



**SEMINOLE TRIBE OF FLORIDA**  
**AHFACHKEE SCHOOL**  
SCHOOL YEAR 2024-2025

**STUDENT INFORMATION**

(Office Use ONLY) START DATE \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Shirt Size ☐ Male ☐ Female

\_\_\_\_\_  
Other Name answers to Date of Birth Age

**STUDENT DEMOGRAPHICS**

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address Home Phone Cell Phone  
E-mail Address

**STUDENT RESIDES WITH** ☐ Both Parents ☐ Father ☐ Mother ☐ Foster Family ☐ Other  
(explain) \_

\_\_\_\_\_  
Legal Guardian (Print Name) ☐ Mother ☐ Father ☐ Other (explain) Daytime Emergency Phone #

\_\_\_\_\_  
Legal Guardian (Print Name) ☐ Mother ☐ Father ☐ Other (explain) Daytime Emergency Phone #

Member of federally recognized tribe ☐ Yes ☐ No Name of Student's tribe: \_

\_\_\_\_\_  
Tribal enrollment/census # \_\_\_\_\_

\_\_\_\_\_  
Tribal Letter of Descendancy \_\_\_\_\_

Names and grades of siblings attending this school: \_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Authorization for (student name): \_\_\_\_\_ for the following: In case of an accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the nearest medical facility for treatment if necessary. I give permission for the school to dispense to my child any medicine in the original prescription container bearing the student's name ordered by a licensed physician sent by the parent or guardian if the need arises.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE OF SCREENING**

Screening (vision, hearing, speech, and dental) will be done in selected grades and for all new students. If you **DO NOT** wish for your child to participate, please notify the school in writing.

**PHOTOGRAPHY/MEDIA AUTHORIZATION**

Ahfachkee School may photograph and/or video for publication purposes (such as, the yearbook, school website). If you **DO NOT** wish for your child to be photographed, please notify the school in writing.



**SEMINOLE TRIBE OF  
FLORIDA AHFACHKEE  
SCHOOL**  
SCHOOL YEAR 2024-2025

**STUDENT INFORMATION**

(Continuation)

(Office Use ONLY) START DATE \_\_\_\_\_

Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home? If "yes", which language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English? If "yes", which language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English? If "yes", which language?

Has the student previously been:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retained (repeated the same grade)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a Charter School ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Exceptional Student Education (ESE)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a Home Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	On a 504 plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In an ESOL program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Magnet program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Involved in the Juvenile Justice System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Foster Care?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Gifted program?	
Previous School Name(s)	City/State/Country	Year(s) Attended	Last Grade Attended	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed



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EMERGENCY CONTACT / CHECK OUT LIST

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ **Physical** Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

The following have my permission to be contacted in case of emergency and to check out my child.

\* Two contacts minimum (required)

Name of Contact	Relationship	Phone Number	Emergency Contact	Check Out
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I REALIZE THAT THE SCHOOL WILL NOT RELEASE THE ABOVE NAMED CHILD TO ANYONE UNLESS THEIR NAME IS WRITTEN ABOVE ON THIS FORM. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO LET THE SCHOOL KNOW IN WRITING WHEN THERE IS TO BE A CHANGE IN THE PERSON(S) WHO HAVE MY PERMISSION TO CHECK OUT THE ABOVE NAMED CHILD. FOR THE SAFETY OF MY CHILD, I WILL KEEP MY INFORMATION UPDATED AND CURRENT.

Please provide a copy of the paperwork if your child has No Contact Orders, Restraining Orders, Power of Attorney, Guardianship, Custody.

STUDENT TRANSPORTATION

Please indicate the dismissal for your child with the days of the week. M = Monday T = Tuesday W = Wednesday R = Thursday F = Friday	BC Bus	Immokalee Bus	Parent Pickup	Walk, ride ATV, etc.	Drive (must have a copy of valid driver license, proof of insurance on file at school)
ARRIVAL					
DEPARTURE					
EARLY RELEASE					

**Dismissal Changes:** If there is a need to change your child's dismissal plan, please provide a written note with the changes (date/sign) to the front office **by 10:00 AM**. Students should be checked out prior to 1:45PM on a full day and 11:15AM on an early release day.

