

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 2nd 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 # _____

IV. SIBLING INFORMATION

Complete Name	Date of Birth	School Attending	Lives with Mom, Dad, or Both

V. PRIOR SCHOOL INFORMATION

_____ City _____ State _____
 Name of last school attended City State

Name of Principal, Teacher, or Counselor we can contact: _____

Has student been expelled or in the process of being recommended for expulsion? YES, date: _____ NO

Phone number of prior school: () _____

VI. SPECIAL NEEDS

Was or is student enrolled in any Special Education program(s)? YES NO Prior years _____

Place a check next to the appropriate program. The listed programs are the Special Education programs offered at ONSS.

<input type="checkbox"/>	Autism	<input type="checkbox"/>	Developmentally Delayed	<input type="checkbox"/>	Emotional / Behavioral Disability
<input type="checkbox"/>	Learning Disability (LD)	<input type="checkbox"/>	Speech & Language Therapy	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Intellectual Disability (LD)	<input type="checkbox"/>	Other Health Impairment (OHI)	<input type="checkbox"/>	Other:

Has your child ever been retained? YES, which grade: _____ NO

Has your child attended the ONSS F.A.C.E. program? YES, year(s) 20____ - 20____ NO

Has your child attended Head Start or any other early childhood program? NO YES, where: _____

Do you feel your child needs any special help and is not receiving special education services? No Yes (i.e., academic, behavioral, social, emotional) _____

VIII. SIGNATURE AND AUTHORIZATION: (Please read carefully)

- I understand my child must be or have at least one-fourth (1/4) degree Indian blood from biological parents.
- I understand my child must have a physical examination or one scheduled before beginning kindergarten.
- I understand my child must be up to date on vaccination form or have a signed Immunization Waiver for file.
- I understand my child must be the age of five on or before enrolling into kindergarten, AND that he or she must be potty-trained. If not potty-trained, you must provide medical documentation prior to admittance.
- I understand that my involvement in the Oneida Nation School is a very important part of my child's success in the Oneida Nation Schools' programs.
- I authorize the Oneida Nation school personnel to contact me if additional information is needed.

 PARENT(S)/GUARDIAN SIGNATURE

 DATE

**ONEIDA NATION SCHOOL SYSTEM
EMERGENCY MEDICAL AUTHORIZATION FORM**

If a student under my custody needs emergency medical treatment and I am not available, please contact the following people regarding the medical incident. I understand that I must maintain updated phone numbers on file.

Student's Name: _____ **Birth Date:** _____

1. _____
First Name MI Last Name

Relationship to student: _____ Cell: (____) _____

(H:) (____) _____ (W:) (____) _____ dept/ext. _____

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

2. _____
First Name MI Last Name

Relationship to student: _____ Cell: (____) _____

(H:) (____) _____ (W:) (____) _____ dept/ext. _____

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

3. _____
First Name MI Last Name

Relationship to student: _____ Cell: (____) _____

(H:) (____) _____ (W:) (____) _____ dept/ext. _____

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

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: _____



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?

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

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



BIE Home Language Survey
School Year 2024-2025

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

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)

Additional Information (Optional)

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.**

Name: _____		Birthdate: _____		Grade: _____	
ALLERGY INFORMATION					
Does your child have ALLERGIES? (type: Seasonal, Food, Medication, Insects)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies					
<input type="checkbox"/> Food	Specify: _____	Does your child require emergency epinephrine: <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					
Does your child have a chronic medical or health condition?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child been diagnosed with any of the following conditions by a Healthcare Provider (check all that apply)? Is this a change from last school year? <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 _____			
Details/Specifics regarding condition:					
MEDICATIONS					
MEDICATION: Is your child currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of medication:	Reason for medication:	When is it given?			
If your child uses an inhaler , do they carry it with them ?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>For elementary and middle school students, please discuss self-carry with school nurse</i>					
If your child is on nebulizer treatments , do they need to have a supply at school ?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADDITIONAL INFORMATION					
Has your child had hearing testing or been recommended to have one completed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child wear corrective lenses (Glasses or Contacts)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the student received vaccines outside of WI? <i>If yes, please provide records</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>_____ Please INITIAL to verify understanding: <i>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.</i></p> <p>Parent/ Guardian Signature: _____ DATE: _____</p>					

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

2024-25 Household Application for Free and Reduced Price School Meals

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR?

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.

PROGRAM NAME: _____ CASE NUMBER (NOT EBT NUMBER): _____
Badgercare, Medicaid, Summer EBT are not eligible. Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?				
		Weekly	Every 2Weeks	2xMonth	Monthly	Annual		Weekly	Every 2Weeks	2xMonth	Monthly		Weekly	Every 2Weeks	2xMonth	Monthly	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Required: Total Household Members (Children and Adults)
Required: Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN
 Check Box if No Social Security Number

Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Required: Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip	Phone (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Child support payments Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.