

Lummi Nation Johnson O'Malley Program

2508 A Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

LummiJOM@lummi-nsn.gov

"To provide extra support for Pre-K through 12th grade students, eligible for Lummi JOM Services."



JOM On-Site Tutoring Agreement

School Year: _____

Students participating in JOM tutoring program, must adhere to the following guidelines:

1. Students **MUST** be JOM eligible, enrolled in school, and referred by a parent/teacher/school counselor.
2. Students **MUST** be respectful of other participants, tutors, JOM staff, and visitors. The JOM Tutoring Program is a **NO BULLYING/HARASSMENT ZONE!** Violation of this rule will result in the student(s) being sent home for the day or dropped from the program. There is **ZERO TOLERANCE** for bullying/harassment behavior.
3. Students **WILL** come to tutoring prepared to work.
4. Students **MUST** be signed out by an authorized individual (**unless they walk home, with written permission**).
5. Parents/Guardians **ARE** responsible for picking up their students. JOM does not offer transportation home. Pick up time is ***NO later than 5:30pm***
6. Parents **WILL** notify JOM staff if they will be late to pick up their student(s). Excessive lateness may result in the student being dropped from the program.
- 7.

By signing below, you are acknowledging that you understand and agree to abide by the above-listed guidelines to be a participant of the Lummi Johnson O'Malley Tutoring Program, and if not, you understand that your student will be removed from the program.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Site Supervisor Signature

Date

School Network Access

- I give permission to the JOM Staff to access Skyward for missing work my student may have.
- I give permission to the JOM Staff to communicate with the teachers/counselors regarding my students' grades, assignments, and attendance.
- I DO NOT give the JOM Staff permission to access my students' grades, assignments, attendance, or to communicate with their teacher.

Parent/Guardian Signature

Date

Login ID

Password



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Student Information

Please print clearly

Student Name:		Date of Birth		Age
Street:		City:	State:	Zip Code:
Tribal Affiliation: <i>(must provide copy of CIB, Tribal ID, or letter from enrollment office)</i>				Enrollment #:
School:		Grade:	Bus #:	
What classes or subjects is the student having difficulty in?				

Parent/Legal Guardian Information

Please print clearly

Parent/Legal Guardian #1:		Phone:		
Tribal Affiliation: <i>(if applicable)</i>		Enrollment #: <i>(if applicable)</i>		
Street:	City:	State:	Zip Code:	
Parent/Legal Guardian #2:		Phone:		
Street:	City:	State:	Zip Code:	
Tribal Affiliation:		Enrollment #		

Permission for Publication

- Yes, I give Lummi JOM permission to publish my/my child's photo & name for program promotional purposes. This includes JOM social media platforms, and the Lummi Squol'Quol.
- NO, I do not give Lummi JOM permission to publish my/my child's photo & name for program promotional purposes.

Parent/Guardian/Adult Student Signature: _____

Date: _____



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Emergency Contact Information

Please print clearly.

**If the parent/guardian is unable to be contacted, please list at least two (2) people we may contact.*

Emergency Contact #1:	Relationship to child:	Phone:
Emergency Contact #2:	Relationship to child:	Phone:
<p><i>*In cases where the parent wishes to deny access to the non-custodial parent, they must provide the JOM program with the appropriate copies of legal documentation (custody decree, parenting plan, restraining & non-contact orders, termination of parental rights, etc.) *</i></p>		

Pick up Authorization

Please print clearly.

Allowed to Pick up	Not Allowed to Pick up (please use additional sheet if needed.)
1.	1.
2.	2.
3.	3.

Medical Information

Please indicate whether you child has any health concerns that JOM needs to be aware of (**check all that apply**):

<input type="radio"/> No known health concerns	<input type="radio"/> Seizures
<input type="radio"/> Allergies (please list): _____ _____	<input type="radio"/> Asthma
Does your child require an epi pen? <input type="radio"/> Yes <input type="radio"/> No	Does your child require an inhaler? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Diabetes	Other (please specify):

If the parent/legal guardian and physician named on this form cannot be reached, and if observation of treatment is urgent, I authorize the JOM Tutoring staff my consent for emergency medical or dental treatment by any licensed physician or dentist while under the care of the JOM Tutoring Program and for transportation to and from the source of the emergency. This does NOT include the right to perform surgical operations without my further consent, except in the case of an extreme emergency and after all efforts have been made to contact and/or locate me and I am unavailable. I understand that I will assume full responsibility of any services rendered.

Parent/Legal Guardian: _____

Date: _____

