

**Woodfords Indian Education Center (WIEC)**  
**Enrollment Form**

96 B Washoe Blvd., Markleeville, CA 96120  
Phone: (530) 694-2964 Fax (530) 694-2739  
FIND WEBSITE at <https://www.wiec.website/>

**2020-2021 School Year**

Dear Parents,

It is the goal of the Woodfords Indian Education Center to provide a supportive learning environment to help students of the Hung-A-Lel-Ti Community do their best in school.

Our number one goal is to provide academic support. The WIEC Staff is available for tutoring and support for homework and any subjects that may need additional support.

**The WIEC will be providing incentives for grades, effort, and attendance to those students that participate at the Center a minimum of 4 hours a month.** To determine how your child is doing in school, the WIEC needs an "Academic Authorization Form" signed by a parent that allows the WIEC to access grades and information regarding your child's efforts at their school.

Due to the Covid 19 situation, the WIEC will only be providing learning and enrichment activities at the center this year. Students will be required to attend at specified tutoring times and unfortunately, students will not be given free time to socialize. Computer time and enrichment activities during tutoring times will be allowed if students complete their homework.

Students will be required to wear masks while at the WIEC.

If you are interested in receiving the WIEC Newsletter on-line, please provide your e-mail address.

Thank you for your support.

WIEC Staff

## Woodfords Indian Education Center (WIEC)

96 B Washoe Blvd., Markleeville, CA 96120

Phone: (530) 694-2964 Fax (530) 694-2739

FIND WEBSITE at <https://www.wiec.website/>

### **EMERGENCY INFORMATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Student Gender: **M** **F**

Mailing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Physical Address (if different from mailing address):  
\_\_\_\_\_  
\_\_\_\_\_

Parent Work Phone Number: \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **MEDICAL INFORMATION**

In the event an emergency arises at the WIEC, 911 will be called and your student will be taken to the nearest treatment center. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment or x-ray examinations of the above name student. In the event of serious illness, the need for major surgery, or significant accident injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the attending physician is not able to communicate with me, the treatment necessary for the best interest in the above named student may be given.

My child is allergic to: \_\_\_\_\_  
\_\_\_\_\_

Parent Initial \_\_\_\_\_

DATE \_\_\_\_\_

## Woodfords Indian Education Center (WIEC) Enrollment Form

96 B Washoe Blvd., Markleeville, CA 96120  
Phone: (530) 694-2964 Fax: (530) 694-2739  
FIND WEBSITE at <https://www.wiec.website/>

### ACADEMIC AUTHORIZATION FORM

---

Student's Name

School

Grade

As the parent/legal guardian of the student named above, I hereby give permission for my child to participate in the tutoring and educational support programs conducted by the Woodfords Indian Education Center (WIEC).

I hereby authorize the WIEC Director and tutors/staff to do the following:

1. Give academic support in grades Kindergarten through 12<sup>th</sup> grade, provide enrichment or other learning opportunities, and provide and give support for college advisement if needed.
2. Have access to and make and receive copies of any and all of my child's academic school records, from kindergarten to the completion of the 12<sup>th</sup> grade, including but not limited to: Transcripts, credit audits, testing, progress reports, attendance, and grades. I understand that these records will be kept in strict confidence and will be used to:
  - A. Monitor my child's academic progress
  - B. Provide academic support services
3. If normal activities resume this year, I will allow my child to attend field trips that are sponsored and coordinated by the WIEC. I understand an adult will supervise my child on these trips.  
**\*\*Additional signed field trip permission slips will be required for each trip.**
4. To authorize the center to use my student's name, photographs, and quotes in newsletters, press releases, and Tribal media.

---

**PRINT** Parent/Legal Guardian Name

---

Parent/Legal Guardian **SIGNATURE AND DATE**

## Woodfords Indian Education Center (WIEC) Enrollment Form

96 B Washoe Blvd., Markleeville, CA 96120  
Phone: (530) 694-2964 Fax: (530) 694-2739  
FIND WEBSITE at <https://www.wiec.website/>

### **BEHAVIOR EXPECTATIONS:**

---

Student's Name

School

Grade

I agree that my child is under the authority of the WIEC staff, advisors, and other responsible adults in charge. If my child does not follow instructions, policies, or rules, he/she may receive the following:

- verbal warnings,
- sent home,
- or excluded from participating.
- Any type of physical misbehavior will result in automatic suspension of WIEC participation.

As the parent or guardian, I support the efforts of the WIEC staff and will be notified of disciplinary actions taken. An agreement of participation may be required before my student will be able to attend WIEC activities if a problem exists.

I expressly relieve, indemnify, and hold harmless the WIEC staff, advisors, and other responsible adults from and against any and all liability or claims arising from injury or damage suffered or incurred by my child or our property, as may be the result of acts, conduct, behavior or omissions of my child, and/or any other persons while participating in this program.

I understand that I am responsible for my student when he/she leaves the center. By signing below, I certify that I am the authorized signer for this child.

I understand this consent may be withdrawn, at any time, by my written direction to the WIEC Director. My signature below certifies that I am the authorized signer for this child.

