



Muckleshoot



Muckleshoot Tribal School
15599 SE 376th ST.
Auburn, WA 98092
(253)931-6709

Dear Parent/Guardian:

As you are aware the Muckleshoot Tribal School is federally funded by the Bureau of Indian Affairs. In order to stay in compliance with the BIA we must have the following documents on file.

- ° Enrollment Application
- ° Emergency Information Form
- ° Student - Parent School Compact
- ° Field Trip Permission Slip
- ° Original Birth Certificate
- ° Certification of Indian Blood
- ° Immunization Record
- ° Prior School Records including Transcripts
- ° Waiver (if your child lives out of Auburn/Enumclaw School Districts)

These documents are required by the Muckleshoot Tribal School prior to student acceptance for enrollment. If you have any questions or concerns please contact the Tribal School Office at (253)931-6709.



Muckleshoot Tribal School Application



Student Information: Date of Birth ____/____/____ Grade: _____ Age: _____

Last Name: _____ First Name: _____

Legal Name or other name student goes by: _____ Male _____ Female _____

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Cell: (____) _____

Racial/ Ethic Category:

____ African American ____ Asian American ____ Hispanic American ____ Caucasian

____ Pacific Islander American ____ Native American ____ Alaskan Native ____ Descendant

Tribal Affiliation: _____ **Enrollment #:** _____ **Tribal Agency:** _____

(A copy of your Certificate of Degree of Indian Blood must be attached)

With whom do you live? Both Parents Mother Father Other: _____

Father/Guardian Name: _____ Mother/ Guardian Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Home Phone:(____) _____ Home Phone:(____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Email: _____

(If the student does not live with either parent, complete the following information for the guardian. If the student is a ward of the court, attach documents and provide information on the person responsible for the student. Students may not list themselves as guardians even if they are 18 or older).

Guardian Name: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Authorized pick up:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____



Muckleshoot Tribal School Continued Application



Student Name: _____ Grade: _____

Transportation Information:

Pick Up Address: _____ Phone: _____

Drop Off Address: _____ Phone: _____

Daycare Address: _____ Phone: _____

Will your child be: Driving _____ Parent Drop off/Pick up _____

Schools that your child has attended:

_____ Grade(s) _____ From 20____ to 20____

_____ Grade(s) _____ From 20____ to 20____

_____ Grade(s) _____ From _____ to _____

_____ Grade(s) _____ From _____ to _____

Educational Support Services: (Check those that apply)

*Spoken in Home Language: English Other: _____

*Has your child received services in the following: Yes No (Circle all that apply)

Special Education Resource Room Gifted & Talented Limited English Proficiency

*Has your child had any evaluations which the school should be aware of?

_____ Educational _____ Psychological _____ Medical

*Has your child been experiencing difficulty in: (Circle all that apply)

Mathematics Reading Written Language Behavior

*Has your child had problems with (Circle all that apply):

ear problems/infections eyes asthma speech seizures or convulsions serious accidents epilepsy allergies
diabetes head injury other: _____

*How many days of school has your child missed this past year? (circle)

0-15 days 16-25 days 25-50 days More than 50 days

*Have you ever been suspended or expelled? Yes No If yes, give the reason for the suspension or expulsion: _____

*Is your child currently on BECCA petition or is there one pending? _____Yes _____NO

I certify (or declare) the information is true and correct. I understand that any misrepresentation may result in my child being released to their local school district.

Parent Signature: _____ Date: _____



Muckleshoot Tribal School - Emergency Information Form



Student's Name: _____ Grade: _____ Date of Birth: ____/____/____ Female Male

Last Name First Name

Sitter/Day Care Name: _____ Phone Number: _____ Days at sitter/day care: _____

Table with 2 columns: Names Of Siblings Enrolled at Muckleshoot Tribal School, Grade(s). Includes three rows for sibling information.

