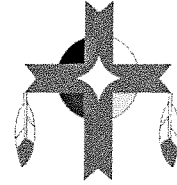


St. Augustine Indian Mission School
1 Mission Road South - PO Box 766
Winnebago, NE 68071
School: 402.878.2291; FAX: 402.878.2760
Mission Office: 402.878.2402



WELCOME

New & Return Student Registration Packet

Return Students

The new Registration Packet is available for you to complete and return as soon as possible to guarantee your student's spot in their class. One packet per student is required to place in their individual file. These are available in the School Office.

New Students

We look forward to introducing your student to St. Augustine Indian Mission School. While it is our intention to serve all students who come through our door, we may not be able to accept all of our applicants. We purposely limit the size of our classrooms in order to provide a more personalized learning experience for the students.

Preference for enrollment is given first to active parishioners and siblings of children currently enrolled. Student records for attendance, grades, discipline, and special education needs are also reviewed prior to a final enrollment decision being made. All applications will be reviewed by our staff and we will notify you with our decision.

According to the Nebraska Department of Education, before your child will be permitted to attend we need the following:

- Copy of Birth Certificate
- Current Immunization Record
- Current Eye Exam – Kindergarten only
- Current Physical – Kindergarten and 7th grade only
- Tribal Enrollment #, if applicable (Used only for our statistics)

We are required to comply with these laws and no exceptions will be made.

We look forward to working with you and your child in the future. If you have any questions or concerns, please feel free to contact the school office at 402-878-2291.

Deacon Donald Blackbird, Jr.
Principal



ST. AUGUSTINE INDIAN MISSION SCHOOL
2019-2020 Re-Enrollment Form



- Please return to the School Office by April 30, 2019.
- Please return this so your student(s) may have their spot reserved in their class.

Date: _____

Student's First Name	Student's Last Name	Next Year Grade	Next School Year
_____	_____	_____	<input type="checkbox"/> Re-Enroll <input type="checkbox"/> Do Not Re-Enroll
_____	_____	_____	<input type="checkbox"/> Re-Enroll <input type="checkbox"/> Do Not Re-Enroll
_____	_____	_____	<input type="checkbox"/> Re-Enroll <input type="checkbox"/> Do Not Re-Enroll
_____	_____	_____	<input type="checkbox"/> Re-Enroll <input type="checkbox"/> Do Not Re-Enroll

Walthill & Macy students, riding school bus?

_____ N/A _____ No _____ Yes [_____ AM/PM; _____ AM only; _____ PM only]

PLEASE PRINT:

1st Parent/Guardian's Name _____ **Relationship** _____

Physical Address _____ City _____

Mailing Address _____ PO Box _____ City _____

Cell # _____ Home # _____

Work # _____ Place of Employment _____

E-mail _____

2nd Emergency Contact Name _____ **Relationship** _____

Address same as above. Address _____ City _____

Cell # _____ Home # _____

Work # _____ Email _____

ADDITIONAL TERMS

St. Augustine Indian Mission School accepts the above-named child for the 2019-2020 school year and agrees to reserve a place in an appropriate class for him or her, upon submission of this signed contract, payment of the deposit, and the signature of an administrator of the School to this form. In consideration of the mutual promises and agreements of St. Augustine Indian Mission School and the above-named parent/guardian(s), the parties agree to the payments indicated on the following list of rates and payment options.

_____ *Please initial.*

The parent(s) agree(s) to accept St. Augustine Indian Mission School's educational programs, any modifications made to those programs, as well as St. Augustine Indian Mission School's rules and regulations as set forth in the St. Augustine Indian Mission School Family Handbook and Student Handbook (if applicable) and any letters articulating St. Augustine Indian Mission School's policy from its Principal. The parent or student's disregard of the basic principles of conduct may be deemed sufficient cause for dismissal. St. Augustine Indian Mission School reserves the right to terminate enrollment of a child at the sole discretion of the Director or his Designee. The parent(s) agree(s) to have the child arrive and be picked up at the appropriate arrival and departure times. _____ *Please initial.*

The parent(s) agree(s) to allow St. Augustine Indian Mission School to utilize all permission forms currently on file for their intended purposes and will notify the school in writing at such a time that the parent(s) decide(s) to terminate the permission granted on existing permission forms. _____ *Please initial.*

REGISTRATION FEE

DEPOSIT

The School will reserve a place for your child when it has received a **deposit of \$50**. This fee is non-refundable and deducted from your outstanding registration fee balance. It will hold your Student's place until the 1st registration fee payment is due. Parent is obligated to pay the full registration cost and fees for the year notwithstanding the fact that the Student does not attend St. Augustine Indian Mission for all or part of the year.