---

**PRINT** Parent/Legal Guardian Name

---

Parent/Legal Guardian **SIGNATURE AND DATE**

## STUDENT AND WOODFORDS INDIAN EDUCATION CENTER COMPACT

### STUDENT RESPONSIBILITIES:

In order to do my best, I agree to be respectful, responsible, caring, fair, trustworthy, a good citizen.  
I will strive to:

1. To complete my homework every day.
2. To do my best at school in all subjects.
3. Use appropriate manners in speech and actions.
4. Not use inappropriate language, rude gestures, teasing or putdowns.
5. To keep hands, feet, books and objects to myself.
4. To respect the rights and property of the WIEC and others that attend.
5. To avoid cell phone use, talking, and socializing that will prevent others from focusing on their work.
- \*These activities are allowed in the front area of the WIEC, not in the tutoring areas.
7. To not bring or use alcohol, nicotine, or other drug related products that are not allowed at the WIEC.
8. I agree to follow directions given by adults at the WIEC and the WIEC rules.
9. I agree to follow Covid19 safety procedures at the WIEC and wear a mask to protect others.

**\*\*By striving to do these things I will learn, let others learn, and help others to do their best!**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT / GUARDIAN RESPONSIBILITIES:

As a parent or guardian, I will be respectful, responsible, caring, fair, trustworthy and a good citizen.  
I will strive to:

1. Ensure that my child attends school regularly and is on time.
2. Ensure that my child is prepared each day with a good night's sleep and nutritious meals.
3. Ensure that my child completes assignments, homework, and returns homework to school.
3. Support my child by attending school functions and conferences.
4. Be actively involved as well as an advocate for my child by asking questions and volunteering.
5. To be aware of my child's academic success.
6. Support the school discipline policy.
7. Support the school attendance policy.
8. Support the safety procedures regarding Covid19.

**\*\*This encouragement will strengthen my child's success.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### WOODFORDS INDIAN EDUCATION CENTER RESPONSIBILITIES

As the WIEC Staff, we will be respectful, responsible, caring, fair, trustworthy and good citizens.  
We will strive to:

1. Provide a caring, safe and secure educational center environment.
2. Provide instruction and activities at the WIEC that encourage student involvement.
3. Provide support for school homework and provide appropriate and meaningful practice work when necessary.
4. Provide support to parents regarding their child's schoolwork and encourage parents to provide supportive feedback to students regarding their schoolwork.
5. Provide ongoing communication to parents regarding student's academic, behavioral and social progress at school if the WIEC Academic Authorization Form has been signed by the parent.
6. The WIEC will implement safety procedures regarding Covid19.

**\*\*This commitment to students and parents will strengthen student success.**

WIEC Director Amber Bill WIEC Tutor Coordinator Maxine Emm Date July 2020 -2021

WIEC Tutor Jordan Sundheim

## Woodfords Indian Education Center (WIEC)

96 B Washoe Blvd., Markleeville, CA 96120  
Phone: (530) 694-2964 Fax: (530) 694-2739  
FIND WEBSITE at <https://www.wiec.website/>

### INTERNET POLICY

The WIEC is pleased to offer use of the internet and its wide variety of **EDUCATIONAL** resources to students, community member and staff. Failing to comply with the WIEC rules for appropriate use of the internet will result in loss of WIEC computer privileges. Each computer is monitored by the Washoe Tribe IT Department which they can access at any time. Inappropriate computer use includes the following:

1. **Use of restricted internet sites.** You-tube, Facebook, Instagram, Chat Sites, or any other sites deemed social media or those considered non-educational.
2. **Accessing or publishing pornographic or offensive material.** Any materials that may be considered pornographic, obscene, violent, threatening or harassing to others based on their race, national origin, sexual orientation, age, disability, religion, or political beliefs may not be downloaded or uploaded to the WIEC computer. Each computer is monitored by the Washoe Tribe IT Department which they can access at any time.
4. **Vandalism.** Computer viruses that can harm or destroy WIEC equipment, or destroy the materials or data of another user may not knowingly be uploaded or downloaded.
6. **Privacy violations.** Personal information (i.e., passwords, personal addresses, phone numbers, account numbers or any private information) should not be shared on the internet.
7. **Unauthorized purchases/sales.** Do not attempt to purchase or sell anything or make any other financial commitments to any person or entity.
8. **Unauthorized copying or theft of software or other intellectual property.** Do not illegally download programs that will allow the sharing or unlawful downloading of copyrighted material for any reason.
9. **Accessing internet to bypass the WIEC internet policy** (see the above examples) via use of a smartphone/cellphone/personal laptop or tablet while utilizing WIEC services is prohibited.
10. **Treating WIEC computers as a personal computer.** Downloading personal music (explicit and non-explicit) or videos, changing WIEC computer controls, locking computers using personal passwords/passcodes, and/or syncing personal data/information onto shared WIEC computers, will not be tolerated. Please do not leave your personal email accounts open for the students and community members to view or access.

My child and I have read and understand the internet policy and will abide by it. I also understand that activities on the internet are monitored by the WIEC and the Washoe Tribe of Nevada and California. This agreement is effective until I withdraw it in writing to the WIEC.

---

**PRINT** Parent/Legal Guardian Name

---

Parent/Legal Guardian **SIGNATURE AND DATE**

---

**PRINT** Student Name

---

Student **SIGNATURE**