

ONES FACE – 7th Grade 2023 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 7th 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 6th through June 28th, Monday through Friday, 8:00 a.m. to 11:45 am.** We will provide bus service, breakfast, and a snack daily.

Due to limited space, we need you to complete this application form and return to the elementary school office by Wednesday, May 17th, 2023 for planning purposes. Students will be taken on a first come, first-service basis.

PLEASE PRINT

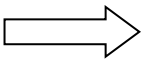
Student Name	Grade	Date of Birth	Allergies to anything

Parent/Guardian's Name	Occupation	Cell/Work Telephone Number
Street Address	City	State Zip Code

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)

Name of Relative	Relationship	Telephone Number
Name of Relative	Relationship	Telephone Number



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

Please choose the bus stop that you would use: Place a check in the box. (Proposed bus pick-up location may change due to transportation requirements.) **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 th St.	<input type="checkbox"/>	Perkins Park - Bond @ Fisk

Parent/Guardian will transport; bus is **not** needed

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