SOUTHERN UTE INDIAN MONTESSORI ACADEMY

~ HOME OF THE SUIMA EAGLES ~

STUDENT REGISTRATION PACKET

Registering for _____
Infant (Birth – 18 months)
Toddler (18 – 36 months)
Primary (3 – 6 years)
Elementary I (7 – 12 years)

APPLICATION PROCEDURE NAME: _____

Please submit the following forms to the Southern Ute Indian Montessori Academy.

Forms due:

{ } Official Application
{ } Emergency Contact Information
{ } Parent Commitment Contract
{ } Student Profile
{ } Authorization for Release of Information (only if child has attended another school)
{ } Consent to Treatment
{ } Medical Examination Record
{ } Medication Administer Authorization Form
{ } Consent for Screenings
{ } After School Program Registration
{ } ASP/Meal Withdrawal Authorization Form
{ } Dental Varnish Permission Form
{ } Photo/Video Release Form
{ } Permission Form

The Southern Ute Indian Montessori Academy considers the records of all students to be confidential information. Records will only be released to the other schools or agencies upon a signed written request from a parent or guardian.

OFFICE USE ONLY

_____ _____
Date of Enrollment First Day of Class

_____
Teacher and Classroom

_____ _____
Date of Withdrawal Years with SUIMA

_____ _____
School Placement Grade

Referrals Sent: _____
Public: _____
Private: _____

Reason for Leaving: _____

Forwarding Address: _____

Revised 7/10/2018

Southern Ute Indian Montessori Academy
PARENT COMMITMENT CONTRACT

To be an involved parent on behalf of my child. . .

_____ I will do my part in the festivals, parties and programs so that my child will not only have wonderful memories of good times, but also, of a parent/guardian who cared enough to be involved.

_____ I will attend all Parenting Classes offered by the Southern Ute Indian Montessori Academy and will make my parenting responsibilities a priority.

_____ I will visit the classroom and observe my child three days a semester.

_____ I will volunteer seven days throughout the academic year for Round-Up, Screenings, Bike Rodeo, Field Day & other classroom/school activities.

_____ I will contact the office by **8:00 a.m**. if my child will be absent or tardy.

_____ I will schedule and keep appointments for parent conferences and home visits.

_____ I will follow ALL of the precepts and guidelines of the Student/Parent/Guardian Handbook so that my child may take full advantage of the educational opportunities.

_____ I will not enter the Southern Ute Indian Montessori Academy premises or attend Academy functions if I have been convicted of a crime that requires my registration in any sex offender database.

_____ I will volunteer to attend all Parent Advisory Group Meetings (PAG) as a parent representative.

To Support the Southern Ute Indian Montessori Academy. . .

_____ I will donate any of the following to my child's classroom: cups, Kleenex, bug spray, sunscreen, snacks, etc.

_____ I will participate in the Annual Silent Auction Fundraiser by soliciting donations, serving on the committees of my choice, attending the event and inviting others to attend.

_____ I will abide by the Parent/Student Handbook and understand that failure to do so may result in the withdrawal of my child.

_____ _____

Signature of Mother/Guardian Date

_____ _____

Signature of Father/Guardian Date

Revised 7/10/2018

Southern Ute Indian Montessori Academy
OFFICAL APPLICATION

Student: _____
First Middle Last

So. Ute Tribal Member: Yes No Census No.: _____ if none, list Parent/Guardian's number below under Mother or Father.

