

## **ATTENTION AHFACHKEE FAMILIES**

Reserve your child's seat now.

Registration forms are available in the front office.

**All SY18-19 Ahfachkee School  
registration forms are due by  
Friday, June 29, 2018.**

If you have any questions,  
please contact the school office at 863-983-6348.

**Thank you!**





**SEMINOLE TRIBE OF FLORIDA  
AHFACHKEE SCHOOL  
SCHOOL YEAR 2018-2019**

**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                                      Grade in 2017-18

**STUDENT DEMOGRAPHICS**

**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 # \_\_\_\_\_

Names and grades of siblings attending this school: \_\_\_\_\_

**Is student receiving ESE (Special Education) services or 504 accommodations?**    Yes    No    Unknown  
**Has the student been referred to ESE?**    Yes    No    Unknown

**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 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.



**AHFACHKEE SCHOOL**  
School Year 2018-2019

**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.

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"/>
			<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	Boys & Girls Club	21 <sup>st</sup> Century/ Homework Help (M,T,W,R, ONLY)	Frank Billie Center	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 (PK - 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 \_\_\_\_\_



**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 nearly and on time	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>

**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



**TITLE I A MCKINNEY – VENTO ACT**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

**Complete Section A or B:**

Where is the student living at this time?

<b>Section A</b>	<b>Section B</b>						
<p><input type="checkbox"/> in a shelter</p> <p><input type="checkbox"/> with more than one family in a house or apartment</p> <p><input type="checkbox"/> in a motel, car, or campsite</p> <p><input type="checkbox"/> with friends or family members (other than parent/guardian)</p> <p><b>If you checked a box in section A, please answer the question below:</b></p> <p>The student lives with:</p> <table><tr><td><input type="checkbox"/> 1 parent</td><td><input type="checkbox"/> a relative, friend(s) or other adult(s)</td></tr><tr><td><input type="checkbox"/> 2 parents</td><td><input type="checkbox"/> alone with no adults</td></tr><tr><td><input type="checkbox"/> 1 parent &amp; another adult</td><td><input type="checkbox"/> an adult that is not the parent or legal guardian</td></tr></table>	<input type="checkbox"/> 1 parent	<input type="checkbox"/> a relative, friend(s) or other adult(s)	<input type="checkbox"/> 2 parents	<input type="checkbox"/> alone with no adults	<input type="checkbox"/> 1 parent & another adult	<input type="checkbox"/> an adult that is not the parent or legal guardian	<p><input type="checkbox"/> Choices in Section A do not apply</p>
<input type="checkbox"/> 1 parent	<input type="checkbox"/> a relative, friend(s) or other adult(s)						
<input type="checkbox"/> 2 parents	<input type="checkbox"/> alone with no adults						
<input type="checkbox"/> 1 parent & another adult	<input type="checkbox"/> an adult that is not the parent or legal guardian						

Signature of Parent/Legal Guardian

Date



# SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

## 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
- Recognition and Events
- Family Services
- Coordinate education services with school, family and other concerned person(s)
- CCDT
- REC
- CBH
- Emergency/Hazards
- Other (Please specify): \_\_\_\_\_

**I hereby request and authorize STOF Center for Student Success and Services:**  Disclose to  Obtain From

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

**TO BE RELEASED TO/REQUESTED FROM: Seminole Tribe of Florida's Center for Student Success and Services**

- |   |   |  |   |   |
|---|---|--|---|---|
| <ul style="list-style-type: none"> <li>• <b>BIG CYPRESS</b><br/>31000 Josie Billie Hwy<br/>Clewiston, FL 33440<br/>(863)902-3200</li> </ul> | <ul style="list-style-type: none"> <li>• <b>BRIGHTON</b><br/>650 Harney Pond Rd Ste 112<br/>Okeechobee, FL 34974<br/>(863)763-3572</li> </ul> | <ul style="list-style-type: none"> <li>• <b>HOLLYWOOD/TRAIL/FR. PIERCE</b><br/>3100 N. 63<sup>rd</sup> Avenue<br/>Hollywood, FL 33024<br/>(954)989-6840 ext 10500</li> </ul> | <ul style="list-style-type: none"> <li>• <b>IMMOKALEE/NAPLES</b><br/>295 Stockade Road<br/>Immokalee, FL 34142<br/>(239)867-5303</li> </ul> | <ul style="list-style-type: none"> <li>• <b>TAMPA</b><br/>6401 Harney Road<br/>Tampa, FL 33610<br/>(813)246-3100</li> </ul> |
|---|---|--|---|---|

