

# ONEIDA NATION SCHOOL SYSTEM

**Oneida Nation Elementary**  
P.O. Box 365  
N7125 Seminary Road  
Oneida, WI 54155  
(920) 869-1676  
FAX (920) 869-1684



**Oneida Nation High School**  
P.O. Box 365  
N7210 Seminary Road  
Oneida, WI 54155  
(920) 869-4308  
FAX (920) 869-4045

## New Student Enrollment Check List

- Complete and sign all pages in New Student Enrollment Application
- Submit copy of student's Birth Certificate
- Submit copy of student's most recent Immunization Record or signed Immunization Waiver
- Submit copy of student's tribal enrollment verification letter stating student's blood quantum/degree

\*A tribal identification card cannot be accepted.

\*\*If the student is not enrolled with any federally recognized Tribe or Alaskan Tribe, please refer to letter (G) of the attached Admissions Policy and Procedure

- Submit current Custody and or Placement court documents
- Provide copy of student's most recent report card (for K-8 students) or transcripts (for 9-12 students)
- Complete Student Health Form
- Complete Dental Consent Form
- Complete and return Free/Reduced Meal Application Form (available in July)
- Submit BIE Home Language Form

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### **ADMISSION POLICY AND PROCEDURE: ONEIDA NATION SCHOOL SYSTEM**

#### **A. Application Process**

Parents/guardians must submit a completed application, which includes submitting copies of the child's birth certificate, tribal enrollment verification letter (stating blood quantum), immunization record, and most recent report card or transcript. These items must be submitted to the Oneida Nation Elementary or High School office, preferably at the latest, 10 days prior to the start of the school year and no later than 10 days after the beginning of the school year. Students may also be considered for admission at the beginning of the 2<sup>nd</sup> semester or when students transfer from a school outside of the attendance boundaries.

Applications for admission may be considered at any time under special limited circumstances such as a change in foster care placement, custody change, or moving from outside of the attendance boundaries. Included in the enrollment materials is a release of information form giving the Oneida Nation School System permission to contact the student's previous school(s) regarding school attendance, grades, behavior reports, test/assessment results, and any special services the student may be receiving.

#### **B. Application Review**

The Admission Committee will review the application. Admission will be granted based on available classroom space, date the completed application was received with all required documents, and completion of a required student/parent admission meeting, when deemed necessary by the committee. In addition, those applicants requiring special education services will be reviewed by the Special Education Department Staff to determine the student's individual needs prior to classroom placement.

Upon committee review, the family will be notified of eligibility for admission. Submission and review of an application does not guarantee admission to the school system. When deemed appropriate, the Admission Committee may admit a student on a conditional basis, and the student may be required to sign a contract. All new students will be admitted under a probationary period of 60 days, at which time the student's academic, behavior and attendance will be reviewed.

**Non-Admittance:** If a student has been expelled from any school district within the last two (2) semesters, he/she will not be considered eligible for admittance. Further, students who have been expelled for misdemeanors; criminal acts; physical assaults; possessing, distributing and/or using weapons or drugs will not be considered for admission for at least an additional two (2) semesters or until evidence of rehabilitation for the inappropriate act is presented. The required evidence shall include but is not limited to the following:

- a) A court order indicating successful completion of a rehabilitation program, or
- b) A release from treatment statement from a certified therapist or medical doctor, or
- c) A letter of reference from a licensed counselor.

**Re-Admittance:** When a student voluntarily withdraws or transfers during a school year, he/she will not be considered for re-enrollment during that current school year. They may re-apply the following school year. The admission process is completed when the Education Agreement and any other required documents are signed by the parent or guardian.

**C. Parent/Student Admission Conference**

For new students, a parent /student conference may be required and will be scheduled by the building Principal. At this conference, the school policies, an educational agreement, and other documents requiring signature will be reviewed. The Admission Committee may be comprised of one or more staff.

**D. Student Review**

The Oneida Nation School System is dedicated to assist students to achieve their potential. The student review process is designed to retain admitted students in the school system.

1. The new students' progress will be reviewed by the homeroom teacher via mid-quarter grades and will be mailed home to parents/guardians.
2. If necessary, a student/parent/staff conference will be held to develop a student improvement plan.
3. Due process will occur as outlined in the Oneida Nation School Board-approved Student Handbook.

