Crow Creek Tribal Schools WEBSITE: [www.cctribalschools.org](http://www.cctribalschools.org)

103 CHIEFTAIN ROAD PHONE: 1.800.370.7908

STEPHAN SD 57346 FAX: 605.852.2573 Middle School 605.852.2401 High School

NEW STUDENT ENROLLMENT APPLICATION

[Please ✓ One]

🞏 Elementary 🞏 Middle School 🞏 High School 🞏 Better Alternative School



**"Home of the Crow Creek Chieftains”**

\*\*\*APPLICATION MUST BE COMPLETE WITH ALL MANDATORY REQUIREMENTS AND FORMS MUST BE NOTARIZE\*\*\*

1ST DAY OF SCHOOL

Tuesday-AUGUST 20, 2024

**Check List**

|  |  |  |  |
| --- | --- | --- | --- |
| **√ Check off List** | **Student FORMS/Documents** | **COMPLETE** | **COMMENTS** |
|  | **Student Enrollment application-Educational Info, Social info ,Guardianship Documentation is Mandatory-****Temporary Custody form attached if needed** |  |  |
|  | **Birth Certificate-MANDATORY****Social Security Card [copy-optional]****Tribal Enrollment-MANDATORY****Immunization Record-MANDATORY** |  |  |
|  | **Transcript/Record Release** |  |  |
|  | **Check Out Form-MANDATORY NOTARIZED** |  |  |
|  | **Field Trip, Photo/Media Release, Religion/Sweat consent, Handbook Policy** |  |  |
|  | **BIE McKinley Vento form-Homeless/More than 1 family in home, overcrowded** |  |  |
|  | **BIE HOME Language Survey** |  |  |
|  | **Infinite Campus Student/Parent Portal****NASIS (Native American Student Information System) Secure website-student academic progress, attendance, schedule, Profile ect….** |  |  |
|  | **FERPA-Student/Parents rights for student records** |  |  |
|  | **Student Health forms- Over the Counter Medication, Health History, and Medical Power of Attorney. Mandatory Notarized** |  |  |
|  | **Counseling Forms Attached** |  |  |
|  | Sun’wakan Wacinkiciya-**Equine (horse) Wellness Program with student/families** |  |  |
|  | Parent Compact Form |  |  |

Dormitory Application will have IHS registration, consent forms and Physical-Sports SDHSAA-Pre-Participation Packet Forms you can also, pick them up at your local Indian Health Centers or find them on our website.

CONTACT INFORMATION

**Ph. 605-852-2455 Fax: 605-852-2401**

**Elementary School Middle School High School**

**Marcia Wells Marcella Howe Secretary**

**Ext. 308 Ext. 354 Ext. 402**

Crow Creek Tribal Schools

STUDENT ENROLLMENT APPLICATION

Parent/Guardian Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Parent/Guardian** | **Mailing Address** | **Physical Address** | **Contact #** |
|  |  |  |  |
| Employed | Work Phone | Home Phone | Cell Phone |
|  |  |  |  |
| E-Mail Address | Emergency Contact | Emergency Contact # | Relationship to student |
|  |  |  |  |

**Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip: \_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who does Students live with?**

**Mother/Stepfather** **Father/Stepmother** **Mother only** **Father Only** **Both Parents**  **Foster Parents** **Relative (Relationship to Student):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A

**ETHNICITY/RACE: (MANDATORY CUSTODY DOCUMENTS NEEDED):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| American Indian or Alaskan |  |  | Black or African American |  | Asian American |  |
| Hispanic/Latino |  |  | Native Hawaiian/Pacific Islander |  | White/Caucasian |  |

Household Student Information K-12

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | MI | Last Name | Grade | DOB | SexM/F | SS# | Tribal Affiliation | Enrollment No. |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**K-12 EDUCATIONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Last SchoolAttended | Reason for Leaving | Ever Suspended or Expelled | **Reason Suspended or Expelled**  | **Student in Sports (if so what sport)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

**K-12 SOCIAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Is student ward of court | Has student been arrested | Violations | **Detention Center or Jail** | **Name & Contact of Probation Officer** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |



