

ONEIDA NATION SCHOOL SYSTEM**Elementary/Middle**

N7125 Seminary Rd
P.O. Box 365
Oneida, WI 54155
(920) 869-1676
FAX (920) 869-1684

**High School**

N7210 Seminary Rd
P.O. Box 365
Oneida, WI 54155
(920) 869-4308
FAX (920) 869-4045

New Student Enrollment Application Checklist

- ☐ New Student Enrollment Application
- ☐ Copy of student's Birth Certificate
- ☐ Student's most recent Immunization Record or signed Immunization Waiver
- ☐ Copy of student's Certificate of Indian Blood

*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.

- ☐ Copy of most recent report card for K-8 students or transcripts for 9-12 students
- ☐ Student Health Form
- ☐ Student Photograph/Video Consent form
- ☐ Dental Consent Form
- ☐ Free/Reduced Meal Application Form (available in July)
- ☐ Bureau of Indian Education (BIE) Home Language Form
- ☐ Copy of custody order or placement order (if caregiver is other than mom or dad)
- ☐ Background Clearance form (if volunteering, chaperoning, coaching, etc.)

Notice: everyone is considered ineligible if a background clearance is not approved by or before the event. Clearances are valid for one calendar year.

Please ensure all documents are completed, signed and submitted or the application will remain in pending status.

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ADMISSION POLICY AND PROCEDURE

A. Application Process

Parents/guardians must submit the completed application materials which includes the following: the child's birth certificate, tribal enrollment verification letter (stating blood degree), 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 other requirement 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 of the following staff members:

1. Elementary/High School Principal
2. Assistant Principal/Ohwa?tsilah Coordinator
3. Student Services Representative
4. Homeroom/Teacher Representative

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 the following:

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. Copy of Certificate of Indian Blood 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 descendant 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).

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 paternity needs to be established and official results need to be submitted.

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
- A copy of the student's biological mother and/or father's birth certificate with the grandparent's name on it.
- A copy of the biological grandparent's tribal enrollment verification letter/document stating the grandparent's degree of Indian blood.

3. 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 making a decision. After the committee has made its' decision to an application, each level of appeal thereafter has ten (10) school days to make a decision.

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 Age: _____ Entering Grade: _____

I. STUDENT INFORMATION

Student's Name: _____

First

Middle Name

Last Name

Alias Nick Name: _____ Birth Date: _____

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

☐ Hispanic / Latino: _____

Name of Tribe: _____ Clan: _____ Enrollment Number: _____

Enrollment Office or Organization _____ Address _____ City _____ State, Zip Code _____

Primary Guardian: ☐ Mother ☐ Father ☐ Both Parents ☐ **Other:** Relationship to student: _____

Secondary Guardian: ☐ Mother ☐ Father ☐ Both Parents ☐ **Other:** Please submit Temporary or Legal Custody Documents

II. MOTHER / STEP-PARENT / OTHER GUARDIAN

Name: _____

First Name

MI

Last Name

Alias Nick 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: _____ (used for ONSS communication purposes only)

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

☐ Hawaiian/Islander ☐ Hispanic / Latino: _____

III. FATHER /STEP-PARENT / OTHER GUARDIAN

Name: _____

First Name

MI

Last Name

Alias Nick 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: _____ (used for ONSS communication purposes only)

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

☐ Hawaiian/Islander ☐ Hispanic / Latino: _____

IV. SIBLINGS

NAME	DATE OF BIRTH	SCHOOL ATTENDING

V. PRIOR SCHOOL INFORMATION

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 (ID)	<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 in special education? ☐ YES ☐ NO (i.e. academic, behavioral, social, emotional) _____

VII. PHYSICAL AND MEDICAL INFORMATION

Date of last physical: _____ Date of upcoming appointment: _____

*Kindergarten students should either have documentation of a completed physical exam or provide the date of an upcoming scheduled physical exam.

If child is entering kindergarten, is the child potty-trained? ☐ YES ☐ N/A ☐ NO, reason: _____

Please provide physician's summary

VIII. SIGNATURE

I am the parent, legal guardian or temporary guardian of the child on this enrollment application. This application has been completed to the best of my knowledge and ability. I consent to be contacted for any additional follow up or questions regarding the information I provided.

