

SAN XAVIER DISTRICT EDUCATION CENTER – 520.807.8620
AFTER SCHOOL HOMEWORK HELP PROGRAM APPLICATION 2024-2025

The San Xavier District Education Center After School Homework Help Program is available for students in Kindergarten - 6th grade. Priority goes to SXD Community member children who meet the definition of SXDC 08-08-13 and SXDC 06-09-09. Program hours are from 3:00 – 5:00 p.m. on Mondays & Tuesdays and 1:00 p.m. – 5 p.m. on Wednesdays. **You will be notified** via phone or email should your child be accepted into the program. Student limit is 45 total with 15 per class.

- Orientation will be on Wednesday, September 4th at 6pm upon acceptance of program.**
- Program BEGINS Monday, September 9th 2024 and ENDS Wednesday, May 14th 2025**

Student's Full Name (First, Last): _____	Gender M / F	Birth date _____	Enrolled Member Of: <u>San Xavier District ()</u> <u>TON District ()</u> <u>Other Tribe ()</u> <u>Non-Native ()</u>
Student's School Name: _____	Grade _____	Teacher: _____	We may ask for proof of child or parent enrollment at our discretion.
School Phone #: _____			
Student Matric # _____			
Parent/Guardian Full Name: _____			
Email: _____	Are emails ok? _____		
Cell #: _____	Are text messages ok? _____		
Work #: _____			

Transportation may be provided- homebound

- _____ My child will **NOT NEED** transportation home, he/she will be picked up.
- _____ My child has permission to **walk home** (1/4 of a mile from the Education center).
- _____ My child **WILL NEED** transportation home
Please list address of drop off:
Address: _____

Parent/ Guardian Signature: _____

Date: _____

For Office Use Only: Student accepted Yes No Parent notified date: _____ Staff initial _____
Circle Reason: SXD member referral - SXD member - TON member - Other tribe - non-Indian - class filled _____

IMPORTANT MEDICAL INFORMATION

The health, welfare and safety of the students is a top priority. The information requested below, will help us look out for the special needs of the students. While we are not qualified or allowed to administer any medication, it is important for staff to be aware of special needs in an emergency.

Has your student been diagnosed with any learning disability? Please identify (i.e ADD, ADHD, etc.)

Is student taking any medications for above condition? (Please List) _____

Does student have an illness or chronic medical condition like asthma, diabetes, etc.? Any medications required? (Please List) _____

Does student have any allergies? Require Medications, injections? (Please List) _____

Physician Name/Hospital: _____ Phone# _____

Medical Coverage: _____ Group ID #: _____

Emergency Contacts (In order of priority) - persons given permission to pick-up.		
1.	Phone#	Relationship:
2.	Phone#	Relationship:
3.	Phone#	Relationship:

NOTE: THE AFTER SCHOOL PROGRAM IS SUBJECT TO CHANGE OR CANCEL AT THE DESCRETION OF THE SAN XAVIER DISTRICT FOR THE SAFETY OF ALL.

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Emergency Clause: In the event that I cannot be reached in an emergency, I hereby grant my permission first to the emergency contact listed above, second to the San Xavier District designee of the program to secure proper medical attention for my child as deemed necessary. This permission extends from transportation, minor first aid treatment to (under Doctor's orders) injections, anesthesia, emergency medical treatment, and hospitalization.

Please initial your choice: **Agree** _____ **Disagree** _____

Media Release: I hereby grant the San Xavier Education Department/District permission to record my child's likeness for use in printed media, slide programs, digital pictures or video recordings to advance the benefits of the After School Program.

Please initial your choice: **Agree** _____ **Disagree** _____

Release Clause: The undersigned hereby does release and hold harmless the San Xavier District, particularly the Education Department and any employees, from any and all claims, liabilities or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Please initial your choice: **Agree** _____ **Disagree** _____

Attendance Policy: Students will be allowed **3 ABSENCES** they will be dropped on the 4th absence. Parents\Guardian(s) MUST contact the San Xavier District Education Center when your child will not be attending the program for the day. We will have a waiting list so please consider your child's ability to attend regularly when applying for the program. Exception will be for students attending the Extended Day Programs in the local schools and People Wellness House Program.

Please initial to show you have read this: _____

Notes:

- There will be a break in the program for Fall/Winter/Spring Breaks. Notes will be sent home.
- Parents/Guardians are encouraged to drop-in, chaperone fieldtrips, and volunteer as desired.
- Please call 807-8620, when your child is going to be absent. Provide child & staff instructor name and grade.
- Discipline techniques to be used in the following order: Restorative Practice, Parent notification, Send student home for the day, letter of dismissal following three (3) times of being sent home.
- Students cannot stay at Education beyond 5:00 p.m! Staff have other duties and cannot be responsible for watching students.
- If your child does not get accepted in this program please consider the People Wellness House Program and the Recreation After School Homework Help Program.
- This program and associated service is a privilege created and funded fully by the San Xavier District.

SXD EDUCATION DEPARTMENT

2024-2025 AFTER SCHOOL HOMEWORK HELP PROGRAM

PARENT AGREEMENT

Parent involvement is critical to the success of the student in both school and the SXD Education Center After School Homework Help Program. In this regard, this parent agreement is most essential.

Student's Name: _____ **Grade:** _____

I have read the Basic Information and Rules of the Program and will go over them with my child to ensure they are understood and s/he agrees to abide by them. In addition, I agree to the following:

1. I will make sure that my child attends the program regularly.
2. I understand incentives may be provided including fieldtrips; notes for fieldtrips will be sent to me.
3. I will notify SXD Education Department of any absences in advance.
4. I will see to it that my child brings his/her homework to the program and I will review homework with my child when he/she comes home from the program.
5. I understand continued disruptive and disrespectful behavior will not be tolerated and can be a reason for letter of dismissal from the program after three (3) notifications of such behavior.
6. My designated person(s) or I will attend parent orientation or conference when needed.
7. I will notify SXD Education Center of any changes as to our phone and emergency numbers as well as addresses.
8. I understand that enrollment priority is: First, to SXD community children with teacher referral, next to SXD community students, then Tohono O'odham children; and my child may be on a waiting list. SXD Education will notify me as to my child's participation.
9. I understand that my child must be picked up by 5pm if not utilizing our transportation service.
10. If my student lives within walking distance (1/4 mile) s/he can be expected to walk home with my permission or I will make transportation arrangements for my child if we live within the ¼ mile radius.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date