



Application for Admission

BIA/BIE Youth Indian Police Academy

2023



Dear Parents/Guardians

The Bureau of Indian Affairs – Office of Justice Services, Anadarko Agency and the Bureau of Indian Education, Riverside Indian School has partnered to create the BIA/BIE Youth Indian Police Academy at the Riverside Indian School Campus in Anadarko, Oklahoma. The Riverside Indian School is the oldest and largest off-reservation boarding school in the United States and has been in operation since 1871.

The development and creation of this program began with administrators from the BIA and BIE understanding how important developing relationships with each other are and how these relationships can provide opportunities to our Indian youth and Indian communities across the country. The goal of the BIA/BIE Youth Indian Police Academy is to develop trusting relationships with attending students and to inspire, motivate, and mentor our Indian youth. Selected applicants will have an opportunity to experience a multitude of police and first responder professions and specialized skill sets in each profession. Below are just a few of the many topics that students will be able to learn about:

- Patrol Operations
- Criminal Investigations
- Accident Investigations
- DUI Investigations
- Internet Safety
- Drug Enforcement
- K9 Demonstration
- Operation Lady Justice, MMU
- SWAT
- First Responders Day
- Career Fair, Etc.

Thank you for your interest in attending the BIA/BIE Youth Indian Police Academy. As part of your application, please include a one (1) page essay (*1-page minimum*). Your essay should include a personal statement of who you are, your goals in life, and why you would like to attend the BIA/BIE Youth Indian Police Academy. Please email your completed application packet and essay to > Micah.Ware@bia.gov < and > Amber.Wilson@bie.edu <.

Sincerely,

Micah Ware, Chief of Police
BIA Anadarko Agency

Amber Wilson, Superintendent
BIE Riverside Indian School

**BIA/BIE Youth Indian Police Academy 2023
ADMISSION APPLICATION CHECK-LIST**

| | |
|-----------------|-------------------|
| Student: | Year: 2023 |
| Grade: | Age: |
| Date: | |

| Page | Student Enrollment Application Documents |
|-------------|---|
|-------------|---|

| | |
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**Please Email complete
application to**

Micah.Ware@bia.gov

and

Amber.Wilson@bie.edu

For any Questions Call:

405-638-4413

BIA/BIE YOUTH INDIAN POLICE ACADEMY 2023

Name of School: Riverside Indian School – 101 Riverside Drive – Anadarko, OK 73005

1. IDENTIFICATION

Name of Student:

(Last)

(First)

(Middle)

Address: P.O. Box: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Directions to Students Home: _____

Do you live with/please circle: Mother Father Legal Guardian Other

Date of Birth: _____ Social Security #: _____ Place of Birth: _____

Sex: Male () Female ()

Hospital or Clinic Used: _____ Chart Number: _____

Medical Alerts/Known Allergic Reactions: _____

Tribal Affiliation: _____

2. PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

Family Information

Father's Name: _____

Address: _____

Tribal Affiliation: _____

Home Agency: _____

Enrollment Number: _____

Living: () Deceased: ()

Occupation (Optional): _____

Employer: _____

Home Telephone: _____ Work# _____

Emergency# _____ Cell# _____

Family Information

Mother's Name: _____

Address: _____

Tribal Affiliation: _____

Home Agency: _____

Enrollment Number: _____

Living: () Deceased: ()

Occupation (Optional): _____

Employer: _____

Home Telephone: _____ Work# _____

Emergency# _____ Cell# _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

I am legally responsible for this student and hereby authorize him/her participation in the BIA/BIE Youth Indian Police Academy.

Signature of Parent/Legal Guardian/Adult Student

Date

STUDENT TRAVEL INFORMATION

(REQUIRED for students living outside the state of Oklahoma ONLY)

*Please complete form if your student does **NOT** live in the state of OKLAHOMA.

STUDENT INFORMATION

Name: _____
(As it appears on their student ID/State ID)

Date of Birth: _____ Age: _____

Social Security Number: _____

Sex: _____ Male _____ Female

TRAVEL INFORMATION

Airport Used: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian/Adult Student: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Parent Email: _____

Parent Fax Number: _____

Authorization for Medical Care of a Minor

I, _____ (Print Parent/Guardian's Name), the parent/legal custodian/legal guardian of _____ (Print minor's name).

