

Stillaguamish Tribe of Indians

Education Enrollment Packet

Child's Name _____ Gender: _____

Child's Birthdate _____ Age _____ Grade (going into) _____ School _____

Mailing Address _____ City _____ Zip Code _____

Is child enrolled or eligible for enrollment as a Stillaguamish tribal member? **Y / N** Enrollment Number: _____

What is your preferred means of communication? Text Call Email

1) Parent / Guardian _____ Living with? Yes / No

Cell Phone _____ Work Phone _____

Home Address _____ City _____ Zip Code _____

Email _____

2) Parent / Guardian _____ Living with? Yes / No

Cell Phone _____ Work Phone _____

Home Address _____ City _____ Zip Code _____

Email _____

People to Notify in Case of Emergency—OTHER THAN PRIMARY GUARDIANS

1. Name _____ Relationship _____ Permission to Pickup? Yes / No

Cell Phone _____ Home Phone _____ Work Phone _____

2. Name _____ Relationship _____ Permission to Pickup? Yes / No

Cell Phone _____ Home Phone _____ Work Phone _____

Other Approved Pick-Ups

Name _____ Relationship _____

Name _____ Relationship _____

No Contact Orders

Name _____ Relationship _____

Name _____ Relationship _____

Child's Medical Health Information

Health Care Provider _____ Phone Number _____

Please list any special information including allergies, medical conditions, medications, and behavioral issues etc... _____

School Information

Would you like to have classroom support?

- ☐ No, but perhaps later on in the school year.
- ☐ Yes, I would like to begin immediately.

Do you have any questions that you would like us to ask the school? Is there anything you would like to understand better (such as curriculum use, instruction, annual testing)?

What are your main goals for your child this school year? (Academic, emotional, social, etc.)

Special Services Information

Does your child currently have an IEP, IFSP, or a 504 plan? (If not, skip the next question)

- ☐ No
- ☐ Yes

Would you like support with these services at your child's school?

- ☐ No, but perhaps later on in the school year.
- ☐ Yes, please. I need support for this year.

Student's Performance Levels

What do you feel are your child's greatest strengths? (In school & out)

In what areas would you like to see your child improve?

- | | |
|--|---|
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Social/Emotional Development |
| <input type="checkbox"/> Writing & Spelling | <input type="checkbox"/> Cultural Knowledge |
| <input type="checkbox"/> Math | <input type="checkbox"/> Other: _____ |

Stillaguamish Tutoring Program

What areas would you like us to focus on the most?

- | | |
|--|--|
| <input type="checkbox"/> Assignment completion | <input type="checkbox"/> Fun learning activities |
| <input type="checkbox"/> Core academic skills | <input type="checkbox"/> Study habits |
| <input type="checkbox"/> Specific subject: _____ | <input type="checkbox"/> Other: _____ |

How often throughout the school year do you want to meet to discuss progress? (circle one)

Monthly Bi-weekly Quarterly Other _____

Walking (*From Community center to Community housing*)

YES, I give permission for my child to walk home (please initial box)

NO, I do not give permission for my child to walk home (please initial box)

Personal Electronic usage

Personal electronics will not be allowed out during tutoring.

- If youth have finished homework and upon staff permission, phones will be allowed in designated areas away from youth who are still working. This will help limit distraction to others, as well as the potential for lost, damaged or stolen items.

NOTE: *The Education Department, including staff, are **NOT** responsible for lost, stolen, or damaged cell phones or any other electronic devices.*

As a parent, by signing below you agree with to follow the above guidelines in order to ensure safety for all members and property.

Signature _____ Date: _____

Authorization to use photo images and recordings

☐ I consent to the use and publication by the Stillaguamish Tribe of Indians for promotional, information, and educational purposes of any photographs, videos, and audio records taken of my child during educational activities.

Signature: _____ Date: _____

Acknowledgement of Risks & Agreement for Release of Liability and Indemnification

1. I recognize that there is an element of risk in any outdoor activity, sport, or game. Those risks may include, but are not limited to, sickness, personal injury, and loss or damage of personal property.
2. I verify that my Child(ren)/Dependant(s) are fully capable, mentally and physically, of participating in these events and activities. I assume all responsibility for my child(ren). I hereby waive and release, and agree not to sue the Stillaguamish Tribe of Indians or their employees, contractors, officers, and directors from any and all claims, losses, or damages of any kind for any reason. I agree to indemnify and defend the Stillaguamish Tribe of Indians and all other released person against all expenses, including attorney fees and court costs that they may incur as a consequence of any claim that I have waived or that they may suffer as a result of a claim from someone else because of my actions.
3. If my child(ren)/dependent(s) require medical care from camp for any reason, **I consent to emergency medical treatment as may be necessary.**
4. I have read, understood, and accept the terms of this waiver and release. I am aware that this is a legally binding document giving up substantial legal rights, and I sign it voluntarily. I understand that I can decline to sign this waiver and not participate in the Stillaguamish Tribes Education related activities. If I am signing this on behalf of a minor child, I represent that I have the authority to do so and I will indemnify and defend the Stillaguamish Tribe of Indians and all other released persons against any claim asserted by or on behalf of the minor to the same extent such claims are released by the release and waiver.

☐ I have read and accept the terms and conditions stated herein and acknowledge that this agreement shall be binding.

NOTE: This form is good for one year from the signed date

Parent/Guardian Signature _____ Date _____

Name of Youth: _____