**E. Transportation Boundaries**

The Oneida Nation School System provides bus transportation to and from school through Lamer's Bus Company. Those students who live within the Oneida Reservation boundaries, and who practice acceptable bus behavior, may be transported. If students reside or need transportation to and or from school and are not within the bus route boundaries, bus transportation may not be available. The boundaries are as follows.

Highway 29-Memorial Drive –Velp Avenue (Northwest side of Green Bay)  
Cormier Road to Oneida Reservation Boundary (Southwest side of Green Bay)  
Eastman-Baird-McCormick (Eastside of Green Bay)

**F. Attendance Boundaries**

The Oneida Nation School System admits those students living within the school districts of: Green Bay, Pulaski, West De Pere, Seymour, and Freedom.

**G. Tribal Enrollment Qualifications**

1. Students must have on file the required documentation of tribal enrollment membership, i.e., a signed copy of Certificate of Indian Blood (CIB) of a federally recognized tribe or an Alaskan Tribe, which states the student's degree of Indian blood on it. We cannot accept Tribal I.D. cards or descendency letters.
2. If the student is not enrolled in a federally recognized tribe or Alaskan Tribe, the student must establish at least a ¼ degree Indian blood through biological parent(s) and or grandparents.
3. If utilizing the student's parent's Indian blood degree, the following must be submitted.
  - A signed official copy of biological parent's tribal enrollment verification letter from the affiliated Tribal Enrollment Office stating the degree of Indian blood (from each tribe if utilizing multiple tribal affiliations).
  - A copy of the student's birth certificate with the biological parent's name on it or copy of court document establishing paternity results.
4. If the biological grandparent's Indian blood line is utilized, the following must be submitted:
  - A copy of the student's birth certificate with tribal parent's name on it, and

- A copy of the student's biological mother and/or father's birth certificate with the tribal grandparent's name on it, and
  - A signed official copy of the biological grandparent's tribal enrollment verification letter/document stating the grandparent's degree of Indian blood.
5. If the student does not meet either (a) or (b) above, the parent/guardian must petition a special request in writing to the School Principal for consideration of admittance. This petition does not guarantee admittance.

#### **H. Process for appealing any decision of the Admissions Committee**

1. If you disagree with the Admissions Committee's decision, parents/guardians may submit an appeal in writing to the Elementary/High School Principal. The principal may consider evidence and extenuating circumstances. The principal will either uphold or reverse the Admission Committee's decision. Parents/guardians will be notified in writing.
2. If you disagree with the principal's decision, parents/guardians may submit an appeal in writing to the Oneida Nation School System Superintendent. The Superintendent may consider evidence and extenuating circumstances. The Superintendent will either uphold or reverse the principal's decision. Parents/guardians will be notified in writing.
3. If you disagree with the Superintendent's decision, parents/guardians may submit an appeal in writing to the Oneida Nation School Board. As with the other levels of appeal, the Oneida Nation School Board will either uphold or reverse the Superintendent's decision. Parents/guardians will be notified in writing. The decision of the Oneida Nation School Board is final and may not be appealed.
4. The Admissions Committee and each level of appeal have the option of investigating and obtaining pertinent information before deciding. After the committee has made its' decision to an application, each level of appeal thereafter has ten (10) school days to decide.

# NEW STUDENT ENROLLMENT APPLICATION

**Oneida Nation Elementary / Middle School**  
 PO BOX 365  
 N7125 Seminary Road  
 Oneida, WI 54155  
 Office: (920) 869-1676  
 FAX: (920) 869-1684



**Oneida Nation High School**  
 PO BOX 365  
 N7210 Seminary Road  
 Oneida, WI 54155  
 Office: (920) 869-4308  
 FAX: (920) 869-4045

School Year Applying For: \_\_\_\_\_  Male  Female Entering Grade: \_\_\_\_\_

**I. STUDENT INFORMATION**

Student's Name: \_\_\_\_\_  
First Middle Name Last Name

Nickname: \_\_\_\_\_ AGE: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Enrollment Office or Organization \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip Code \_\_\_\_\_

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White

Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

Student Primarily Lives With:  Mother  Father  Both Parents  Legal Guardian: \_\_\_\_\_

Secondary Household:  Mother  Father  Both Parents  Other Legal Guardian

Are there any court orders or any other legal documents regarding custody or placement of child?  NO  YES, briefly explain and submit most recent documents: \_\_\_\_\_

