

# It's Time for After School Tutoring!

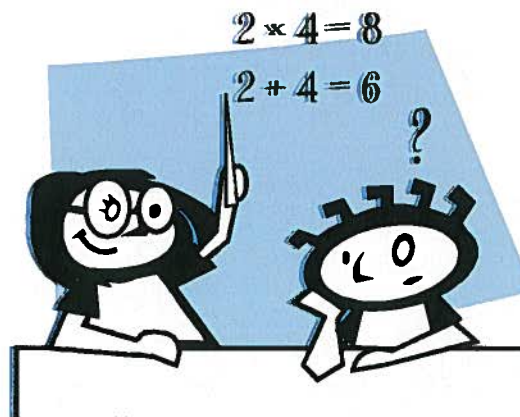
Note: Applications will be available

**September 2014**

@ the PCI Education Department.

Tutoring will begin on

**Monday, September 22, 2014!**



Come by the PCI Education Department to find out more, or call

Christyn Sells-Children's Services Coordinator @ (251)368-9136 ext. 2244.



**POARCH CREEK INDIANS  
AFTER SCHOOL TUTORING PROGRAM**  
**Application**  
2014-2015 School Year

1. Student's Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Student's Address: \_\_\_\_\_  
\_\_\_\_\_
4. Student's Home Phone Number: \_\_\_\_\_
5. Tribal Roll Member \_\_\_\_\_ Roll Number: \_\_\_\_\_  
1<sup>st</sup> Generation Indian Descent \_\_\_\_\_ Verified By: \_\_\_\_\_

**1<sup>st</sup> Generation Indian Descent students must provide Indian verification.**

6. Parent/Guardian Name(s): \_\_\_\_\_
7. Parent/Guardian Work Phone Number: \_\_\_\_\_
8. Parent/Guardian Cellular Phone Number: \_\_\_\_\_
9. School Name: \_\_\_\_\_
10. Teacher's Name: \_\_\_\_\_
11. Subject(s) student needs tutoring: \_\_\_\_\_  
\_\_\_\_\_
12. Does your child have any medical conditions, physical disabilities, allergies, etc.?  
( ) Yes ( ) No If you responded with yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
13. Is your child currently taking any medications? ( ) Yes ( ) No  
If yes, what kind: \_\_\_\_\_

# **AUTHORIZATION LIST**

## **POARCH CREEK INDIANS AFTER SCHOOL TUTORING PROGRAM**

Please list the name(s) and phone number(s) of individuals whom you authorize to pick up your child in your absence. The people on this list are the only people that we will allow your child to leave with. You may write on the back of the page if you desire to list more names. These individuals will be contacted in the order you list them.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

4. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

5. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

6. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work /Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

With my signature below, I authorize the person(s) on this form, in my absence, to pick up my child from tutoring.

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

\_\_\_\_\_  
Date

**Note:** The information that you provide us will be kept confidential. Students should be picked up and signed out by a designated person from 5:00 p.m. to 5:15 p.m. Please be aware that if a child has not been picked up by 5:25 p.m. and we have not been contacted by the student's parent/guardian, the PCI Education department will notify Tribal Police.



Poarch Creek Indians  
After School Tutoring Program  
2014-2015 School Year

**MEDICAL AUTHORIZATION**

AS THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_, I  
HEREBY AUTHORIZE THE REPRESENTATIVES OF THE PCI EDUCATION DEPARTMENT  
(SANDRA HIEBERT, CHRISTYN SELLS, KIMBERLY MCGHEE, MAGEN WEAVER, MELBA  
SMITH, AND/OR CASSIE O'BRIEN) TO OBTAIN MEDICAL TREATMENT FOR INJURIES OR  
ILLNESS THAT MAY OCCUR DURING HIS/HER PARTICIPATION. I AUTHORIZE THAT MY  
CHILD RECEIVE THE NECESSARY MEDICAL TREATMENT AT THE POARCH CREEK INDIANS'  
HEALTH CLINIC @5811 JACK SPRINGS ROAD, ATMORE, AL 36502.

