



UNITED STATES DEPARTMENT OF THE INTERIOR

Bureau of Indian Education  
Sherman Indian High School  
9010 Magnolia Ave  
Riverside, CA, 92503

Phone: 951-276-6326 Fax: 951-276-6336



# APPLICATION FOR ADMISSION

Dear Parent or Guardian:

Thank you for selecting Sherman Indian High School for your child's education. Our school has a successful history in educating generations of Native American students.

**Make sure ALL necessary copies of documents are attached.** Incomplete applications will not be reviewed until all documents are received. Please note the check off list on the next page that can be used as a guide for completing this application.

Complete applications will be forwarded to the admissions committee for review. The Admissions Committee will review and notify each application by mail or by phone as to the status of the application once reviewed.

Falsification or withholding any information in this application will be grounds for non-acceptance or revocation of your child's admission.

Travel will be provided to the school for any student that is accepted for admission, from their home address provided in the application only. **Any withdrawals or emergency travel during the school year will be the responsibility of the parent or guardian.**

As a reminder, please review your application for completeness. **When scheduling your child's physical, please make sure the medical provider completes the PPD skin test.** Send copies of the required documents, do not send originals. And please make sure all pages are signed.

Return Completed Applications:

By Mail To Sherman Indian High School, Attention Registrar

9010 Magnolia Ave Riverside, CA 92503

By email: [Dayna.Alderman@bie.edu](mailto:Dayna.Alderman@bie.edu)

By Fax: 951-276-6055 (please be advised fax machines can be unreliable)

Sincerely, Sherman Administration

## School Year 2025-2026

### SHERMAN INDIAN HIGH SCHOOL RIVERSIDE, CALIFORNIA STUDENT ENROLLMENT APPLICATION

Thank you for applying to Sherman Indian High School. Below you will find a check off list to help you send in a complete application. If you have any questions, you can reach us at 951-276-6325 ext. 200.

- 1) Is the student's social security number correct? (Page 2) ☐ Yes
- 2) Has the Parent/Guardian signed the Loco Parentis Permission section? (Page 3) ☐ Yes
- 3) Has the Parent/Guardian and student signed the Prohibiting Alcohol/ Illegal Substances  
& Gang Activity sections? (Page 4) ☐ Yes
- 4) Has the Parent/Guardian signed the Permission to Obtain/Release School Records? (Page 6) ☐ Yes
- 5) Is the acknowledgement of Acknowledgement of Official Travel signed by parent/guardian? (Page 7) ☐ Yes
- 6) Has the Parent/Guardian signed the Social Information page? (Page 8) ☐ Yes
- 7) Has the Parent/Guardian signed the Student Check Out Sheet? (Page 9) ☐ Yes
- 8) Has the Parent/Guardian signed the Medical Insurance Information? (Page 10) ☐ Yes
- 9) Has the Parent/Guardian signed the Consent of Medical Release? (Page 11) ☐ Yes
- 10) Has the Parent/Guardian signed the Behavioral Health Consent? (Page 12) ☐ Yes
- 11) Physical Evaluation – Date of physical must be within the last 6 months ☐ Yes  
**Take pages 13, 14, 15, 16 to your physical appointment.**
- 12) Did you request for a Teacher, Principal, or Counselor to complete the School Reference Form? (Page 17) ☐ Yes
- 13) Did you provide a 1<sup>st</sup> and 2<sup>nd</sup> choice for the SIHS Pathways Program? (Page 18) ☐ Yes
- 14) Did the School Records Release get sent to the last school attended? (Page 19) ☐ Yes
- 15) Have you included the following documents?
  - a) Copy of Certificate of Indian Blood (CIB) ☐ Yes
  - b) Copy of Birth Certificate ☐ Yes
  - c) List of Immunizations- Dated after January 01, 2024 **MUST INCLUDE PPD SKIN TEST** ☐ Yes
  - d) Copy of Official/Unofficial High School Transcripts ☐ Yes  
(8<sup>th</sup> Graders: send copy of diploma, standardized test scores and 7<sup>th</sup> & 8<sup>th</sup> grade reports cards)
  - e) Copy of Health Insurance Card (both sides) ☐ Yes
  - f) Attach copy of custody/legal documents and provide information on the person(s) who are responsible for the applicant. ☐ Yes

You can mail, fax, or email your completed application to:

Attn: Applications  
9010 Magnolia Avenue  
Riverside, CA 92503  
Fax: 951-276-6055

To send by email, please call 951-276-6326, Extension 200

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

**STUDENT IDENTIFICATION**

Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle (Month/Day/Year)

Mailing: \_\_\_\_\_ Age: \_\_\_\_\_  
Address City/State Zip

Residential: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Address City State Zip

Student Email address \_\_\_\_\_ Student cell phone # \_\_\_\_\_

In which tribe is the student enrolled? \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

A. \_\_\_\_\_  
Parent/Guardian Name Legal Relationship to Student  
Address City State Zip Tribal Affiliation  
Email address: \_\_\_\_\_ Legal Guardian: ☐ No ☐ Yes  
Home Phone: ( ) \_\_\_\_\_ Contact Allowed ☐ No ☐ Yes  
Cell Phone: ( ) \_\_\_\_\_ Lives with student: ☐ No ☐ Yes  
Work Phone: ( ) \_\_\_\_\_ Receive student mailings: ☐ No ☐ Yes

B. \_\_\_\_\_  
Parent/Guardian Name Legal Relationship to Student  
Address City State Zip Tribal Affiliation  
Email address: \_\_\_\_\_ Legal Guardian: ☐ No ☐ Yes  
Home Phone: ( ) \_\_\_\_\_ Contact Allowed ☐ No ☐ Yes  
Cell Phone: ( ) \_\_\_\_\_ Lives with student: ☐ No ☐ Yes  
Work Phone: ( ) \_\_\_\_\_ Receive student mailings: ☐ No ☐ Yes

**ANY GUARDIANSHIP OR CUSTODIAL ARRANGEMENTS MUST  
INCLUDE PROPER NOTARIZED/COURT DOCUMENTATION**



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

**SECONDARY CONTACT INFORMATION**

**CHILD PROTECTION SERVICE/ CASE WORKER INFORMATION: (IF APPLICABLE)**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS):**

A. \_\_\_\_\_  
Emergency Contact Name Relationship to student City State Zip  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

B. \_\_\_\_\_  
Emergency Contact Name Relationship to student City State Zip  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**TRIBAL EDUCATION OFFICE (NAME OF THE TRIBE):** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ FAX: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

**IF SHERMAN CANNOT CONTACT A PARENT, GUARDIAN OR EMERGENCY CONTACT,  
SHERMAN WILL CONTACT SOCIAL SERVICES AND/OR LAW ENFORCEMENT.**

**IN LOCO PARENTIS PERMISSION**

I agree, for reasonable cause and assurance for the health and safety of all students, Sherman Indian High School staff may act *in loco parentis*. They may, at their discretion, exercise search, seizure and drug testing while my student is in attendance at Sherman Indian High School. Such activities shall be in compliance with 25 CFR-Part 42.3, (b), "Rights of the Individual Student," and 34 CFR-Part 86.200, (b-e), "Drug Free Schools and Campuses."