***\*If student Primarily resides with a Guardian other than mother or father, please provide:***

\_\_\_\_\_  
 Complete first, middle, and last name of Other Guardian Relationship to Student

\_\_\_\_\_  
 Complete first, middle, and last name of Other Guardian Relationship to Student

Home address: \_\_\_\_\_  
Street address Apt # City State Zip Code

Mailing: \_\_\_\_\_  
 (if different) Mailing Address Apt # City State Zip Code

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ ext/dept \_\_\_\_\_

Email address: \_\_\_\_\_ (will be used for ONSS communication purposes only)

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White

Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

FOR OFFICE USE ONLY

ISEP Eligible \_\_\_\_ Yes \_\_\_\_ No Principal Review: \_\_\_\_\_ Special Education Coordinator Review \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent Contact / Notes: \_\_\_\_\_

**II. MOTHER'S HOUSEHOLD INFORMATION**

Mother's Name: \_\_\_\_\_  
First Name MI Last Name

Home address: \_\_\_\_\_  
Street address Apt # City State Zip Code

Mailing: \_\_\_\_\_  
(if different) Mailing Address Apt # City State Zip Code

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ ext/dept \_\_\_\_\_

Email address: \_\_\_\_\_ (will be used for ONSS communication purposes only)

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White  
 Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

Stepparent's name: \_\_\_\_\_  
First Name MI Last Name

Cell phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ dept/ext # \_\_\_\_\_

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White  
 Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

**III. FATHER'S HOUSEHOLD INFORMATION**

Father's Name: \_\_\_\_\_  
First Name MI Last Name

Home address: \_\_\_\_\_  
Street address Apt # City State Zip Code

Mailing: \_\_\_\_\_  
(if different) Mailing Address Apt # City State Zip Code

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ ext/dept \_\_\_\_\_

Email address: \_\_\_\_\_ (will be used for ONSS communication purposes only)

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White  
 Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

Stepparent's name: \_\_\_\_\_  
First Name MI Last Name

Race/Ethnicity:  American Indian or Alaskan Native  Asian  Black or African American  White  
 Hawaiian/Islander  Hispanic / Latino: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ dept/ext # \_\_\_\_\_









# ONEIDA NATION SCHOOL SYSTEM STUDENT RECORDS / TRANSCRIPTS REQUEST

STUDENT NAME	GRADE	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LAST SCHOOL ATTENDED: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

The student(s) above is/are now enrolled in the Oneida Nation School System as of \_\_\_\_\_.

Please send the following at your earliest convenience: **Progress Reports, Transcripts, Health Records, Test Results, Psychological Evaluations, Behavior/Disciplinary Records, Attendance, Special Education Records, M-team Reports, EEN Records, Current Individualized Education Program (IEP)** to:

**REGULAR EDUCATION (K-8)**  
Candy Denny  
cdenny3@oneidanation.org

ONEIDA NATION ELEMENTARY  
P.O. BOX 365  
Oneida, WI 54155  
(920) 869-1676 Fax: (920) 869-1684

**REGULAR EDUCATION (9-12)**  
Kelly Johnson  
Kjohnso3@oneidanation.org

ONEIDA NATION HIGH SCHOOL  
P.O. BOX 365  
Oneida, WI 54155  
(920) 869-4308 Fax: (920) 869-4045

**SPECIAL EDUCATION: (K-12)**  
Fay LeMense  
flemense@oneidanation.org

SPECIAL EDUCATION DEPARTMENT  
ATTN: Special Education Coordinator  
P.O. BOX 365  
Oneida, WI 54155  
(920) 869-4627 Fax: (920) 869-1684

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

\_\_\_\_\_  
Date

Date(s) Request Sent: \_\_\_\_\_

School Official: \_\_\_\_\_

**ONEIDA NATION SCHOOL SYSTEM**  
**P.O. BOX 365**  
**ONEIDA, WI 54155**  
**(920) 869-1676 (Elementary)**  
**(920) 869-4308 (High School)**

**ANNUAL NOTIFICATION TO PARENTS REGARDING STUDENT RECORDS**

The Oneida Nation School System keeps the following records for each student:

- a permanent folder
- achievement records
- other records such as: Social Welfare, Health Service and Psychological Information
- Special Education records

The school records on your child/children are kept in complete confidence. Your signature is required before any information on the student's records can be released.

