Philip Baer
Principal

Nuria Suarez
Assistant Principal

31200 Josie Billie Hwy Clewiston, Florida 33440 Telephone:
863-983-6348 FAX: 863-983-6535
http://
www.ahfachkeeschool.seminoleeao.com

SEMINOLE TRIBE OF FLORIDA
AHFACHKEE SCHOOL

April 1, 2026

Dear Parents, Guardians and Students,

Enclosed you will find our Registration Packet for the School Year 26-27. If you are planning to send your child to Ahfachkee School, you will need to complete the registration packet. You may return the packet through email at Ahfachkeeoffice@semtribe.com or you may drop off the packet between the hours of 9:00 AM to 3:00 PM.

For new students to Ahfachkee, please contact the office to set up an appointment to register your child. The following documents will be required to register a new student:

1. Birth Certificate
2. Certificate of Indian Blood (CIB Card). If the parent does not have a CIB card please contact the Tribal Clerk's Office for a letter.
3. Health Physical and Immunization form (680)
4. Guardianship and/or court orders documents as applicable
5. Valid physical address and a Private Mail Box (PMB)
6. Two emergency contacts with phone numbers
7. Report cards/transcripts from previous school.

A student's registration will not be complete until all documents are submitted.

We look forward to the upcoming school year and seeing our students again!

Regards,

Philip Baer

Philip Baer
Ahfachkee School

SEMINOLE TRIBE OF FLORIDA
AHFACHKEE SCHOOL
SCHOOL YEAR 2026-2027

STUDENT INFORMATION

*(Office Use **ONLY**)* START DATE _____

_____ _____ ☐ ☐
Last Name First Name Middle Name Shirt Size Male Female

_____
Other Name answers to Date of Birth Age

STUDENT DEMOGRAPHICS

_____
Physical Address

_____
Mailing Address Home Phone Cell Phone
E-mail Address

STUDENT RESIDES WITH ☐ Both Parents ☐ Father ☐ Mother ☐ Foster Family ☐ Other
(explain) _____

_____
Legal Guardian (Print Name) ☐ Mother ☐ Father ☐ Other (explain) Daytime Emergency Phone #

_____
Legal Guardian (Print Name) ☐ Mother ☐ Father ☐ Other (explain) Daytime Emergency Phone #

Member of federally recognized tribe ☐ Yes ☐ No Name of Student's tribe: _____

Tribal enrollment/census # _____

Tribal Letter of Descendancy _____

Names and grades of siblings attending this school: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Authorization for (student name):_____ for the following: In case of an accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the nearest medical facility for treatment if necessary. I give permission for the school to dispense to my child any medicine in the original prescription container bearing the student's name ordered by a licensed physician sent by the parent or guardian if the need arises.

Parent/Guardian Signature:_____ Date: _____

NOTICE OF SCREENING

Screening (vision, hearing, speech, and dental) will be done in selected grades and for all new students. If you ***DO NOT*** wish for your child to participate, please notify the school in writing.

PHOTOGRAPHY/MEDIA AUTHORIZATION

Ahfachkee School may photograph and/or video for publication purposes (such as, the yearbook, school website). If you ***DO NOT*** wish for your child to be photographed, please notify the school in writing.

SEMINOLE TRIBE OF FLORIDA AHFACHKEE SCHOOL

SCHOOL YEAR 2026-2027

STUDENT INFORMATION

(Continuation)

*(Office Use **ONLY**)* START DATE _____

Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)		
☐ Yes ☐ No	Is a language other than English used in the home?	If "yes", which language?
☐ Yes ☐ No	Does the student have a first language other than English?	If "yes", which language?
☐ Yes ☐ No	Does the student most frequently speak a language other than English?	If "yes", which language?