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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

<b>PROHIBITING ALCOHOL/ ILLEGAL SUBSTANCES AND GANG ACTIVITY</b>
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**PROHIBITING ALCOHOL/ILLEGAL SUBSTANCES**

Sherman Indian High School (SIHS) prohibits the use and possession of alcohol or illegal substances. Students under the influence of alcohol or illegal substances may, at administrative discretion, either be sent home on Administrative Leave or remain on-campus depending on the severity of the offense. Students who exhibit other negative behaviors may also be sent home on Administrative Leave pending a hearing. Students under the influence of alcohol or illegal substances, or having drug paraphernalia, are subject to drug testing. Refusal to test is considered a positive test in the state of California. Students who refuse to be tested or searched will be sent home pending an Administrative Hearing. Possession of a controlled substance on school property in the state of California is a felony and subject to intervention by local law enforcement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PROHIBITING GANGS AND GANG ACTIVITY:**

The visibility of gang and gang-related activities at SIHS causes a substantial disruption and/or interference with school and school activities. Gangs and gang-related activities are prohibited on SIHS school property or at SIHS school affiliated activities. Signing the following agreement is a condition of enrollment at SIHS.

I hereby agree that I will not engage in the following activity or behavior while a student at Sherman Indian High School;

1. I will not wear, possess, use, distribute, display, or sell any clothing, jewelry, emblems, badges, symbols, signs or any item deemed by administration which is evidence of membership or affiliation in any gang;
2. I will not communicate, either verbally or non-verbally, any gesture, slogan, or drawing to show membership or affiliation in a gang;
3. I will not commit any act which furthers gang activity including, but not limited to:
  - a. Soliciting others for membership in any gang;
  - b. Requesting any person to pay protection or otherwise intimidating or threatening any person;
  - c. Committing any illegal act or violation of SIHS policies;
  - d. Inciting other students to act with violence upon any other person.

I understand and agree to the provisions of this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

### CRITERIA FOR BOARDING OR OUT-OF-BOUNDARY ENROLLMENT

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school.

**Please check all that apply: MUST check at least one factor.**

#### EDUCATIONAL FACTORS

Name of Federal/Public/Local school(s) that the student would attend: \_\_\_\_\_

- ☐ Grade level not offered.
- ☐ Severely overcrowded.
- ☐ Exceeds 1 1/2 miles walking distance to school or bus route.
- ☐ Does not offer special vocational/preparatory training necessary for gainful employment.
- ☐ Does not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.
- ☐ SIHS offers special academic program needed by student.

#### SOCIAL FACTORS

In his/her environment, the student:

- ☐ Was rejected or neglected.
- ☐ Does not receive adequate parental supervision.
- ☐ Well-being was imperiled due to family behavioral problems.
- ☐ Has behavioral problems too difficult for solutions by family or local resources.
- ☐ Has siblings or other close relative(s) enrolled at SIHS who would be adversely affected by separation.

**Other Factors:** ☐ Parent Choice ☐ Homeless ☐ Student ☐ Other \_\_\_\_\_

#### ALUMNI INFORMATION:

Have any family members attended Sherman Indian High School? Please Check all that apply and write their name.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Grandmother _____ | <input type="checkbox"/> Sister _____ |
| <input type="checkbox"/> Grandfather _____ | <input type="checkbox"/> Aunt _____   |
| <input type="checkbox"/> Mother _____      | <input type="checkbox"/> Uncle _____  |
| <input type="checkbox"/> Father _____      | <input type="checkbox"/> Cousin _____ |
| <input type="checkbox"/> Brother _____     |                                       |

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

**PERMISSION TO OBTAIN/RELEASE RECORDS**

I do hereby give my permission for Sherman Indian High School, a BIE school, to obtain and/or release a copy of my child's grades, transcripts, social/legal records, Title I, Special Education, 504 Plan and Special Academic Program records.

Applicant Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL HISTORY**

**FOR STUDENTS WHO'S LAST ACADEMIC YEAR WAS 8<sup>TH</sup> GRADE:**

Name of Middle School: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Year student was promoted: \_\_\_\_\_

You **MUST** send your 8<sup>th</sup> grade promotion certificate/diploma, standardized test scores and your 7<sup>th</sup> and 8<sup>th</sup> grade report cards.

Did you complete any foreign language classes? Please list: \_\_\_\_\_  
Please explain any D's and F's that are on your transcripts: \_\_\_\_\_

**FOR STUDENTS WHO HAVE PREVIOUSLY ATTENDED HIGH SCHOOL**

Have you previously attended Sherman Indian High School? (Circle) YES NO

If "yes" write years attended \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Number of high schools you have attended? (Circle) 1 2 3 4 4+

List all high schools you have attended (use back if necessary):

Name of school: \_\_\_\_\_

City, State: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_

Name of school: \_\_\_\_\_

City, State: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_

Name of school: \_\_\_\_\_

City, State: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_

Name of school: \_\_\_\_\_

City, State: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_

**PLEASE ATTACH TRANSCRIPTS**



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

### EDUCATIONAL INFORMATION

My child has received the following services in school:

- ☐ GATE (Gifted & Talented Education)  
Bilingual Education
- ☐ AVID
- ☐ Section 504 Plan

Special Education:

- ☐ I have an IEP (Individual Education Plan).
- ☐ Special Education/Resource Room

Date of current IEP: \_\_\_\_\_

Date of current Psych Eval: \_\_\_\_\_

Please submit with application.

What is the students primary home language? \_\_\_\_\_

List any other languages spoken in your home: \_\_\_\_\_

### TRAVEL INFORMATION

REAL ID for airline: This federally mandated identification is needed for all passengers to board an aircraft. The deadline has been extended to May 7, 2025. In preparation of your students travel needs please keep this in mind. More information will be forth coming.

Please note:

- ALL public transportation travelers, under the age of 15 years, are required to travel with a companion over the age of 15 years. If needed, Sherman will provide the escort for official travel days **ONLY**. Sherman will not provide pick up or drop off at Los Angeles International Airport (LAX). Please use Ontario Airport (ONT) for airline travel.
- One (1) luggage will be pre-paid for each student traveling via airline.

If the student misses any travel arrangements, the parent/guardian's may be responsible to pay any and all additional fees. **Students missing assigned travel will be put on a wait list and possibly lose their spot for enrollment.** All other travel during the school year is at the expense of the student's family.

Will you be under the age of 15 as of August 1 of this year?    Yes    No

Which airport is closest to your residence (City, State)? \_\_\_\_\_

Which Amtrak is closest to your residence (City, State)? \_\_\_\_\_

### ACKNOWLEDGEMENT OF OFFICIAL TRAVEL

**I (parent/guardian) understand that Sherman will only pay for official travel:**

*\*the beginning of the year; \*round trip at Winter Break; \*return home at the end of the year*

**All other travel is the responsibility of the parent/guardian of the student. Students who are parentally withdrawn are responsible for return travel expenses.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

### SOCIAL INFORMATION

If yes is checked, **ALL LINES** must be completed. *Please Note: A "yes" response to any question does not necessarily mean you will not be granted admission. A "yes" response will allow our staff to offer proactive assistance to help your student succeed.*

1. Has applicant missed 15 or more days of school in the last school year? ☐ Yes ☐ No

School: \_\_\_\_\_ School: \_\_\_\_\_

Reason for absences: \_\_\_\_\_ Reason for absences: \_\_\_\_\_

2. Has the applicant ever been suspended? ☐ Yes ☐ No Expelled? ☐ Yes ☐ No

School: \_\_\_\_\_ School: \_\_\_\_\_

Reason for suspension: \_\_\_\_\_ Reason for expulsion: \_\_\_\_\_

*\*Attach Discipline Report(s)*

*\*Attach Discipline Report(s)*

3. Is applicant a ward of the court? ☐ Yes ☐ No

If yes, a copy of the court order must be submitted.

