



## Lac Courte Oreilles Ojibwe School

---

Dear Parents/Guardians:

The following information is required and **MUST** be accurate and accompany your completed admission application. Your child's application will not be reviewed until **ALL** required documents are received:

1. Tribal Enrollment Certification
2. Immunization Record
3. Copy of Birth Certificate

If you are re-admitting your child, it is your responsibility to see if your child's cumulative file with the school is complete.

### **Lac Courte Oreilles Ojibwe School Admission Policy**

All students are required to update enrollment information in the Lac Courte Oreilles Ojibwe Schools on a yearly basis. This will be done when the parent or guardian completes a returning student form as approved by the Board of Education. To be admitted as a student, they must meet the following criteria:

- A student must be a member of the Lac Courte Oreilles Band of Ojibwe, or a member of another federally recognized tribe, or proof of one-quarter degree Indian Blood.
- Consideration will be given to applicants without tribal membership that have siblings currently enrolled at Lac Courte Oreilles Ojibwe School.
- A student who is now, or has been a resident of the Lac Courte Oreilles Ojibwe School attendance area must be enrolled and in attendance in the Lac Courte Oreilles Ojibwe Schools within one (1) week of the start of the semester.
- All new and returning students must not have been expelled, suspended, habitually truant, nor have expulsion proceedings initiated from any school in a previous school year in order to be eligible to enroll in the Lac Courte Oreilles Ojibwe Schools. A student with any of the above-mentioned problems can only apply for admission at the beginning of the year or at the semester break. The admission of a student with these issues is subject to approval by the school admission committee.
- After dropping or transferring to another school, a student must complete a full semester at another school before applying for re-admission, unless the student is moving back into Sawyer County.
- Disclaimer-Providing inaccurate or incomplete information nullifies the validity of the child's enrollment to the Lac Courte Oreilles Ojibwe School.

A student's parent/guardian may appeal any of the above criteria to the Lac Courte Oreilles Ojibwe School Board or the Board's designee. As a condition of admission, a student who is admitted to the Lac Courte Oreilles Ojibwe School may be required to enter into an admission contract for continued enrollment.

Approved LCO TGB 8/2012

---

THIS PAGE LEFT INTENTIONALLY BLANK



## Lac Courte Oreilles Ojibwe School

### 2025-2026 NEW STUDENT APPLICATION FOR DAY ENROLLMENT

The Lac Courte Oreilles Tribal Council and School Board declares it is the policy of the Lac Courte Oreilles Ojibwe School to allow any Indian child enrolled in a federally recognized tribe, ¼ blood quantum or more Indian, a tuition free educational opportunity. **Proof of ¼ Indian blood must accompany registration upon entrance.** (Policy adopted by the Lac Courte Oreilles Tribal Council & School Board on May 3, 1999.)

**Student Name** \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Gender \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Common/Ojibwe Name \_\_\_\_\_ Tribal Agency Enrolled \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Community \_\_\_\_\_  
Fire Number and Street Name \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent/Guardian Information (*circle one*)

**Guardian's Name** \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
e-mail \_\_\_\_\_ Tribal Agency Enrolled \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Does this person live with student? YES NO

**Guardian's Name** \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
e-mail \_\_\_\_\_ Tribal Agency Enrolled \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Does this person live with student? YES NO

### CUSTODY ARRANGEMENTS

**Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please attach a copy of documentation for legal or voluntary placement, if appropriate



## Lac Courte Oreilles Ojibwe School

### EMERGENCY CONTACT INFORMATION—In the event parents/guardians cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

### SIBLING INFORMATION (Brothers and Sisters attending LCO School)

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

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

My child has an Individualized Education Plan (IEP): YES NO

I hereby agree to help my child to abide by the rules of the school, to insure my child's participation in school activities and to the best of their ability I will support all educational, cultural, and social programs of Lac Courte Oreilles Ojibwe School.

I DO DO NOT I authorized LCO Ojibwe School to obtain emergency medical treatment for my child in the event that the school is unable to contact me. I accept full financial responsibility for such treatment.

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.

I DO DO NOT give my permission for LCO School Staff to transport my child to the LCO Health Center in a school vehicle if it is medically necessary, but non-emergent (not requiring an ambulance or first responder).

