



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
EDUCATION

Pokagon Band Department of Education GED Program Forms

Congratulations on wanting to complete your GED! The Pokagon Band Department of Education is here to support you along the way. We cover the costs of study materials, test prep, and testing fees. If you would like to be a part of the Pokagon Band GED Program, please complete the following forms and email them to Kristie.Bussler@Pokagonband-nsn.gov, fax to 269-782-0985, or mail to Pokagon Band Department of Education PO Box 180 Dowagiac, MI 49077 Attn: Kristie Bussler.

Educational Records Release- This form gives me legal permission to provide services. (form is two pages)

GED Application- This form gives me pertinent information. Please go on GED.com and set up an account. You will use your email address for your username and create a password. Please put your username and password on the GED Application.

Special Request- This program is where GED funding comes from. Circle GED and put \$500 on the Direct Pay line. This way, I can pay for what you need when you need it.

Tutoring Request- We provide up to \$2,500 worth of tutoring sessions per year for one or more GED subject areas. Tutoring is optional.

If you have questions about any of this, please let me know.

Thank you. 😊

Kristie



Pokégnek Bodéwadmik
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**EDUCATIONAL RELEASE FORM
 CONSENT TO DISCLOSE EDUCATION RECORDS TO POKAGON BAND OF POTAWATOMI INDIANS,
 DEPARTMENT OF EDUCATION, AND AUTHORIZATION TO PHOTOGRAPH**

STUDENT

2024-2025					
Name _____	Academic Year _____	Grade _____	Birthday _____	Age _____	Sex _____
Mailing Address _____				Tribal ID#/Tribal Affiliation _____	
Student Phone Number (student over 18) _____			Student Email Address (student over 18) _____		

PARENT/GUARDIAN (Complete if the student is under 18 years of age)

Parent/Guardian's Name _____	<input type="checkbox"/> Mailing Address Same as Student's
Parent/Guardian's Mailing Address (If different from student's) _____	
Parent/Guardian's Phone Number _____	Parent/Guardian's Email Address _____

SCHOOL

<input type="checkbox"/> No School		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Homeschool	
		<input type="checkbox"/> Preschool <input type="checkbox"/> Young 5s	
School's Name _____			
<i>Public or charter school students in Pokagon Band's 10-County Service Area must include Title VI Form (ED 506)</i>			
School Address _____			
Phone Number _____	Fax Number _____	School District _____	County _____
RECEIVING SUPPLEMENTARY SERVICES? (If documentation available please submit with this form)			
<input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> Speech <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> None/Does Not Apply			
Special Education Diagnosis _____			

AUTHORIZATION TO PHOTOGRAPH

(More details see No.4)

Opt. In Opt. Out

INTERESTED IN YOUTH COUNCIL

(Eligible Ages 12-24)

Yes No N/A

WOULD YOU LIKE MORE INFORMATION ABOUT DEPT. OF EDUCATION PROGRAMS?

Yes No; If yes, preferred method: Mail Email



**EDUCATIONAL RELEASE FORM
CONSENT TO DISCLOSE EDUCATION RECORDS TO POKAGON BAND OF POTAWATOMI INDIANS,
DEPARTMENT OF EDUCATION, AND AUTHORIZATION TO PHOTOGRAPH**

1. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) protects the privacy of student Education Records. "Education Records" includes records that are directly related to a student and maintained by a school. FERPA grants Parents and Eligible Students certain rights with respect to Education Records. "Parent" means a parent of a student and includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian. "Eligible Student" means a student who has reached 18 years of age or attends a school beyond the high school level. FERPA rights transfer from a Parent to a student when the student becomes an Eligible Student.
2. Generally, under FERPA, a school must have written permission from a Parent or Eligible Student to disclose a student's Education Record. By completing this Consent to Disclose Education Records ("Form"), a Parent or Eligible Student may authorize a school to disclose the student's Education Records to the Pokagon Band of Potawatomi Indians ("Band") Department of Education ("DOE"). The purpose of the disclosure is to permit the DOE to monitor the student's progress under various programs offered by the DOE ("DOE Programs"). This Form also authorizes photographing of the student in connection with DOE Programs. The Parent or Eligible Student may revoke or amend the authorizations contained in this Form at any time, but the request must be through a signed writing delivered to the above school ("School"), but any revocation or amendment may result in the student being ineligible to participate in a DOE program.
3. The Parent or Eligible Student hereby authorizes: (1) the School to release to the DOE all of the student's Education Records, including without limitation, grades, test or assessment results, individual education plans, assignments, and attendance and disciplinary reports; (2) the DOE to access the student's grades through the school's online grading system; and (3) any learning center or auxiliary tutor ("Service Provider") that provides services to the student under a DOE program to release to the DOE all such Education Records. The DOE will maintain all such Education Records as confidential in accordance with applicable law. A copy of this Form is valid as an original.
4. The Parent or Eligible Student hereby authorizes the DOE to take photographs and video and audio recordings ("Recordings") of the student in connection with the student participating in DOE Programs, and hereby: (1) grants the Band the absolute right and permission, without compensation, to take, use, post, display, publish, distribute, transmit, and otherwise disseminate the photographs and Recordings, and the Minor's name and likeness, in whole or in part, whether distorted in character or form, and without restriction as to change or alteration, for any and all purposes whatsoever, including but not limited to, for purposes of marketing, advertising, publicizing and promoting any Band program, event or initiative in any form of media ("Permitted Use"); (2) consents to the use of any text or other published matter or image in connection with any Permitted Use; (3) waives any right to inspect or approve the photographs, Recordings, any use of the student's name or likeness, and any text or other published matter in connection with any Permitted Use; and (4) relinquishes and grants the Band all rights, title and interests in and to the photographs and Recordings, including any copyright therein. The Parent or Eligible Student acknowledges that any revocation or amendment to this authorization shall be perspective only and shall not affect any rights in or to any current photographs or Recordings.
5. To the fullest extent permitted under applicable law, the Parent or Eligible Student, or both: (1) forever releases, waives and covenants not to sue the Band, School, Service Provider, or any of their respective officials, employees and agents ("Released Parties") from all claims, damages, liabilities, expenses and fees, which arise in connection with the release of any of the student's Education Records to the DOE or the exercise of any right granted under paragraph 4 above; and (2) agrees to indemnify and hold the Released Parties harmless from and against all damages, liabilities, settlements, expenses and fees, including without limitation, attorney fees and litigation costs, which arise in connection with any claims by any third party, the Parent or Eligible Student, or both, or anyone on behalf of the Parent or Student, or both, in connection with the release of any such Education Records to the DOE or the exercise of any right granted under paragraph 4 above.
6. The Parent or Eligible Student, or both, acknowledge that this Form is legally binding and enforceable; and that he or she: (a) accurately completed this Form; (b) has full authority to agree to this Form; (c) has reviewed this entire Form; and (d) signed this Form willingly, without duress, and with full knowledge of its consequences.

The Parent must sign this Form if the student is under 18 years of age. Only the student must sign this Form if the student is at least 18 years of age. Both the Parent and the student must sign this Form if the student is under 18 years of age but attends a school beyond the high school level.

Signature of Parent or Student 18 yrs.

Date

Print Parent Name or Student 18 yrs.



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GED Application

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt #/Lot #: _____

City: _____ State: _____ Zip Code: _____

_____-_____-_____
Phone Number E-Mail Address

_____/_____/_____
Pokagon Tribal I.D. # Date of Birth (MM/DD/YR)

Where did you last attend school? _____

What is the last grade you completed? _____

Have you taken any of the GED tests previously? ___ Yes ___ No

If so, which one(s)? ___ Language Arts ___ Social Studies ___ Science ___ Math

GED.com Username (your email address): _____

GED.com Password: _____

With your GED Application, **please include:**

Educational Records Release, Special Request Form, and Tutoring Request

Signature Date

The Parent or Eligible Student, or both, acknowledge that this Form is legally binding and enforceable; and that he or she: (a) accurately completed this Form; (b) has full authority to agree to this Form; (c) has reviewed this entire Form; and (d) signed this Form willingly, without duress, and with full knowledge of its consequences.



2024-2025 Special Request Program Application
July 1, 2024 – June 30, 2025

Educational Records Release Form on File? Yes/ No **IEP** Yes/ No **504 Plan** Yes/ No

*Ed. Release required only for those Birth-12th Grade and G.E.D.