4. Has applicant ever been arrested/detained? ☐ Yes ☐ No

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

5. Does the applicant currently have a probation officer? Yes ☐ No ☐

If yes, an outline of your terms of probation must be attached to be considered for enrollment.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

When does your probation expire? \_\_\_\_\_

Do you have pending court dates this academic year? ☐ Yes ☐ No When? \_\_\_\_\_

Do you have the courts/PO permission to leave your legal jurisdiction to attend Sherman? ☐ Yes ☐ No

I am legally responsible for this student and request consideration for his/her admission to Sherman Indian High School. I understand that the school may request additional information, including but not limited to; counseling, mental health, psychiatric care, child welfare, and probation before the student is enrolled. I also hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Sherman may verify all information. **Falsification or omission of any information is cause for immediate denial or release.** Student signature is also required if the student is 18 years of age or older or if the student is an emancipated minor (**documentation must be attached**).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student (if student is 18 years or older)

\_\_\_\_\_  
Date



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

### PERMISSION FOR STUDENT CHECK OUT

Bureau of Indian Education (BIE), policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- A student may be released to immediate family\* only who are: 25 years or older; with written parental/guardian permission; and administrative approval.
- Students will not be released to **ANYONE** under the influence of drugs or alcohol.
- Residential staff and management may also choose not to release students when other conditions warrant. Due to COVID, check outs may be limited depending on Riverside County/BIE/CDC mandates.
- Staff will not be allowed to check out students unless they are immediate family\*.

\* Immediate family is defined as mother, father, legal guardian, sister, brother, grandparent, aunt or uncle.

Individuals wishing to check out a student must physically appear on campus and will be asked to present a valid driver's license, state, or tribal ID for identification purposes. Students will only be released for checkout as long as a valid licensed driver is present, and the driver is following the SIHS checkout policy. If checkout occurs during instructional time, it may be considered an unexcused absence, which might affect the grade/performance of the student. Individuals checking out students over the weekend must return students to the dorm by 10:00 pm on the evening before school resumes.

The school will not be held responsible for:

- Any legal problems/expenses, health care expenses, or CHS (contract health service) expenses incurred by the student when checked out will be the responsibility of the parent/guardian.

By signing this document, the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.

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

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

Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What Type of Checkout is granted (✓)

☐ Overnight Checkout    ☐ Weekend Checkout

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

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

Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What Type of Checkout is granted (✓)

☐ Overnight Checkout    ☐ Weekend Checkout

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

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

Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What Type of Checkout is granted (✓)

☐ Overnight Checkout    ☐ Weekend Checkout

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

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

Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What Type of Checkout is granted (✓)

☐ Overnight Checkout    ☐ Weekend Checkout

☐ **Nobody has permission to check out my student at the present time.**

**This permission will remain in effect until cancelled by the undersigned parent/guardian in writing, or based upon Administrator decisions.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



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

**MEDICAL INSURANCE INFORMATION**

Complete the following:

\_\_\_\_\_  
(Print full name of student)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

Is your child covered under any medical or dental insurance? (Circle one)    YES                      NO

If yes, please complete the following:

*For private insurance holders:*

\_\_\_\_\_  
Name of insurance company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Effective date

\_\_\_\_\_  
Group Number

*For Medicare holders:*

\_\_\_\_\_  
Claim number

\_\_\_\_\_  
Effective Date

I hereby assign to the IHS, insurance benefits (if any) that I may have, pertaining to payment for medical services and supplies furnished to my child by IHS. I authorize payment of such benefits directly to IHS. I understand that if any payments come directly to me, that I must remit them to the Phoenix Indian Medical Center Business Office or other designated IHS Business Office.

I have been provided a copy of the IHS Notice of Privacy Practices (HIPAA).

I certify that the information given is true and accurate.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number where parent or guardian can be reached during the day

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

**CONSENT OF MEDICAL RELEASE**

\*\*\*Note that according to California law, "effective January 1, 2016, parents or guardians of children in any school or child care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption to currently-required immunization requirements. SB 277 retains the medical exemption provided by a licensed physician." \*\*\*

Indian Health Service can arrange for and/or provide the following health services for my child:

- Health care including medical examinations, treatment, routine laboratory studies, x-ray procedures, skin tests, immunizations and all medications.
- Medications administered by school dormitory personnel prescribed by Indian Health Service provider.
- Emergency health care for accidents or illnesses.
- Emergency dental care.
- Surgical Procedures.
- Mental health services including evaluation and treatment as necessary.
- Psychiatric services to include assessment, treatment, and medication as necessary.
- Transportation of child to and/or from another health facility for these services.

I hereby give consent for all of the services listed above.

Exceptions or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ the parent/legal custodian/legal guardian of \_\_\_\_\_  
(print parent/guardian's name), (print student's name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work/Alternate Phone Number \_\_\_\_\_

**DO HEREBY AUTHORIZE SHERMAN INDIAN HIGH SCHOOL STAFF TO:**

Act in loco parentis, in the best interests of the child, in authorizing medical care or mental health care for him/her. To include any vaccinations, radiologic images, laboratory, anesthetic, medical, surgical or dental diagnoses and/or treatments. Care to be rendered to the above named minor under supervision and upon advice of a qualified health care provider. In giving this consent, I recognize and understand that in situation where the above named student required immediate medical or hospital care, it may not be possible to contact me. In such situations, I authorized a qualified health care provider to exercise his/her professional judgement and assess the risks and choose the treatment deemed necessary by his/her professional judgement for the health and safety of the above named student.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Valid for two years from date signed



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

## BEHAVIORAL HEALTH CONSENT FOR TREATMENT

I have been informed of the following:

*Treatment Policy:* The Behavioral Health Department provides individual, couples, and group counseling on a voluntary basis. Students may request counseling services or may be referred by medical staff, dorm staff, academic staff and/or parent/guardian. Under some circumstances, services may be provided via electronic media, in which case, patient will be verbally informed of the associated limitations and risks. A provider will complete a detailed personal history and determine an effective treatment plan which may include the use of therapy, community resources, traditional healing, and the use of medications. Students cannot be forced to participate in any part of the treatment plan or forced to take medications. The provider will verbally review possible risks, benefits and limitations of any course of treatment and the risks of refusing treatment.

Court ordered treatment or evaluations are not provided.

*Rights and Responsibilities:* I have been informed of my Patient's Rights and Responsibilities and Privacy Practices at the IHS Clinic at Sherman Indian High School. I understand if I have any concerns or complaints about my treatment, I may contact the supervisor, the Patient Advocate or Department Chief at Phoenix Indian Medical Center (PIMC) at any time.

SIHS IHS Clinic phone number: (951) 509-8780      PIMC Phone Number: (602) 263-1518

*Limits of Confidentiality:* I understand I have a right to privacy and limited confidentiality regarding my treatment in the Behavioral Health Department. No information about myself will be released without my signed consent for such release, within the limits allowed by applicable federal and state law. I understand confidentiality cannot be provided if I am feeling suicidal (want to hurt/kill myself), homicidal (thought or desire to hurt or kill others), or if there is a suspicion of child, elder, or disabled adult abuse. I understand that patient and treatment information may be shared and discussed with other health providers to optimize my mental health care. My behavioral health documentation will be documented in the EHR (Electronic Health Record) and can only be viewed by authorized providers within the clinic or Phoenix Indian Medical Center.

*Patient Responsibilities:* I understand that it will be my responsibility to keep my appointments and actively participate in my treatment plan. Should I fail to show for 2 consecutive appointments without canceling, my active behavioral health chart will be closed, which means I will need to begin another initial treatment process. For any patient presenting for treatment (child or adult who has a legal guardian), I will need to have written verification of my guardianship status in order to begin treatment.

