

Dear Parent or Legal Guardian:

Enclosed is an application for enrollment at Oaks Indian Mission. Please complete and sign each page and return it to us as soon as possible. Each of the items listed must be received in order to complete this application. Students cannot be admitted without these items:

1. Certificate of Degree of Indian Blood Card (CDIB) or tribal letter.
2. Up to date immunization record.
3. Current Physical.
4. Blood test for communicable diseases.
5. Birth Certificate.
6. Social Security Card.
7. Private Insurance, Medicaid or Sooner Care Insurance Card.
8. School transcript or most current grades.
9. Any medical, case histories, psychological and/or psychiatric histories.

PLEASE NOTIFY US IMMEDIATELY OF ALL ADDRESS AND PHONE NUMBER CHANGES.

Sincerely,
Oaks Indian Mission
Admissions Staff

APPLICATION FOR ENROLLMENT

Name of student: _____ Grade: _____

Gender: ___ Male ___ Female Birth date: _____ Birthplace: _____

Social Security Number: _____ Religion: _____

Tribe: _____ Degree: _____

Name and address of parent or legal guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Directions to your home:

Name and phone number of a relative, friend or neighbor: _____

Has child been placed outside home before? _____ If so, where and why _____

Names of brothers and sisters:

- 1. _____ Male ___ Female Age: _____
- 2. _____ Male ___ Female Age: _____
- 3. _____ Male ___ Female Age: _____
- 4. _____ Male ___ Female Age: _____
- 5. _____ Male ___ Female Age: _____

FAMILY AND INSURANCE INFORMATION

Person completing this form: ___ Parent ___ Guardian

Father: _____

Mother: _____

Age: ___ ___ Living ___ Deceased

Age: ___ ___ Living ___ Deceased

Address: _____

Address: _____

Phone: (Home): _____

Phone: (Home): _____

(Work): _____

(Work): _____

(Emergency): _____

(Emergency): _____

Tribal affiliation: _____

Tribal affiliation: _____

Language spoken in the home: _____

Language spoken in the home: _____

Place of Employment: _____

Place of Employment: _____

Length of Employment: _____

Length of Employment: _____

Days: _____ Hours: _____

Days: _____ Hours: _____

Do you have Sooner Care?
___ Yes ___ No If yes, what is the
number? _____

Do you have Sooner Care?
___ Yes ___ No If yes, what is the
number? _____

Do you have private/group insurance?
___ Yes ___ No If yes, please provide
Insurance company name and address:

Do you have private/group insurance?
___ Yes ___ No If yes, please provide
Insurance company name and address:

Name of Insured: _____

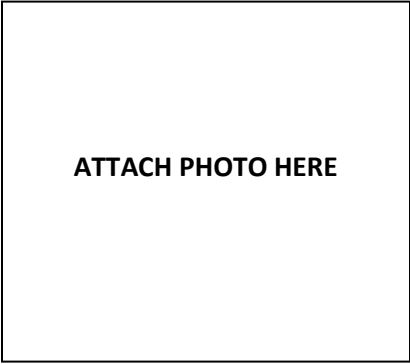
Name of Insured: _____

Relationship to student:
___ Parent ___ Legal guardian
What is the policy ID?

Relationship to student:
___ Parent ___ Legal guardian
What is the policy ID?

Group name/group number _____

Group name/group number _____



Name: _____ Grade: _____ Age: _____

Gender: _____ Male _____ Female Birth date: _____ Social Security #: _____

Sooner Care number/ Insurance number: _____

Tribe: _____ Degree: _____

Name and address of mother: _____

Name and address of father: _____

Name and address of legal guardian: _____

Directions to your home: _____

Name and address of neighbor, friend, or relative: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Birth marks/scars: _____ Hair Length: _____ Usual clothing: _____

I, _____ being the parent/legal guardian of _____

Hereby gives Oaks Indian Mission staff authorization/responsibility to initiate proceedings for detention orders, missing persons reports, runaway juvenile reports and/or documents/procedures needed in the event my child leaves Oaks Indian Mission or Oaks Mission Public Schools or any OIM activities or Oaks Mission Public School activities without expressed permission from Oaks Indian Mission staff. The permission is given so that my child may be located and returned to a safe environment as soon as possible.

