MN 55605
Maling: PO Box 320, Grand Portage, MN 55605
Phone: 218-475-2112 Fax: 218-475-2119 Email: naagaaniid@oshkiogimaag.org
Website: oshkiogimaag.org

Oshki Ogimaag Community School

K-5 Enrollment - For record accuracy, please write neatly. Miigwech!

Student Information *(please fill one enrollment form for each student)*

LEGAL Last Name	LEGAL First Name	LEGAL Middle Name
Preferred Name	Grade Registering For:	
Gender:	Date of Birth (MM/DD/YEAR):	
Previous School Most Recently Attended:	Last Date Attended (MM/DD.YEAR):	
Does your student receive ESL services? ☐ Yes ☐ No		
Is your student a US Citizen? ☐ Yes ☐ No	If NO, how long has your student lived in the US?	
Ethnicity -Please check all that apply:	☐ American Indian/Alaska Native	☐ Black/African American
☐ White	☐ Asian	☐ Native Hawaiian/Pacific Islander	☐ Indian from South or Central America
☐ Hispanic/Latino	Language(s) spoken in the home?	

Has your student QUALIFIED for and PARTICIPATED in a Gifted and Talented Program in the past?
☐ Yes ☐ No

Has your student ever had a 504 plan/formal accommodation plan to ensure their academic success and access to the learning environment in the past? ☐ Yes ☐ No

Has your student ever had an Individualized Education Program (IEP)? ☐ Yes ☐ No

If YES, please check area(s) of eligibility: ☐ Autism Spectrum Disorders ☐ Hearing Impaired ☐ VisuallyImpaired

☐ Developmental Cognitive Disabilities ☐ Developmentally Delayed ☐ Emotional/Behavioral Disorders

☐ Other Health Disabilities ☐ Specific Learning Disabilities ☐ Speech/Language ☐ Traumatic Brain Injury

Has your child had early childhood screening? (*if Yes, please list when and where below*): ☐ Yes ☐ No

Where: _____ Date: _____

Oshki Ogimaag Community School

K-5 Enrollment **Office Use-Name of Student:** _____

Student's Primary Household Information

(this is where the student resides most of the time, all mailings will be sent to this address)

Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:

Parent/Guardian 1 - Last Name	First Name:
Employer:	Email:
Cell Phone: (_____)	Work Phone: (_____)

Relationship to student: ☐ Parent ☐ Legal Guardian ☐ Step-parent ☐ Foster Parent

☐ Other, please specify: _____ _____

Does this individual hold legal and physical custody? ☐ Yes ☐ No

Have parental rights been terminated? ☐ Yes ☐ No *(if yes, please provide legal documentation)*

Social Worker Name (if applicable):	Social Worker Phone Number:
Parent/Guardian 2 - Last Name	First Name:
Employer:	Email:
Cell Phone: (_____)	Work Phone: (_____)

Relationship to student: ☐ Parent ☐ Legal Guardian ☐ Step-parent ☐ Foster Parent

☐ Other, please specify: _____ _____

Does this individual hold legal and physical custody? ☐ Yes ☐ No

Please list second household address (if applicable):

Request mailings be sent to this address also? ☐ Yes ☐ No

Mailing Address:	City:	State:	Zip:
Physical address:	City:	State:	Zip:

****You must provide the most current legal documentation and notify school administration of legally defined living/visitation schedules, legally defined restrictions on legal and/or physical custody, and any other relevant legal and/or physical custody issues. Contact information for individuals with legal and/or physical custody is required.*****

Oshki Ogimaag Community School

K-5 Enrollment Office Use-Name of Student: _____

Emergency Contacts (must list at least two) *We will attempt to contact parent/guardians before emergency contacts.*

Contacts other than parent/guardians available to pick-up:	Relationship	Cell and Work Numbers
		C:
		W:
		C:
		W:

Census Please list all other permanent members (adults & children) in student's household.

Full Legal Name (First, Middle, Last)	Birthdate MM/DD/YEAR	Gender	Relationship	Age/Grade	School

Is student, parent(s) or grandparent(s) a Member of a US Federally recognized American Indian Band or Tribe?

Individual with Tribal membership is: ☐ Student ☐ Parent ☐ Grandparent

Name of Band or Tribe: _____

Media Release

We include photos and videos in school newsletters, online posts, website, news articles, school informational materials, etc. to celebrate the accomplishments of students and staff, share the activities happening at school and promote Oshki Ogimaag Community School.

I give my permission to have my student's picture included in the above: ☐ Yes ☐ No

I give my permission to include my student's name along with the picture: ☐ Yes ☐ No

I give my permission to have my student included in videos as listed above: ☐ Yes ☐ No

Signature of Parent/Guardian:_____ Date:_____

Oshki Ogimaag Community School

K-5 Enrollment **Office Use-Name of Student:**_____

Universal Permission

Field trips are an important part of the curriculum at OOCS, providing students opportunities for hands-on community-based projects, connections with community members local in Grand Portage and throughout Cook County, providing students with opportunities for environmental explorations and studies, and providing students cultural learning experiences rooted in Anishinaabe tradition.

