



# ADMISSIONS APPLICATION

Akii-gikinoo'amaading

**Physical:** 8529 N Trepania Road Hayward, WI 54843

**Mailing:** 13394W Trepania Road Hayward, WI 54843

(P) 715-558-7394 | [www.akiing.earth](http://www.akiing.earth)

PLEASE SUBMIT ALL OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Individual Education Plan (IEP) (if applicable)
- ☐ Proof of residency (example: Lease Agreement, utility bill)

All information obtained in this document will be kept confidential. This form must be completed in full and turned in with required documents prior to complete admission into Akii-gikinoo'amaading Charter School.

## Student Information PLEASE PRINT CLEARLY

Student Last Name

Student First Name

Middle Initial

Gender: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Date of Birth

Home Phone Number

Student's E-mail Address

Home Address

City

State

ZIP Code

Current School

Grades Attended

Ethnicity: ☐ Latino ☐ African American ☐ Caucasian ☐ Asian ☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander ☐ Other: \_\_\_\_\_

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**Family Information** PLEASE PRINT CLEARLY**Mother/Guardian Name (1)**

Relationship to Student

Does this person live with student?

Yes

No

Primary Contact Phone Number

Secondary Phone Number

Home Address

City

State

ZIP Code

E-Mail Address

☐ I am a military veteran or  
active-duty member of  
the U.S. armed services.**Father/Guardian Name (2)**

Relationship to Student

Does this person live with student?

Yes

No

Primary Phone Number

Secondary Phone Number

Home Address

City

State

ZIP Code

E-Mail Address

☐ I am a military veteran or active-duty  
member of the U.S. Armed Services

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**Emergency Contact Information****Emergency Contact (1)**

Primary Phone Number

Secondary Phone Number

Relationship to Student

**Emergency Contact (2)**

Primary Contact Phone Number

Secondary Contact Phone Number

Relationship to Student

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**Special Learning Needs**

PLEASE PRINT CLEARLY

Does your child have any special learning needs? (LD, ED, ADHD, ADD, etc) ☐ Yes ☐ No  
If "YES" an IEP must be submitted with this application.

What grade was the student diagnosed?

What age was the student diagnosed?

/ /

Date the IEP Started

/ /

Date the IEP will end

Please indicate if your child has participated in any of the following programs (check all that apply):

☐ Ojibwe Immersion ☐ Bilingual (Spanish) ☐ English as a Second Language ☐ Gifted and Talented

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**Other**

PLEASE PRINT CLEARLY

Has your student been previously expelled? ☐ Yes ☐ No

If yes, reason for expulsion

Language spoken at home?

☐ Ojibwe ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

**SIBLING INFORMATION** (Brothers and Sisters attending Akii-gikinoo'amaading)

Name\_\_\_\_\_ Grade\_\_\_\_\_

Name\_\_\_\_\_ Grade\_\_\_\_\_

Name\_\_\_\_\_ Grade\_\_\_\_\_

Name\_\_\_\_\_ Grade\_\_\_\_\_

I DO DO NOT give permission for my child to participate in all school-sponsored field trips.

I DO DO NOT give permission to videotape or photograph my child to represent my child's abilities; to record classroom events; to create books and charts to be used for educational purposes; to be published in the local news media for participation in school events.

Parent's or Guardian Electronic Signature

Today's Date



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**Akii-gikinoo'amaading**

**FOR OFFICE USE:**

/ /

Date application was received.

Student Accepted: ☐ Yes ☐ No

Administrator Signature

Today's Date



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## TRANSCRIPT RELEASE

To Whom It May Concern:

Please release the records of:

\_\_\_\_\_  
(Student Name: Last, First, Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Please include the following items in the records:

- ✓ Health Records, including immunization records
- ✓ Special Education records, including the most current IEP
- ✓ Attendance Records
- ✓ Psychological Records
- ✓ Achievement and Aptitude test scores
- ✓ Statement of child's social relations with peers, groups and adults
- ✓ Gifted and Talented test scores
- ✓ Transcripts/Permanent Records

\_\_\_\_\_  
School Last Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax number

I authorize the release of my child's records:

*Office Use Only:*

\_\_\_\_\_  
Parent/Guardian PRINTED NAME      Date

\_\_\_\_\_  
*Date of Request*

\_\_\_\_\_  
Parent/Guardian Electronic Signature

### FOR OFFICE USE:

Start date: \_\_\_\_\_ Date request sent: \_\_\_\_\_ Date records received: \_\_\_\_\_

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Akii-gikinoo'amaading

Dear Parents/Guardians:

Many issues can impact a child's self-esteem and ability to learn. Knowledge of such information can help alert the School to potential concerns regarding your child's overall school performance. This information will be kept confidential within your student's cumulative file. However, it may be necessary to disclose certain information to appropriate school personnel to help your child succeed academically. To continue to provide quality services for your child, please complete this form as accurately as you can. Feel free to add pertinent details on the back of this page.