Student Lives With: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian/Foster Parent _____ Other: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Mother/Guardian Name: _____

Employer: _____ Phone Number: _____

Employer Address: _____

Father/Guardian Name: _____

Employer: _____ Phone Number: _____

Employer Address: _____

In the event of an Emergency School Closure (Snow, Power, Outage, etc.) the school buses may operate on regular or emergency rout at a time different than regular schedule. What are your special instructions for the school with regard to your child (does not include phone call to parent/guardian):

In the event of an Emergency School Closure that prevents operation of school buses, elementary students will ONLY be released to their own parent or emergency contacts listed below (TWO local contacts required).

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Adults that have permission to pick up my child: _____

In the event of an Emergency (Ex. Earthquake) which may affect phone lines and /or closed roads and result in students staying at school for extended hours or days. We require a out of state contact who may be possible to reach:

Name: _____ Address: _____

Phone: _____

Relationship: _____

Child's physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Please list any significant health concerns, allergies or other problems that the school should know about your child: _____

Please list any medications (prescribed by a physician) your child currently takes:

Medication name: _____ Dose: _____ How often: _____

If your child will require medication during an emergency, you must complete additional MEDICATION FORMS and PROVIDE AN EMERGENCY SUPPLY TO THE SCHOOL- Please contact the school nurse to arrange

ACTION IN CARE OF AN EMERGENCY:

In the event that my child is injured or seriously ill and a parent or guardian can not be reached; I here by delegate the Principal or the School's delegated agent to do whatever is in the best interest of my child. If in the judgment of school authorities, immediate treatment is necessary, I authorize school authorities to obtain care with the most accessible doctor or hospital.

Yes No Signature: _____ Date: _____



Muckleshoot Tribal School
Field Trip, Photograph, Native Language Form



Field Trip Permission Form

To Administrator of Muckleshoot Tribal School,

I hereby request that you permit _____

To participate on all school field trips for the 20_____ & 20_____ School Year

Transportation will be provided by First Student School Bus or Muckleshoot Tribal School Shuttles. Students will leave from school and return to the school during regular school hours unless I have been notified. My child will receive a notice from the school whenever a field trip is scheduled and I will have the option to keep my child home if I do not want him/her to participate.

I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parents/guardians of the above named student, I promise to hold Muckleshoot Tribal School harmless from and liabilities that may incur from the above named student in connection with the above described excursion, except as might arise because of negligence on the part of the school.

The following special health problems should be noted: _____

Parent/Guardian name & phone number: _____

Chaperone Information:

_____ Yes I would like to be contacted to chaperone 1 or more school field trips

_____ No I will not be able to chaperone any school field trips

I understand that I may not bring siblings along due to my supervision responsibilities and insurance liability restrictions. I understand that all chaperones must be at least 18 years old to attend. I promise to hold Muckleshoot Tribal School harmless from any liabilities that may incur from the above described excursion except as might arise because of negligence on the part of the school.

I will be transported by:

_____ First student bus/school shuttle

_____ Private Vehicle

Emergency Contact Name: _____ Phone Number: _____

Parent/ Guardian Signature: _____ Date: _____

Permission to Photograph:

I _____ do not want my child to be photographed by the Muckleshoot Tribal School for the 2010/2011 school year.

Initials: _____

Native Language:

I _____ do not want my child to participate in the Native Language Restoration Program for the 2010/2011 school year.

Initials: _____

MUCKLESHOOT TRIBAL SCHOOL
Student-Parent-School Compact
200 - 200

"This compact is a voluntary commitment made by individuals to support your child's education"

As a Parent/Guardian I Will ...

- See that my child attends school regularly, on time and prepared to learn,
- Encourage my child to read daily at home and/or read to my child daily at home,
- Insist that all homework is completed and returned to school on time,
- Communicate with the school when my child is ill, changes in school routine, and/or when circumstances change at home that could effect my child's learning,
- Accept the responsibility to support Tribal School policies and staff to the best of my abilities as well as take an active role in support of the school.

Parent/Guardian Signature: _____

As a Student I Will

- Attend school and all classes regularly, on time and be prepared to learn,
- Demonstrate respect by listening to my teachers/Tribal School Staff and follow their directions,
- Take care to not interfere with other's learning in class and throughout the school,
- Complete all class work and homework to the best of my abilities and on time,
- Accept the responsibility to do my best in my school work, attitude and behavior at all the times.