Signature of Parent or Legal Guardian Date Signature of witness Date

SOCIAL HISTORY

1. Reason for Referral: Why do you want to come to Oaks Indian Mission? Explain the reasons and circumstances that led to your decision that Oaks Indian Mission is where you want to reside. _____

What changes do you expect in your child in order to return home? _____

How is the child disciplined in the home? _____

2. Past Psychiatric Treatment: ___Yes ___No If yes, when? _____
Suicide attempts: ___Yes ___No Number of attempts___ Most recent: _____
Hospitalization facility: _____
Date: _____ Reason: _____

Outpatient treatment provider: _____
Date: _____ Reason: _____

Medication history:

Are you seeing a counselor now? ___Yes ___No If yes, please provide name and number of counselor _____

3. Medical History:
Date of last doctor's visit: _____ Name of facility/doctor: _____
Date of last physical: _____ Immunizations current: ___Yes ___No
Allergies: ___Yes ___No If yes, specify: _____
Medical problems: ___Yes ___No If yes, specify: _____
Current medications: ___Yes ___No If yes, specify: _____

4. Chemical Abuse and Dependency:
Chemical abuse/dependency history: ___Yes ___No Current use: ___Yes ___No
Substance(s) used: _____
If current use, describe frequency: _____
Length of use: _____ Amount: _____ Longest period of sobriety: _____
Prior treatment (Include 12 step program): _____

5. Family History of Emotional Or Behavioral Problems: ___Yes ___No If yes, explain below: _____

6. Family History and Present Situation: (please describe present situation at home)_____

7. Abuse History: Physical, Sexual and Emotional_____

8. Sexually Active: ___Yes ___No History:_____

Birth control/Safe sex: _____

9. Current School Activities/Hobbies:_____

10. Strengths and Weaknesses (describe best qualities and the area's that could be improved):

How does child cope with problems they have?

11. Mental Status:

Who can they talk with at home to cheer them up? _____

Has any family member died in the last year? _____

Do they sleep soundly all night? Have nightmares? Reoccurring dreams?

What do they do when they are made angry about something?

Does their anger sometimes scare them? If so, how? _____

What makes them happy?

What makes them sad?

Is there someone that they would like to be like? Who and why?

Student Signature

Date

Parent/Legal Guardian Signature

Date

Staff Signature

Date

EDUCATION INFORMATION

Previous school attended: _____

School Address: _____

Current grade: _____ Total days absent this year: _____

Number of schools attended since Kindergarten: _____

List any gaps in education or grade: _____

Reason for leaving: _____ Subjects of difficulty: _____

Describe current grades: _____

Describe relationship with teachers: _____

Describe relationship with students: _____

Describe school behavioral problems: _____

Has your child: (check all that apply)

Been retained in the same grade? ___ Yes ___ No

Received speech/physical therapy? ___ Yes ___ No

Had classroom modifications? ___ Yes ___ No

Received remedial help or tutoring? ___ Yes ___ No

Been tested for Special Education, Attention Deficit Disorder (ADD/ADHD) and/or Learning Disabilities Disorder? ___ Yes ___ No Please explain: _____

Child has had the following examinations:

Speech: _____ Date: _____ Results: _____

Hearing: _____ Date: _____ Results: _____

Visual: _____ Date: _____ Results: _____

- Children will be responsible for fees or lost books.
- Parents will be required to reimburse Oaks Mission Public Schools before transcript will be released.
- Children that reside at the Oaks Indian Mission will have an opportunity to participate in school sports and activities. Oaks Indian Mission work to provide all necessary equipment to compete in athletic sports. Oaks Mission Public Schools offer a variety of sports to choose from.