Child's Name	Date of Birth	Age	Grade
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Has your child ever received any of the following services:

**Counseling**

Date\_\_\_\_\_ Location\_\_\_\_\_

\_\_\_\_\_ School Delivered

\_\_\_\_\_ Community Delivered

**Title I/Chapter I (reading services)**

Date\_\_\_\_\_ Location\_\_\_\_\_

**Special Education (location of current IEP)**

Date\_\_\_\_\_ Location\_\_\_\_\_

\_\_\_\_\_ Learning disabilities

\_\_\_\_\_ Emotional concerns

\_\_\_\_\_ Behavioral concerns

**Therapy**

Date\_\_\_\_\_ Location\_\_\_\_\_

\_\_\_\_\_ Speech/Language

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Art Therapy

**On-going Medical Concerns** impacting academic performance:

Dates\_\_\_\_\_ Location\_\_\_\_\_

\_\_\_\_\_ Fine motor skills (using pencils, scissors, etc)

\_\_\_\_\_ Gross motor skills (walking, running, etc)

\_\_\_\_\_ Medications that improve your child's learning (ADD, ADHD, bi-polar, etc)

\_\_\_\_\_ Medications that may interfere with your child's learning (allergy, seizure, etc)

**Changes in family (date of occurrence & relationship to child)**

\_\_\_\_\_ Addition of a family member

\_\_\_\_\_ Loss of a family member

\_\_\_\_\_ Divorce

\_\_\_\_\_ Re-marriage

\_\_\_\_\_ Custody

\_\_\_\_\_ Incarceration

My signature authorizes release of information to appropriate school personnel working directly with my child.

\_\_\_\_\_  
\_ Parent/Guardian EElectronic Signature

\_\_\_\_\_  
Date

## Student Health History

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Family Dentist \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Date of last dental exam \_\_\_\_\_

Please check the diseases that this child has had:

Measles

3-day Measles

Mumps

Pneumonia

Polio

Chicken Pox \_\_\_\_\_ age

Rheumatic Fever

Diphtheria

Scarlet Fever

Typhoid Fever

Tuberculosis

Whooping Cough

Heath Review—Circle any health problems that your child has:

### Vision Problems

Difficulty seeing

Eyes - Turned IN/OUT

Glasses—reading/distance

Frequent headaches

Preferential seating

### Hearing Problems

Earaches

Draining Ears

Tubes in Ears \_\_\_\_ date

Preferential Seating

### Skin Problems

Rashes

Eczema

Hives

Bruises Easily

Allergies \_\_\_\_\_

### Respiratory Problems

Frequent colds

Runny nose

Chronic cough

Bronchitis

Asthma

Nosebleeds

Nebulizer treatments needed

Allergies \_\_\_\_\_

### Digestive Disorders

poor appetite

feeding problems

excessive appetite

stomach aches

vomiting

diarrhea

lactose intolerance

food allergies \_\_\_\_\_

### Urinary Problems

complaints of pain when urinating

needs to urinate frequently

excessive amounts of urine

bed-wetting

blood in urine

bladder or kidney infections

### Seizures or Convulsion Problems

Loss of consciousness

Fainting spells

Head injuries

Operations/Hospitalization/Serious Injury \_\_\_\_\_

Physical Handicap \_\_\_\_\_

Is your child receiving any prescription medications now? \_\_\_\_\_ Please list names and for what purpose any prescription medications that need to be given at school:

Should activities be limited due to any of the above conditions? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_ Parent/Guardian Electronic Signature

\_\_\_\_\_  
Date



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## EMERGENCY CONSENT FORM

CHILDS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR**

Parent/Guardian (Print) \_\_\_\_\_ PARENT \_\_\_\_\_ LEGAL GUARDIAN \_\_\_\_\_

**MY CHILD IS CURRENTLY TAKING  
THESE MEDICATIONS**

**KNOWN ALLERGIES**

IS THIS ALLERGY POTENTIALLY LIFE-  
THREATENING?      **YES**      **NO**

IN CASE OF AN EMERGENCY AND AKII IS UNABLE TO REACH YOU, PLEASE LIST TWO EMERGENCY CONTACTS.