PAYMENT PLAN OPTIONS

Schedule: Please mark your preferred payment schedule:

- _____ Yearly (Due 8/1/19)
- _____ Two Payments (Due 8/1/19 and 1/1/20)
- _____ Monthly (Due the first of each month - August 2019 through March 2020.)

An account is considered delinquent if not received by the fifteenth of the month. Fees remaining unpaid for more than two months without prior approval of the Principal may result in the dismissal of the above-named student. The School is entitled to be reimbursed for any attorney's fees and other costs incurred in the collection of any unpaid balance. *Signed:* _____

This certifies that the information provided above is accurate. St. Augustine Indian Mission School is permitted to contact the persons listed here for further information. If this application leads to the applicant's attendance at St. Augustine Indian Mission School, we agree to the policies and regulations as set by the Director and carried out by the Principal and faculty.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____



St. Augustine Indian Mission School
APPLICATION / INFORMATION FORM

*** One packet per student.***



Date _____

STUDENT:

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Male _____ Female _____ Grade _____

Been a student here previously: ___ Yes ___ No

Physical Address: _____ PO Box _____ City _____ Zip _____

#1 Parent Name: _____ Address _____ City _____

Cell #: _____ Home # _____ Work # _____

Relationship to student: _____

#2 Parent: _____ Address _____ City _____

Cell # _____ Home # _____ Work # _____

Relationship to student: _____

Macy/Walthill students: Planning to ride the bus: ___ No ___ Yes (___ Both am/pm ___ Only am ___ Only pm ___ Other)

Student have an IEP: ___ Yes ___ No. Need additional instruction with: _____ Hearing? _____ Vision?

Any allergies: ___ No ___ Yes, _____. Any medical needs: ___ No ___ Yes.

Briefly explain: _____

Siblings: Previous or current siblings attending St. Augustine: _____

Previous School _____ City _____ State _____ Grade _____

INFORMATION REQUIRED: According to the Nebraska Department of Education, before your child will be permitted to attend, we will need the following information:

- * A copy of your child's birth certificate
* A current physical - kindergarten and 7th grade only
* Tribal Enrollment #, if applicable. Tribe: _____
* Current immunization records
* Eye exam
Tribal # _____

(Note: Tribal information is for our statistics only.)

We are required to comply with the Nebraska Department of Education laws; no exceptions will be made.

Additional Emergency Contacts:

Name _____ # _____ Relation _____ City _____

Name _____ # _____ Relation _____ City _____

PAYMENT INFORMATION

- A Registration Deposit of \$50 per family is required.
• Tuition is a total of \$500 per family for the entire school year. Payment arrangements can be made with the Mission Office. The \$500 is due before the end of the school year in order to give your student(s) priority placement for the following school year.
• I agree to the above terms.

Signature - Parent/Guardian

Print - Parent/Guardian

St. Augustine Indian Mission School
1 Mission Road South – PO Box 766
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Date: _____

REQUEST FOR TRANSCRIPTS

NOTE: This will be used for future dates also.

Student's Name _____

Date of Birth _____ Current Grade _____

Name of Previous School _____

School - Address/Box Number _____

School - City _____ State _____ Zip _____

_____ I hereby authorize you to release to St. Augustine Indian Mission School the following information for the above listed student:

- _____ Academic Testing Scores
- _____ Attendance and Academic Records
- _____ Health/Immunization Records
- _____ Individual Education/Special Services Records
- _____ Psychological Reports
- _____ IEP Records

Signature Parent/Guardian

Contact #

Print - Parent/Guardian's Name

Home Address

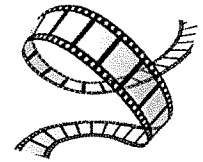
City

State

Zip

**ST. AUGUSTINE INDIAN MISSION SCHOOL
RELIGION INFORMATION FORM**

Student - Last Name	First	Middle	Date: Date of Birth
Address & PO Box			
City		State	Zip
Tribal Enrollment # (If applicable)			
Notes			
Name	Natural / Adoptive Father	Natural / Adoptive Mother	Guardian / Custodial Parent
Religion			Other Siblings / Birthdays
Place of Birth			
Occupation			
Place of Employment			
Education			
Marital Status			
Baptism	Penance	First Communion	Confirmation
Date			
Church			
City / State			
Schools attended and location:		School and date transferred from:	



**Magis Productions & St. Augustine Mission
 MEDIA RELEASE FORM
 for
 Students / Adults / Service Groups**

Date: _____

Student Name: _____

Grade: _____

Not a student at St. Augustine Mission School.