I agree to all of the above treatment consents and understand their meanings.

Name of Student (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



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

**PARENT/GUARDIAN QUESTIONNAIRE FOR ADOLESCENT PHYSICAL EVALUATION**

Exam date: \_\_\_\_\_

Adolescent name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Student's Primary Care Provider: \_\_\_\_\_

Permission to send Sherman IHS records to Primary Care Provider: YES / NO

Does the adolescent have allergies to any medicine, pollen, food or stinging insect? YES / NO  
If yes, please provide the name of allergen, reaction and treatment plan (EpiPen, etc).

Allergen	Reaction	EpiPen (Y/N)
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Please list the following information for medications the adolescent takes:

Name of medication	Dose	Frequency	Reason for taking
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Has the adolescent had any inpatient or outpatient treatment for mental health concerns, alcohol or drugs?  
If yes, please provide the following information:

Name of treatment facility/therapist	Age	Length of treatment	Reason
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With whom does the adolescent live most of the time?

<input type="checkbox"/>	Both parents	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Sisters (Ages )
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Brothers (Ages )
<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other adult relative	<input type="checkbox"/>	Alone	<input type="checkbox"/>	

Has a doctor ever denied or restricted the adolescent's participation in sports for any reason? Y N

Does the adolescent have any ongoing medical condition (like diabetes or asthma)? Y N

Does the adolescent's heart race or skip beats during exercise? Y N

Has a doctor ever told you that your adolescent has:

High blood pressure    A heart murmur    High Cholesterol    A heart infection

Has the adolescent ever spent the night in a hospital? Y N

Has the adolescent ever had surgery? Y N

Has the adolescent had any broke/fractured bones or dislocated joints? Y N

Has the adolescent had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, please list affected area below:

<input type="checkbox"/>	Head	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Upper Arm	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Foot/Toes
<input type="checkbox"/>	Hand/Fingers	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Upper Back	<input type="checkbox"/>	Lower Arm	<input type="checkbox"/>	Knee	<input type="checkbox"/>	
<input type="checkbox"/>	Calf/Shin	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	Lower Back	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	Hip	<input type="checkbox"/>	

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

**Adolescent applicant please complete:**

	YES	NO
Have you ever had an injury that caused you to miss practice or a game?		
Have you ever had a stress fracture?		
Have you ever been told that you have atlantoaxial (neck) instability?		
Have you ever had an X-ray for atlantoaxial (neck) instability?		
Do you regularly use a brace or assistive device?		
Has a doctor told you that you have asthma or allergies?		
Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Is there anyone in your family who has asthma?		
Have you ever used an inhaler or taken asthma medication?		
Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle, or any other organ?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes skin infection?		
Have you ever had an injury to your face, head, skull, or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?		
Have you ever had a seizure?		
Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?		
While exercising in the heat, do you have severe muscle cramps or become ill?		
Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
Have you ever been tested for sickle cell trait?		
Have you had any problems with your eyes or vision?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear, such as goggles or a face shield?		
Are you happy with your weight?		
Are you trying to gain or lose weight?		
Has anyone recommended you change your weight or eating habits?		
Do you limit or carefully control what you eat?		
<b>COVID-19</b>		
Did you receive the COVID-19 vaccine?		
Have you been tested for COVID-19?		
Have you been diagnosed with COVID-19?		
If yes, are you still having symptoms from their COVID-19 infection?		
Were you hospitalized as a result for complications of COVID-19?		
Have you been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?		
Did you have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?		
Have you returned back to full participation in sports?		
Have you had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?		

**Females Only**

<p>Have you ever had a menstrual period? YN</p> <p>How old were you when you had your first menstrual period? _____</p> <p>How many periods have you had in the last 12 months?</p>	<p>Use this space to explain any "YES" answers from above.</p>
---	--



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

**SHERMAN INDIAN HIGH SCHOOL ADOLESCENT PHYSICAL EXAM**

The provider should fill out this form with the assistance from the parent or guardian.

**PATIENT HISTORY QUESTIONS**

1. Has your child fainted or passed out DURING or AFTER exercise, emotion or startle? Y N
2. Has your child ever had extreme shortness of breath during exercise? Y N
3. Has your child had extreme fatigue associated with exercise (different from other children)? Y N
4. Has your child ever had discomfort, pain or pressure in his/her chest during exercise? Y N
5. Has a doctor ever ordered a test for your child's heart? Y N
6. Has your child ever been diagnosed with an unexplained seizure disorder? Y N
7. Has your child ever been diagnosed with exercise induced asthma not well controlled with medication? Y N

Explain yes answers here:

**FAMILY HISTORY QUESTIONS**

1. Are there any family members who had sudden/unexpected/unexplained death before age 50? Y N  
(Including: SIDS, car accidents, drowning and near-drowning)
2. Are there any family members who died suddenly of "heart problems" before age 50? Y N
3. Are there any family members who have unexplained fainting or seizures? Y N
4. Are there any relatives with certain conditions such as:

Enlarged Heart	Y	N	Catecholaminergic Polymorphic Ventricular Tachycardia	Y	N
Marfan Syndrome	Y	N	Hypertrophic Cardiomyopathy (HCM)	Y	N
Long QT Syndrome	Y	N	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	Y	N
Short QT Syndrome	Y	N	Dilated Cardiomyopathy (DCM)	Y	N
Brugada Syndrome	Y	N	Heart Rhythm Problems	Y	N
Deaf at Birth	Y	N	Heart Attack, Age 50 or younger	Y	N
Pacemaker or Implanted Defibrillator				Y	N

Explain "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Applicant (Adolescent)

Date

Signature of Parent/Guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date



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

**SHERMAN INDIAN HIGH SCHOOL ADOLESCENT PHYSICAL EXAM**

Name		Date of Birth	
Age		Sex	
Height		Weight	BMI
Blood pressure		Pulse	RR
Vision R 20/	L 20/	Corrected? Y N	
Pupils Equal	Unequal		

**CURRENT IMMUNIZATION RECORD AND THE FOLLOWING IMMUNIZATIONS ARE REQUIRED**

Rotavirus (3 doses)	Hepatitis B (3 doses)	DTAP (5 doses)	MMR (2 doses)	Hib (3 doses)	MCV4 (2 doses)
Polio (4 doses)	Hepatitis A (2 doses)	Tdap (1 dose)	Varicella (2 doses)	PCV (4 doses)	
Age ≥16: Men B (1-2 doses)		HPV is highly recommended (3 doses)		COVID-19 is highly recommended (2-3 doses)	
PPD or Quant GOLD (Annual Requirement)					

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

**NOTES:**

- ☐ Cleared for boarding school without restriction
- ☐ Cleared for boarding school with the following restrictions:
- ☐ Not cleared for: All Sports    Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation and treatment of: \_\_\_\_\_

Name of Provider (print): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP: \_\_\_\_\_

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

**SCHOOL REFERENCE FORM**

**MUST BE COMPLETED BY A COUNSELOR OR PRINCIPAL**

The above student has applied for admission to Sherman Indian High School. Please fill out the following and return it directly to the school. Reference forms returned by the student will not be accepted.

How long have you known the student? \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

What discipline and attendance problems, if any, have you encountered with the student?