Print name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

For Office Use Only

☐ Principal review: _____ ☐ Special Ed Coordinator review: _____ Other: _____ Clan: _____

☐ Approved Teacher Name: _____ GR: _____ Start date: _____

☐ Not Approved / Follow up: _____

ONEIDA NATION SCHOOL SYSTEM EMERGENCY MEDICAL AUTHORIZATION FORM

If a child/dependent 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. Name: _____

First Name	MI	Last Name
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Also known as: _____ Best contact number: () _____

Relationship to Student: _____ Cell: () _____

May this person pick up student? ☐ YES ☐ NO My child resides in this person's household: ☐ YES ☐ NO

2. Name: _____

First Name	MI	Last Name
------------	----	-----------

Also known as: _____ Best contact number: () _____

Relationship to Student: _____ Cell: () _____

May this person pick up student? ☐ YES ☐ NO My child resides in this person's household: ☐ YES ☐ NO

3. Name: _____

First Name	MI	Last Name
------------	----	-----------

Also known as: _____ Best contact number: () _____

Relationship to Student: _____ Cell: () _____

May this person pick up student? ☐ YES ☐ NO My child resides in this person's household: ☐ YES ☐ NO

4. Name: _____

First Name	MI	Last Name
------------	----	-----------

Also known as: _____ Best contact number: () _____

Relationship to Student: _____ Cell: () _____

May this person pick up student? ☐ YES ☐ NO My child resides in this person's household: ☐ YES ☐ NO

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 Community Health Center or any other medical facility. I understand that the principal or designee will do what is in the best interest of my child.

Parent/Legal 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 enrolled in the Oneida Nation School System as of _____.

Please send the following: Report Cards, Transcripts, Health Records, Test Results, Psychological Evaluations, Behavior and Discipline Records, Attendance, Special Education Records, M-team Reports, EEN Records, etc.

REGULAR EDUCATION (K-8)

Debbie Reiter-Mehojah
dreiter@oneidanation.org

Oneida Nation Elementary
P.O. BOX 365
N7125 Seminary Rd.
Oneida, WI 54155
(920) 869-4624 Fax: (920) 869-1684

REGULAR EDUCATION (9-12)

Kelly Johnson
kjohnso3@oneidanation.org

Oneida Nation High School
P.O. BOX 365
N7210 Seminary Rd.
Oneida, WI 54155
(920) 869-4308 Fax: (920) 869-4045

SPECIAL EDUCATION (K-12)

Fay LeMense
flemense@oneidanation.org

Oneida Nation School System
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

School Official: _____ Date(s) Request Sent: _____

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 academic folder
- test scores
- other records such as: Social Welfare, Health Services 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 assist 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.

I understand my rights as a parent to be able to review, request copies, and correct the content and or information in my child's school records if I believe it is inaccurate or misleading.

Parent/Guardian Signature

Date



BUS TRANSPORTATION REQUEST FORM

Transportation Start Date Needed: _____

For ONSS and Lamer's to plan bus routes, this form needs to be completed at least three (3) school days in advance. Parents are responsible to monitor and coordinate transportation for students needing multiple drop-off or pick-ups.

For kindergarten students: an adult/caregiver **must be visible** at drop-off or student will be returned to school.

MY CHILD/REN WILL REQUIRE BUS TRANSPORTATION: YES ☐ NO ☐

CHILD'S NAME	Grade	Office only: Student I.D.		
_____	_____	# _____	New	Active
_____	_____	# _____	New	Active
_____	_____	# _____	New	Active
_____	_____	# _____	New	Active

Is this a new address – did the household move? YES ☐ NO ☐

Is the below bus pick up and or drop off address the new home address? YES ☐ NO ☐

If no, what is the new home address: _____
Street address Apt City and Zip Code

Is the new address for: ☐ Mother ☐ Father ☐ Mother and Father ☐ OTHER GUARDIAN: _____
relationship to student(s)

Guardian/Mother: _____ Cell # _____

Guardian/Father: _____ Cell # _____

BUS PICK-UP ADDRESS: _____
Street Address APT/Unit #

City Zip Code Is this a daycare center? NO ☐ YES ☐: _____

BUS DROP-OFF ADDRESS: _____
Street Address APT/Unit #

City Zip Code Is this a daycare center? NO ☐ YES ☐: _____

PRINT Parent / Guardian's Name DATE

Office use only:

☐ Address Updated: _____ ☐ Bus Coordinator: _____ ☐ Lamer's: _____
Infinite Campus Date Date Date



ONEIDA NATION SCHOOL SYSTEM

From the Office of the School Nurse

HEALTH FORM

Child's name: _____

Date of Birth: _____

Grade: _____

ALLERGY INFORMATION

Does your child have any of the below ALLERGIES? If yes, does your child require: ☐ epinephrine ☐ oral antihistamine