In the event that a bus driver is unable to locate a parent/adult/older sibling in the home when dropping a child (K - 4th Grades) off at home, the child will be returned to the school. Attempts will then be made to contact the parent/guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



AHFACHKEE SCHOOL  
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**HEALTH HISTORY**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Please check if your child has any known food allergies:**

☐ Seafood ☐ Shellfish ☐ Peanuts ☐ Dairy Products

Other (Please list) \_\_\_\_\_

**Is your child allergic to insect bites/stings?** ☐ No ☐ Yes

Please list \_\_\_\_\_

**Is your child allergic to any medication(s)?** ☐ No ☐ Yes

Please list \_\_\_\_\_

**List any other allergies:** \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child or has your child ever had any of the following, **please check all that apply:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AIDS/HIV              | <input type="checkbox"/> Epilepsy                 | <input type="checkbox"/> Pregnancy                    |
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Heart Murmur             | <input type="checkbox"/> Rheumatic Fever              |
| <input type="checkbox"/> Anemia/Blood Disorder | <input type="checkbox"/> Heart Problems           | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Stroke                       |
| <input type="checkbox"/> Cancer/Tumors         | <input type="checkbox"/> Kidney Problems          | <input type="checkbox"/> Thyroid Problems             |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Liver Problems/Hepatitis | <input type="checkbox"/> Tuberculosis/Lung Disease    |
| <input type="checkbox"/> Emotional Problems    | <input type="checkbox"/> Neurological Problems    | <input type="checkbox"/> Other _____                  |

**Is your child currently under the care of a physician?** ☐ Yes ☐ No

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

**Is your child currently taking medications, including "over the counter"?** ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**The above medical information is true to the best of my knowledge:**

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_



AHFACHKEE SCHOOL  
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### **TITLE I A COMPACT**

#### **STUDENT**

#### **LEGAL GUARDIAN**

#### **AHFACHKEE SCHOOL**

<b>AS A STUDENT I PROMISE TO:</b>	<b>AS A CARING SUPPORTIVE ADULT I PROMISE TO:</b>	<b>AS A SCHOOL WE PROMISE TO:</b>
Attend School regularly and be on time	Foster a positive attitude toward school	Respect and enhance the unique culture of each child
Be responsible for my own actions	Be actively involved in my child's education	Provide quality instruction in a safe and drug free school
Read at Home	Communicate regularly with my child's teacher	Provide an intellectually stimulating curriculum that reflects and preserves the cultural integrity of the people and holds high expectations of all children
Do my part to make my school a safe place	Actively promote literacy in our home	Communicate with and include families in the education process
Take pride in the grounds and property of my school	See that my child attends school every day rested and ready to learn	Model behavior and attitude of positive character traits
Arrive rested and ready to learn	Encourage my child to complete school work and homework	Support positive behavior in the classroom
Complete all school assignments including homework.	Obtain and have my child complete assignments after absences	Encourage your child to reach his/her potential
	Provide telephone and address changes to school offices	
<b>Student signature</b>	<b>Legal guardian signature</b>	<b>Administrator signature</b>
<small>Add Comments as desired</small>	<small>Add Comments as desired</small>	

#### **NATIVE LANGUAGE INSTRUCTION**

"I give permission for my child to receive Native Language instruction for the purpose of maintenance or restoration and enhancement."

