ONEIDA NATION SCHOOL SYSTEM

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

Date: 04/29/26
Re: Continuing Student Enrollment Application

Dear Parents and Guardians,

It is with great appreciation for your continued partnership that I extend this letter regarding the **Continuing Student Enrollment Application** process for the upcoming school year. We are grateful for the trust you place in our school community and for the opportunity to continue supporting your child's academic growth and overall well-being.

As we plan for the next school year, the continuing student enrollment application allows us to prepare appropriately for staffing, programming, and resources that best meet the needs of our students. Enclosed, you will find the necessary materials to be completed and returned by **July 30, 2026** to ensure your child's continued enrollment. Please note that the Bus Transportation Request Form must be completed each year to ensure that Lamers Bus Lines has accurate information to plan bus routes.

At Oneida Nation we remain committed to providing a safe, inclusive, and engaging learning environment that promotes high academic standards, cultural responsiveness, and strong relationships. Your continued involvement and collaboration are essential to our shared success, and we value the role you play in supporting your child's educational journey.

Should you have any questions regarding the application or need assistance completing the required forms, please do not hesitate to contact the school office. We are happy to help.

Thank you for your continued partnership and commitment to our school community. We look forward to another successful school year together.

Warm regards,

Tracy Christensen

Tracy Christensen
Oneida Nation
K-8 Principal
(O) 920-869-4660
(F) 920-869-1684

ONEIDA NATION SCHOOL SYSTEM

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

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

Continuing Student Enrollment Application Checklist

REQUIRED DOCUMENTS

- ☐ Continuing Student Enrollment Application
- ☐ Student Health Form (include any new allergies, medication, medical information)
- ☐ Dental Consent Form
- ☐ Free / Reduced Meal Application
- ☐ Parent Consent Form for Student Photographs/Videos
- ☐ Bus Transportation form

- ☐ *Student's Certificate of Indian Blood
  *If newly recognized into a tribe or if a verification was not previously submitted

- ☐ *Current Custody, Placement or signed Temporary Custody order/document
  *If there are new custody or placements changes from last school year

- ☐ *Background Clearance
  *If you are planning to volunteer, chaperone, or coach, etc.

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

Please submit REQUIRED documents by or before July 30, 2026.

First day of school is August 24, 2026

ONEIDA NATION SCHOOL SYSTEM
2026-2027 RETURNING STUDENT APPLICATION

Student Name	Grade	Date of Birth	Tribe	Roll Number

My child(ren) live(s) with: ☐ **Mother** Only ☐ **Father** Only ☐ **Both** ☐ ***Other Legal Guardian**: **submit copy of court documents.**

***Other Legal Guardian's** First Name: _____ M.I.: _____ Last Name: _____

PO Box: _____ City: _____ State: _____ Zip: _____ Relationship to student: _____

Street address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____ Work Phone: _____ dept._____

MOTHER'S INFORMATION
This is a Step-Mother ☐

Complete Name: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Street Address: _____ Apt ____

City: _____ State: _____ Zip: _____

Email address: _____

Cell #: _____ Home #: _____

Work #: _____ dept. _____ x._____

FATHER'S INFORMATION
This is a Step-Father ☐

Complete Name: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Street Address: _____ Apt ____

City: _____ State: _____ Zip: _____

Email address: _____

Cell #: _____ Home #: _____

Work #: _____ dept._____ x._____

◯ I would like the Johnson O'Malley **(JOM)** parent group to contact me via email to inform me of meetings.

If the child/dependent under my custody needs emergency medical treatment and I am not reachable, please contact the following persons. I understand that these contacts must be reliable contacts. *Please keep all contact information up-to-date throughout the entire school year.*

First Name	**M.I.**	Last Name	Relationship to Student	Cell Phone Number
				(____)_____
				(____)_____
				(____)_____

I authorize the Principal or his/her Designee to take appropriate action to ensure that the 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 the child.