**Crow Creek Tribal Schools/Transcripts/Records Release**

**103 Chieftain Road • Stephan, SD 57346**

Telephone: 1-800-370-7908 Fax: 605-852-2573 Middle School

Middle School ext. 354 High School ext. 402 605.852.2401 High School

**\*Please complete and submit to the last school the student has attended.\***

|  |
| --- |
| Student Last Name First MI |
|   |
|  |
|  |
|  |
|  |

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell or emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**I authorize the Principal, Counselor, Registrar and Special Education staff at:**

Name of Previous School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Year Month/Year

**To release the following information: Crow Creek Tribal Schools**

* Transfer Grades
* Last Report Card
* Transcripts
* Attendance
* Behavior Report
* Standard Test Results
* English Language Proficiency
* 504 Plan, Gifted and Talented Records
* Immunization, Covid 19 Vaccine-Mandatory
* Birth Certificate-MANDATORY
* Degree of Indian Blood-MANDATORY
* Social Security Card [copy] optional

•Special Education Records-*please include: current or last IEP, Parental Consent, Team Summary, Evaluation Report, and Current Psychological Evaluation Report*

* Other if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

School Official Date

**FEDERAL LAW 99-31-\*THERE IS NO PARENT SIGNATURE REQUIRED FOR EDUCATION RESOURCES TO BE SENT TO ANOTHER AGENCY.\***

**CROW CREEK TRIBAL SCHOOL**

**Check Out Form-NEW STUDENT ENROLLMENT**

**Policy:** Only immediate family members can check-out dorm students. Immediate family is defined (as Mother, Father, Legal Guardian, Sister, brother, Grandparent, aunt or uncle.) This person must be at least 25 years of age [BIE guidelines].

It is very important the Parent/Legal Guardian have this form complete and notarized for the safety of our students. Students will not be allowed to check out of the dormitory or school unless they are released to a person whose name appears on this permission form. CCTS Staff are NOT allowed to check out dormitory students at any time, unless under special circumstances approved by the Principal, Dormitory Supervisor or Superintendent.

|  |  |
| --- | --- |
| **Student Name**  | **Home Reservation** |
|  |  |
|  |  |
|  |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PO Box/Address City State Zip**

* I hereby give the following adults permission to check out my son/daughter for week-ends or holidays.
* I understand that these adults must personally pick up the student and sign him/her out from the school (if during school hours) and from the dormitory.
* I understand that off reservation students may not check out to Ft. Thompson and surrounding communities for overnight unless with parents or legal guardian.

***(Handwriting must correspond to notarized signature at bottom of the page for Dormitory AND New Student Application)***

* I also give the school permission to seek out adequate housing and transportation for my son/daughter during emergencies.

*[List names of adults for consent to check out student]*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Parent/Gurardian Name Emergency Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Verified by Notary of the Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date My Commission

**Student (s) Name** **Grade**

I, as Parent/Guardian, understand that it is my responsibility to notify the school of any change in my address, phone number and/or my child’s health information.

* **Field Trip**

My child (ren) has my permission to go on class/activity groups on education and activity trips \_\_\_YES\_\_\_NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**

* **Photo/Media Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ **DO** give permission, \_\_\_\_\_\_**DO NOT** give permission for Crow Creek

 **Parent/Guardian**

Tribal Schools to use and publish my child (ren) photo, video, and digital media for educational and promotional purposes that may be displayed on any Crow Creek Tribal Schools Web Page **www.cctribalschools.org** and social media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**

* **Religion/Sweat Lodge**

I, \_\_\_\_\_ **Give Consent** \_\_\_\_\_ **Do Not Give Consent** - For my child to participate in sweat lodge ceremonies or attend the church of their choice for purposes of purification, prayers or personal spiritual guidance while attending CCTS.

