



Updated Parent/Guardian Contact Information

Spring 2021

Student Name: _____

Grade Level : 9 10 11 12 Achieve Teacher: _____

Parent/Guardian Contact#1 NAME : _____

Mobile number: _____

Work number: _____

Email address : _____

Parent/Guardian Contact#2 NAME : _____

Mobile number: _____

Work number: _____

Email address : _____

EMERGENCY Contact#1 NAME : _____

Mobile number: _____

Work number: _____

Email address : _____

EMERGENCY Contact#2 NAME : _____

Mobile number: _____

Work number: _____

Email address : _____

Please email this information to karen-dodge-kelso@cherokee.org or mail to :

SHS- c/o Karen Dodge-Kelso

P.O. Box 520

Tahlequah, OK 74465

2021-2022

SEQUOYAH SCHOOLS

Continuing Enrollment

If you are the court appointed custodial parent, you must provide appropriate documentation.

(Please indicate if non-custodial parent can receive mailings and complete address information)

If you are the legal guardian (if other than parent) you must provide appropriate legal documentation.

DEADLINE is March 26, 2021

Sequoyah Schools Admission and Continuing Enrollment Criteria

Student name: _____ Grade _____

- A student must have a minimum cumulative **2.25 grade point average or higher** to be admitted.
- The student should maintain at least **90% attendance**.
- **It is recommended that the student complete 15 hours of volunteer work each school year.**

Student signature

Date

I, _____, agree that for reasonable cause (which is essential in ensuring the health and safety of all students), Sequoyah Schools' staff, acting in loco parentis, may at their discretion, exercise search, seizure, and drug testing while my student is in attendance at Sequoyah Schools. Such activities shall be in compliance with 25CFR-part 42.3,(b), (Rights of the Individual Student) and 34CFR-part 86.200(b-e) (Drug Free Schools and Campuses).

Parent/Legal Guardian signature

Date

Sequoyah Schools Student and Family Language Survey

Student name _____ Grade _____

Gender: Female ____ Male ____ Date of birth _____

Parent/Guardian name _____

Parent/Guardian name _____

Select all of the races that apply to the student:

____ Native American ____ Caucasian ____ Hispanic ____ Asian

____ Native Hawaiian/Pacific Islander

Registered tribal member of _____ Other tribe(s) _____

What was the student's first language? _____

Is a language other than English used in the home? ____ Yes ____ No

If so, what language? _____

Does the student **speak** any languages other than English? ____ Yes ____ No

If so, what language and at what level? Language _____

____ Beginner, few words and phrases ____ Intermediate, conversational

____ Advanced, speaks with good vocabulary ____ Fluent

Does the student **understand** any languages other than English? ____ Yes ____ No

If so, at what level?

____ Beginner, few words and phrases ____ Intermediate, understands conversations

____ Advanced, comprehends commonly used terms ____ Fluent

If a second language is not spoken in the home, has the student been regularly exposed to a second language by a family member? If so, how would you describe the student's exposure to the language? Consistent, occasional, rare? Please describe.

What relation is this family member who exposes the student to a language other than English? (grandparent, great-grandparent, aunt, uncle, etc.)

Did your child attend a language immersion school prior to this year? If so, where and for how long? What language?

Can you provide any additional information about your child's second language skills?

PARENTAL CONSENT FOR HEALTH SERVICES

Student name: _____ Birth date: _____

I, _____ have read the consent form for Sequoyah Schools or others to arrange for or to provide the following health services for this child:

1. Transportation to and from medical facilities for services.
2. Emergency health care for accidents or illness.
3. Health care, including: medical and physical examinations, immunizations, routine laboratory studies, x-rays, and skin tests.
4. Vision, hearing and dental screenings and examinations.
5. Mental health services including evaluation and treatment as necessary.
6. Administration of **over-the-counter (OTC)** medication by the school nurse or a school-designated employee.

(Below is a list of **OTC** medications in the SHS Nurse’s office. Please check the medication(s) you

WILL NOT allow the nurse to administer)

- Zantac Imodium Benadryl Midol Tums Kaopectate
 Maalox Ibuprofen Tylenol Tussin DM cough syrup Emetrol
 Chloraseptic throat spray Sudafed PE Calamine lotion Contact saline solution
 Contact drops Visine sterile eye drops Purified water eye wash solution
 Hydrocortisone cream Antibiotic ointment Icy Hot ointment Vaseline
 Clotrimazole cream Orajel Cough drops Aloe gel Hydrogen peroxide
 Sterile saline solution Glucose tablets Blistex

Exceptions or special instructions: _____

Parents, please list the following:

Any known allergies: _____

Medical problems: _____

Any prescriptions your child is taking now: _____

I hereby authorize the school nurse, principal, or the principal’s designee to administer medication prescribed by a physician **if the medication is in the original container and properly labeled**. I understand that all prescription and over-the-counter medicine must be registered with the school nurse, principal, or principal’s designee in its original container.

The undersigned hereby gives consent for all the above services and authorizes Sequoyah Schools to obtain medical treatment for the student.

In the event of an emergency requiring such treatment, the undersigned agrees that under state law, Sequoyah Schools, the board of education, or the employees of the school shall not be held liable for injuries, reactions, or adverse effects sustained as a result of medical treatment.

Do you carry health/medical insurance on the student? _____ **(If so, please provide copy of insurance card)**

Signature _____ **Relationship** _____
(Parent/Legal Guardian)

Phone _____ **Date** _____