_____ _____

Parent / Guardian Signature **Date**

Oneida Nation School System

Student Photograph Consent Form

School Year 2026 - 2027

This consent form is to allow Oneida Nation School System students to be photographed, video recorded, and or interviewed during school promoted events and activities throughout the school year. We also organize, sponsor, or host events with other organizations, who may also want to publish student photographs/videos.

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: _____

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
☐ Milk / Dairy		☐ Yes:	☐ Pollen	
☐ Eggs		☐ Yes:	☐ Dust Mites	
☐ Peanuts		☐ Yes:	☐ Animal Dander	
☐ Tree Nuts		☐ Yes:	☐ Mold	
☐ Soy		☐ Yes:	☐ Insects	
☐ Wheat		☐ Yes:	☐ OTHER	
☐ Fish, Shellfish		☐ Yes:	☐ Medication Allergens	
☐ OTHER		☐ 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**

☐ ADD/ADHD ☐ Emotional/Behavioral/Psych ☐ Heart Condition: _____
☐ Headaches/Migraines ☐ Epilepsy / Seizures ☐Nebulizer: is supply needed at school? ☐ **Yes** ☐ **No**
☐ Diabetes ☐ Orthopedic ☐ Auditory: does the student use Hearing Devices?☐ **Yes** ☐ **No**
☐ Asthma ☐ Vision _____ ☐ 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: _____

2026 - 2027 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 #

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/Unit 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 ☐, Name: _____

BUS DROP-OFF ADDRESS: _____ _____ _____ _____
Street Address APT/Unit City Zip Code

Is this a daycare center? No ☐ Yes ☐, Name: _____

_____ _____
PRINT Parent / Guardian's Name **Date**

For office use:

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

Revised 6/09/2025

2026-27 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	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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? Weekly / Every 2 Weeks / 2x Month / Monthly / Annual	Public Assistance, Child Support, Alimony	How often received? Weekly / Every 2 Weeks / 2x Month / Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly / Every 2 Weeks / 2x Month / Monthly
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

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 $ ☐ How often received? ○ Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual

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."

Print Name of Adult Signing the Form | **Required:** Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | 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		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

Examples of Income for Children
• 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 × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2xMonth	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

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, audiotape, 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.**

This institution is an equal opportunity provider.

Return completed form to your child's school.

ONEIDA

ONEIDA TRIBE OF INDIANS OF WISCONSIN
VOLUNTEER, COMMUNITY SERVICE, COACH, AND STUDENT INTERN BACKGROUND SECURITY CHECK REQUEST FORM

Section A - To be completed by Supervisor

Requestor/Supervisor _____ Date _____

Department: _____ Phone #: _____ FAX #: _____

Please check which category you are requesting:

☐ Volunteer ☐ Community Service

☐ Coach (Not Paid) ☐ Student Intern (Not Paid)

☐ Other _____

Provide a brief description of the services the applicant will be providing within your department: _____

Section B - To be Completed by the Applicant

Applicant's Name _____
Last First Middle

Position _____ Location _____

Social Security # _____ Date of Birth _____

Have you ever been convicted of any crime? ☐ Yes ☐ No

I hereby certify that all statements made are true, complete and correct to the best of my knowledge. I understand that if any false information, omission or misrepresentations are discovered, my request may be rejected.

I hereby authorize all persons and entities to whom this release is presented having information relating to me to furnish any and all such information to any authorized personnel within the Oneida Human Resources/Backgrounds for purposes of this request.

Section C - To be completed by Backgrounds Manager:

Applicant is: ☐ Eligible ☐ Not Eligible

Background Signature (required): _____ Date: _____

Note: A Background Information Disclosure (BID) form may be required based on location. Please contact a Backgrounds Investigator at 496-7000 to determine if form is required.

mam/4-6-17

Print Form

Investigative Questionnaire for a Child Contact Position

Information contained in this questionnaire is for Official Use Only.