**My child’s religion affiliation is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

* **Parent/Student Handbook 2024-25**

I verify that I have read, or will read, and familiarize myself with the **Parent/Student Handbook** available at: **www.cctribalschools.org**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Print Name Student Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Print Name Parent/Guardian Signature

**Crow Creek Tribal Schools**

**BIE McKinney-Vento Enrollment/Referral/Residency Form**

The Purpose of this form is to address the requirements of the McKinney-Vento Act, Title X. This Document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Male ( ) Female

Please check only **ONE** that best describes where the student is presently living **(Please specify name of hotel, shelter, or organization providing the transitional housing)**

* In my own home or apartment
* In the home of a friend or relative because I lost my housing. (Fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in the military was deployed, parent(s) in jail**). Name/Address and phone of person with whom you live (full name required)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In a shelter because I don’t have permanent housing. (living in a family shelter, domestic violence shelter or children/youth shelter) **Name/Address of phone of shelter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* In Transitional housing (housing that is available for a specific length of time only and is partly or completely paid by a church, a nonprofit organization or some other organization) **Name/Address and phone of organization providing housing**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent housing) **Name/Address and phone of hotel or motel where you’re staying**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In sheltered care (living in a car, park, campground). Provide where you are living such as where your car is parked.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In housing that does not have plumbing, electricity or heat. (circle all that apply)
* Awaiting foster care placement
* Doubles Up with (Friends, Relative, Family Members)
* None of the above (describe my current living situation. Briefly describe your situation. Address/Directions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian or person who student resides with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #:\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_ Shelter \_\_\_\_\_\_\_\_\_\_\_\_\_Family/Friends

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian or person who student resides Date**

BIE MISSION STATEMENT:

 “To provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being…”

BIE HOME Language Survey

School Year 2024-25

CCTS-School Mission Statement

“To Guide our Student to become long life leader in education, culture and their everyday walk in life”

**Purpose: The responses to the home language survey will assist in determining if a student’s proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and service.**

\*\*As parent/guardians, your cooperation is requested in complying with these requirements.\*\*

**Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please respond to each of the questions listed as accurately and possible.**

**For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave and question unanswered.**

If you have any questions you have the right to share them before your student’s English proficiency is assessed.

1. Which language did your child learn when they first began to talk?

2. Which language does your hold most frequently speak at home?

3. Which language do you (the parents/guardians) use more often when speaking with your child?

4. Which language is spoken more often by other adults in the home?

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

Additional Information (Optional)

**Please sign and date this form in the space provided below, then return this form to your child’s school.**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School official Verification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Thank you for your cooperation. **Signature**

**Criteria for Screening -If language other than English is identified for any of the primary language questions above, your child will be recommended for screening. Thank you**!

Federal Code: 25 CFR 32.3-Federal Requirements direct schools to assess the English Language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA World (Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey

Crow Creek Tribal Schools-Infinite Campus Portal

 Acceptable Use Policy

Crow Creek Tribal Schools under BIE has partnership with **Infinite Campus web base program to track student educational information. Infinite Campus Portal as a means to further promote educational excellence and to enhance communication** with parents and students. The **Infinite Campus Portal** allows parents and students (Grades K-12) to view school records anywhere at any time. In response for the privilege of accessing the Crow Creek Tribal Schools **Infinite Campus Portal**, every parent and student is expected to act in a responsible, ethical and legal manner. The **Infinite Campus Portal** is available to every parent/guardian who has a student enrolled at Crow Creek Tribal Schools. **Parents and students are required to adhere to the following guidelines:**

1. Parents and students will not share their passwords with anyone, including their children or
 classmates.
2. Parents and students will not attempt to harm or destroy data of their own children, of
 another user, school or district network, or the Internet.
3. Parents and student will not use the Infinite Campus Portal for any illegal activity, including
 violation of Data Privacy laws. Anyone found to be violating laws will be subject to Civil
 and/or Criminal Prosecution.
4. Parents and students will not access data or any account owned by another parent or student
5. Parents and students who identify a security problem with the **Infinite Campus Portal** must notify
 **the NASIS Coordinator immediately (852-2258 EXT. 354) or (Marcella. Howe@k12.sd.us)** without demonstrating the problem to anyone else.
6. Parents and students who are identified as a security risk to the **Infinite Campus Portal** will be
 denied access to the Infinite Campus Portal.

User guidelines and system requirements can be found at [www.cctribalschools.org](http://www.cctribalschools.org). Please review them before signing and returning this document. You are required to sign and return this agreement before you receive access to the Infinite Campus Portal. **Students must both sign and have a parent signature to gain access to the Infinite Campus Portal.**  **Please fill in all blanks (Print)**

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the **Infinite Campus Portal** Acceptable Use Policy and I agree to abide by and support these rules.