All Parent/Guardians have the right to examine the information on file at the Oneida Nation School Office concerning their child/children. We ask that you call for an appointment so that a staff member can be available to review the content for you.

It is your right to challenge any inaccurate information on your child/children's records. This means you can request the information be changed and you can add your own comments as you understand the facts.

If the Principal of the school is not in agreement with your corrections for the file, you have the right to a hearing. Notify the school Principal in writing to request a formal hearing to resolve the disagreement.

The United States Office of Education in Washington, D.C. provides a complaint process for those who find the need to appeal a decision made at the local level regarding the violation of school records.

TO: Administrator of the Oneida Nation School:

I understand my rights as a parent to review my Son's/Daughter's school records, to request a copy and to challenge the content if I feel it is inaccurate or misleading.

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

\_\_\_\_\_  
**Date**



# Oneida Nation School System

## Bus Transportation Form

Student(s) will require bus transportation: Yes  No  Date needing transportation to start \_\_\_\_\_

- Bus / End of Day Announcements must be called into the office **by or before 2:30 p.m.**
- Parents are responsible to coordinate transportation for students needing multiple drop-offs and or pick-ups.
- For kindergarten students: an adult must be visible at drop-off site or student will be returned to school.
- Allow at least three (3) business days for Lamer's Bus to schedule on bus route.
- Students must abide bus safety policies and procedures.

Child's Name:	Grade:	Office only to complete	Student is New/Active
_____	_____	# _____	New Active
_____	_____	# _____	New Active
_____	_____	# _____	New Active
_____	_____	# _____	New Active

Is this a new address: Yes  No  New address is for:  Mother  Father  Both  Other Legal Guardian

If student(s) moved to new address other than the bus pick up and or drop off, please provide the complete new address, including apartment number:

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student(s) live with:  Mother  Father  Both  Other Legal Guardian, name: \_\_\_\_\_

Mother / Guardian's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ (W) \_\_\_\_\_

Father / Guardian's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ (W) \_\_\_\_\_

**TO SCHOOL:**

Pick Up Address: \_\_\_\_\_

Street Apt # City Zip Code

This is Day Care/Childcare Address?  No Yes , Name: \_\_\_\_\_

**FROM SCHOOL:**

Drop Off Address: \_\_\_\_\_

Street Apt # City Zip Code

This is Day Care/Childcare Address?  No Yes , Name: \_\_\_\_\_

Infinite Campus updated: \_\_\_\_\_  Bus Coordinator: \_\_\_\_\_  Lamer's: \_\_\_\_\_



**BIE Home Language Survey**  
**School Year 2024-2025**

**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**Federal Code: 25: CFR 32.3 & Revised CFR 30.109**

***“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”***

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

***“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”***

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If you have any questions, you have the right to share them before your student's English proficiency is assessed.

**1. Which language did your child learn when they first began to talk?**

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**2. Which language does your child most frequently speak at home?**

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**3. Which language do you (the parents/guardians) use more often when speaking with your child?**

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**BIE Home Language Survey**  
**School Year 2024-2025**

**4. Which language is spoken more often by other adults in the home?**

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**5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing? (if first language or other language besides English is spoken in home)**

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**Additional Information (Optional)**

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**Please sign and date this form in the spaces provided below, then return this form to your child's school.**

**Thank you for your cooperation.**

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**School Official Verification** \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.



ONEIDA NATION SCHOOL SYSTEM

# HEALTH FORM

In an effort to ensure that every child receives the best care while at school, we are asking every parent to answer health-related questions about their child. By being aware of the health conditions or medications your child has, we can be better prepared to help make your child's school time successful, safe and healthy. **Please complete one form per child.**

<b>Name:</b> _____	<b>Birthdate:</b> _____	<b>Grade:</b> _____
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### ALLERGY INFORMATION

<b>Does your child have ALLERGIES?</b> (type: Seasonal, Food, Medication, Insects)	<b>Yes</b>		<b>No</b>
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Allergies		
<input type="checkbox"/> Food	Specify: _____	<b>Does your child require emergency epinephrine:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Insect	Specify: _____	Does your child require oral antihistamine? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seasonal	Specify: _____	

### MEDICAL and HEALTH CONDITIONS

<b>Does your child have a chronic medical or health condition?</b>	<b>Yes</b>		<b>No</b>
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<b>Has your child been diagnosed with any of the following conditions by a Healthcare Provider (check all that apply)?</b> <i>Is this a change from last school year?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Emotional/Behavioral/Psych	<input type="checkbox"/> Heart Condition: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other _____

<b>Details/Specifics regarding condition:</b>

### MEDICATIONS

<b>MEDICATION: Is your child currently taking any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of medication:	Reason for medication:	When is it given?