Name _____ Date of Birth _____ Tribal Enrollment# _____

Parent/Guardian (if applicant is under 18) _____

Address _____

Phone _____ Email _____

Grade/YR _____ School _____

Please be as specific as possible & include all other supporting documentation - \$500 Max

Birth-12th Grade	Academic Testing/Workshops/Conferences Mandatory Book Rental Fees/Homeschool Curriculum & Materials *(Does Not include laptops/computers/tablets, etc.) Pre-College Summer Classes & Summer School Occupational/Physical Therapy Sessions – with Professional/Doctor’s Recommendation Special Needs Material/Training – with Documentation Speech/Language Sessions – with Documentation Dual Enrollment – Tuition & Books (if not covered by the school district*) G.E.D/High School Equivalence Diploma – Material/Pre-Testing/Exams* Graduation Gown Reimbursement (Basic Cap, Gown, & Tassel Only) - \$60 Max
Continuing Education	Academic Testing/Workshops/Conferences Application Fees, Graduate School Entrance Fees, & Exams Specialized Equipment or Uniforms (Ex: Nursing Shoes & Scrubs) Mandatory Parking Fees for College Students Graduation Gown Reimbursement (Basic Cap, Gown, & Tassel Only) - \$100 Max State Testing Licensing/Certificate Courses Safety Trainings

\$ _____ Reimbursement \$ _____ Direct Pay

Direct Payee Information: _____

*W9 may be required from the establishment for direct pay

I understand that certain costs may not be covered. The Department of Education may reimburse costs when a receipt is provided after the event. Please allow at least 2 weeks for payment. Due to our complex payment process, please submit the Special Request Application & supporting documentation with ample time to ensure payment will meet any deadlines.

The parent or eligible applicant, or both, acknowledge that this form is legally binding and enforceable and that he or she: (a) accurately completed this form; (b) has full authority to agree to this form; (c) has reviewed this entire form; and (d) signed this form willingly, without duress, and with full knowledge of its consequences.

Signature

Date

The purpose of Special Request is to provide extra services for Pokagon citizens with special academic needs that are not otherwise available through alternative resources.

Eligibility Requirements:

- Applicant must be a Pokagon citizen.
- Applicants Birth – 12th grade and G.E.D. must have an Educational Records Release on file.
- Applicant must have detailed documentation showing need.
- Event must occur within the time frame of the current academic year.
- All requests must be received by June 30th of the current academic year.

Program Funds: \$500 per academic year

Academic Year: July 1 – June 30

Documents Needed:

Special Request Application and any other applicable documentation such as:

- IEP, 504 Plan, recommendation from medical or educational professional.
- Copy of receipt, payment confirmation, or invoice
 - Generic or handwritten receipts must be accompanied by additional payment confirmation from the activity/event organizer.
 - An email stating date & amount paid is acceptable.
- Information on request including where check needs to be mailed, cost, etc.
- Dual Enrollment – Invoice for college tuition/books and letter stating non-coverage by school district.
- Complete the G.E.D. application provided by the Department of Education

All other Special Requests will be reviewed with supporting documentation. This program does **not** cover the cost of computers/laptops, private school tuition, late fee charges for library books, or damaged textbooks.

If you have questions, please contact the Department of Education staff at (269) 782-0887 or toll free at (888) 330-1234. You may also email* scanned forms & documentation to Edu@PokagonBand-nsn.gov. Forms are also on www.pokagonband-nsn.gov.

*If emailing documentation, please scan & add as attachments. Pictures of forms & documentation will not be accepted.



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Tutoring Request

Educational Records Release Form Completed? Yes/No

Student Information:

Name _____ Pokagon Citizen Yes/No
First Last M.I.

Date of Birth ___/___/___ Age ___ Gender M/F *** IEP Yes/ No ***504 Plan Yes/No

Address _____

City _____ State _____ Zip _____ County _____

Parent/Legal Guardian Name (if student is under 18) _____

Phone _____ Email _____

School Name _____ City _____ Grade _____

School Contact Person Information:

Name _____ Position _____

Phone _____ Email _____

Tutor Information: Learning Center or Auxiliary Tutor (circle one)

Name _____ Phone _____

Address _____ Email _____

Subjects Needed _____

_____ **I would like an Auxiliary Tutor assigned to us.**

_____ **I would like assistance with finding a Learning Center, if possible.**

*****If student has an IEP or 504 Plan, please include a copy of it with the Tutoring Request.*****

The Parent or Eligible Student, or both, acknowledge that this Form is legally binding and enforceable; and that he or she: (a) accurately completed this Form; (b) has full authority to agree to this Form; (c) has reviewed this entire Form; and (d) signed this Form willingly, without duress, and with full knowledge of its consequences.

Parent (or Adult Student) Signature _____ Date _____