 I understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to **Infinite Campus Portal**, and may be liable for civil and/or criminal consequences.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Family Education Rights and Privacy Act (FERPA)

The Family Education Rights and Privacy Act of 1974, commonly known as FERPA, is a federal law that protects the privacy of student education records. Students have specific, protection rights regarding the release of such records and FERPA requires that institutions adhere strictly to these guidelines.

The following are statements that reflect what the Family Education Rights and Privacy Act (FERPA) covers concerning your rights as a parent and student:

* Parents are allowed to review all files and material the school has about their child.
* All schools are required to follow FERPA.
* The schools cannot provide a student with his/her parent’s financial records.
* A student can request that doctor of his/her choice review psychiatric or treatment records.
* FERPA does not allow the students to see the same files and records that their parent can see.
* A probation officer cannot see a student’s educational records without parental consent.
* The school is required to keep a list of all people who access a student’s records.
* Parents are allowed to bring someone with them to review their child’s school records.
* Parents are allowed to review their child’s testing protocols.
* Student Special Education records are the school’s responsibility to safeguard and no file should ever be left out of place where they can be seen by unauthorized people.
* Staff members can be reprimanded for failure to safeguard student records.

If you have further questions on your rights under the FERPA law then please feel to contact the school Principal or visit the www (World Wide Web) and do a search on FERPA. This will pull up the law, its interpretation and how it affects you as a parent/student.

By signing this form I have read all the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Date**

Know your rights!

**CROW CREEK TRIBAL SCHOOLS**

**School year 2024-25**

103 CHIEFTAIN ROAD – STEPHAN, SOUTH DAKOTA 57346

**NURSING DEPARTMENT**

**ADMINISTRATION OF OTC (OVER THE COUNTER) MEDICATIONS**

**PARENT / GUARDIAN AUTHORIZATION FORM**

I AFFIRM THAT I AM THE PARENT/GUARDIAN, \_\_\_\_\_\_\_

**PRINT FULL NAME OF PARENT / GUARDIAN**

OF MINOR CHILD (REN) LISTED BELOW:

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRA

 \_\_\_\_\_\_\_\_

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

Over-the-Counter medication are drugs that do not require a prescription and are purchased as “over-the-counter”.

This form is a consent to allow school nurse(s) to administer OTC medications, including homeopathic/herbal medications and aspirin the following are over the counter medication:

*Anti-biotic Cream (i.e. Bacitracin, Triple Anti-biotic Ointment) Hydrocortisone Cream (i.e. Anti-Itch Relief)*

*Oral Products (i.e. Oragel, Chloroseptic) Anti-septic Spray /topical (i.e. Bactine) Cold/Cough Medicine (Guaifenesin, Phenlephrine, Pseudoephedrine, Cough Drops) Antihistamine (i.e. Benadryl, Loratadine) NSAIDS (i.e. Motrin, Advil, Ibuprofen)*

*Antipyretic (i.e. Tylenol) Antacids (i.e. Mylanta, Maalox, Tums) Burn Relief Gel*

*Eye drops (i.e. Sodium Chloride)*

PARENT / GUARDIAN SIGNATURE REQUIRED****

**CROW CREEK TRIBAL SCHOOLS**

**School year 2024-25** **NURSING DEPARTMENT**

103 CHIEFTAIN ROAD – STEPHAN, SOUTH DAKOTA 57346

**STUDENT HEALTH HISTORY FORM**-COMPLETED ANNUALLY

1 Student Name: Age: DOB: Gender: Male Female Grade:

2 Student Name: Age: DOB: Gender: Male Female Grade:

3 Student Name: Age: DOB: Gender: Male Female Grade:

4 Student Name: Age: DOB: Gender: Male Female Grade:

5 Student Name: Age: DOB: Gender: Male Female Grade:

6 Student Name: Age: DOB: Gender: Male Female Grade:

\*\*When Answering for different children, use their number in the “YES” or “NO”\*\*