If your child uses an <b>inhaler</b> , do they <b>carry it with them</b> ? <i>For elementary and middle school students, please discuss self-carry with school nurse</i>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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If your child is on <b>nebulizer treatments</b> , do they need to have a <b>supply at school</b> ?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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### ADDITIONAL INFORMATION

Has your child had hearing testing or been recommended to have one completed?	<b>Yes</b>		<b>No</b>
Does your child wear corrective lenses (Glasses or Contacts)?	<b>Yes</b>		<b>No</b>
Has the student received vaccines outside of WI? <i>If yes, please provide records</i>	<b>Yes</b>		<b>No</b>

\_\_\_\_\_ **Please INITIAL to verify understanding:** *The School Nurse, employed by the Oneida Comprehensive Health Division, does have access to your child's health records at the Oneida Community Health Center.*

<b>Parent/ Guardian Signature:</b> _____	<b>DATE:</b> _____
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For office use: Initials \_\_\_\_\_ Date Received \_\_\_\_\_ F/U: Yes No Start Date \_\_\_\_\_



## Oneida Community Health Center Dental Clinic at School

Dear Parents,

The goal of the Oneida Dental Clinic is to provide a school based dental program that would allow your child to receive preventive dental care without you needing to bring her/him to the Dental Clinic. In order to accomplish this goal, the Dental Clinic, is offering to perform examinations, x-rays, cleanings, fluoride, and sealants for your child enrolled in the Oneida School system.

We realize appointments are hard to get, especially cleaning appointments. So, we hope that with this program your child will receive preventive dental care quicker and more consistently.

Please read the attached form. If you would like your child to be a part of the program, please fill out the form and return it to the school.

\*\*Please note: The procedures are strictly preventive in nature. **No other dental care**, will be performed on your child in the school based program. If your child is in need of further dental treatment, you will be informed and contacted by the Oneida Dental Clinic.

**Your child must be registered at the Oneida Community Health Center in order to be seen in the schools.**

Thank You,

The Oneida Dental Staff

CDHC Parent Letter 3.21.18

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494



## 2024-2025 SCHOOL DENTAL CARE CONSENT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date: \_\_\_\_\_ ( ) Male / ( ) Female Tribal Affiliation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Emergency Contact Person/Phone #: \_\_\_\_\_

**Medical History: Check all that apply** ( ) Anemia ( ) Asthma ( ) Bleeding problems ( ) Diabetes ( ) HIV+  
( ) Heart condition ( ) Hepatitis ( ) Latex Allergy ( ) Rheumatic Fever ( ) Seizures ( ) Tuberculosis  
Other: \_\_\_\_\_

List current medications: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Has your child had any serious illnesses, injuries or operations? \_\_\_\_\_

Is there any other information we should know about your child's health or special needs? ( ) No ( ) Yes  
\_\_\_\_\_

Dental Insurance: ( ) No ( ) Yes Name: \_\_\_\_\_ ( ) No Insurance  
( ) Medical Assistance / BadgerCare / Forward Health

### Please read carefully:

- \_\_\_\_\_ **No, I do not want my child to participate in the Dental Prevention Program at Oneida Nation Schools.**
- \_\_\_\_\_ Yes, I give consent for my child to participate in the Dental Prevention Program to be conducted by the OCHC Dental Clinic.
- \_\_\_\_\_ Yes, I have answered the medical history questions on this form correctly and completely, to the best of my knowledge.
- \_\_\_\_\_ Yes, I give permission for my child to receive any preventive and diagnostic treatment, including an Examination, x-rays films, dental cleaning, fluoride treatment and sealants as deemed necessary by the OCHC dental Staff.
- \_\_\_\_\_ Yes, I agree to seek any follow-up care my child may need from the OCHC Dental Clinic or dentist of my choice.
- \_\_\_\_\_ Yes, I understand that I will not receive a bill for any dental services proved by the dental prevention Program at Oneida Nation School, however, the OCHC will bill my insurance, if applicable.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Phone #

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494