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

\_\_\_\_\_  
Date

Page 2 of 2

**FOR OFFICE USE ONLY:  
BIA-OIEP-MRO**

\_\_\_\_\_  
Jessica Hutchison, Superintendent

Enrollment decision Y N date \_\_\_\_\_  
Data entered by \_\_\_\_\_ date \_\_\_\_\_

Assigned Homeroom \_\_\_\_\_  
Rev 4/11



## Lac Courte Oreilles Ojibwe School

---

### 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 Signature

---

THIS PAGE LEFT INTENTIONALLY BLANK

## Lac Courte Oreilles Ojibwe School

### 2025-2026 Middle School/High School Student Enrollment Agreement

As a condition of enrollment, you and your parent/guardian agree to abide by the Lac Courte Oreilles Ojibwe School Student Handbook and give your full support to the staff and administration. Your signature indicates that you understand and agree to comply with the Student Handbook and school expectations.

**I, \_\_\_\_\_, in order to enroll/continue my enrollment as a student at the Lac Courte Oreilles Ojibwe School, do hereby agree to abide by the following expectations:**

#### Academics:

- I understand that all students at Lac Courte Oreilles have a right to an education, and that is not my right to interfere in the educational progress of others.
- I understand that if my semester Grade Point Average falls below a D-(1.), I will be placed on academic probation and be required to adhere to academic recovery efforts and student support services(tutoring, counseling, meeting with a mentor, etc) to recover my grades.

#### Attendance:

- I understand that getting to class on time and being prepared to learn is my responsibility.
- I understand that if I have more than three unexcused absences in a semester I will be referred to the truancy office and will be issued a truancy citation after five unexcused absences.

#### Behavior:

- I will follow all student handbook expectations, classroom rules and regulations, and adhere to the school's mission statement and school philosophy.
- I understand that these expectations are for my own benefit, and as a result of my positive actions, I will help improve the school climate at the Lac Courte Ojibwe School as well as the greater Lac Courte Oreilles Community.
- If I choose not to comply with all the student handbook expectations, classroom rules and regulations, I understand that the Enrollment Committee, together with School Administration may review the conditions of my enrollment and may reevaluate the decision to continue my enrollment.
- For students with disabilities who are disciplinary removed for 10 cumulative or consecutive school days within a year, a manifestation determination meeting will be held and disciplinary regulations set forth in IDEA will be applied according to the outcome of the meeting. This may include the development of a behavior intervention plan, IEP amendments or change in programing, further evaluation or change in placement following the provisions of special education law.
- I understand that if I refuse to follow the recommendations of the Enrollment Committee and this agreement, my parents WILL withdraw me from Lac Courte Oreilles Ojibwe School

**This Contract is between my parent(s)/guardian(s) and me with the Lac Courte Oreilles Ojibwe School and will be binding at the time this document is initialed, signed and dated by all parties involved.**

---

Student Signature

---

Date

---

Parent/Guardian Signature

---

Date

---

Administration Signature

---

Date

Lac Courte Oreilles Ojibwe School Board Approved-July 2019

THIS PAGE LEFT INTENTIONALLY BLANK



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

**Dear parents of K – 12 grade 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 LCO Ojibwe School, 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 LCO Ojibwe School 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: \_\_\_\_\_

THIS PAGE LEFT INTENTIONALLY BLANK

**Lac Courte Oreilles Ojibwe School**  
**BIE Home Language Survey 2025-2026 School Year**

**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**Federal Code: 25: CFR 32.3** *“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”*

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

*“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”*

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If you have any questions you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**
- 4. Which language is spoken more often by other adults in the home?**
- 5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?**

**Additional Information (Optional):**

**Please sign and date this form in the spaces provided below, then return this form to your child’s school. Thank you for your cooperation.**

**Signature of Parent or Guardian** \_\_\_\_\_

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

**School Official Verification** \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

THIS PAGE LEFT INTENTIONALLY BLANK

**Bureau of Indian Education - Education for Homeless Children and Youth**  
**Student Residency Questionnaire School Year 2025-2026**

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

The Lac Courte Oreilles Ojibwe School strives to help families meet the needs of every student who attends our school. In addressing the requirements of the Title VII-B of the McKinney- Vento Homeless Assistance Act, as amended by the Every Student Succeeds Act, we ask those enrolling a student to please fill out the attached questionnaire. A determination will be made by the school if the student is eligible to receive services under the McKinney-Vento Act based on the information provided. Additionally, living situations may change any time within the school year and changes should be updated with school administration.