ONEIDA

Notice to Applicant: Section 231 of the Crime Control Act of 1990, Public Law 101-64 7 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. This statement is notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	*First Name*	*Middle Name*	*Jr., II, etc.*	*Month*	*Day*	*Year*

3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).	4. Social Security Number

5. Your Telephone No.	6. Alternate Telephone No.	7. Your Email Address

8. Place of Birth			9. Gender
City	*County*	*State*	☐ Male ☐ Female

10. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list. (*Include the month and the year in the dates for each residence listed*)

	Month/Year	*to*	*Month/Year*	*Street Address*	*City*	*State*	*Zip Code*
1)							
2)							
3)							
4)							
5)							
6)							

11. Residence/Employment in an Indian Community - List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have lived or worked in the last 5 years.

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number

12. Education - List the schools you have attended, beginning with the most recent.
(Use item #25 below, if more space is needed)

Month/Year to Month/Year	Name of School	Major	State
1)			
Month/Year Awarded	Street Address and City of School	State	Zip Code
Month/Year to Month/Year	Name of School	Major	State
2)			
Month/Year Awarded	Street Address and City of School	State	Zip Code
Month/Year to Month/Year	Name of School	Major	State
3)			
Month/Year Awarded	Street Address and City of School	State	Zip Code

13. Military History

Have you Served in the United States Military? (If "YES," please provide a copy of your DD214 discharge papers).	☐ YES ☐ NO

Month/Year to Month/Year	Branch of Service	Type of Discharge

If you have ever received an "other than honorable" discharge from Military, please provide the circumstances surrounding your discharge.

Initial ☐

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number

14. Employment – List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." (*Include the month and the year in the dates of each employment activity listed*).

Month/Year to Month/Year	Employer Name	Phone Number	Position Title
1)			
Street Address and City of School		*State*	*Zip Code*
Supervisor's Name	*Phone Number*	*Other Reference*	*Phone Number*
Reason you left			

Month/Year to Month/Year	Employer Name	Phone Number	Position Title
2)			
Street Address and City of School		*State*	*Zip Code*
Supervisor's Name	*Phone Number*	*Other Reference*	*Phone Number*
Reason you left			

Month/Year to Month/Year	Employer Name	Phone Number	Position Title
3)			
Street Address and City of School		*State*	*Zip Code*
Supervisor's Name	*Phone Number*	*Other Reference*	*Phone Number*
Reason you left			

Month/Year to Month/Year	Employer Name	Phone Number	Position Title
4)			
Street Address and City of School		*State*	*Zip Code*
Supervisor's Name	*Phone Number*	*Other Reference*	*Phone Number*
Reason you left			

Initial

Questionnaire Continuation

Last Name	*First Name*	*Middle Name*	*Jr., II, etc.*	*Social Security Number*

15. Personal References - List 5 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. (*Do not list relatives or anyone who is listed elsewhere on this application*).

1) *Reference Name*	**Dates Known** *Month/Year to Month/Year*		*Phone Number(s)* ○ Work: ○ Cell: ○ Home:
Reference Street Address and City	*State*		*Zip Code*

2) *Reference Name*	**Dates Known** *Month/Year to Month/Year*		*Phone Number(s)* ○ Work: ○ Cell: ○ Home:
Reference Street Address and City	*State*		*Zip Code*

3) *Reference Name*	**Dates Known** *Month/Year to Month/Year*		*Phone Number(s)* ○ Work: ○ Cell: ○ Home:
Reference Street Address and City	*State*		*Zip Code*

4) *Reference Name*	**Dates Known** *Month/Year to Month/Year*		*Phone Number(s)* ○ Work: ○ Cell: ○ Home:
Reference Street Address and City	*State*		*Zip Code*

5) *Reference Name*	**Dates Known** *Month/Year to Month/Year*		*Phone Number(s)* ○ Work: ○ Cell: ○ Home:
Reference Street Address and City	*State*		*Zip Code*

Questionnaire Continuation

Last Name	*First Name*	*Middle Name*	*Jr., II, etc.*	*Social Security Number*

16. Background Information - For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code§ 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 {codified in 25 United States Code§ 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

