



Home of the Chiefs

Elem. Ph.# 462-6808 FAX# 462-6349

MS/HS Ph. 462-6816 FAX# 462-6083

SPED. Ph.#462-6827 FAX# 462-6293

2022-2023 SY ENROLLMENT PACKET

CHS Staff & Students are required to submit
The original COVID19 Vaccination Card,
We will then make a copy.



STUDENT'S PERSONAL INFORMATION:

Last Name: _____ First: _____ Grade: _____

Does your child have a Lakota Name? (YES / NO) LAKOTA NAME: _____

New: _____ Returning: _____ Date of Birth: _____ Place of Birth: _____

Agency Enrolled with: _____ Tribal Enrollment Number: _____ Gender: Female _____ Male _____

Has Student received Special Education Services? (YES / NO) Where? _____ When? _____

Is the student eligible for Medicaid or Medicare? YES / NO If yes, please list #: _____

PARENT/GUARDIAN/RESPONSIBLE PARTY: (Provide copy of Legal Custody / Guardian Court Document if not the Parent)
(WHO WILL BE RECEIVING MAIL FROM THE SCHOOL, REPORT CARDS ETC.....)

Full Name: _____ Relationship: _____

Street Address: _____ HOUSE# _____

Home#: _____ Cell#: _____ Work#: _____

P.O.Box# _____ Town: _____ Zip Code: _____

Other EMERGENCY contact Person, if you cannot be reached:

Name: _____ Phone Number(s): _____

Previous School Attended: School Name: _____ Address: _____

Phone#: _____ FAX#: _____ Date Attended: _____

STUDENT DOCUMENTS NEEDED: PLEASE BRING COPIES OF THE FOLLOWING:

___ Birth Certificate ___ Immunization Record ___ Tribal Enrollment ___ COVID19 Card

I Certify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

CRAZY HORSE SCHOOL MEDICAL CONSENT FOR

Crazy Horse School / School Nurse / Indian Health Service

May render emergency medical care while your Child is attending school.

It is against the law for a school to provide routine medical care or dispense medications to a minor without Parent/Guardian Consent.

Student Name: _____ Date of Birth: _____ Age: _____

I, _____ have read this consent form for the Indian Health Service to arrange for, or to provide the following health services for my child.

1. ___ Emergency medical care for accidents or life threatening illnesses which occur at the school and will transport student and/or parent to the clinic/emergency room if the ambulance is not available. (School Transport)
2. ___ I will assist in Periodic screening, Immunizations, Vision, Hearing and athletic physicals.
3. ___ Administer Medication (If fevered Tylenol) or by physicians.
4. ___ I HEREBY GIVE CONSENT FOR ALL OF THE ABOVE SERVICES.

Child Medicaid # _____ Insurance # if different: _____

LIST ALL ALLERGIES, EXCEPTIONS OR SPECIAL INSTRUCTIONS FOR THE STUDENT:

Signature of Parent/Guardian

Date

CRAZY HORSE SCHOOL

2022-2023 SY



VIDEO/PICTURE CONSENT FORM

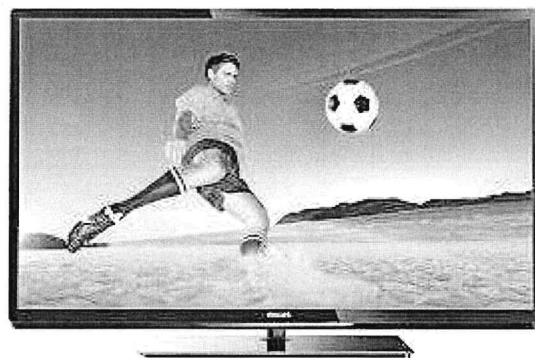
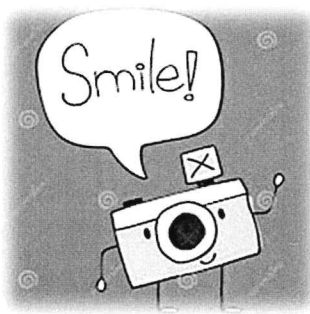
CRAZY HORSE SCHOOL IS REQUESTING YOUR PERMISSION TO USE YOUR CHILDS PHOTOGRAPH AND/OR VIDEO FOR THE PUPOSE OF: NEWSLETTERS, BULLETIN BOARDS, DOCUMENTARY PUBLICATIONS, LOCAL NEWSPAPERS (For Accomplishments), SCHOOL CHANNEL 92 & SCHOOL WEBSITE (With NO names being used).