This is part of Paperwork Reduction Act (PRA),

If you would like to answer a student health history for each child, request separate forms from the CCTS Nursing Department 😊

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT HEALTH HISTORY** | **YES** | **NO** | **DOES YOUR CHILD HAVE OR HAD OR IS THERE A HISTORY OF:**  | **YES** | **NO** |
|  Taking prescription medication or OTC Medication daily?  |  |  | ASTHMA |  |  |
| Does your child have a chronic illness? Please List: |  |  | RECURRENT COUGH |  |  |
| Has your child ever been hospitalized? When? For?  |  |  | BRONCHITIS  |  |  |
| Is your child allergic to any medications? Please List: |  |  | PNEUMONIA |  |  |
| Does your child have any food allergies? Please List: |  |  | CORONA VIRUS / COVID-19  |  |  |
| Are your child’s immunizations up to date? |  |  | ECZEMA |  |  |
| **Immunizations must be complete and current,**  |  |  | EAR INFECTION (S) CHRONIC? SEASONAL? |  |  |
| **Students will be dropped if not complete and current** |  |  | TOOTH ACHE |  |  |
| Is your child hearing impaired? |  |  | FREQUENT HEADACHES |  |  |
| Do you want hearing devices/aids kept at school? |  |  | ABDOMINAL PAIN |  |  |
| Is your child vision impaired?  |  |  | CONSTIPATION |  |  |
| Do you want your child’s glasses stored at school? |  |  | BLADDER/KIDNEY / BEDWETTING  |  |  |
| Does your child have Diabetes?  |  |  | HEART MURMUR/HEART CONDITION/DISEASE |  |  |
| TYPE 1 OR TYPE 2 ? PLEASE PROVIDE INSULIN THERAPY |  |  | ANEMIA/BLEEDING/CLOTTING DISORDER |  |  |
| TREATMENTS AND/OR MEDICATIONS |  |  | THYROID DISORDER |  |  |
|  | OTHER PHYSICAL / MENTAL DISORDERS NOT LISTED |  |  |
| **Has your child been diagnosed with COVID19?** | **PLEASE LIST HERE:** |
| **Is your child infected with COVID19 NOW?** |  |  | ADD/ADHD |  |  |
| **When was your child infected? DATE:** |  |  | MENTAL HEALTH ISSUES |  |  |
| **Has your child received COVID19 Vaccine?**  | USE OF DRUGS OR ALCOHOL  |  |  |
| **If so, WHEN? DATE:** |  |  | ANY MEDICAL CONDITIONS YOU ARE CONCERNED ABOUT |  |  |
| **WHEN IS 2ND VACCINATION DUE? DATE:** |  |  | **THAT YOU WANT NURSING DEPT TO LOOK INTO?** |  |  |
|  |  |  |  |  |  |

 Any Medical Diagnosis CCTS should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CROW CREEK TRIBAL SCHOOL - Counseling Packet**

Your privacy is important to us, and we believe that counseling is most effective when students feel comfortable speaking openly with their counselor. We hope this information will clarify our privacy policies. In the usual course of events, you have the right to keep your child’s counseling here completely private.

 **I have read and discussed the above information with my counselor. I have been given the opportunity to ask questions and discuss any concerns about these matters. I understand the risks and benefits of counseling, the nature and limits of confidentiality and expectations**.

**CONSENT FOR COUNSELING**

I give permission for my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive counseling services through CROW CREEK TRIBAL SCHOOL. My signature below indicates that I understand that the counseling service is designed to help my

child as he or she attends individual and/or group counseling sessions with the school Counseling Program

**[This form is valid for one calendar year following the signed date.]**

I understand that, as the parent/guardian of a minor, I legally have access to all information regarding my child’s treatment at Crow Creek Tribal School. However, I also understand that some measure of trust and confidentiality is necessary in order for my child’s treatment to be as effective as possible. Crow Creek Tribal School has my full consent to treat my child/adolescent, and I understand that the counselor will notify me of any significant information and will update me regularly regarding my child’s treatment.

