



Muckleshoot Tribal School
15209 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 and state funded by the office of the Superintendent of Public Education. 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
- ◆ Wulshootseed Language Form
- ◆ Home Language Survey
- ◆ Family Income Survey
- ◆ 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

BIE Grant Day 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/ Ethnic Category:

____ African American ____ Asian American ____ Hispanic American ____Caucasian
 ____ Pacific Islander American ____Native American ____ Alaskan Native ____ Descendant ____Other

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

Dominate language spoken:_____ **Place of Birth:**_____

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

(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. If there is no court order, a notarized letter from parent is required.)

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:_____

Transportation Information:

Pick Up Address: _____ Home MCDC Youth Facility Drop In

Drop Off Address:_____ Home MCDC Youth Facility Drop In

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

Below is filled out by school: _____

Registrar Received: _____ Transportation Received:_____

Date Starting:_____



Muckleshoot Tribal School Continued Application



Student Name: _____ Grade: _____

Schools that your child has attended:

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

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

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

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

Educational Support Services: (Check those that apply)

*Has your child received services for the following: 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

*Has your child ever been suspended or expelled? Yes No If yes, please explain

*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: _____

Last Name

First Name

Names Of Siblings Enrolled at Muckleshoot Tribal School:

Grade(s)

Adults that have permission to pick up my child: _____

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: _____

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 while at school or 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 and Photograph/ Publicize



Student Name: _____

Grade _____

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 and Publicize Student's Name:

I _____ **DO NOT GIVE PERMISSION FOR** my child to be photographed and their name to be publicized by the Muckleshoot Tribal School.

I _____ **GIVE PERMISSION FOR** my child to be photographed and their name to be publicized by the Muckleshoot Tribal School.

Parent/ Guardian Signature: _____ Date: _____

MUCKLESHOOT TRIBAL SCHOOL

WULSHOOTSEED LANGUAGE DEVELOPMENT PROGRAM

School Year 20__ & 20__

MTS provides a Wulshootseed Language Class through a Language Restoration/Development federal grant. The grant requires that each school year we obtain a signature from the parents/guardians to either (a) give consent to participate in the language class or, (b) not give consent to participate in the language class. We appreciate your time and effort in completing this form. Thank you.

Student: _____ Grade: _____
Student First/Last Name

Tribe in which student is enrolled: _____
Tribe

(a) Consent to take the class

I give permission for my child to participate in the Wulshootseed Language Class.

Parent/Guardian Signature

Date

(b) No consent to take the class

I do not give permission for my child to participate in the Wulshootseed Language Class.

Parent/Guardian Signature

Date

Family Income Survey 2014–15

Dear Parent/Guardian:

Schools receive certain federal and state funding (all-day kindergarten, learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to **insert location or address** by **insert date**.

Part 1. ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box. You do not need to return this form if your household is not eligible.

Income Chart
Effective from July 1, 2014 through June 30, 2015

Check box That Applies	Household Size	How Often Payment is Received				
		Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$21,590	\$1,800	\$ 900	\$ 831	\$ 416
<input type="checkbox"/>	2	29,101	2,426	1,213	1,120	560
<input type="checkbox"/>	3	36,612	3,051	1,526	1,409	705
<input type="checkbox"/>	4	44,123	3,677	1,839	1,698	849
<input type="checkbox"/>	5	51,634	4,303	2,152	1,986	993
<input type="checkbox"/>	6	59,145	4,929	2,465	2,275	1,138
<input type="checkbox"/>	7	66,656	5,555	2,778	2,564	1,282
<input type="checkbox"/>	8	74,167	6,181	3,091	2,853	1,427
<input type="checkbox"/>	9	81,678	6,807	3,404	3,142	1,572
<input type="checkbox"/>	10	89,189	7,433	3,717	3,431	1,717
<input type="checkbox"/>	11	96,700	8,059	4,030	3,720	1,862
<input type="checkbox"/>	12	104,211	8,685	4,343	4,009	2,007
<input type="checkbox"/>	For Each Additional Household Member Add	+ 7,511	+ 626	+ 313	+ 289	+145

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total household size.

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Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

Student Name:		Date:
Birth Date:	Gender:	Grade:
Form Completed by:		
Parent/Guardian Name _____ Relationship to Student _____		
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) ____ Yes ____ No *Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.