I give Father (Fr.) Don Doll, S.J., Peter Soby, and designated representatives of St. Augustine Mission, permission to interview, videotape and/or take photograph(s) of myself or my dependent child(ren) for the purposes of publicity or fund-raising. I understand that the interview(s), videotape(s) and/or photograph(s) may be aired or published in various print and electronic formats by Fr. Don Doll, S.J., Peter Soby, or St. Augustine Mission.

 PRINT NAME - Adult/Parent/Guardian

 Cell Phone

 SIGNATURE - Adult/Parent/Guardian

 Home Phone

 Address

 Work Phone

 City

 State / Zip

SERVICE GROUPS:

Service Group: _____

Contact Name: _____

Church/City: _____

Phone: _____



Grade _____

ST. AUGUSTINE MISSION SCHOOL

Local Field Trip

Parental/Guardian Consent Form Liability/Waiver

Student's Name _____

Birthday _____ Sex: Male _____ Female _____

Parent/Guardian's Name _____

Home Address _____ City _____

I, _____ grant permission for my child,

PRINT - Parent/Guardian's Name

_____, to participate in this parish/school

Child's Name

event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from ST. AUGUSTINE MISSION SCHOOL.

This activity is as follows:

Type of event: Winnebago Community event

Day/date of event: TBD

Destination of event: TBD

Individual in charge: St. Augustine staff

Mode of transportation: School vans or walk to destination.

(* Note: Will call parents prior to event.)

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named participant/minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend ST. AUGUSTINE INDIAN MISSION SCHOOL, it's officers, directors, employees and agents, and the Arch/Diocese of Omaha, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness, injury (including death), or cost of medical treatment in connection, therewith, and I agree to compensate the parish/school, its officers, directors, and agents, and the Arch/Diocese of Omaha, its employees, agents, chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Omaha.

Signature _____ Date _____

Relation to student _____

ST. AUGUSTINE MISSION SCHOOL

**Diabetes Screening Research and Fitness
Nutrition Programs**



Date _____

Child's Name _____

School _____

Grade _____

Tribal Affiliation _____

Please check: Estimated Amount of ALL Indian Blood:

Full _____ 3/4 _____ 1/2 _____ 1/4 _____ Non-Indian _____

Child's Mother has diabetes: **Yes** _____ **No** _____ **Unknown** _____

Child's Father has diabetes: **Yes** _____ **No** _____ **Unknown** _____

Estimated Annual Family Income (check one)

_____ **Less than \$10,000** _____ **\$10,000 – 20,000** _____ **\$20,000 – 30,000**
_____ **\$30,000 – 40,000** _____ **\$40,000 – 50,000** _____ **Greater than \$50,000**

Estimated Average Family Education Level

High school or GED _____ Some College _____

2 year College Degree _____ 2-4 year College _____ Master's (+) Degree _____

Student's medical conditions

My Child has the following medical condition _____

My child is currently taking the following medication _____

List any physical limitations your child may have _____

I give permission for my child to participate in Diabetes Risk Assessment Screening/Research and Fitness and Nutrition Programs.

Parent/Guardian Signature

PRINT - Parent/Guardian Name

Phone/Cell # _____



Student: _____

PLEASE PRINT

Grade: _____ Date: _____

School: _____

DENTAL

Rex Monif, DDS

Chief Dental Officer, Winnebago Tribal Dental Clinic

Dear Parent/Guardian,

The Nebraska Department of Health recommends that your child should participate with his/her classmates in a fluoride mouth rinse program, sealant programs, and preventative programs in the school to prevent tooth decay. The Fluoride rinse program involves rinsing a fluoride solution in the mouth for 60 seconds and then emptying the solution in a cup. It is a simple, safe procedure that can, with regular participation, result in a 20-50% reduction in tooth decay. Our most important preventative program is our sealant program. A plastic coating is applied to the permanent teeth and sealed. By covering where most of the decay starts, it decreases the chance the child will get a cavity there as long as it stays intact. We will be providing transportation for each child who comes, a separate teeth cleaning, dental radiographs, and a thorough dental exam. Our ultimate goal is to have the healthiest children dentally in the nation.

