



STEP-UP DAY PERMISSION FORM

Miigwech for your interest in Oshki Ogimaag Community School! Please complete **one form per student**. Completed forms should be emailed to naagaaniid@oshkiogimaag.org, returned to OOCS in-person or mailed to Oshki Ogimaag Community School, PO Box 320, Grand Portage, MN 55605. *Incomplete forms will not be processed.*

STUDENT'S FULL LEGAL NAME		DATE OF BIRTH	
NAME OF STUDENT'S CURRENT SCHOOL OR PRESCHOOL:		GRADE OF STUDENT IN THE FALL	
PARENT/GUARDIAN NAME		RELATIONSHIP TO STUDENT	
EMAIL	CELL PHONE:		
MAILING ADDRESS			
PARENT/GUARDIAN NAME		RELATIONSHIP TO STUDENT	
EMAIL	CELL PHONE:		
MAILING ADDRESS			
DOES YOUR CHILD HAVE ANY ALLERGIES OR EMERGENCY HEALTH CARE PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide emergency allergy plan or other health care plan.			
Please designate a morning pick-up and afternoon drop-off address for your student:			
ADDRESS (please let OOCS know if drop-off address is different):			
Media Release			
<i>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>			
I give my permission to have my student's picture included in the above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I give my permission to include my student's name along with the picture:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I give my permission to have my student included in videos as listed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature of Parent/Guardian: _____ Date: _____			