All children must have a sports physical to participate. Oaks Mission Schools make arrangements for students to receive physicals.

AUTHORIZED/RESPONSIBLE PARTY

Please initial one or more of the items below if you wish to give your child permission to leave the Oaks Indian Mission campus without the sponsorship of Oaks Indian Mission and/or Oaks Mission Public Schools.

____ Student is to leave campus only with parent or legal guardian.

____ Student is to leave campus with authorized person listed below: Must be over 21 years of age.

To add other names to the check-out list, a parent/legal guardian must submit a signed permission statement through fax, letter or in person to the Mission office 48 hours prior to student check out. The Mission office may request additional information before approval of additional names to check out list.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I, _____, am legally responsible for _____ and understand that Oaks Indian Mission is released of responsibility whenever the student is checked out by authorized persons.

Signature of Parent/Legal Guardian

Date

I, _____, am legally responsible for _____ and understand that Oaks Indian Mission is released of responsibility whenever the student is suspended from Oaks Indian Mission or Oaks Mission Schools.

Signature of Parent/Legal Guardian

Date

Please check the appropriate box if it is applicable to your child:

- Have you taken your child to a number of physicians for a physical or mental problem that the doctor has been unable or had difficulty diagnosing or treating?
- Does your child have learning difficulties? ___ Reading ___ Writing ___ Math ___ Other
- Does your child have communication difficulties?
- Failure to develop peer relationships
- Lack the ability to spontaneously share enjoyment, interests, and achievements with others.
- Lack of varied, spontaneous make believe play or social imitative play (for age)
- Inflexible adherence to routines or rituals
- Loss of previously acquired skills (language, social skills, bowel or bladder control)
- Fails to give close attention to detail
- Makes careless mistakes
- Does not seem to listen when spoken to directly
- Doesn't follow through on instructions and fails to finish homework, chores, etc.
- Difficulty sustaining attention in tasks or play activities
- Difficulty organizing tasks or activities
- Avoids or dislikes tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Easily distracted
- Often forgetful
- Fidgets with hands or feet
- Leaves seat in classroom
- Runs or climbs excessively in situations where it is inappropriate
- Difficulty playing quietly
- Often "on the go" as if driven by a motor
- Often talks excessively
- Often blurts out answers before questions are completed
- Difficulty in waiting his/her turn
- Interrupts or intrudes on others
- Bullies and intimidates others
- Initiates physical fights
- Has used a weapon to hurt others
- Physically cruel to people
- Verbally cruel to people
- Physically cruel to animals
- Has stolen while confronting a victim
- Has forced someone into sexual activity
- Fire setting just for fun
- Fire setting intending to harm someone
- Deliberate destruction of property
- Has broken into houses
- Often lies to obtain goods or favors
- Often lies to avoid obligation
- Shoplifting
- Stays out late despite parental prohibition

- ___ Run away from home overnight
- ___ Truant from school
- ___ Often loses temper
- ___ Argues with adults
- ___ Defies adult rules or requests
- ___ Deliberately annoys people
- ___ Easily annoyed
- ___ Angry and resentful
- ___ Spiteful and vindictive
- ___ Eating things that are not food
- ___ Repeated regurgitation and re-chewing food
- ___ Persistent failure to eat adequately
- ___ Significant failure to eat adequately
- ___ Motor or vocal tics
- ___ Recurrent excessive distress when separated from home or a parent
- ___ Persistent/excessive worry about losing or about possible harm to a parent
- ___ Worry about getting lost or kidnapped
- ___ Fearful or reluctant to go to school
- ___ Fearful or reluctant to be home alone
- ___ Persistent reluctance or refusal to go to sleep away from home
- ___ Repeated physical complaints when separated from a parent
- ___ Reluctant to speak in social situations
- ___ Had prenatal complication or complications at birth. Please explain: _____
- _____
- ___ Had difficulty reaching developmental milestones. Please explain: _____
- _____