Sex: Male Female _____ _____
Birth Date Currant Age

_____
Place of Birth

Previous School Experience:

_____ _____
Montessori School Duration

_____ _____
Public School Duration

_____ _____
Pre-School Duration

Reason for applying to the Southern Ute Indian Montessori Academy: _____

_____

Mother/Guardian Census No.: _____
Name: _____
Mailing Address: _____
_____
Home/Cell Phone: _____
Employer: _____
Employer Phone: _____

Father/Guardian Census No.: _____
Name: _____
Mailing Address: _____
_____
Home/Cell Phone: _____
Employer: _____
Employer Phone: _____

Sibling's Name(s) & Age(s):

_____ _____
_____ _____
_____ _____

Revised 7/10/2018

Southern Ute Indian Montessori Academy
EMERGENCY CONTACT INFORMATION

Student's Full Name _____

Date of Birth _____

Mailing Address _____

Allergies _____

MOTHER'S INFORMATION

Mother's Name _____

Email _____

Employer _____ Work Hours _____ _____am - ____pm

Work # _____ Cell # _____ Home # _____

Parent Attending School? _____ Hours Attending School _____

Name of School _____

FATHER'S INFORMATION

Father's Name _____

Email _____

Employer _____ Work Hours _____ _____am - ____pm

Work # _____ Cell # _____ Home # _____

Parent Attending School? _____ Hours Attending School _____

Name of School _____

The following people have my permission to pick up my child: **(Must be over 16)**

Name _____Relationship _____Phone # _____

Name _____Relationship _____Phone # _____

Name _____Relationship _____Phone # _____

Name _____Relationship _____Phone # _____

Revised 7/10/2018

Southern Ute Indian Montessori Academy
STUDENT PROFILE

The following information will enable us to get to know your child better.

- What are your educational goals for your child? How do you see the Southern Ute Indian Montessori Academy facilitating these goals? _____
  _____
  _____
  _____
  _____

- What role can we expect the child's parent(s)/guardian(s) to play in facilitating your child's educational goals? _____
  _____
  _____
  _____
  _____

- Does your child have any hobbies, sports, special interests, or unusual capabilities and talents?
  _____
  _____
  _____
  _____

- How do you see your child in his/her social/emotional development? _____
  _____
  _____
  _____
  _____

- Does your child have Ute or Foreign Language Education or Background? _____
  _____
  _____
  _____
  _____

- Is your child's development and academic performance in her/his present school consistent with your expectations for her/him? _____
  _____
  _____
  _____
  _____

- Has your child had any remedial work, special tutoring or enrichment classes during the past two years? If so, in what academic area?
  _____
  _____
  _____
  _____
  _____

- Is there any significant medical history about which we should be aware and/or have any diagnostic evaluation (educational or psychological) ever been completed for your child? Please give details. Please request that a copy of educational testing or evaluation be sent to us.
  _____
  _____
  _____
  _____

- Are you aware of any areas in which we might be able to give special help and encouragement to your child? _____
  _____
  _____
  _____
  _____

- Does your child know the Southern Ute Indian History, Folklore, Culture, Traditions and Government? Yes _____ No _____

_____ _____
Signature of Parent/Guardian filling out application Date

Southern Ute Indian Montessori Academy
AUTHORIZATION FOR RELEASE OF INFORMATION

ONLY FILL OUT IF CHILD HAS ATTENDED ANOTHER SCHOOL

Send School Records to: **Southern Ute Indian Montessori Academy**
P.O. Box 737 MS 52
Ignacio, CO 81137

Permission is hereby given to the Southern Ute Indian Montessori Academy to receive information from you regarding:

Student Name: _____

Address: _____

Reason for Request: Enrolling in the Southern Ute Indian Montessori Academy

Copies of records to be transferred include:

_____ Official Administrative Records: Name, Address and Birth Date

_____ Current Pupil Report or Report Card

_____ Standardized Test Date (As Available)

_____ Health and Immunization Records

_____ Psychological Reports (if they demonstrate continuing usefulness)

_____ IEP or Special Needs Data (As Available)

_____ _____

Parent/Guardian Signature Date

SUIMA Guidelines Indicate:

If a student leaves the Academy and then applies to return within a semester, a conference between Parents and Administration is required before any action is taken.