## School Counseling Referral Form Teacher/Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

••••••Reason for referral (check all that apply) •••••• Academic:

 \_\_\_\_\_Attendance \_\_\_\_\_ Study Skills

 \_\_\_\_\_Underachievement \_\_\_\_\_ Organization

 \_\_\_\_\_Homework \_\_\_\_\_ Goal Setting

 \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal/Social:**

\_\_\_\_\_ Anger Management \_\_\_\_\_ Adjustment

\_\_\_\_\_ Bullying \_\_\_\_\_ Family Conflict

\_\_\_\_\_ Social Skills/Friends \_\_\_\_\_ Health (family or self)

\_\_\_\_\_ Negative Attitude \_\_\_\_\_ Grief (Loss/Death)

\_\_\_\_\_ Withdrawn/Shy \_\_\_\_\_ Uncooperative/ Defiant

 \_\_\_\_\_ Honesty \_\_\_\_\_ Anxiety

 \_\_\_\_\_ Self-Esteem \_\_\_\_\_ Theft/ Vandalism

 \_\_\_\_\_ Personal Hygiene \_\_\_\_\_ Trauma

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_



Crow Creek Tribal Schools

A School-Parent Compact is a shared agreement that describes how parents, children, and the school will work together to support the child’s learning.

**School-Parent Compact Form**

103 Chieftain Rd Stephan SD 57346

**Directions**: Please read carefully this agreement that pertains to your responsibility, sign at the bottom to pledge this commitment to the education of our Students.

**[Any person with a vested interest in helping this student may sign the compact in-lieu of the parent.]**

**Parent/Guardian:** “I have entrusted in my child to the school to help prepare them for life. In order for my child to receive a quality education and to reach their fullest potential, I agree to”:

* Complete necessary forms to ensure my child (s) is officially registered for school.
* See that my child attends school on a daily basis and is in attendance for the day.
* Support the school in its effort to maintain proper discipline.
* Establish a time and place for doing homework and review homework regularly.
* Maintain an open line communication with my child and his/her teacher.
* Read with my child at least 15 minutes per day and let by child see me read.
* Be wear of my child’s interest and encourage either efforts.
* Visit Crow Creek Tribal School website www.cctribalschools.org on a regular basis.
* Attend parent survey on an annual basis to ensure the needs of my child are met.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Print Name Parent/Guardian Signature Date**

**Student:** “Since I am investing in my future, it is important that I work to the best of my ability. Therefore, I will do the following”:

* Attend school on a daily and arrive on time.
* Come to school each day with all educational tools needed for learning.
* Complete daily work and return homework assignment in a timely manner.
* Do my best to prepare myself for test.
* Behave in a manner that contributes to the positive school environment.
* Respect classmates, school staff and myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Print Name Student Signature Date**

 **Teacher:** “Who I am and my student see me is as important as what I say, therefore, to help students achieve, I will try to do the following”:

* Demonstrate professional behavior and positive attitude.
* Maintain open lines of communication with students and their parents.
* Encourage Students and parents by providing information about student’s educational progress on a

 Regular basis.

* Provide homework assignment as necessary to reinforce learning and teach responsibility.
* Treat each child in fair and equitable manner.
* Help each child reach his /her maximum learning potential
* Discuss the “***No child Left Behind Law”***, and how it affects my classroom to the parent of my students.
* Provide any parent(s) with any annual survey to express their needs as well as their child needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Print Name Teacher Signature Date**

CROW CREEK SERVICE UNIT

FT. THOMPSON IHS HEALTH CENTER

BUSINESS OFFICE

1323 BIA ROUTE 4, P.O. BOX 200

FT. THOMPSON, SD 57339

(605)-245-1540

**AUTHORIZATION TO FURNISH INFORMATION**

**AND ASSIGNMENT OF BENEFITS**

I authorize Ft. Thompson IHS Health Center to release medical information about me to my

insurance carrier, workmen’s compensation carrier and SD Medicaid.

I hereby assign insurance benefits that I may be eligible to receive, to the Ft. Thompson IHS

Health Center as payment for medical services and supplies furnished by the IHS. I authorize

direct payment of such benefits to the Indian Health Service, Ft. Thompson SD, 57339.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**THIS CONSENT SHALL REMAIN VALID UNTIL REVOKED IN WRITING**

Front Page

1 of 2

**NOTICE TO PATIENTS**

**ELIGIBILITY FOR DIRECT CARE:**

To be eligible for DIRECT CARE provided at the Ft. Thompson IHS Health Center, you must

 be an Indian/Native American from a Federally Recognized Tribe of the United States.

