

PCI Homework Club

Enrollment Form 2015-2016

Name: _____

Date of Birth: _____ Age: _____

Address: _____ Apt#: _____

Parent/Guardian Name(s): _____

Home Phone Number: _____ Cell Number: _____

Tribal Roll Member - Roll Number: _____

1st Generation Descent Parent's Roll Number: _____

School Name: _____ Grade: _____

Contact/Pick-Up List

(Please include phone numbers)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Why do you want to join the PCI Homework Club? (Circle all that apply)

- To receive tutoring
- To get help with homework
- Computer research
- Graduation Exam Practice
- To work on a project

Other: _____

PCI Homework Club

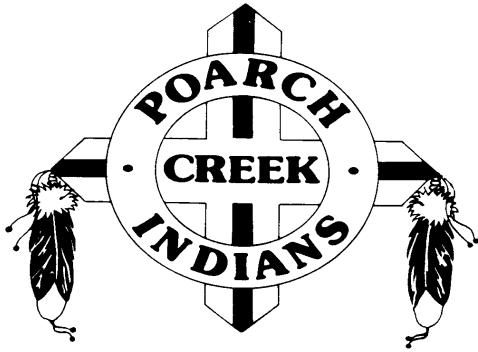
Rules:

1. No loud voices or “Horseplay”!
2. No eating or drinking near the computers!
3. Bring necessary materials for study, homework, projects etc...
4. Never leave the Education Department without being signed out and telling a staff member!

Please sign below to indicate that you understand the Homework Club Rules.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



PCI
After School Tutoring
Program

Authorization for release of student information

I, _____ give my permission for _____
(Parent/Guardian) (School name)

to release the following information as it relates my child, _____ :
(Child's name)

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 information released may be given verbally or in writing, and that this release is good for the academic year 2015-2016 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): _____



2015-2016

Transportation Waiver

for the
PCI Education Department

in cooperation with the

PCI Boys and Girls Club

I, _____ give permission for the PCI
(Parent/Guardian name)

Education Dept. /Boys and Girls Club staff to transport my
child(ren),

Child(ren)'s Name(s)

between the PCI Boys & Girls Club and the Poarch Creek Education Department, in building 300, any day, Monday-Friday for Tutoring, homework club and/or 4-H, etc. I understand that my child must be picked up from the designated pick up area at the agreed upon pick up time.

Parent/Guardian Signature

Date