Has student ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for what? Be specific: \_\_\_\_\_

Has student ever been expelled? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for what? Be specific: \_\_\_\_\_

What is the student's Cumulative Grade Point Average?  
How is the student's classroom behavior? (Be specific)

Is the student in the Special Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the student in the Gifted & Talented Program (GATE)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does Applicant have a 504 plan? (If yes, please send) Yes \_\_\_\_\_ No \_\_\_\_\_

Rate the student in terms of the following:	Poor	Average	Good	Superior
Integrity/Honesty				
Responsibility				
Consideration/concern for others				
Overall ability				
Motivation				
Maturity				
Attentiveness/Listening				
Ability to reason				
Desire to learn				

Name (Please Print): \_\_\_\_\_

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

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature & Title: \_\_\_\_\_

If you should have any questions, please contact the Registrar at 951 276-6326, Extension 382.  
Thank you for taking the time to complete this form. Please send or fax completed reference forms to:

**Sherman Indian High School**

**Attention: Registrar**

**9010 Magnolia Avenue**

**Riverside, California 92503**

**Fax: 951-276-6055**

**To send by email, please call (951)276-6326, Extension 200**

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

**SIHS Pathways Programs**  
Real-World Education, Real-World Experiences

Please identify your top 2 Pathways you're interested in from the list below and check your 1<sup>st</sup> Choice and 2<sup>nd</sup> Choice:

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
<b>Administration of Justice, Public Service</b> (Mr. Heard) Introduces students a foundation to understand the criminal justice system and Crime Scene Investigation for 10 <sup>th</sup> , 11 <sup>th</sup> and 12 <sup>th</sup> grade students. For seniors and a few selected juniors, the BIA Wildland Fire Academy has been introduced into the Public Service Program. Students (Academy Cadets), learn the Principles of Fire Science, Basic Fire Terminology, Fire Fighting Preparedness, and Fire Suppression. On completion of the course, Cadets earn BIA Wildland Fire (Federal) certification status.		
<b>Animal Husbandry &amp; Veterinary Science</b> (Mrs. Trapp) Students are introduced to animal husbandry concepts to help with livestock production, growth, and care. They also learn Veterinarian concepts of animal health and grooming animals to maintain the health of the animal. Students in this program are part of the Future Farmers of America, (FFA), to prepare them for career development events and leadership. Our students compete in local livestock fairs where they will raise and sell an animal and other leadership activities through the FFA Organization.		
<b>Carpentry &amp; Construction</b> (Mr. Hayden) These classes provide a foundation within the building and construction industry. Students gain hands-on experience, technical skills, and career preparation that allow them to explore construction trades. Advanced classes provide students with additional skills, such as career study, prop making, welding, plumbing, and campus projects.		
<b>Culinary Arts</b> (Mr. Moreno) Culinary uses ProStart's career and technical education program that unites the foodservice industry and the classroom to teach high school students' culinary skills and restaurant management principles, as well as employability skills such as communication, teamwork, professionalism, and time management. Students can also work towards entering the "CA ProStart Cup" cooking competition in Long Beach, CA – where they can pitch a new restaurant concept to a panel of restaurateurs or put the finishing touches on a three-course meal as a crowd of people watch. Additionally, students will gain a National Food Services Certification to help with finding an entry level or Management jobs.		
<b>Computer Literacy &amp; Graphic Design</b> (Ms. Townsend) In Computer Literacy, students gain insight into data & technology; then, upon successful completion, they may advance to Graphic Design. Advanced students will gain an introduction to Principles in Graphic Design and construct finished products using gradients of color on (Starbucks) cups and Origami projects, which will be submitted to the Heard Museum for their Student Art Exhibit.		
<b>Health</b> (Mrs. McMorris) This Pathway is designed to get students interested in entering a Health career. Each course has a different focus to help them understand the endless amounts of avenues they may choose. A hands-on approach to learning will open their eyes to their personal wellness and start them brainstorming ways they can help others.		
<b>Mechanics and Electricity</b> (Mr. Harrington) Students learn about the design and operation of small gas engines while disassembling and assembling one in the lab. Students will learn about automobile drivetrains, steering, suspension, and brakes. In Electricity students learn what electricity is, the units of electricity, and how it functions in different circuits. Students then move on to electric welding to further their understanding of electricity.		

The Pathways are funded by a generous grant from the San Manuel Band of Mission Indians.



## SCHOOL RECORDS RELEASE

***Please remove this form and send to the last school attended***

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting educational records from: **(last school of attendance)**

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Progress Records: Include transcript of grades, test results related to achievement and measurement, records of attendance (including NWEA/MAP testing and state assessments).

Special Education Records: To include speech and language evaluations, educational assessment, Student Study Team reports, most recent IEP, Signed psychological reports, other eligibility data/determinations and behavior intervention plans.

504 Plans all 504 Plans

### PLEASE DO NOT SEND CUMULATIVE FILE

To be sent to  
**Sherman Indian High  
School Attn:  
Registrar  
9010 Magnolia Ave  
Riverside, CA 92503  
Telephone: 951-276-6326, Extension 382  
Fax: 951-276-6055**

I hereby authorize the release of all records for the above named student.

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

\*Student signature is requested if 18 years or older.

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

## **Supplemental Forms Packet**

The first five pages of this Supplemental Forms Packet **must** be sent in with your completed application.

These pages include:

- Permissions/Special Programs Form
- Sherman Indian High School Resident Verification Document
- SIHS Field Trip Permission Form
- Attestation Student Income Policy Statement

## PERMISSIONS / SPECIAL PROGRAMS FORM

### SOCIAL MEDIA/MEDIA PERMISSION

Sherman Indian High School photographs, videotapes, or records students and activities for publication in the following areas for promotional purposes: yearbook, newsletter, and in the local newspaper. If you allow your student to be photographed, videotaped, or recorded for any reason, please sign below.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### LANGUAGE DEVELOPMENT PROGRAM/GIFTED AND TALENTED PROGRAM

I grant permission for Sherman Indian High School to collect documentation for my student to be considered for the Language Development Program and/or the Gifted and Talented Education program. I allow him/her to be administered any and all assessments/inventories necessary to be evaluated for initial placement and continued servicing in this program. If eligible for placement I give permission for my student to participate in the following educational opportunity.

\_\_\_\_\_  
Language Development Program

\_\_\_\_\_  
Gifted and Talented Program

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### PARENT COMPACT

I have read the parent compact. I understand the importance of all parties (student-parent-teacher-dormitory staff) working together for the best possible education and development of my student. I, as parent/legal guardian, am committed to support my child through his /her time as a student at Sherman Indian High School.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### REPORTING AND RESEARCH

I grant permission for the SIHS staff or for those who work under the direction of SIHS staff to make reports or to report research in which all students would be treated ANONYMOUSLY in any public reporting.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### TRIBAL EDUCATION INFORMATION RELEASE

I grant permission for the SIHS staff to release education records information such as report cards, attendance, discipline etc. to the student's Tribal Education Office.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### AUP AND COMPUTER POLICY

I have read the Sherman Indian High School Computer Network Acceptable Use Policy (AUP). I am aware that my child must comply with the AUP. I understand that any violations may result in loss of access for a defined period of time or indefinitely. Violations of the AUP may result in disciplinary action and possible law enforcement referral.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### SPECIAL PERMISSIONS

Please place an (X) before each activity your child has permission to participate while a student at Sherman Indian High School. A signature on this form by the parent/legal guardian indicates that, in case of accident or injury, the parent/legal guardian accepts full responsibility.

\_\_\_\_\_  
Participates in the Sweat Lodge

\_\_\_\_\_  
On campus Bible study & church activities

\_\_\_\_\_  
Swimming & other water activities

\_\_\_\_\_  
Skateboarding (Bring helmet from home)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



### Sherman Indian High School Resident Verification Document

This document is intended to help determine your child's eligibility for the McKinney-Vento Assistance Act.