**OPTION A: If the student has a fixed, regular, adequate, non doubled-up residence please initial here:** \_\_\_\_\_

*\*No further information is required.*

**OPTION B: Homeless children or youth are defined as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes children who are:**

**Where is the student presently living: (please check one if applicable)**

- \_\_\_\_\_ **Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*);**
- \_\_\_\_\_ **Living in motels, hotels, (camping) trailer parks, or camping grounds due to lack of alternative adequate accommodations;**
- \_\_\_\_\_ **Living in emergency or transitional shelters;**
- \_\_\_\_\_ **Abandoned in hospitals; or**
- \_\_\_\_\_ **Having primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;**
- \_\_\_\_\_ **Living in cars, parks, public spaces, abandoned building, substandard housing, but or train stations, or similar settings; and**
- \_\_\_\_\_ **Migratory children or youth who qualify as homeless because they are living in circumstances described above.**

Identifying students in homeless situations is critical and we seek to do the following:

1. Provide immediate enrollment of homeless children who are not already enrolled. This includes reviewing and revising any laws, regulations, practices, or policies that may act as barriers to the enrollment, attendance, or success of homeless children and youth;
2. Provide school stability for students experiencing homelessness by allowing them to remain in their school of origin when this is in the child's or youth's best interest and providing transportation to and from the student's school of origin at the parent's/guardian's or unaccompanied youth's request;
3. Ensure that homeless students are provided services in such a way that they are not isolated or stigmatized;
4. Promote school success and completion for homeless students;
5. Support collaboration between school districts and schools.

Please contact our McKinney Vento Liaison Kim Revoy with any questions at x 1340

THIS PAGE LEFT INTENTIONALLY BLANK

**Lac Courte Oreilles Ojibwe School**  
**Student Health History/Consent for Over-The-Counter-Medication Form**

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

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

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

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

Has your child received a Covid 19 vaccine? Please list dates. Yes/No \_\_\_\_\_ 1st dose \_\_\_\_\_ 2nd dose \_\_\_\_\_ Booster \_\_\_\_\_  
Please include a copy of your child's immunizations.

Health Review-Circle any health problems your child has had:

**Vision Problems**

Difficulty Seeing  
Eyes-Turned IN/OUT  
Glasses - reading/distance  
Frequent headaches

**Hearing Problems**

Ear Aches  
Draining ears  
Ear tubes \_\_\_\_\_ date

**Skin Problems**

Rashes  
Eczema  
Hives  
Bruises easily

**Respiratory Problems**

Chronic cough  
Bronchitis  
Asthma  
Nosebleeds  
Nebulizer treatments needed

**Digestive Disorders**

Lactose Intolerance  
Frequent stomach aches  
Vomiting  
Diarrhea  
Poor appetite

**Urinary Problems**

Excessive amounts of urine  
Bed wetting  
Blood in urine  
Bladder or Kidney infections  
Urinating pain complaints

Do any of the above require your child to have preferential seating? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Seizures/Convulsions** \_\_\_\_\_ **Loss of Consciousness** \_\_\_\_\_ **Fainting spells** \_\_\_\_\_ **Head injuries** \_\_\_\_\_

**Allergies?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes please explain Seasonal/Food** \_\_\_\_\_

**Operations/Hospitalizations/Serious Injuries:** \_\_\_\_\_

**Physical Handicap:** \_\_\_\_\_

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

Should activities be limited due to any of the above conditions? \_\_\_\_\_ yes \_\_\_\_\_ No Please explain: \_\_\_\_\_

We do have some over-the-counter medication available to students with proper permission. Initial next to the medication that is ok for your child to receive during school hours:

_____ Tylenol 325mg	_____ Ibuprofen 200mg	_____ Antacid Tablets(TUMS)
_____ Tylenol liquid 160mg/5ml	_____ Ibuprofen liquid 100mg/5ml	_____ Cough Drops
_____ Children's Sudafed cough & cold	_____ Benadryl(Antihistamine)	_____ Pepto Bismol
_____ Adult Q-Tussin (cough suppressant)		

Please contact the school nurse at LCO School for further needs or concerns. 715-634-8924 EXT. 1288

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

Date \_\_\_\_\_



## Lac Courte Oreilles Ojibwe School

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.

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

**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 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

\_\_\_\_\_ Fine motor skills (i.e. pencils, scissors)

\_\_\_\_\_ Gross motor skills (i.e. running, walking)

\_\_\_\_\_ Medications that improve your child's learning  
(i.e. ADD, ADHD, Bipolar disorder)

\_\_\_\_\_ Medications that may interfere with your  
child's learning (i.e. allergies, seizure)

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

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

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

\_\_\_\_\_ Divorce

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

\_\_\_\_\_ Custody

\_\_\_\_\_ Incarceration

**Notice of Screening:** In order to assure students are receiving necessary services and supports, screening related to academic, vision, hearing, and related functions may take place annually and upon enrolling.

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

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

\_\_\_\_\_  
Date