Student Signature: _____

As a Teacher I Will ...

- Have high expectations for myself and my students every day,
- Communicate and work with families to support student learning and parent involvement,
- Show respect for each student and expect students to show respect for each other,
- Accept the responsibility to provide a quality education with an emphasis on cultural awareness to enable each child to grow to his/her fullest potential.

Teacher Signature: _____

As a Tribal School Principal I Will ...

- Provide a Tribal School setting that allows for positive communication between the school and home,
- Have high expectations from all our students and staff,
- Expect and support community/parent involvement,
- Accept the responsibility to provide a quality curriculum and opportunities for all students to learn and grow in a safe educational environment which promotes cultural awareness.

School Principal Signature: _____



DOH 348-013
Rev: 10/15/08

Is there an accompanying signed Certificate of Exemption on file?
 Yes No

Date: _____

Staff Signature _____

Certificate of Immunization Status (CIS)

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Child's Address: _____
 Child's Birthdate: _____ Child's Sex: _____
 Parent/Guardian Name: _____ Parent/Guardian Day Phone: _____

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.
 ♦ Required for School and Child Care/Preschool • Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
♦ Hepatitis B (Hep B)				Hepatitis A (Hep A)			
1				1			
2				2			
3							
Hepatitis B (Hep B) Alternate schedule for teens				Meningococcal (MCV4, MPSV4)			
1				1			
2							
Rotavirus				Human Papillomavirus (HPV)			
1				1			
2				2			
3				3			
♦ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				Other			
1							
2							
3							
4							
5							
♦ Diphtheria, Tetanus, Pertussis (Tdap, Td)							
1							
2							
• Haemophilus influenzae type b (Hib)							
1							
2							
3							
4							

I certify that the information provided here is correct and verifiable.

Signature of Parent or Guardian _____ Date _____

Licensed HCP Signature (MD, DO, ND, PA, ARNP) _____ Date _____

Either initial with parent approval or get parent signature below:
 Staff initials indicating parent approval: _____
 Parent Signature indicating approval: _____

Verification of varicella disease history ▼
 Health Care Provider (HCP) Verified Signed note from HCP attached or HCP provider signature here:
 HCP Verified by Registry No HCP Sig required if box at left checked. If school staff find verification in the Registry, then school staff must:
 Parental Report ONLY acceptable for some grades. Write date or age child had disease: _____

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

- Diphtheria Hepatitis A Hepatitis B Hib Measles Mumps Polio Rubella Tetanus Varicella
 Other (list): _____ lab report(s) attached (required)

X

Typed or Printed Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X

Signature of Licensed Health Care Provider (required)

Date (required)

Vaccine Trade Names*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine	Trade Name	Vaccine
Acel-Imune	DTaP	Menomune	MPSV4
ActiHIB	Hib	OmniHIB	Hib
Adacel	Tdap	Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap	PedvaxHIB	Hib
Certiva	HPV	Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B	Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP	Pneumovax	PPV23
Decavac	Td	Prevnar	PCV or PCV7
Engerix-B	Hep B	ProHIBIT	Hib
Fluarix	Flu	ProQuad	MMRV
FluMist	Flu	Quadracel	DTaP + IPV
Fluvirin	Flu	Recombivax	Hep B
Fluzone	Flu	Rotarix	Rotavirus
Gardasil	HPV	RotaTeq	Rotavirus
Havrix	Hep A	Tetramune	DTP + Hib
HibTITER	Hib	TriHIBit	DTaP + Hib
HyperTET	TIG	Tri-Immunol	DTP
HyperHEP B	HBIG	Tripedia	DTaP
Ipol	IPV	Twinnix	Hep B + Hep A
Infanrix	DTaP	Vaqtia	Hep A
Kinrix	DTaP + IPV	Varivax	Varicella
Menactra	MCV4		

Vaccine Abbreviations*

Read down - Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

*These lists may not be comprehensive; visit <http://www.doh.wa.gov/cfn/immunize/forms/default.htm> for updated lists.