DO HEREBY AUTHORIZE **RIVERSIDE INDIAN SCHOOL** to:

Act in my behalf, in the best interests of the child, in authorizing medical care or behavior or mental health care for him/her: (to include any vaccinations, x-ray, laboratory, anesthetic, medical, surgical or dental diagnosis and/or treatment) care to be rendered to the above named minor under supervision and upon advice of a physician, surgeon or dentist licensed to perform such care.

In giving this consent, I recognize and understand that in situations where the above named minor required immediate medical or hospital care, it may not be possible to contact me. In such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment as he/she in professional judgment determines to be necessary for the health or safety of the above named minor.

Date Signature of parent or person having legal custody or legal guardian

Address City State Zip Code

Phone Number (Home) Phone Number (Work)

Minor's Birth Date: _____

Social Security Number: _____

This form for Authorization for Medical Care of a Minor gives permission for a physician, surgeon or dentist to provide necessary care to a child whose parents are not immediately available. Riverside Indian School administration and staff, of course, will make every effort possible to contact you in case of an emergency.

Medical History

Name: _____ Date: _____

Date of Birth: _____ Male: _____ Female: _____

What is the name of the clinic where the applicant receives care? _____

What is the date of the applicant's last physical exam? _____

Height: _____ Weight: _____

List any medications applicant is taking and the reason for taking medications: _____

Has applicant been hospitalized in the last two years? _____ NO _____ YES. If yes, describe reason? _____

Is applicant allergic to any food, medicine or has any other allergies? _____ NO _____ YES

If yes, describe _____

Does applicant use alcohol or drugs? _____ NO _____ YES

If yes, describe _____

Does applicant use tobacco? _____ NO _____ YES

If yes, describe _____

Is the applicant diabetic? _____ NO _____ YES

If yes, does the applicant take medicine for it? _____

Does the applicant have any health conditions staff needs to be aware of? _____ NO _____ YES

If yes, describe _____

Has the applicant had suicidal thoughts or verbalized thoughts or ideas, been depress? _____ NO _____ YES

If yes, describe _____

Has applicant ever had the following, check No or Yes:

| | | | | | |
|---------------------|----------|-----------|------------------------------|----------|-----------|
| Bleeding Problem | _____ No | _____ Yes | TB or Lung Disease | _____ No | _____ Yes |
| Chest Pains | _____ No | _____ Yes | Asthma | _____ No | _____ Yes |
| Hepatitis | _____ No | _____ Yes | Sinus Trouble | _____ No | _____ Yes |
| Heart Murmur | _____ No | _____ Yes | Cancer or Tumors | _____ No | _____ Yes |
| Heart Attack | _____ No | _____ Yes | Seizures or Epilepsy | _____ No | _____ Yes |
| High Blood Pressure | _____ No | _____ Yes | Blood Transfusion | _____ No | _____ Yes |
| Rheumatic Fever | _____ No | _____ Yes | Sexually Transmitted Disease | _____ No | _____ Yes |
| Anemia | _____ No | _____ Yes | Kidney Problems | _____ No | _____ Yes |
| Stroke | _____ No | _____ Yes | Liver Problems | _____ No | _____ Yes |
| Ulcers | _____ No | _____ Yes | | | |

FEMALES ONLY

Is the applicant pregnant? _____ NO _____ YES

Is the applicant on any type of birth control? _____ NO _____ YES

These answers are true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____

Date: _____

Riverside Indian School

Residential Checklist

Items provided by Riverside Indian School are in bold.

Bed and Bath

- ☐ Pillows
- ☐ Blanket
- ☐ Towels & Washcloths

Optional if desired

- ☐ Shower Shoes/Flip Flops
- ☐ Shower Caddy
- ☐ Plastic Hangers

Laundry Supplies

- ☐ Detergent
- Optional if desired

- ☐ Dryer Sheets
- ☐ Fabric Softener
- ☐ Laundry Bag/Basket

Personal Supplies/Toiletries

- ☐ Soap/Shampoo
- ☐ Toothbrush/Toothpaste

Optional if desired

- ☐ Deodorant
- ☐ Tampons
- ☐ Prescription Medication(s)
- ☐ Hair Products/Hair Dryer
- ☐ Makeup/Moisturizers