Revised 7/10/2018

Southern Ute Indian Montessori Academy
CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician will have access to the completed form. This form shall be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activates for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name: _____ Date of Birth: ____/_____/_____

Please Print Mo. Day Year

Address: _____

Parent/Guardian Name: _____

Mother/Guardian Business Phone: _____ Home/Cell Phone: _____

Father/Guardian Business Phone: _____ Home/Cell Phone: _____

Please describe allergies to substances and medication: _____

If taking regular medication, please specify: _____

Date of last Tetanus Shot: _____

Please give the name of your local family physician to be called in case your son/daughter becomes ill or has an accident at school and you cannot be reached:

Family Physician: _____ Office Phone: _____

Address: _____

Local Hospital Preference: _____ Phone No.: _____

Please give the names of two relatives or friends who have consented to assume responsibility of your son/daughter in case of illness or accident until you can be reached. **In case of any changes in the named person, notify the school in writing.**

1. Name _____ Phone No.: _____

2. Name _____ Phone No.: _____

Please Sign Back of Page

Revised 7/10/2018

Authorization and consent to first aid and medical care and release. I hereby knowingly and voluntarily grant my permission to the Academy to authorize and provide first aid and medical treatment of my child if deemed necessary by the Academy, in accordance with the Academy's First Aid and Emergency Medical Care Policy, a copy of which I have received. Furthermore, I consent to such treatment whether provided by Academy personnel, Emergency Medical Technicians, the Southern Ute Health Clinic, or other duly trained staff or medical professionals. I understand that I will be notified by the Academy as soon as possible regarding any situation that may require medical treatment. I agree to be responsible for any charges associated with medical care provided to my child and, if I am unable or unavailable to pick up my child from those providing medical care, I hereby authorize such providers to release my child back to the Academy after providing any necessary medical treatment. For myself, my child and my heirs, I hereby waive and release the Tribe, its Tribal Council Members, appointed officials, employees, and agents and the Academy and its employees (collectively "released parties") from all claims, liabilities, causes of action and damages, except for any caused by the gross negligence of the released parties, that arise out of, are connected with, or result from my authorization and consent or the medical treatment provided in accordance with such authorization and consent.

_____

Parent/Guardian Print Name

_____ _____

Parent/Guardian Signature Date

Southern Ute Indian Montessori Academy
MEDICAL EXAMINATION RECORD

(Have your pediatrician fill out and sign this form)

Please return to the parent/guardian of the below noted child:

Child's Name _____

I have this day given _____ a physical examination and find him/her to be in _____ health.

	Satisfactory	Needs Attention
1. Vision	_____	_____
2. Hearing	_____	_____
3. Dental	_____	_____
4. Nervous System	_____	_____
5. Skin	_____	_____
6. Heart	_____	_____
7. Height	_____	_____
8. Weight	_____	_____

Information: _____

_____

_____

_____

Please attach a copy of the current immunization record.

M.D. Signature _____ Date _____

Address _____

Phone _____

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Southern Ute Indian Montessori Academy
MEDICATION AUTHORIZATION FORM

For standing order medications
(Tylenol, Benadryl, Hydrocortisone Cream, Robitussin)

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher: _____

Name of Medication: _____

Instructions (schedule, dose and route to be given at school): _____

_____

TO BE COMPLETED BY PARENT/GUARDIAN

_____has my permission to receive any or all of the
Student's Name

Above listed medications from the school nurse or the nurse's designee during school hours.

_____ _____
Signature of Parent/Guardian Date

TO BE COMPLETED BY SCHOOL NURSE

Form received in nursing office _____

Medication administration began _____

_____ _____
Signature of School Nurse Date

Revised 7/10/2018

Southern Ute Indian Montessori Academy
CONSENT FOR SCREENINGS

To best serve your child's needs, please complete the health and developmental screenings, These screenings help identify your child's strengths and weaknesses that could possibly affect your child's health and/or performance in daily activities, both in and out of school.

