

# ONES FACE – 7<sup>th</sup> Grade 2021 SUMMER SCHOOL APPLICATION

The Oneida Nation Elementary School will be offering a Summer School program for students **who are currently attending grades FACE, Kindergarten through 7<sup>th</sup> Grade at ONES**. This year's Summer School program will focus primarily on academic skills. FACE parents are required to provide transportation to and from the program.

The program will run from **June 8<sup>th</sup> through June 30<sup>th</sup>, Monday through Friday, 8:00 a.m. to 11:45 am.** We will provide bus service, breakfast and a snack daily. Students will need to wear masks on the buses and at school and follow COVID-19 Health and Safety procedures.

**Due to limited space, we need you to complete this application form and return to the elementary school office by Wednesday, May 19<sup>th</sup>, 2021 for planning purposes. Students will be taken on a first come, first-service basis.**

## PLEASE PRINT

Student Name	Grade	Date of Birth	Allergies to anything

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Parent/Guardian's Name

Occupation

Work Telephone Number

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Street Address

City

State

Zip Code

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Mailing Address

City

State

Zip Code

Home Telephone Number

If I am not available, contact the following person(s) regarding the emergency treatment (I understand that I must list immediate relatives only)

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Name of Relative

Relationship

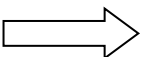
Telephone Number

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Name of Relative

Relationship

Telephone Number



List any medical conditions that the Oneida Nation School System should be aware of concerning your child/dependent:

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Proposed bus pick-up location may change due to transportation requirements. **Please choose the bus stop that you would use: Place a check in the box.** There will be no individual house stops. Parents may also transport to and from ONES.

Bus Stop		Bus Stop	
<input type="checkbox"/>	Civic Center - Site I	<input type="checkbox"/>	Site 2 Recreation Building
<input type="checkbox"/>	Three Sister's Library 2790 O-NA-STE LN @ CHIEF HILL DR.	<input type="checkbox"/>	One Stop, County E & EE
<input type="checkbox"/>	Tank Park @ 10 <sup>th</sup> St.	<input type="checkbox"/>	Perkins Park - Bond @ Fisk

I authorize the Principal of the school, or his/her designee to take appropriate action to ensure that 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 my child.

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

\_\_\_\_\_  
Date