I understand the above, being requested to be used for Crazy Horse School.

I give CHS my consent for my Child, _____ grade _____ for Video/Picture consent.

Signed: _____
(Parent/Guardian)

Date: _____



CRAZY HORSE SCHOOL



INTENSIVE BILINGUAL PROGRAM CERTIFICATION FORM 2022-2023 SY

Student Name: _____ Grade: _____

Parent/Guardian: _____ Address: _____

I, _____ hereby state that my child's Native Language is LAKOTA. The language most spoken in the home is Lakota. If a Language other than Lakota is spoken, please state Here: _____.

Please check below for permission or not to give permission for your child to attend Bilingual classes at Crazy Horse School during the School Year 2018-2019.

_____ I do give permission for my child to participate in the ISEP Intensive Bilingual Program.

_____ I do not want my child to participate in the ISEP Intensive Bilingual Program.

PROGRAM ELIGIBILITY REQUIREMENTS:

Students are eligible in the Intensive Bilingual Education Program if he/she meets one of the following criteria;

A. ___ Comes from a home in which a language other than English is most relied upon to communicate; or

B. ___ Comes from an environment in which a language other than English has had a significant impact on his or her level of English Proficiency; or

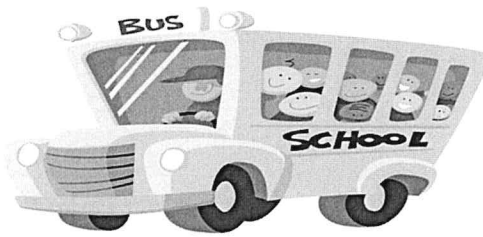
C. ___ has sufficient difficulty understanding, speaking, reading or writing the English language to deny him or her opportunity to learn successfully in an all English Curriculum.

Parent/Guardian Signature

Date

Principal's Signature

Date



**CRAZY HORSE SCHOOL
BUS CONTRACT 2022-2023 SY
“A SAFE TRIP FOR ALL STUDENTS IS A MUST”**

ALL STUDENTS MUST FOLLOW THESE BUS RULES!!

Student: _____ Bus Route: _____

Direction to residence: _____

1. OBEY AND COOPERATE WITH ALL THE DIRECTIONS OF THE BUS DRIVER.
2. THE BUS DRIVER IS AUTHORIZED TO ASSIGN SEATS.
3. ALWAYS STAY IN YOUR SEAT UNLESS TOLD OTHERWISE BY BUS DRIVER.
4. ABSOLUTELY NO FIGHTING, PUSHING OR SHOVING ON THE BUS.
5. ABSOLUTELY NO TAMPERING WITH ANY BUS EQUIPMENT.
6. ABSOLUTELY NO DAMAGING BUS OR EQUIPMENT.
7. ALWAYS KEEP HEAD, HANDS AND FEET INSIDE OF THE BUS AT ALL TIMES.
8. ABSOLUTELY NO EATING (Sun Flower Seeds etc..) OR DRINKING ON THE BUS, UNLESS APPORVAL FROM BUS DRIVER.
9. ABSOLUTELY NO PETS OR ANY OTHER ANIMALS ON THE BUS.
10. ALWAYS HELP TO KEEP THE BUS CLEAN.
11. NO PROFANE (CUSSING) ON THE BUS.
12. IF BEHAVIOR ON BUS ENDANGERS THE OCCUPANTS, BUS DRIVER WILL STOP THE BUS AND CALL THE LAW ENFORCMENT TO REMOVE STUDENT(S) CAUSING THE DISRUPTION.

Violation of the above bus rules could result in your student losing their bus riding privileges. Should your child break the bus rules, you may be asked to transport your child to and from school or you may be asked to ride the bus with your child. REMINDER THE BUSES HAVE CAMERAS.

Your signature below states that you have received a copy of this form and understand the rules.

Student Signature

Date

Parent/Guardian Signature

Date

Application for Free and Reduced-Priced School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

☐ New Applicant ☐ Previous Applicant

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's Name	Age	Write name of child's school, or "not in school"	If student, write in the grade	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work			How often?			Public Assistance/Child Support/Alimony			How often?			Farming/Partnership/Retirement/Other Income			How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Annually	

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

STEP 4: Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

**BUREAU OF INDIAN EDUCATION
McKinney-Vento Enrollment/Referral Form**

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. 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.