### Information to be released:

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

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Center for Student Success and Services. 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 until the student graduates from high school 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

Chairman  
Marcellus W. Osceola Jr.  
Vice Chairman - President  
MITCHELL CYPRESS  
Treasurer  
PETE HAHN  
Secretary  
LAVONNE ROSE

# SEMINOLE TRIBE OF FLORIDA AHFACHKEE SCHOOL

Principal  
Dorothy Cain  
Assistant Principal  
Philip Baer

30290 Josie Billie Hwy.  
PMB 1005  
Clewiston, FL 33440  
Telephone: 863-983-6348  
FAX: 863-983-6535



## Ahfachkee School Release of Student Information Consent Form 2018-19 School Year

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the guardian's explicit written consent. If you wish to authorize Ahfachkee School to release student records to a specific individual(s), school, or office, the following form may be used.

**Instructions: Parents, Legal Guardian, or Students who are 18 years old or older should complete the form below and return it to the appropriate school or office.**

### Student Disclosure and Release of Information

*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 following data be released to the listed school/office/ individual(s).*

STUDENT'S NAME \_\_\_\_\_  
STUDENT'S NAME \_\_\_\_\_  
STUDENT'S NAME \_\_\_\_\_  
STUDENT'S NAME \_\_\_\_\_

SCHOOL/OFFICE/NAME (Please Print)  
**Big Cypress Recreation Department**  
**31201 Josie Billie Highway, Clewiston FL, 33440**

Document(s) to Release:  
Grades/GPA/Report Cards  
Attendance Records/Truancy  
Discipline Records

**Reason:** Eligibility for Recreation Activities

*By signing this release, I authorize Ahfachkee School to release the designated information to the school/office/ person(s) listed above.*

\_\_\_\_\_  
Parent/Legal Guardian/Student (over 18) Signature Phone Number

\_\_\_\_\_  
Please Print Name Date



**ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS**

# SEMINOLE TRIBE OF FLORIDA AHFACHKEE SCHOOL

Chairman  
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Vice Chairman - President  
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## Children's Online Privacy Protection Act Consent Form

Required for every student under 13 years of age

Dear Parents/Guardians,

Throughout the school year, we will be using different websites for educational purposes. Some of these websites require the teacher to provide your child with a username/password to access the website and its contents. The information can include a student's first and last name, his/her school ID number, and the school name. This information is kept confidential by the website and not used for any purpose other than account creation.

The Children's Online Privacy Protection Act (**COPPA**), federal legislation, aims to protect children when using the Internet. Because your child is under the age of 13, COPPA requires that Ahfachkee School notify you and obtain your written permission for your child to use the below websites as part of their education at Ahfachkee School. You can access the information practices of each website at the addresses below:

ACCELERATED READER: <http://www.renaissance.com/privacy-policy>

COMPASS LEARNING: <http://www.compasslearning.com/newdev/compasslearning/privacypolicy>

DESTINY LIBRARY: [www.fsc.follett.com/destiny/licenseagreement/Licenseagreement304.pdf](http://www.fsc.follett.com/destiny/licenseagreement/Licenseagreement304.pdf)

I-Ready: [http://www.iready.com/support/iReady\\_DataHandlingPolicy.pdf](http://www.iready.com/support/iReady_DataHandlingPolicy.pdf)

The intent of this form is to serve as a notice to your, the parent/guardian, of the use of these websites and their respective information practices.

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By signing below, I acknowledge that I have been informed of the use of the websites listed above by my child at Ahfachkee School for educational purposes during the 2018-2019 school years.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

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





**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:** \_\_\_\_\_

# SEMINOLE TRIBE OF FLORIDA



**HEALTH ADMINISTRATION**  
3006 JOSIE BILLIE AVENUE  
HOLLYWOOD, FLORIDA 33024

Seminole Dental Program  
Ahfachkee School and Pemayetv Emahakv  
Toothbrushing Program School Year 2018 - 2019

Dear Parents/Guardians:

This year marks the beginning of a project sponsored by the Seminole Dental Program for the prevention of dental cavities. Your child will have the opportunity to participate in a daily toothbrushing.