☐

YES, I CONSENT

☐

NO, I DO NOT CONSENT (attach letter if declining participation)

**Parent/Legal Guardian Signature**

**Date**



## HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

\_\_\_\_\_ House or apartment with parent or guardian

\_\_\_\_\_ Motel, car, or campsite

\_\_\_\_\_ Shelter or other temporary housing

\_\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

\_\_\_\_\_ Loss of housing

\_\_\_\_\_ Economic situation

\_\_\_\_\_ Temporarily waiting for house or apartment

\_\_\_\_\_ Provide care for a family member

\_\_\_\_\_ Living with boyfriend/girlfriend

\_\_\_\_\_ Loss of employment

\_\_\_\_\_ Parent/Guardian is deployed

\_\_\_\_\_ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes \_\_\_\_\_ No \_\_\_\_\_

### Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Valerie Whiteside, at 863-227-3389 or the State Coordinator, Marie SilverHatBand, at 202-860-4188.

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_  
Signature of Parent/Guardian OR Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local McKinney-Vento Liaison

\_\_\_\_\_  
Date

.....

# SEMINOLE TRIBE OF FLORIDA AHFACHKEE SCHOOL

Chairman  
Marcellus W. Osceola Jr.  
Vice Chairman - President  
Holly Tiger  
Treasurer  
Peter Hahn  
Acting Secretary  
Naomi Wilson



Principal  
Philip Baer  
Assistant Principal  
Nuria Suarez

30290 Josie Billie Hwy.  
PMB 1005  
Clewiston, FL 33440  
Telephone: 863-983-6348  
FAX: 863-983-6535  
<http://www.seminolewarriors.com>

## Authorization to Release or Receive Information

Date: \_\_\_\_\_

Name and address of school/facility student previously attended or will be attending:

\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

By signing, I authorize Ahfachkee School to release ☐ or receive ☐ the following:

1. ☐ Official School Transcript
2. ☐ Health/Immunization Record
3. ☐ Birth Certificate
4. ☐ Standardized Test Scores
5. ☐ Exceptional Student Educational record/Special Education
6. ☐ Other (Specify) \_\_\_\_\_

*I understand that any and all personally identifiable information is protected under FERPA. I further understand that I may waive that protection and give access to my student's records for individuals of my choice. I agree to **wave my rights** under FERPA and request that the about date be released to the listed school/office/individual(s).*

For the following purpose:

1. ☐ Exchange of Information
2. ☐ Personal Records
3. ☐ Student Transfer

The Federal Family and Privacy Act do not require parent permission for sending records to a school to which the student is transferring. In such case no parent authorization may appear here.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



# SEMINOLE TRIBE OF FLORIDA

## Education Department

### Authorization for the Release of Information

Student: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Tribal Member #

**The signature below authorizes the release of records and information as indicated for the purpose of:**

- Monitor Education Progress
- Assessments and Referrals
- Family Services
- Coordinate education services
- Other (Please specify): \_\_\_\_\_

**I hereby request and authorize STOF Education Department:** ☐ Disclose to ☐ Obtain From

Person/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE RELEASED TO/REQUESTED FROM: Seminole Tribe of Florida's Education Department**

• **BIG CYPRESS**

31000 Josie Billie Hwy  
Clewiston, FL 33440  
(863)902-3200

• **BRIGHTON**

650 Harney Pond Rd Ste 112  
Okeechobee, FL 34974  
(863)763-3572

• **HOLLYWOOD/TRAIL/FT. PIERCE**

3100 N. 63<sup>rd</sup> Avenue  
Hollywood, FL 33024  
(954)989-6840 ext 10500

• **IMMOKALEE/NAPLES**

295 Stockade Road  
Immokalee, FL 34142  
(239)867-5303

• **TAMPA**

6401 Harney Road  
Tampa, FL 33610  
(813)246-3100

**Information to be released:**

- Attendance Information
- Discipline Records/Actions
- Assessments and Evaluations
- Psychological Evaluations
- Contact Information
- Report Cards/Progress Reports
- Standardized Test Information/Results
- Transcripts
- Dates and Reasons for Special Program Enrollment/Withdrawals
- ESE Reports
- Current IEP/504 Plan
- Contact Information

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Education Department. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature to be valid throughout the immediately following full school year up to and including August 1 of that year or until it is revoked by my written consent.

**I have been informed and understand my rights regarding the release of these records.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Revocation**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date