Field trips may include walking field trips or field trips taking the school bus or the Community Center/ENP vehicle. Some field trips may be spontaneous. Parent/guardians are responsible for damages to person(s) or property incurred by their student while attending field trips. OOCS is not responsible for loss or damage to property included on field trips.

By signing below you grant permission for your student to attend field trips with OOCS and acknowledge your understanding of the above:.

Parent/Guardian Signature: _____ Date: _____

Transportation

Please designate a morning pick-up and afternoon drop-off address for your student. If your student is going to go to the Community Center after school or will have a change to their drop-off location please email or send a note to school in your child's Go Home folder. When there are unanticipated changes please notify school administration by 2pm.

Morning Pick-Up Address:		
☐ Parent/Guardian Home	☐ Parent/Guardian Work Name of Location:	☐ **Check if your child does <u>NOT</u> require morning bus transportation.**

☐ Other Relationship to student: _____

Name of Individual: _____ Phone: _____

Afternoon Pick-Up Address:		
☐ Parent/Guardian Home	☐ Parent/Guardian Work Name of Location:	☐ **Check if your child does <u>NOT</u> require afternoon bus transportation.**

☐ Other Relationship to student: _____

Name of Individual: _____ Phone: _____

Oshki Ogimaag Community School

K-5 Enrollment **Office Use-Name of Student:** _____

Student Health Information

Is your student currently under treatment for (check all that apply): ☐ Asthma (please provide Asthma Action Plan)

☐ Food Allergies ☐ Insect Allergies ☐ Latex Allergies ☐ Medication Allergy ☐ Unknown Source of Allergy

List names of allergens:

☐ Food Intolerance or Celiac Disease (if yes, please provide special diet statement)

☐ History or Risk of Anaphylaxis (if yes, please provide Emergency Allergy Plan)

☐ Type 1 Diabetes ☐ Type 2 Diabetes (if yes, please provide a Diabetes Management Plan)

☐ Seizures (if yes, please provide a Seizure Action Plan)

List type and frequency of seizures: _____

☐ My student does not have any of the above conditions.

Please indicate other health indications for your student by checking applicable boxes and comments.

☐ Anxiety/Emotional Concerns ☐ ADHD (Attention Deficit Hyperactivity Disorder) ☐ Autism Spectrum Disorder

☐ Behavioral Concerns ☐ Developmental or Cognitive Concerns ☐ Skin Concerns (rashes, hives, eczema)

☐ Dizziness/Fainting ☐ Hearing Concerns ☐ Vision Concerns ☐ Speech/Language Concerns

☐ Spinal Injury or Spinal Bifida ☐ Depression ☐ Self-Harm or Suicidal Ideation Concerns ☐ Bleeds easily

☐ Bowel or Bladder Issues (constipation, indigestion, feeding tube, catheter, etc.) ☐ Cystic Fibrosis ☐ Cancer

☐ Breathing Issues or Persistent Cough ☐ Physical Disability (mobility or physical activity restrictions)

☐ Neurological Concerns/Head Injury ☐ Feeding or Swallowing Concerns ☐ Heart Disease

☐ Headaches/Migraines ☐ Other: Please Specify: _____

☐ **My student does not have any of the above conditions.**

Medication

Does your student take any medications routinely at home or school? ☐ Yes ☐ No

If yes, please complete the information below.

Name of Medication(s)	Time(s) Given	✓ If Given at School	Purpose

***Medications given at school require a medication form signed by parent/guardian and possibly the healthcare provider. ***

Oshki Ogimaag Community School

K-5 Enrollment

Authorization for Release of Information

Please include the following records:

Student MARSS Number, Cumulative Records, Transcript, Grades, Attendance, Standardized Test Scores, Discipline, Immunizations, IEPs, Evaluations, and 504 Plans.

If your school district uses SpEd Forms due process system, please remotely send the student SpEd file (via SpEd Forms) to Special Education Coordinator, Tina Gatzke at: tgatzke@oshkiogimaag.org

LEGAL Last Name	LEGAL FirstName	LEGAL Middle Name

The student above has enrolled at Oshki Ogimaag Community School and will tentatively begin on:

(MM/DD/YEAR) ☐☐/☐☐/☐☐☐☐

Grade Student is Enrolling In: ☐

Parent/Guardian Signature: _____ Date:_____

Oshki Ogimaag Community School

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Web: https://oshkiogimaag.org

Note: According to sections 7.0 and 7.2 of the Family Educational Rights Privacy Act of 1974, P.L. 93-380, parent/guardian signature is not required to transfer student records to other school districts upon official request from the school.