There are several types of screenings regarding health and development.
These screenings may include any or all of the following:

1. Hearing Screening (Pure Tone, Impedance and OAE)
2. Vision Acuity Screening
3. Developmental Screening
4. Behavioral Screening
5. Speech/Language Screening
6. Dental
7. Scoliosis

You will be notified of the screening results and any follow-up (re-screening, referrals, etc.) that may be needed.

My child _____has my permission to participate in the screenings listed above. I understand the reasons and importance of these screenings for my child as they pertain to my child's education at the Southern Ute Indian Montessori Academy.

_____ _____

Signature of Parent/Guardian Date

Revised 7/10/2018

Southern Ute Indian Montessori Academy
DENTAL VARNISH PERMISSION FORM

I give permission for my child _____to participate in the fluoride varnish application program at the Southern Ute Indian Montessori Academy. The process will be under the supervision of a Registered Nurse who has been trained by the dentist from the Southern Ute Indian Health Center. I will have received information concerning the fluoride varnish and have had the opportunity to ask questions. I give informed consent for the quarterly application of fluoride to my child's teeth. This a cost-free voluntary program and I may withdraw my child at any time by notifying the school nurse or my advocate in writing.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Revised 7/10/2018

Southern Ute Indian Montessori Academy

ASP/MEAL WITHDRAWAL AUTHORIZATION FORM

I, _____, hereby authorize the Southern Ute Indian Tribe to withdraw any overdue and outstanding unpaid charges that I may owe to the Southern Ute Indian Montessori Academy from my check and/or Per Capita payment for overdue charges resulting from any of the following:

1. After School Program ($4.00 per day per child)
2. After School Program Late Fees ($1.00 for every minute past 5:30 p.m. until 5:40 p.m.)
3. Meals ($1.25 for Breakfast and $1.50 for Lunch)

Refer to pages 8, 9 of the Parent/Student Handbook for a description of these charges. Withdrawals shall only be for the specific overdue charges listed above. I understand that the Southern Ute Indian Tribe will withdraw from my check and/or Per Capita payments until notified by the Southern Ute Indian Tribe that my charges are paid in full. I further understand and agree that in exchange for the Southern Ute Indian Tribe's forbearance in immediately collecting upon this debt, this authorization for withdrawal is not revocable by me.

_____ _____

Signature of Parent/Guardian Date

S.U.I.T Member Census #: _____

Mailing Address: _____

Child(rens) Name(s): _____

Class: _____

Revised 7/10/2018

Southern Ute Indian Montessori Academy

PHOTO/VIDEO RELEASE FORM

Students of the Southern Ute Indian Montessori Academy or various other media may choose to take pictures or videotape participants in various on-site and off-site school activities. These images may be used for Southern Ute Indian Montessori Academy displays, brochures, newsletters, archives, news releases, publicity, community correspondence and web sites.

I hereby grant permission to Southern Ute Indian Montessori Academy to take and reproduce photographs and videotapes for publication, including publication by new sources and other sources for all educational, trade advertising and other purposes as determined by the Southern Ute Indian Montessori Academy.

_____ _____

Parent/Guardian Printed Name Student Printed Name

_____ _____

Parent/Guardian Signature Date

Revised 7/10/2018

Southern Ute Indian Montessori Academy

PERMISSION FORM

1. I hereby give my permission for my child, _____, to participate in school sponsored field trips during the school year. I understand that notification will be sent home prior to planned trip if I so desire.

2. I hereby give my permission for my child to be included in school photographs taken at the Southern Ute Indian Montessori Academy sponsored activities in connection with the Southern Ute Indian Montessori Academy's publicity.

3. I hereby give my permission for my child to participate in routine annual Hearing, Speech/Language and Vision screenings.

4. I hereby give my permission for the Southern Ute Indian Montessori Academy staff to apply sunscreen and/or bug repellent while my child is at school. I will supply the products for my child.

_____ _____

Parent/Guardian Signature Date

I have received a copy of the Southern Ute Indian Montessori Academy's Parent/Student Handbook and am aware of its contents.

_____ _____

Parent/Guardian Signature Date

Revised 7/10/2018