Has the student previously been:			
☐ Yes ☐ No	Enrolled in Public School?	☐ Yes ☐ No	Retained (repeated the same grade)?
☐ Yes ☐ No	Enrolled in a Charter School ?	☐ Yes ☐ No	In Exceptional Student Education (ESE)?
☐ Yes ☐ No	Enrolled in a Home Education	☐ Yes ☐ No	On a 504 plan?
☐ Yes ☐ No	Expelled from school?	☐ Yes ☐ No	In an ESOL program?
☐ Yes ☐ No	Convicted of a felony?	☐ Yes ☐ No	In a Magnet program?
☐ Yes ☐ No	Involved in the Juvenile Justice System?	☐ Yes ☐ No	In Foster Care?
☐ Yes ☐ No	Referred for mental health services?	☐ Yes ☐ No	In a Gifted program?

Previous School Name(s)	City/State/Country	Year(s) Attended	Last Grade Attended	Type
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed

AHFACHKEE SCHOOL
School Year 2026-2027

EMERGENCY CONTACT / CHECK OUT LIST

Student Name:_____Date of Birth:_____Current Grade: _____

Parent/Guardian: _____**Physical** Address: _____

Home Phone:_____Work:_____Cell:_____

The following have my permission to be contacted in case of emergency and to check out my child.
* Two contacts minimum (required)

Name of Contact	Relationship	Phone Number	Emergency Contact	Check Out
			☐	☐
			☐	☐
			☐	☐
			☐	☐

I REALIZE THAT THE SCHOOL WILL NOT RELEASE THE ABOVE NAMED CHILD TO ANYONE UNLESS THEIR NAME IS WRITTEN ABOVE ON THIS FORM. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO LET THE SCHOOL KNOW IN WRITING WHEN THERE IS TO BE A CHANGE IN THE PERSON(S) WHO HAVE MY PERMISSION TO CHECK OUT THE ABOVE NAMED CHILD. FOR THE SAFETY OF MY CHILD, I WILL KEEP MY INFORMATION UPDATED AND CURRENT.

Please provide a copy of the paperwork if your child has No Contact Orders, Restraining Orders, Power of Attorney, Guardianship, Custody.

STUDENT TRANSPORTATION

Please indicate the dismissal for your child with the days of the week. M = Monday T = Tuesday W =Wednesday R = Thursday F = Friday	**BC Bus**	**Immokalee Bus**	**Parent Pickup**	**Walk, ride ATV, etc.**	**Drive** (must have a copy of valid driver license, proof of insurance on file at school)
ARRIVAL					
DEPARTURE					
EARLY RELEASE					

Dismissal Changes: If there is a need to change your child's dismissal plan, please provide a written note with the changes (date/sign) to the front office ***by 10:00 AM***. Students should be checked out prior to 1:45PM on a full day and 11:15AM on an early release day.

In the event that a bus driver is unable to locate a parent/adult/older sibling in the home when dropping a child (K - 4th Grades) off at home, the child will be returned to the school.
Attempts will then be made to contact the parent/guardian.

Parent/Guardian Signature_____Date_____

AHFACHKEE SCHOOL
School Year 2026-2027

HEALTH HISTORY

Student's Name:_____ Date of Birth:_____ Sex:_____

Parent/Guardian:_____ Phone: (h)_____ (w)_____

Cell Phone: (1)_____ (2)_____ (3)_____

Please check if your child has any known food allergies:

☐ Seafood ☐ Shellfish ☐ Peanuts ☐ Dairy Products

Other (Please list)_____

Is your child allergic to insect bites/stings? ☐ No ☐ Yes

Please list_____

Is your child allergic to any medication(s)? ☐ No ☐ Yes

Please list_____

List any other allergies: _____

MEDICAL INFORMATION

Does your child or has your child ever had any of the following, **please check all that apply:**

☐ AIDS/HIV	☐ Epilepsy	☐ Pregnancy
☐ Allergies	☐ Heart Murmur	☐ Rheumatic Fever
☐ Anemia/Blood Disorder	☐ Heart Problems	☐ Sexually Transmitted Disease
☐ Asthma	☐ High Blood Pressure	☐ Stroke
☐ Cancer/Tumors	☐ Kidney Problems	☐ Thyroid Problems
☐ Diabetes	☐ Liver Problems/Hepatitis	☐ Tuberculosis/Lung Disease
☐ Emotional Problems	☐ Neurological Problems	☐ Other _____