- ☐ Shaving Accessories

***All razors, perfume, cologne & Medication will be given to HLA for safe keeping. ***

- Candles/incense
- Pets
- Toaster Oven
- Hot Plates
- Microwave
- Refrigerator
- Apparel that signify gang affiliation
 - + Connotations &/or embellishments
 - + Handkerchiefs/bandanas
 - + Necklaces
 - + "Colors"

Identification/Money Optional if desired

- ☐ ATM Card*
- ☐ Driver's License/Identification

Electronics Optional if desired

- ☐ Alarm Clock
- ☐ Camera
- ☐ Music Player
- ☐ Cell Phone Charger
- ☐ Computer/Laptop-
 - Don't forget the laptop's charger and locking cable
- ☐ Gaming System

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

Miscellaneous

- ☐ School Supplies

- | | |
|---|---|
| <input type="checkbox"/> Pens/Pencils | <input type="checkbox"/> Spiral Notebooks |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Tape/Post-its |
| <input type="checkbox"/> Dictionary/Thesaurus | |

Optional if desired

- ☐ Backpack
- ☐ Posters
- ☐ Plastic Food Storage containers with sealing lids*
- ☐ Dishware/Silverware - plastic
- ☐ Jacket/Coat*
- ☐ Umbrella*
- ☐ Sports Equipment (balls, pool sticks, skate boards - helmet required)

Prohibited Items

- Clothing depicting
 - + Drugs
 - + Tobacco
 - + Liquor
 - + Explicit or implied sexual connotation
- "Sagging" clothes
- Midriff blouses/shirts
- See thru net or mesh blouses/Shirts
- Clothing with spaghetti straps
- Halter Tops
- Short Shorts

PARENTAL CONSENT FORM

1. FIELD TRIPS

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Riverside Indian School Administration.

I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.

2. RECREATIONAL SPORTS

I (we) hereby grant consent/permission/authorization for the above student to participate in the recreational sports sponsored by Riverside Indian School.

3. PHOTOGRAPH RELEASE

I (we) hereby grant permission to the Riverside Indian School, Bureau of Indian Education, and Bureau of Indian Affairs for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Riverside Indian School, Bureau of Indian Education and Bureau of Indian Affairs. This includes Riverside web page internet displays and BIA. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

*Signature of **Parent/legal** Guardian*

Date

HEALTH INSURANCE INFORMATION

Is your child covered under health insurance provided by a Private, Tribal, State, Federal, or

Local Health Insurance Provider? Yes No

Name of Provider: _____ Card Number: _____

Tribal Health Care Provider: _____ Card Number: _____

OHS Card Number: _____

Title-19 or Child Health Insurance Program Card Number: _____

SCHOOL CHECKOUT POLICY

STUDENT NAME: _____

At the beginning of each year, the parents/guardians of Riverside Indian School students are required to sign an acknowledgment of rules for attendance, check-outs, and weekend passes for their children. The following policy will be understood and signed by the parent/guardian.

1. Student checkouts during the academic day are limited to the parent/legal guardian. Individuals who are not the parent/guardian will not be allowed to check students out during the academic day unless requested by the parent/guardian in writing.
2. Individuals **must be 25 years or older** to be added and approved to a student checkout list. Individuals who fail to comply with RIS checkout policies will be removed from student checkout lists. PERMISSION NOTES WILL BE ACCEPTED AND APPROVED AT RIVERSIDE INDIAN SCHOOL ADMINISTRATION'S DISCRETION.
3. All overnight checkouts by someone other than the legal guardian must be pre-approved by the guardian and RIS administration
4. Checkout forms will be provided by the school.
5. Students may be checked-out through the school offices, Dorm Wing, or with the designated Duty Officer.
6. Students who are on campus restriction may only be checked out by the legal guardian.
7. All check-outs are subject to final approval by the School Administration.

I have read and understand the listed rules as stated above:

Signature of Parent/Guardian

Date

| STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER) Provide the name and relationship of individuals who you are giving consent to check out your child |
|--|
| Name: _____ Relationship: _____ |
| Name: _____ Relationship: _____ |
| Name: _____ Relationship: _____ |
| I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before student is admitted. |
| Signature of Parent/Legal Guardian/Adult Student: _____ Date: _____ |
| Failure to provide inclusive and accurate information could result in immediate dismissal. |
| _____ I do not wish to have my child checked out by anyone other than myself. |

STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all students of Riverside Indian School and remain in *effect* during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) Tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without Official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon is not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; or (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students will be liable for all unauthorized charges made to government telephones as well as charges made from pay telephones.