The Seminole Dental Program will supply toothbrushes, sanitary toothbrush holders, and toothpaste so that your child may brush his/her teeth at least once during the school day supervised by his/her teacher.

If you wish for your child to participate in this program, please complete the information below and return to the school office.

I wish for my child \_\_\_\_\_ to participate in the in-class toothbrushing program.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)



*We highly encourage your child to brush his/her teeth daily in school.*

# SEMINOLE TRIBE OF FLORIDA



HEALTH ADMINISTRATION  
3006 JOSIE BILLIE AVENUE  
HOLLYWOOD, FLORIDA 33024

## Ahfachkee School Seminole Tribe of Florida Dental Program Screening & Fluoride Varnish Application Consent

Along with fluoridated water, topical fluoride is one of the most effective means to prevent tooth decay.

The Seminole Tribe of Florida Dental Program offers fluoride prevention for Ahfachkee students in Grades PK-12.

If you wish for your child to participate in the Screening Fluoride Program please fill in the information below and return this form to the school.

Screening & Fluoride will not be provided to any child without parental consent on file.

I wish for my child \_\_\_\_\_ to participate in the  
(Name of Child)

Seminole Dental Program/Ahfachkee School Screening & Fluoride Program.

\_\_\_\_\_  
Parents/Guardian

\_\_\_\_\_  
Date



# SEMINOLE TRIBE OF FLORIDA

Chairman  
**MARCELLUS W. OSCEOLA, JR.**  
 Vice Chairman - President  
**MITCHELL CYPRESS**  
 Treasurer  
**PETE HAHN**  
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2018 - 2019

Principal  
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 30290 Josie Billie Hwy.  
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 Telephone: 863-983-6348  
 FAX: 863-983-6535  
<http://www.seminolewarriors.net>

**Parents/Guardians: This enrollment application cannot be processed until it is completely filled out and has all of the forms and document listed below attached. After review of grades, attendance and behavioral records and special services records (if applicable), you will be contacted.**

**To enroll, Pre-Kindergarten students must be 4 by September 1<sup>st</sup>. To enroll, Kindergarten students must be 5 by September 1<sup>st</sup>.**

**If your student enrolls after September 1, 2018, they will need to complete the entrance testing before starting classes.**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received

School Enrollment Application	_____
Immunization Form	_____
Physical Form	_____
Authorization to Receive/Release Information	_____
Copy of Student's Tribal Enrollment Card OR Certificate of Degree of Indian Blood	_____
Copy of Student's Birth Certificate	_____
Records from Previous School	_____
Attendance Report	_____
Standardized Test Records (FSA,PERT, SAT, etc.)	_____
Grades/Transcripts: (Promotion/Retention records)	_____
Fine: No: <input type="checkbox"/> Yes: <input type="checkbox"/>	_____
Discipline Records (if any)	_____
ESE/Special Education Records/504 (if any)	_____

**MCKINNEY VENTO ELIGIBLE:**  Yes  No

**ADMINISTRATOR:**  Approved  Denied Administrator's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved Start Date: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ Date Entered in NASIS Initial: \_\_\_\_\_

**EMERGENCY CONTACT/CHECK OUT FORM:** Dismissal Plans Completed  Yes  No  Copy Initial: \_\_\_\_\_

**REGISTRAR** \_\_\_\_\_ student roster Initial: \_\_\_\_\_

**SPECIAL SERVICES:**  Approved  Denied SPED/504  Yes  No  N/A Initial: \_\_\_\_\_

Comments: \_\_\_\_\_

**ENTRY SCREENING COMPLETE:**  Yes  No (Testing if applicable) Initial: \_\_\_\_\_

**GUIDANCE OFFICE:**  Copy \_\_\_\_\_ Class Schedule Paper \_\_\_\_\_ Class Schedule NASIS Initial: \_\_\_\_\_

**HEALTH DOCUMENTATION:**  Approved  Denied  Copy Initial: \_\_\_\_\_

If denied, shots needed: \_\_\_\_\_