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location \_\_\_\_\_
- ☐ none of the above (**STOP**, Please complete # 5 and return form)

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
  - ☐ a qualified adult relative of the above-named student
- (Relationship: \_\_\_\_\_)

**5. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.**

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

Print Your Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

# SIHS Field Trip Permission Form

Student Name:		Last	First	Middle	Tribe
Sex:	Date of Birth:		Social Security #:		
Name of Parents/Guardian:			Phone Numbers:		
			Work	Home	Cell
Father:					
Mother:					
Legal Guardian:					
In case of an emergency, when a parent is not available, it is important that you list two additional people other than parents/guardians who the school is authorized to contact.					
Name:			Phone:		
Name:			Phone:		
Family Physician & Phone Number:					

## Health Record

Please check (✓) whether your adolescent ever had any of the following health problems:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Pneumonia                | <input type="checkbox"/> Stomach Problems               |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Heart Disorder      | <input type="checkbox"/> Rheumatic Fever          | <input type="checkbox"/> Tuberculosis (TB)/Lung Disease |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Orthopedic Problem  | <input type="checkbox"/> Scoliosis (curved spine) | <input type="checkbox"/> Mononucleosis (Mono)           |
| <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Seizures/Epilepsy        | <input type="checkbox"/> Other:                         |

Explanation/Recommendation regarding above: \_\_\_\_\_

Is your adolescent allergic to any medicines? ☐ Yes ☐ No

If yes, what medicines? \_\_\_\_\_

Please list the current medications your adolescent is taking:

Name of medicine	Reason taken	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your adolescent ever had any serious injuries? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

I allow my student to attend field trips throughout the 2024-2025 School Year, that have been approved by the Administration at Sherman Indian High School.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Staff Info Only

Student has Consent for Medical Release on file: ☐ Yes ☐ No

## SHERMAN INDIAN HIGH SCHOOL

9010 MAGNOLIA AVENUE RIVERSIDE, CA 92503  
951-276-6325 FAX 951-276-6336

### ATTESTATION STUDENT INCOME POLICY STATEMENT RESIDENTIAL CHILD CARE INSTITUTIONS (RCCI)

Sherman Indian High School, in Riverside, California hereby states that its student income policy is as described below. This explanation documents our students' eligibility for free and reduced-price meals.

Students are automatically eligible, as part of the (NSLP), to be identified for free meals (breakfast and lunch Monday through Friday) at SIHS which allows Sherman Indian High School to receive reimbursement for your student's meals. All students, regardless of reimbursable standing all students do receive 3 meals a day. The reimbursement that Sherman will now receive will assist with the costs of providing healthy and balanced meals to your students.

Here is how RCCI will work at SIHS. Each student at our site remains eligible for this program as long as his or her income does not exceed \$19,578.00 annually during the year. This figure applies *only* to funds the student receives directly at Sherman Indian High School: it is NOT based on family annual income.

In order to provide a guide to assist parents and guardians, the table below reflects the maximum amount of money (checks, money orders, electronic transfers or other instruments such as per cap allotments, Alaska fund monies, etc.) students may receive during the course of the year:

Per Week:	\$377.00
Per Month:	\$1632 (August-December; January- May)
Per Year:	\$19,578

I, the Parent/Guardian of \_\_\_\_\_ hereby attest

Student name

Student will not receive an income that exceeds the annual limit for eligibility. If the student does exceed the annual limit I will notify, Lisa Rivera [Lisa.Rivera@bie.edu](mailto:Lisa.Rivera@bie.edu) or John Moreno [John.Moreno@bie.edu](mailto:John.Moreno@bie.edu) or at 951.276.6325 Ext. 200

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



## **Sherman Indian High School PARENT COMPACT**

Parents are encouraged to participate in telephone conferences as well as scheduling a visit to the school to meet with staff. This can be completed by calling the office directly. Another option of communication between the school and parent/guardian is through the use of e-mail.

### **Student Responsibilities**

- Attend classes regularly
- Complete assignments in class
- Complete homework assignments
- Ask a teacher for help when needed
- Seek tutoring when needed
- Respect the rights of others and yourself
- Avoid drugs and alcohol
- Read on a regular basis

### **Parent Responsibilities**

- Parents will make an effort to communicate with the school when needed via telephone, e-mail, mail or in person
- Read and return compact signed
- Provide comments and/or suggestions
- Attend Parent Conference in the fall
- Attend the Sherman Student Showcase in the spring
- Review your student's progress on the Parent/Student Portal
- Encourage children to do well in school
- Encourage child to respect others as well as himself or herself

### **School Responsibilities**

- Host the Parent Conference in the fall
- Host the Sherman Student Showcase in the spring
- Provide current information regarding Sherman in a timely manner
- Provide phone conferences as needed
- Send quarterly progress reports
- Implement Accelerated Reader, Accelerated Math, and Successful Reader
- Provide tutorial services when requested or deemed necessary.
- Provide curriculum that is aligned with Bureau of Indian Education Guidelines and Common Core State Standards
- Implement the Bureau of Indian Education Native Star Indicators
- Mail compacts to parents
- Provide school reports on-site for parental inspection and comments
- Provide highly qualified teachers
- Provide a safe school environment
- Provide cultural activities and programs

# Sherman Indian High School

## Residential Checklist

Items provided by Sherman Indian High School are in bold

### Bed and Bath

- ❖ **Pillows**
- ❖ **Blanket**
- ❖ **Towes & Washcloths**
- ❖ **Shower Shoes/Flip Flops**

### Optional if desired

- ❖ Shower Caddy
- ❖ Plastic Hangers

### Laundry Supplies

- ❖ **Detergent**
- ❖ **Laundry Hamper**

### Optional if desired

- ❖ Dryer Sheets
- ❖ Fabric Softner

### Miscellaneous

- ❖ School Supplies (Pens/Pencils, Calculators, Dictionary/Thesaurus and notebooks)

### Optional if desired

- ❖ Jacket/Coat
- ❖ Backpack
- ❖ Posters
- ❖ Plastic food storage containers with sealing lids
- ❖ Umbrella
- ❖ Sports Equipment (basketball, Football, baseball, skateboard)

### Identification/Money (optional if desired)

- ❖ ATM Card
- ❖ State ID/Tribal ID

### Electronics (optional if desired)

- ❖ Alarm Clock
- ❖ Camera
- ❖ Cell Phone Charger
- ❖ Computer/Laptop (Charger and locking cable)
- ❖ Gaming System

**\*\*The school is not responsible for theft or loss of electronic devices**

- ❖ Soap & Shampoo
- ❖ Tooth brush/toothpaste
- ❖ Deodorant
- ❖ Tampons
- ❖ Prescriptions Medications
- ❖ Hair products/Hair Dryer
- ❖ Makeup/moisturizers
- ❖ Shaving Accessories
- \*\* All razor's, perfumes, cologne and medications will be given to HLA for safe Keeping**

### **Prohibited Items**

- ❖ **Candles/incense**
- ❖ **Pets**
- ❖ **Toaster Ovens**
- ❖ **Hot Plates**
- ❖ **Microwaves**
- ❖ **Fridges**
- ❖ **Clothing that signifies gang affiliation (connotations and/or embellishments, bandanas, necklaces, "colors")**
- ❖ **Clothing depicting drugs, tobacco, liquor, explicit or implied sexual connotations**
- ❖ **"sagging" clothes**
- ❖ **See-thru net or mesh blouses/shirts**
- ❖ **Clothing with spaghetti straps**
- ❖ **Halter tops**
- ❖ **Short Short**

Personal Supplies/Toiletries (optional if desired)