---

Parent/Guardian

Date

---

Children's Services Coordinator Signature

Date

**NOTIFY IN CASE OF EMERGENCY**

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**PLEASE LIST ANY EXISTING OR PREVIOUS MEDICAL CONDITIONS BELOW:**

---

(ALLERGIES, ALLERGIC REACTIONS, ASTHMA, ETC.)



# Poarch Creek Indians After School Tutoring Program

2014-2015 School Year

## STUDENT CONTRACT

YOUR TUTORING IS SCHEDULED FOR:

\_\_\_\_\_

DAY(S)

\_\_\_\_\_

3:30-5:00 p.m.

TIME

### *Student Rules and Responsibilities*

1. It is my responsibility to bring my textbooks, homework assignments and/or study notes with me for each tutoring session.
2. It is my responsibility, upon arriving on Tribal property to report directly to the Education Department. It is also my responsibility to enter the Education Department in a quiet and orderly fashion.
3. I understand that during tutoring, I am to remain in the Education Department at all times (with the exception of restroom breaks or when escorted by an Education Department staff member).
4. I am expected, at all times, to cooperate with my assigned tutor, to maintain acceptable behavior and to work to the best of my ability.
5. I understand that fighting, disturbing other students and showing disrespect toward Education Staff will not be tolerated at any time within the tutoring program.

With my signature below, I indicate that I understand my responsibilities as a student in the After School Tutoring Program.

**Student/Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Poarch Creek Indians  
After School Tutoring Program  
2014-2015 School Year

**PHOTO RELEASE**

Date: \_\_\_\_\_

I give permission for my child \_\_\_\_\_

to have his/her picture taken by the PCI Education Department Staff. I

understand this picture will be displayed to the public on bulletin boards,

pamphlets and/or flyers.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Children's Services Coordinator Signature

\_\_\_\_\_  
Date



Poarch Creek Indians  
After School Tutoring Program  
2014-2015 School Year

## Authorization for Release of Student Information

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to  
(School name)

release the following information as it relates to my child, \_\_\_\_\_:

Report cards, test scores, standardized test scores, DIBELS scores, Accelerated Reader Points/scores, disciplinary/behavioral information, IEP status and information, and special education testing information.

This information will be used to monitor and evaluate my child's progress, and ensure appropriateness for the PCI Remediation Program. I understand that the information released may be given verbally or in writing, and that this release is good for the academic year 2013-2014 and that I may revoke this release at any time by contacting the school and informing them of this revocation. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

---

Parent/Guardian Signature

Date

---

Children's Services Coordinator Signature

Date

**Poarch Band of Creek Indians  
Johnson O'Malley Program  
Indian Certification Form**

**I. School Information**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

**II. Student Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Enrollment number \_\_\_\_\_ Blood Quantum \_\_\_\_\_ Phone number \_\_\_\_\_

Student Address \_\_\_\_\_

**III. Parental Information**

**Mother** ( ) Indian ( ) Non-Indian

**Father** ( ) Indian ( ) Non-Indian

A.) Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Enrollment number \_\_\_\_\_ Blood Quantum \_\_\_\_\_

B.) Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Enrollment number \_\_\_\_\_ Blood Quantum \_\_\_\_\_

C.) Parental Status: **Please (x) all boxes that apply to the custody and residence of the child.**

1. ( ) Natural Parent    3. ( ) Other Family Members    5. ( ) Legal Guardian  
2. ( ) Adoptive    4. ( ) Foster    6. ( ) Other \_\_\_\_\_

**Release of Information: I authorize the Poarch Band of Creek Indians and their designated person(s) to obtain my child's tribal membership and/or blood quantum to determine eligibility for services.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IV. Verification Information**

A.) The above named student meets the eligibility criteria as determined by the Bureau of Indian Affairs and I hereby certify that this student is a member of or is at least one fourth (1/4) degree Indian blood descendent of a member of an Indian tribe which is eligible for the special programs and services provided through the Bureau of Indian Affairs to Indians because of their status as Indians.

\_\_\_\_\_  
Signature of Authorized Bureau or Tribe Official                      Date

B.) The above named student does **NOT** meet the eligibility criteria for the following reasons(s): \_\_\_\_\_  
\_\_\_\_\_