1. Is your current address a temporary living arrangement? YES _____ NO _____
2. Is your temporary address due to loss of housing or economic hardship? YES _____ NO _____

If answer to both questions is "YES", PLEASE CONTINUE, otherwise STOP HERE. Thank you!

STUDENT INFORMATION

Student Name(s) _____

Age(s) _____

Parent/Guardian Name(s) _____

School Site(s) _____

Grade Level(s) _____

Parent/Guardian/Youth Phone Number _____

_____ Cell Phone _____ Work Phone _____ Shelter Phone _____ Family/Friends residence _____

RESIDENCY INFORMATION

Are you a high school student who is currently living on your own? YES _____ NO _____

Where does the student stay at night? _____ Shelter _____ Temporary Housing _____ Other _____

Address/Directions _____

Shelter Contact Person _____

The family/youth has been residing within the school district boundaries and intends to stay. _____ Please initial

- Does the student wish to continue at school of origin? YES _____ NO _____
- Is the school of origin a boarding school? YES _____ NO _____
 - If present school is a boarding school, will student be enrolled in the dorm? YES _____ NO _____

AGREED UPON SERVICES

Education Services: (Description) _____

After-school Services: (Description) _____

Transportation Services:

Pick up location _____

Drop off location (if different) _____

Health Services:

Immunizations _____

Dental _____

Food/Clothing _____

Free lunch _____

Counseling _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will be re-evaluated to determine which needs to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the MIS Building Principal at their respective building.

Parent/Guardian/Youth _____ Date _____

Building Principal _____ Date _____



Greetings Parents/Guardians,

In the case of a mental health and/or behavioral crisis, I give permission for my child,
_____ (child's name), to be seen by Youth and
Family Services' Counselors at Crazy Horse School. The counselors have been serving individual
students at Crazy Horse School, with guardian permission, since 2013.

____ Yes, I give my permission for Youth and Family Services to assist and/or provide services
for my child.

____ No, I do not give my permission for Youth and Family Services to assist and/or provide
services for my child.

Name of Parent/Guardian

Date



Counseling Referral Form

CRAZY HORSE SCHOOL

Student Name: _____ Grade: _____

1. Reason for referral:

2. Is this an emergency (does student need immediate attention? YES or NO

CONCERN: _____

3. Is the student aware that you have made this referral? YES or NO

4. Is it ok if I let your child know that you made this referral YES or NO

Or do you do you want it to remain confidential YES or NO

5. What are you hoping to have happen for this student as a result of Counseling?

Parent/Guardian Consent: _____ Date: _____

Counselor Signature: _____ Date: _____

Counselor Suggestions: _____

CC: FILE

CRAZY HORSE SCHOOL

P.O Box 260
Wanblee, SD 57577

RELEASE OF RECORDS FORM 2022-2023 SY

____Elementary PH. (605) 462-6808

FAX (605) 462-6349

____Middle & High School Office

PH.(605) 462-6816

FAX (605) 462-6083

____Special Ed. Dept. PH.(605) 462-6807

FAX (605) 462-6293

PERSON WHOSE RECCORDS ARE REQUESTED (Please print Clearly)

(Student) _____ (Grade) _____ (Birth Date) _____

PREVIOUS SCHOOL HISTORY-Please fill out the information and be specific on the days attended

(School Name) _____

(Address) _____

(City, State & Zip Code) _____

(Dates Attended) _____

**Fill out if your
Child Did NOT
attend CHS last Year
or last Semester**

PLEASE FORWARD THE FOLLOWING DEPARTMENT: ELEMENTARY or MS/HS

- Cumulative Records
- Behavioral Records
- Medical & Health History Records
- All Special Education Records (Current I.E.P, Case History, Evaluations Etc..)
- Transcript/Last Report Card
- BIRTH CERTIFICATE / TRIBAL ENROLLMENT / IMMUNIZATIONS

**Please FAX & Mail to the above
forwarding Address Requesting**

Requested

By: _____ Title: _____ Date: _____

This is to certify that I completed this form and that the information above is accurate. I understand that all records will be released to the person/school named above for purposes stated above. Any records received that are not required will be returned to the parent/guardian and/or shredded by Crazy Horse School.

Parent/Guardian Signature

Date

1st Request _____ 2nd Request _____ 3rd Request _____