Is your child currently under the care of a physician? ☐ Yes ☐ No

Name of Physician:_____ Phone Number: _____

Reason for treatment: _____

Is your child currently taking medications, including "over the counter" ☐ Yes ☐ No

If yes, describe: _____

The above medical information is true to the best of my knowledge:

Signature:_____ Relationship:_____ Date: _____

AHFACHKEE SCHOOL
School Year 2026-2027

TITLE I A COMPACT

STUDENT **LEGAL GUARDIAN** **AHFACHKEE SCHOOL**

AS A STUDENT I PROMISE TO:	AS A CARING SUPPORTIVE ADULT I PROMISE TO:	AS A SCHOOL WE PROMISE TO:
Attend School regularly and be on time	Foster a positive attitude toward school	Respect and enhance the unique culture of each child
Be responsible for my own actions	Be actively involved in my child's education	Provide quality instruction in a safe and drug free school
Read at Home	Communicate regularly with my child's teacher	Provide an intellectually stimulating curriculum that reflects and preserves the cultural integrity of the people and holds high expectations of all children
Do my part to make my school a safe place	Actively promote literacy in our home	Communicate with and include families in the education process
Take pride in the grounds and property of my school	See that my child attends school every day rested and ready to learn	Model behavior and attitude of positive character traits
Arrive rested and ready to learn	Encourage my child to complete school work and homework	Support positive behavior in the classroom
Complete all school assignments including homework.	Obtain and have my child complete assignments after absences	Encourage your child to reach his/her potential
	Provide telephone and address changes to school offices	
Student signature	**Legal guardian signature**	**Administrator signature**
Add Comments as desired	Add Comments as desired	

NATIVE LANGUAGE INSTRUCTION

"I give permission for my child to receive Native Language instruction for the purpose of maintenance or restoration and enhancement."

☐ YES, I CONSENT

☐ NO, I DO NOT CONSENT (attach letter if declining participation)

Parent/Legal Guardian Signature Date

HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School Ahfachkee School Phone _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

☐ House or apartment with parent or guardian
☐ Motel, car, or campsite
☐ Shelter or other temporary housing
☐ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

☐ Loss of housing
☐ Economic situation
☐ Temporarily waiting for house or apartment
☐ Provide care for a family member
☐ Living with boyfriend/girlfriend
☐ Loss of employment
☐ Parent/Guardian is deployed
☐ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes☐ No☐

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Valerie Whiteside, at 863-227-3389 or the State Coordinator, Marie SilverHatBand, at 202-860-4188.

By signing below, I acknowledge that I have received and understand the above rights.

_____

Signature of Parent/Guardian OR Unattached Youth *Date*

_____

Signature of Local McKinney-Vento Liaison *Date*

SEMINOLE TRIBE OF FLORIDA
AHFACHKEE SCHOOL

Principal
Philip Baer
Assistant Principal
Nuria Suarez

30290 Josie Billie Hwy. PMB 1005
Clewiston, FL 33440 Telephone:
863-983-6348 FAX: 863-983-6535
http://
www.ahfachkeeschool.seminoleeao.com

Authorization to Release or Receive Information

Date: _____

Name and address of school/facility student previously attended or will be attending:

Ahfachkee School

STUDENT NAME:_____DATE OF BIRTH: _____

By signing, I authorize Ahfachkee School to release ☐ or receive ☐ the following:

1. ☐ Official School Transcript
2. ☐ Health/Immunization Record
3. ☐ Birth Certificate
4. ☐ Standardized Test Scores
5. ☐ Exceptional Student Educational record/Special Education
6. ☐ Other (Specify) _____

I understand that any and all personally identifiable information is protected under FERPA. I further understand that I may waive that protection and give access to my student's records for individuals of my choice. I agree to ***waive my rights*** *under FERPA and request that the about date be released to the listed school/office/individual(s).*

For the following purpose:

1. ☐ Exchange of Information
2. ☐ Personal Records
3. ☐ Student Transfer

The Federal Family and Privacy Act do not require parent permission for sending records to a school to which the student is transferring. In such case no parent authorization may appear here.