# TRAVEL INFORMATION

**REAL ID will be required for airline travel beginning May 2025. Please keep this deadline in mind for your student's travel needs or an unexpired tribal id with picture.**

All student travel itineraries are completed by our Travel Department. Please contact them directly at (951) 276-6326 ext. 381 for additional information. Listed below are helpful travel tips:

- Bring picture identification for all modes of travel
  - Luggage requirements:
    - o Airline - SIHS will pay for one bag not to exceed 50 lbs
    - o Label all luggage/baggage clearly
    - o Remember to pack carefully and to bring only those items necessary.
- You are responsible for all extra baggage fees. Sherman will not pay for these additional expenses. The student/family is also responsible for arranging and paying for any items that are sent back home beyond what is allowed.
- o Any airline travel arranged by the family must be through Ontario Airport (ONT). No drop off or pick up will be allowed from Los Angeles International Airport (LAX), or John Wayne/Orange County Airport (SNA). Tickets will only be rebooked 1 time for flights missed without prior notification to travel department.
  - o Any Amtrak travel will use the Riverside, CA station.
  - **Any withdrawals or emergency travel during the school year will be the responsibility of the parent or guardian. Parents are also responsible for providing transportation to/from the approved airport or train station.**

**NO student drop offs to campus will be allowed prior to Travel Day**





UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN EDUCATION  
Sherman Indian High School  
9010 Magnolia Avenue  
Riverside, California 92503

FAX: (951) 276-6336      PHONE: (951) 276-6326

IN REPLY REFER TO:  
Principal's Office Ext. 205

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Sherman Indian High School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Sherman Indian High School may disclose appropriately designated "directory information" without written consent, unless you advise SIHS to the contrary. The primary purpose of directory information is to allow SIHS to include this kind of information from your child's education records in certain school publication, school-related websites, in communication with colleges and universities, and to the military services. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Sherman Indian High School to disclose directory information from your child's education records without your prior written consent, you must notify the Principal in writing within five (5) school days of your student's initial arrival on campus; this communication will need to be dated and signed by the legal parent or guardian (once a student reaches his/her eighteenth birthday the student has the responsibility for declining the release of information). SIHS has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Tribal affiliations
- Electronic mail address
- Photograph
- Date and place of birth
- Major fields of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, certificates, honors, and awards received
- The most recent educational agency or institution attended
- Parents' or guardians' names (such as in releasing scholastic honor information)
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (a student's SSN, in whole or part, cannot be used for this purpose)

If there are questions about your or your student's (18 or older) rights under FERPA you may contact the Principal



## BUREAU OF INDIAN EDUCATION

Sherman Indian High School  
9010 Magnolia Avenue  
Riverside, CA 92503  
Phone: 951-276-6325 Fax: 951-276-6336

School Year 2025-2026

To: All Parents, Staff, Faculty, and Employees

The Environmental Protection Agency's *Asbestos Containing Materials in Schools, Final Rule and Notice, 40 CFR Part 763* requires that all public and government school are subject to inspection and re-inspection for the presence of asbestos every three (3) years after a management plan is in effect. This same statute also requires initial and annual notification of the availability of a management plan that outlines the steps to be taken to eliminate the hazard. As an institution subject to this requirement and due to our concern for the well-being of our students, our staff, and our faculty, we comply with this statute.

This correspondence represents the annual notification that is required by the *Asbestos-Containing Material in Schools Rule*, published at *40 CFR Part 763, Subpart E*. Sherman Indian High School provides this notice to inform the parents, teachers, and employee's organization about locations where they may review the asbestos management plan prepared for Sherman Indian High School.

As a result of our recent building survey concerning asbestos, we note that Sherman Indian High School contains a small portion of asbestos. Please also note that this asbestos is isolated and that it does not present an immediate health hazard.

A periodic surveillance (every six months) inspection is to be conducted in accordance with EPA 40 CFR 763.92 (b) to ensure that the material is not disturbed.

Also, a re-inspection (every third year) is conducted in accordance with EPA 40 CFR 763.85 (b).

We have received a management plan which is available for public review in the administrator's office during normal business hours.

Sherman Indian High School



## STUDENT BANK

The student bank will cash money orders, cashier checks, state, tribal, and government checks. The bank will also take the last employment check from student summer work. **Please do not send cash through the mail. No personal checks will be accepted at the school bank.**

Students are encouraged to open a bank account rather than carry large sums of cash. Parents/Guardians may send money orders or cashier's checks directly to the student bank, and Parents/Guardians may request that the bank allow students to receive the money at a specific interval and amount.

When parents send students money orders to open an account, the parents should address the envelope to the *student bank*. Parents should make money orders out to "**Sherman Indian High School Bank**" put their student's name on the money order. His or her name will be placed on the mail list so he or she will know that a letter has arrived. The student can read the instructions and endorse the money order to open an account.

If a student wants money in a hurry, the parent can send it through Western Union or Money Gram. The parent may also set up an account with a local bank and give the student an ATM card. This allows parents to monitor their children's accounts. If you have any questions, please contact the Business Specialist at (951) 276-6326, ext. 206 or [Celestina.Torres@bie.edu](mailto:Celestina.Torres@bie.edu).

## STUDENT MAIL

When sending your student mail, please be sure to put his/her name and dorm name on the envelope or box. Please certify your mail if you are sending anything of value to your student. If your student does not receive their mail, please call the post office. The school mail is routed through the Arlington Station, and their number is (800) 275-8777.

Example: Sally Student

**DORM NAME**

9010 Magnolia Ave.

Riverside, CA 92503

## STUDENT/PARENT PORTAL

<https://pst.bie.edu/campus/portal/sherman.jsp>

The Campus Portal allows students and parents to monitor their academic progress. You will have access to review attendance, grades, behavior, and homework.

Five unsuccessful login attempts will disable the portal account. In order to use the portal again, parents/students will need to contact the school to have the account reactivated. Additional security settings include an access log, and options to change account information.

To access student accounts

**Username:** First and last initial and Student Number (no spaces)

**Password:** First initial of student's first name, and first initial of the student's last name, and the student's birth date written as mmddyy. **Example:** John Doe whose birth date is July 14, 1996 would be JD071496.

Please contact the school if you have more than one student attending Sherman Indian High School. We can create an account that will allow you to see all of your students with one log in.

If you need assistance with your account please contact [Rick.Kossoris@bia.gov](mailto:Rick.Kossoris@bia.gov) 951-276-6326, Extension 139 or [Celestina.Torres@bie.edu](mailto:Celestina.Torres@bie.edu), Extension 206.



## SHERMAN INDIAN HIGH SCHOOL (SIHS) COMPUTER AND NETWORK ACCEPTABLE USE POLICY (AUP)

Computers, Network and Internet access at SIHS are provided to assist with the educational process and to ensure students have the 21<sup>st</sup> century skills to thrive. However, there are some activities and behavior that do not support a student's success. We have attempted to address as many of those as we could below.

**All users** are responsible for complying with the *Sherman Indian High School Computer and Network Acceptable Use Policy (AUP)*, posted Computer Lab Policies and future AUP policy related documents.