These are voluntary programs. If you wish to have your child have their fluoride rinses, sealants, radiographs, exams and transportation, please sign below. **This consent form will remain effective as long as your child attends this school.**

Rex Monif DDS,
Chief Dental Officer, Winnebago Tribal Dental Clinic

1. _____ Yes, I would like my child to participate in the below programs to help prevent decay:

- _____ Sealant Program
- _____ Fluoride Rinse Program
- _____ Teeth Cleaning, X-rays, and Transportation

_____ NO, I do not want my child to participate.

2. Do you want extra protection for **decayed molars**?

- This product will usually stop the decay and allow time to fix the tooth and possibly avoid the tooth from needing extraction if it progresses.
- I give you permission to place caries arresting varnish on back molars of my child who has uncontrolled aggressive decay.
- We only place the caries arresting agent to those who check "Yes" to this additional consent.

_____ Yes, I understand and request caries arresting varnish on very decaying teeth.

_____ No, I understand and do not want caries arresting varnish to save very decayed teeth.

Parent Signature

Cell/Home #

Please PRINT parent name

Work #



ST. AUGUSTINE INDIAN MISSION SCHOOL COUNSELING CONSENT

Dear Parent/Guardian,

St. Augustine's Indian Mission School is fortunate to have a Developmental Guidance and Counseling Program where all children have the opportunity to enhance the skills necessary to help them become responsible, successful learners. Our counseling program includes individual and group counseling sessions and classroom guidance lessons and sessions. The Counseling Curriculum is designed to help students acquire age-appropriate knowledge and skills within the following content areas:

Self-confidence development
Motivation to achieve
Responsible behaviors
Decision-making, goal setting, planning and problem solving skills
Interpersonal effectiveness
Spiritual development
Conflict resolution

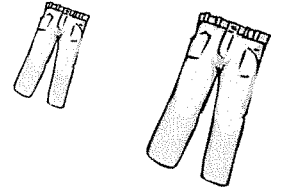
Your student is invited to participate in individual and/or small group discussions on topics that relate to his/her individual needs. In coordination with the classroom teacher, every effort is made to schedule group and individual times so that the students do not miss valuable instruction in the class.

If you desire for your student to NOT participate, please write a letter to our school office. If you have any questions, feel free to call me. I am looking forward to working with your student.

Janet Nielsen, MSE
School Counselor



ST. AUGUSTINE MISSION SCHOOL



DRESS CODE UPDATE

St. Augustine's Mission School requires a standardized form of dress with the intent to:

- To improve our Christian, learning environment;
- To eliminate some of the distractions, e.g. clothing styles, popularity;
- To avoid some of the gang want-to-be colors, styles, ideas, expressions, behaviors;
- To simplify school clothing;
- To lessen parent and student pressure on what to wear;
- To ease the parent expense on children's clothing;
- To dress-up rather than down.

The standard form of dress is as follows, though there may be special days for other attire:

Shirts or blouses

- All shall have collars, short or long sleeves; standard or polo; **without** insignia or symbols of any kind, and shall be white, navy, or light blue.
- All shirts shall be worn tucked and inside slacks, shorts, or skirt.
- **NO** oversized jerseys, t-shirts etc.

Pants, skirts or walking shorts

- Shall fit appropriately, and may be navy, black or khaki colored.
- **NO** jeans, baggies, etc.
- Girls may wear skirts, or skorts; however, they must be to the knees and appropriately sized.
- Walking shorts may be worn until October 15th, and also the month of May, weather permitting

Cardigan, vest or pull-over sweater

- Shall be navy or white, **without** insignia or symbols of any kind, may be crew or v-neck.
- Coats, jackets, or hooded sweaters are not to be worn in the classroom; therefore a sweater may be needed.

Shoes

- **Preference is a pair of tennis shoes.**
- If dress shoes are worn, a pair of tennis shoes must be available for gym use.
- **No sandals or flip-flops of any kind.**

Socks

- Socks should be worn at all times.

Hair

- Must be clean and well groomed.
- Distracting styles and colors are not permitted.
- Hats or caps are not worn at any time in the buildings.

All Clothing

- Shall always be neat and clean, without rips, tears or stains.
- Missing buttons should be replaced as soon as possible.

Make-up and accessories

- **Not allowed in grades K-6**
 - Make-up and accessories create unnecessary distractions.
- No sunglasses, expensive jewelry, etc.