Signature of Parent/Guardian Relationship to Student Date

SEMINOLE TRIBE OF FLORIDA

Education Department

Authorization for the Release of Information

Student: _____ _____ _____

First *Middle* *Last*

_____ _____

Date of Birth *Tribal Member #*

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor Education Progress
- Assessments and Referrals
- Family Services
- Coordinate education services
- Other (*Please specify*): _____

I hereby request and authorize STOF Education Department: ☐ Disclose to ☐ Obtain From

Person/Agency: _____ Phone: _____

TO BE RELEASED TO/REQUESTED FROM: **Seminole Tribe of Florida's Education Department**

- **BIG CYPRESS**
  31000 Josie Billie Hwy
  Clewiston, FL 33440
  (863)902-3200
- **BRIGHTON**
  650 Harney Pond Rd Ste 112
  Okeechobee, FL 34974
  (863)763-3572
- **HOLLYWOOD/TRAIL/FT. PIERCE**
  3100 N. 63rd Avenue
  Hollywood, FL 33024
  (954)989-6840 ext 10500
- **IMMOKALEE/NAPLES**
  295 Stockade Road
  Immokalee, FL 34142
  (239)867-5303
- **TAMPA**
  6401 Harney Road
  Tampa, FL 33610
  (813)246-3100

Information to be released:

- Attendance Information
- Discipline Records/Actions
- Assessments and Evaluations
- Psychological Evaluations
- Contact Information
- Report Cards/Progress Reports
- Standardized Test Information/Results
- Transcripts
- Dates and Reasons for Special Program Enrollment/Withdrawals
- ESE Reports
- Current IEP/504 Plan
- Contact Information

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Education Department. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature to be valid throughout the immediately following full school year up to and including August 1 of that year or until it is revoked by my written consent.

I have been informed and understand my rights regarding the release of these records.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Advisor Signature *Date*

Revocation

_____ _____

Parent/Guardian Signature *Date*

Revised 10/2021

SEMINOLE TRIBE OF FLORIDA

AHFACHKEE SCHOOL

PERMISSION FORM

School Based Form

Please complete both sides

Student Information:

Student's Name _____Date of Birth _____ Age _____ Grade: ____

Address_____ City/State/Zip Code_____

Parent/Legal Guardian Contact Information:

Mother/Guardian's Name:	Father/Guardian's Name:
Home Telephone #:	Home Telephone #:
Cellular #:	Cellular #:
Work Telephone #	Work Telephone #:

In case of an emergency, please notify:

Name	Relationship	Telephone
1.		
2.		

Emergency medical care:

➢ **Please indicate any medical problems or conditions that we should know about:**	
➢ **Will your child be allowed to leave the program/activity at any time?** ***(Please mark only one choice.)*** **YES NO**	
➢ **Please indicate who is allowed to pick up your child:**	**Relationship:**
Name:	**Telephone #:**

Parent/Legal Guardian Signature:	**Date**

SEMINOLE TRIBE OF FLORIDA

AHFACHKEE SCHOOL

Please complete both sides

LETTER PERMISSION SLIP
(for school-sponsored activities)

Date:

My son/daughter _____ Grade: _____ has my permission to attend the **Any Field Trip in Big Cypress** a school approved activity sponsored by **Ahfachkee School**. The date(s) for this activity is on **_TBD_,** at the **Rodeo, Museum, or any additional location within Big Cypress Reservation_**

While I realize that all precautions will be taken for the safety of the students, if an accident or sickness occurs, I authorize the school's designated representative(s) to consent to physician and/or hospital emergency care. It is understood that school authorities will notify parents/guardians as soon as possible if an emergency arises, but in no way my child's treatment to be delayed until I am contacted.

FIELD TRIP INFORMATION:

Compliance with all school rules and procedures is required for all attendees.

FIELD TRIP ELIGIBILITY CRITERIA:

Violation of school policies may jeopardize a student's opportunity to participate in this trip.

NOTE:

- Please send this signed Slip Permission to the Ahfachkee School staff member listed below.
  Nohra Auriemma at 863-983-6348; nohraauriemma@semtribe.com

_____ ----------

Signature of Parent/Guardian Print name Parent/Guardian

_____ _____

Contact Telephone Number Date