1) In the last 5 years, have you been cited, arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than $150.00.) *(If "YES", use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).*	☐ YES ☐ NO
2) Have you been convicted by a military court-martial in the past 5 years? *(If "YES," use item 17 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved).*	☐ YES ☐ NO
3) Are you now under charges for any violation of law? *(If "YES," use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).*	☐ YES ☐ NO
4) Have you **ever** been cited, arrested for or charged with a crime involving a child? *(If "YES," use item 17 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved).*	☐ YES ☐ NO
5) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? *(If "YES," use item 17 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved).*	☐ YES ☐ NO
6) During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? *(If "YES," use item 18 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address).*	☐ YES ☐ NO
7) In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs? *(If "YES," use item 18 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received).*	☐ YES ☐ NO

Information contained in this questionnaire is for Official Use Only.

Initial ☐

Questionnaire Continuation

Last Name	*First Name*	*Middle Name*	*Jr., II, etc.*	*Social Security Number*

17. If you have answered "YES" for questions 1 through 5 in section 16, please explain your answer(s) below and provide court documentation for the information submitted.

Month/Year	*Offense*	*Action Taken*	*Arresting Agency*	*State*	*Zip Code*
1)					
2)					
3)					
4)					
5)					

18. If you have answered "YES" for questions 6 or 7 in section 16, please explain your answer(s) below.

19. Use this section to provide further explanations to any of the above questions or for which you need more space.

Information contained in this questionnaire is for Official Use Only.

Initial

Questionnaire Continuation				
Last Name	*First Name*	*Middle Name*	*Jr., II, etc.*	*Social Security Number*

20. Certification that My Answers are True

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that willful omission or a fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punish able by fine or imprisonment.

Applicant's/Consumer's Initials		*Date*

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Oneida Nation, and my rights to challenge the accuracy and completeness of any information contained in my report.

Applicant's/Consumer's Signature		*Date*

21. Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or Incheck, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Oneida Nation only for the purposes of determining my suitability for employment with Oneida Nation.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Oneida Nation and their officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Oneida Nation, or whichever is sooner.

Printed Name	*Signature*	*Date*

Current Address	*State*	*Zip Code*	*Contact Phone Number(s)*	
			☐ Primary:	
			☐ Secondary:	

Oneida Nation School System
2026-2027 Calendar

August	18-21	Staff Development
	24	**First Day of School**
September	7	Labor Day – **No School**
	24	Mid-Quarter
	25	Cultural Activities – **12:30 dismissal**
October	1	Parent/Teacher Conferences – **12:30 dismissal**
	14	Staff Development – **No School**
	26	End of Quarter I
	29	Family Feast – **12:30 dismissal**
	30	Staff Development – **No School**
November	11	Veterans Day – **No School**
	17	Cultural Activities – **12:30 dismissal**
	18	Staff Development – **No School**
	25-27	Thanksgiving Break – **No School**
December	3	Mid-Quarter
	22	Early Dismissal – 12:30
	23 – 31	Winter Break – **No School**
January	1	New Years Day – **No School**
	4	Classes Resume
	8	Cultural Activities – **12:30 dismissal**
	11-15	Mid-Winter Ceremonies – **No School**
	21	End of 1st Semester
	22	Teacher Workday – **No School**
	25	First day of second semester
February	4	Parent/Teacher Conferences – **12:30 dismissal**
	5	Trade-off day for conferences – **No school**
	17	Staff Development – **No School**
	25	Mid-Quarter
March	18	Cultural Activities – **12:30 dismissal**
	19	Staff Development – **No School**
	26	Good Friday – **No School**
	29 – April 2	Spring Break – **No School**
April	6	End of Quarter
May	7	Mid-Quarter
	7	Cultural Activities/Maple Lunch – **12:30 dismissal**
	28	Code Talkers Day – **No School**
	31	Memorial Day – **No School**
June	10	Last Student Day – **12:30 dismissal**

School Board Approved: March 2, 2026