I fully understand the foregoing "Student Code of Conduct", and if accepted as a student at Riverside Indian School, I agree to abide by these rules:

Date: _____ Student Signature: _____

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct," further I agree to cooperate in resolving any disciplinary problems that may involve my child:

Date: _____ Parent Signature: _____

STUDENT POLICIES

The staff of Riverside Indian School wants to provide a positive learning environment for our students. Our major concerns are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

SEARCH AND CONFISCATION POLICY

Riverside Indian School, in their desire to provide for health, safety, and general welfare of the students with whom they are entrusted will conduct periodic random searches for illicit drugs, alcohol and weapons. The search may include all personal items and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found. Students eighteen years of age or older who are found to be in possession of illegal items may be turned over to the local law enforcement authorities.

GANG BEHAVIORAL POLICY

Riverside Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the education process. Riverside Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing and behavior)
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or threatening to the health and safety of students and staff.

At the discretion of Riverside Indian School authorities, a violation of the personal appearance and/or behavioral policy may result in the student being required to sign a "Gang Contract" promising to not engage in gang behavior. A violation of such contract may potentially result in disciplinary action up to and including a recommendation for expulsion.

CELLPHONES

Due to disruption of the educational process, cell phones will not be allowed during school hours. Cell phones that are seen during school hours .

My signature below indicates that I have been informed of the policy:

Parent/Guardian Signature

Date

Student Signature

Date

Acceptable Use Policy

Internet and network access is provided to the students and staff at Riverside Indian School. Education is the primary function of Riverside Indian School. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in this policy. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges.

Network Etiquette-Users are expected to abide by the general accepted rules of network etiquette. These include but are not limited to the following:

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal personal addresses, credit card numbers, and phone numbers.
- Illegal activities are strictly forbidden.
- Electronic mail is not guaranteed to be private. People who operate the system do have the access to all mail.
- Message relating to or in support of, illegal activities may be reported to the authorities.
- Do not use the network in such a way that others' use of the network would be disrupted.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords.
- Shall not damage computers, computer systems or computer networks, which includes altering software components of a computer system, and removing any identification tags/stickers located on the computer itself.
- Transmitting or intentional receipt of hate mail, harassment, and other antisocial behaviors are prohibited on the network.
- Shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Shall not conduct any kind of personal business transaction.
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Agree not to use the chat rooms.
- Agree not to send chain letters.
- Students shall not send, receive or check personal E-mail, except before or after school.

Computer Lab usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of student is responsible for monitoring and overseeing their network and internet activity.
- No food or drinks in the Computer Labs.
- Teachers are expected to have lesson plans before students use the internet, which includes pre-researching sites that are used.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- And/or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.



BIA/BIE Youth Indian Police Academy

Consent to Participate & Release from Liability

The undersigned, parent/guardian, hereby gives permission and authorization for their son/daughter to participate in all scheduled activities including but not limited to physical training exercises such as marching, running, strength training, and other athletic activities associated with the BIA/BIE Youth Indian Police Academy. I also consent to the administration of emergency first aid and follow up medical care if needed.

The undersigned hereby releases and holds harmless any and all damages, claims, losses, expenses, attorney fees, causes of action, judgements, lawsuits, proceedings and/or liabilities occurring by reason of any injury to any person or property as a result of participating in this program and in any capacity or function as a BIA/BIE Youth Indian Police Academy participant.

The undersigned further agrees to obey directives of the BIA/BIE Youth Indian Police Academy staff, BIA Police, BIE Riverside Indian School staff, or their designees. Additionally, participation in the program can be rescinded at any time during the course of the academy without cause and is in the sole and absolute discretion of the BIA/BIE Youth Indian Police Academy staff.

I hereby attest to having read this document and acknowledge the understanding thereof.

PERMISSION GRANTED BY: (PARENT/GUARDIAN)

PRINT PARENT/GUARDIAN NAME

SIGN PARENT/GUARDIAN NAME

PARTICIPANT NAME

PARTICIPANT SIGNATURE

DATE: _____



BIA/BIE Youth Indian Police Academy

Uniform Sizes

T-shirt Size: _____

Gym Short Size: _____

Pant/Waist Size: _____