Food Allergens	Specify	Accommodations/Alternatives	Environmental Allergens	Specify
<input type="checkbox"/> Milk / Dairy		<input type="checkbox"/> Yes:	<input type="checkbox"/> Pollen	
<input type="checkbox"/> Eggs		<input type="checkbox"/> Yes:	<input type="checkbox"/> Dust Mites	
<input type="checkbox"/> Peanuts		<input type="checkbox"/> Yes:	<input type="checkbox"/> Animal Dander	
<input type="checkbox"/> Tree Nuts		<input type="checkbox"/> Yes:	<input type="checkbox"/> Mold	
<input type="checkbox"/> Soy		<input type="checkbox"/> Yes:	<input type="checkbox"/> Insects	
<input type="checkbox"/> Wheat		<input type="checkbox"/> Yes:	<input type="checkbox"/> OTHER	
<input type="checkbox"/> Fish, Shellfish		<input type="checkbox"/> Yes:	<input type="checkbox"/> Medication Allergens	
<input type="checkbox"/> OTHER		<input type="checkbox"/> Yes:	Specify:	

MEDICAL and HEALTH CONDITIONS

Has the student received vaccinations outside of WI? ☐ No ☐ Yes, State: _____ (please submit the records)

Does your child wear corrective lenses [glasses or contacts]? ☐ No ☐ Yes

Has your child had hearing testing or been recommended to have one completed? ☐ No ☐ Yes

Has your child been diagnosed with any of the following conditions by a Healthcare Provider? ☐ No ☐ Yes

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Emotional/Behavioral/Psych | <input type="checkbox"/> Heart Condition: _____ |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Nebulizer: is supply needed at school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Auditory: does the student use Hearing Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Other _____ |

If your child uses an inhaler, does student self-carry inhaler:

☐ Yes ☐ No (students in grades K-8, please discuss self-carry with School nurse)

MEDICATION: Is your child currently taking any medication(s)?

☐ Yes ☐ No

Type of medication	Reason for medication	When is it given?

If medication will be administered at school, the medication(s) and delivery must: 1) be delivered by a parent/guardian, 2) be in the original medication container, 3) have an attached signed parent authorization consent form, and 4) if the medication requires a prescription, it must be able to be verified by the prescribing licensed professional.

Name of medical facility where child receives healthcare: _____

Provider's name and phone number: _____

Please INITIAL to verify understanding: The School Nurse, employed by the Oneida Comprehensive Health Division, has access to my child's health records at the Oneida Community Health Center. I understand my child's teachers will receive communication regarding my child's health and medical needs or requirements.

Parent/ Legal Guardian Signature: _____ DATE: _____

Office Use Only:

Teacher Name: _____

Grade: _____

2025 - 2026 School Dental Care Consent Form

Child's Last Name: _____ First Name: _____ M.I. _____

Birth Date: _____ () Male / () Female Tribal affiliation: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/ Zip Code: _____

Parent E-mail Address: _____

Emergency Contact Person and Phone #:

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

List medication(s) currently being taken: _____

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

Does your child have any allergies? _____

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

Dental Insurance: () Dental Insurance : Insurance Company Name: _____
() No Insurance () Medical Assistance / BadgerCare

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 Oneida Community Health Center 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 a dentist of my choice.

_____ Yes, I understand I will not receive a bill for any dental services provided 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 #



BIE Home Language Survey School Year 2025-2026

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 primary 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?



BIE Home Language Survey
School Year 2025-2026

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

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

Student Photograph Consent Form

School Year 2025 - 2026

This consent form is to allow Oneida Nation School System students to be photographed and or interviewed during school events and activities throughout the school year. We also organize, sponsor, or host events with other organizations. To release or include your child's image/video in any publication, we must have your consent each academic school year.

☐ **I consent** to allow the Oneida Nation School System to photograph / video my child during normal school hours, field trips, recognitions, school events or activities.

☐ NO, I do not give the Oneida Nation School System consent to photograph / video my child during any school event or activity.

☐ **I consent** to allow the Oneida nation School System to use my child's photographs / videos in school newsletters, school recognitions, Oneida Nation School System's social media sites, displayed within the school system, etc.

☐ NO, I do not give the Oneida Nation School System consent to publish my child's photographs / videos on the school's social media sites, newsletters, displayed within the school system, etc.

☐ **I consent** the Oneida Nation School System to share my child's photographs / videos to a third-party organization's publication in which the Oneida Nation School System is a sponsor or host of an event.

☐ NO, I do not give consent to the Oneida Nation School System to share or publish my child's photographs / videos to any third-party.

Child's Name: _____

Grade: _____

PRINT Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____