 You may reside anywhere within the United States. You are allowed up to 30 days to provide

 proof of being Indian/Native American and allowed 1 (one) clinic visit.

 Proof shall be in the form of a letter, statement or BIA Form 4432 from your tribe, which

 contains either enrollment number or degree of Indian blood OR if NOT enrolled, proof of

 descendancy/lineage. It is the responsibility of the patient to obtain this proof. If proof is not

 shown within the time frame specified further services WILL NOT be allowed at the Ft.

 Thompson IHS Health Center.

 A medical doctor of the IHS may refer a person when medical care required cannot be provided

 by the Ft. Thompson IHS Health Center. IHS WILL NOT AUTHORIZE PAYMENT for this care until

 the following eligibility requirements are met:

**ELIGIBILITY FOR PATIENT REFERRALS:**

 You must be eligible for PURCHASE REFERRED CARE. This is care is provided away from the IHS

 Facility. You must first meet the Direct Care requirements and you must reside within delivery

 area called “ON or NEAR Regulation.” The “ON” refers to an Indian/Native American eligible for

 Direct Care and lives within the boundaries of the Crow Creek Sioux Reservation. The “NEAR”

 refers to the members of the Crow Creek Sioux Tribe who live near the Crow Creek Reservation

 where the Ft. Thompson IHS Health Center is located. Members of the Crow Creek Sioux Tribe

 who reside within our PRC delivery is (i.e., Buffalo, Brule, Hand, Hughes, Hyde, Lyman and

 Stanley Counties) will meet the “NEAR” regulation. If the patient is not enrolled with the Crow

 Creek Sioux Tribe and ‘DOES NOT” live on the Crow Creek Sioux Reservation the patient “IS

 NOT” eligible for Purchase Referred Care Services.

If the patient does not meet BOTH eligibility requirements for DIRECT CARE and Purchase Referred Care,

“IHS WILL NOT PAY” for the care provided at the non-IHS health care facility.

**NON-INDIAN BENEFICIARIES:**

 Any Non-Indian woman pregnant with an eligible Indian/Native American child will be required

 to show proof that she is eligible for prenatal and postnatal services either through marriage to

 an eligible Indian/Native American male or by statement from the eligible Indian/Native

 American that she is carrying his child.

**I have read and received a copy of the above information.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

Back Page

2 of 2

**CROW CREEK TRIBAL SCHOOLS**

**School year 2024-25**

103 CHIEFTAIN ROAD – STEPHAN, SOUTH DAKOTA 57346

 **NURSING DEPARTMENT**

 **Medical Power of Attorney**

 **(For the Care of a Minor Child)**

 **I affirm that I am the parent and/or legal guardian of the minor child (ren) named below.**

 **PRINT** **Parent / Guardian Full Name** **Today’s Date**

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

 CHILD’S NAME AGE/GRADE CHILD’S NAME AGE/GRADE

I, further, give consent to the **CROW CREEK TRIBAL SCHOOL NURSING STAFF, DORMITORY/RESIDENTIAL STAFF AND CROW CREEK TRIBAL SCHOOL STAFF** to provide the following health services for my child (ren):

1. Health care including medical examinations, routine laboratory studies, x ray procedures, and skin tests
2. Dental care including dental examination, preventative use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary
4. Emergency health care for accidents or illness
5. Transportation of the child (ren) to and/or from another health facility for these services.

**I have read and UNDERSTAND this is a legal document and affirm my consent by signing my signature herein:**

**SIGNATURE OF PARENT/LEGAL GUARDIAN DATE**

**ADDRESS:**

 **ADDRESS CITY STATE/ZIP**

**RELATIONSHIP TO CHILD (REN):**

 **Home Phone Cell Phone**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Verified by Notary of the Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE My Commission Expires

**>>>>>>>>>THIS CONSENT EXPIRES AT THE END OF SCHOOL YEAR MAY 2025<<<<<<<<<<**