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ give permission for the child listed above to receive medical treatment in the event of an emergency, accident or injury. By signing this I understand that if I am unable to be reached in case of an emergency, people listed above will be contacted to care for my child until I can be reached. If no contacts can be reached Akii staff will use their best judgment to treat your child.

Parent/Guardian Electronic Signature \_\_\_\_\_ Date: \_\_\_\_\_





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## CONSENT for Over-The-Counter Medications

Childs Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dear Parent/Guardian,

At Akii-gikinoo'amaading we have some over-the-counter medications available to students with proper permission. Please initial next to the medication that ok for your child to receive during school hours.

\_\_\_\_\_ Tylenol (Acetaminophen 325mg)

\_\_\_\_\_ Ibuprofen (Addaprin 200mg)

\_\_\_\_\_ Tylenol liquid (160mg per 5ml)

\_\_\_\_\_ Ibuprofen Liquid (100mg per 5ml)

\_\_\_\_\_ Benadryl (Q-Dryl- Antihistamine)

\_\_\_\_\_ Antacids Tablets (TUMS)

\_\_\_\_\_ Bismatrol (Pepto)

\_\_\_\_\_ Cough Drops

\_\_\_\_\_ Children's Sudafed cough & cold

\_\_\_\_\_ Adult Q-Tussin (cough Suppressant)

By initialing next to the medication(s) you are giving the school prior permission to administer medication with the best of judgment by school staff to your child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please contact the school nurse at the school if you have any further needs or concerns. 715-634-8924 EXT. 1288



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**Computer/Internet/Google Apps Parent and Student Permission Form**

**Dear parents of Akii-gikinoo'amaading students,**

What is Google Apps? <https://support.google.com/a/answer/139019?hl=en>

In order for the student to participate, parents and students must complete a permission form ONCE for each Student.

**Students need to know:**

Students will follow school policies for appropriate use when using Internet based services. These services are considered an extension of the school's network. Students have no expectation of privacy in their use as school and service administrators have the right and ability to monitor user accounts for policy and security enforcement.

As a student at Akii-gikinoo'amaading, I understand and will follow the rules of this contract for computer/internet/google use. I further understand that should I commit any violation of this contract, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the school's Internet connection and having access to public networks, I hereby release the school and its board members, employees, and agents from any claims and damages arising from my use or inability to use the Internet.

**Permission Form:**

Student's (legal) first name: \_\_\_\_\_ last name: \_\_\_\_\_

Student's date of birth: (mm/dd/yyyy) \_\_\_\_\_

Student's current grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

**Parents need to know:**

Student email is archived and the student Acceptable Use Policy will be enforced. School staff will monitor student use of applications when students are at school. Parents are responsible for monitoring their child's use of applications when accessing programs from home. Students are responsible for their own behavior at all times.

As a parent of an Akii-gikinoo'amaading student, I have read this authorization for Computer/Internet/Google access. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate access to controversial material. However, I also recognize that it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by the materials or software obtained via the network. I accept full responsibility for supervision when my child's use is not in a school setting. I have discussed the terms of this contract with my child. I hereby request that my child be allowed access to the district's Computers/Internet/Google Apps.

I give my child permission to use Computer/Internet/Google Apps at school.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



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**Covid-19 Parent/Guardian Required Information:**

**Parent Name:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

First Last First Last

**Please check the following boxes that apply to you and your child:**

- I plan to transport my students each day to and from school and will opt out of school provided busing.
- Please estimate approximately round trip mileage per day as mileage reimbursement *MAY* be available.
  - Miles to and from school per day: \_\_\_\_\_
- My child has access to reliable high speed internet.
- My child **does not have access** to high speed internet and lives in the \_\_\_\_\_ community.
- In the event of an extended closure, I will pick up a daily prepared meal for my child at the school.
- In the event of an extended closure, I will not be able to pick up a daily prepared meal for my child.

**Parent Electronic Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_