***It is each user's responsibility to adhere to the following:***

- To make copies and/or backups of all their important files. Failure to do so may lead to permanent loss of data. SIHS and/or the Technology Department are not responsible for any data loss or consequences of such loss.
- To care for the computer, keyboard, and monitor by not stacking anything on them such as moisture and electrical/mechanical/magnetic interference sources/devices must be kept out of the immediate vicinity of all computer equipment (no food or drinks, except at the Technology Temple after hours).
- For the purpose of charging Phones, iPads, Computers or other portable devices it is **STRICTLY PROHIBITED** to connect to an SIHS computer, power strip or outlet that is used to power a SIHS computer.
- Follow all Technology Department memos regarding care, use and guidance. Make sure that the computer is properly "shutdown" before turning off the computer; **DO NOT TURN OFF THE MONITORS**. Protect the appearance of any technology equipment by not writing, drawing, painting or otherwise altering the equipment for any reason

**Communication and Email over SIHS/BIE network(s) is not private.** SIHS/\*BIE reserves the right to monitor content. As such you should conduct yourself accordingly. SIHS/BIE reserves the right to access, reproduce, and/or monitor all data sent or received while enrolled at SIHS. Safety, supervision and maintenance may require review and inspection of data, accounts and or student device while enrolled at SIHS. Messages may sometimes be diverted purposefully or accidentally to a destination other than the one intended. **Remember, there is no reasonable expectation of privacy while using technology at Sherman Indian High School.**

**\*(BIE) Bureau of Indian Education**

***The following behaviors are not permitted on SIHS Computers or Network:***

- Interfering with or alteration of the setup or integrity of any school computer or the campus network is **STRICTLY PROHIBITED**.
- Tampering with computer settings, configurations, passwords, and privileges as set by the IT Department: The IT Dept. reserves the right to determine all aspects of each individual component, including but not limited to display, print destination, which drives are available as well all configurable settings.
- Sharing confidential information on students or employees, use of chat, instant messaging or social networks: these practices are prohibited (standard e-mail, i.e. Gmail, Hotmail, etc. is permitted without social networking features). All inappropriate conduct identified as unacceptable network behaviors are applicable to the use of e-mail and/or its attachments. Also, sending or displaying offensive messages, pictures, using obscene language or harassing others is prohibited, including - but is not limited to - nudity, sexual content (verbal, written or depicted by cartoons or animations, or suggestive statements). Consulting and adhering to relevant *current laws and regulations* Prior to *Assisting a campaign for election of any person to any office as well as the promotion or opposition to any ballot proposition is required*.
- Engaging in practices that threaten the network (e.g., loading files that may introduce a virus), violating copyright laws, plagiarism, academic cheating using others' passwords, trespassing in others' folders, documents or files.

- Wasting limited resources, using video or audio streaming (i.e. YouTube, Pandora, etc.) employing the network for commercial purposes, financial gain, entertainment or fraud. Limited educational video and audio use will be available
- Downloading or installing software of any kind that has not been pre-approved in writing by the IT Department. (Users acquiring online charges will assume sole responsibility for said or related charges and will be held accountable.) All conduct deemed inappropriate is applicable to this policy.

Any violation of this policy may result in immediate suspension or revocation of all network and Internet privileges and possible disciplinary action.

The IT Department and Administration will work together to resolve violations or complaints of inappropriate behavior. Violations may result in a loss of access and/or disciplinary action. When applicable, law enforcement agencies will be involved.

### **Anti-Piracy**

You agree to hold harmless Sherman Indian High School and its staff for any consequences resulting from your use of computers, internet or the (SIHS/BIE) network while enrolled at SIHS. Furthermore the aforementioned shall **not be held liable** for any purposeful or willful act by any individual, of software piracy, illegal use of the Internet, loss of data, improper use or its effect on anyone and/or all third parties

### **Acceptance & Agreement to Comply**

Each user is required to read and acknowledge their understanding of the terms and conditions as outlined in this policy. **By signing the AUP and Computer Policy section in the Permissions / Special Programs Form included in your acceptance packet you are acknowledging: Each guardian and student have read, understand and agree to The Sherman Indian High School Computer and Network Acceptable Use Policy.** This is required before use of the electronic resources at SIHS. Failure to do so will prevent the use of and access to the computer resources at SIHS. In the event of revocation, to ensure success of the student, it may necessitate a student/user's removal from the school.

Sherman Indian High School reserves the right to amend this policy throughout the year at its discretion. Notification of any changes will be made via [www.ShermanIndianHS.Org](http://www.ShermanIndianHS.Org) or regular mail, to the address of record. It is the user's responsibility to keep apprised of the current policy.

### **Comments and Suggestions**

The IT Department encourages users to provide comments or suggestions regarding technology resources and policies. **To inquire about the AUP please contact: IT Coordinator** [rick.kossoris@bia.gov](mailto:rick.kossoris@bia.gov)





## Native Challenge

Riverside-San Bernardino County Indian Health, Inc.

11555 1/2 Potrero Road, Banning CA, 92220

Riverside-San Bernardino County Indian

Dear Parent/Guardian:

The I Will See You Series delivers a curriculum developed by the Native Wellness Institute called Leading the Next Generations (LNG) Healthy Relationships. The LNG curricula along with supplemental lessons to support development of public service announcements (PSA) are aimed to combat the Missing and Murdered Native American crisis in tribal communities. The "I Will See You" workshop series is delivered by Health Educators under Riverside-San Bernardino County Indian Health Inc. (RSBCIHI). The Health Educators working in the Native Challenge Department at RSBCIHI offers youth development and life skills programming designed to promote positive decision making and healthy lifestyle choices. The LNG curriculum has been developed and evaluated under the Administration for Native Americans (ANA) by the Native Wellness Institute. RSBCIHI Health Educators have been actively serving local Native youth over 15 years. RSBCIHI will continue to provide student instruction with culturally adapted Native curricula through this academic school year (2023 - 2024). Under funding from ANA, RSBCIHI will offer the I Will See You Workshop Series this coming year. Below is more information of content.

- **LNG Healthy Relationships:** developed by the Native Wellness Institute. This curriculum was selected due to its foundation in Native culture and teachings. Additionally, this curriculum is trauma-informed as it recognizes and addresses the impact of historical and individual trauma. The LNG curriculum combines "the teachings of our Native ancestors with the realities of today's world," and has been identified as a "tribal best practice" by the Administration for Native Americans (ANA). The topics covered in this curriculum are: historical trauma, healthy gender roles, conflict resolution, healthy communication, healthy relationships, healthy sexuality/consent, and living in balance.
- **PSA Workshop:** a supplemental education to teach skills on public service announcements from Health Educators previously trained in STARS curricula. These workshops include additional art projects from a trauma informed art curricula A Window Between Worlds. These workshops will be immediately offered after LNG is complete to encourage students to use their own voice and lessons learned to create Missing & Murdered awareness material.
- **Family Cultural Nights:** aims to continue conversations started into the classroom into the homes of extended families and communities who support and empower our next generation of Native youth leaders. Youth may volunteer to join the planning committee alongside the Health Educators to conduct these events 10 times a year. Guest Speakers, cultural activities, family meals, and additional trauma informed art under A Window Between Worlds will be offered at these events. \*Families of enrolled students are highly encouraged to join these events.

Photo(s) and video(s) may be taken by RSBCIHI staff during programming. The photos and videos referred above may be used for program reports, web pages, and other promotional materials. Photos and videos will become property of RSBCIHI Native Challenge Department and will not be sold for any commercial profit. Native Challenge, In regards to the above information if you would like to excuse your child/children from Native Challenge programming, and/or evaluation activities, and/or do not wish for your child/children to be included in any Native Challenge photos or videos please send a written request to:

Jaclyn Gray  
Native Challenge Director  
Office: (951) 849-4761 Ext. 1139  
jgray@rsbcihi.org  
11555 1/2 Potrero Road,  
Banning, CA 92220

If you have any further questions please feel free to contact the RSBCIHI Native Challenge Department at 951-849-4761. Thank you for your time and support. We look forward to enhancing your child's school year.