ONEIDA NATION SCHOOL SYSTEM
2020-2021 RETURNING STUDENT FORM

Student's Complete Name	Grade	Date of Birth	Tribe's Name	Enrollment #	Method

***Students are able to receive instruction by 1) In-class only; 2) Virtual only; or 3) Hybrid (part time in-class and virtual). Please choose select/write in the Method above for each student.**

My child(ren) live(s) with: Mother Only ☐ Father Only ☐ Both Parents ☐ Guardian ☐

MOTHER / GUARDIAN INFORMATION

Complete Name: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ Apt#_____

City: _____ State: _____ Zip: _____

Email address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ ext./dept _____

STEP PARENT / PERMISSION TO CONTACT

Complete Name: _____

Cell: _____ Work: _____ ext. ____

FATHER / GUARDIAN INFORMATION

Complete Name: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Physical Address: _____Apt#_____

City: _____ State: _____ Zip: _____

Email address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ ext./dept _____

STEP PARENT / PERMISSION TO CONTACT

Complete Name: _____

Cell: _____ Work: _____ ext._____

Bus Transportation ▸ Any bus pass requests need to be requested no later than 2:30 p.m. on normal school days

Pick-Up Address: _____ **Drop Off:** _____

(*KG student must have guardian visible or school bus will return KG student to school.)

◯ I would like the Johnson O'Malley parent group to contact me via email to inform me of meetings.

If the child/dependent under my custody needs emergency medical treatment and I am not reachable, please contact the following persons. I understand that these contacts must be reliable contacts. Please keep all contact information up-to-date throughout the entire school year.

_____

Complete name relationship to student Phone number(s)

_____

Complete name relationship to student Phone number(s)

I authorize the Principal of the school or his/her Designee to take appropriate action to ensure that the necessary emergency medical treatment be administered to my child at the Oneida Health Center or any medical facility. I understand that the Principal or Designee will do what is in the best interest of the child.

_____ _____

Parent / Guardian Signature **Date**