

**NEW STUDENTS AND TRANSFERS NEED THE FOLLOWING DOCUMENTS FOR REGISTRATION BEFORE THEY CAN BE ENTERED INTO CLASS:**

• **IMMUNIZATIONS**

(PRINTOUT FROM CLINIC STATING NO IMMUNIZATIONS ARE DUE & KINDERGARTEN & 6<sup>th</sup> GRADE STUDENTS MUST HAVE ALL IMMUNIZATIONS)

• **BIRTH CERTIFICATE**

• **TRIBAL ENROLLMENT**

(ALL STUDENTS MUST BE ENROLLED IN A TRIBE WITH CIB IN STUDENTS FILE)

• **CURRENT REPORT CARD**

(ELEMENTARY- with grade placement & current grades)  
(HIGH SCHOOL-current grades & percentages)

• **DIPLOMAS**

(Kindergarten & 8<sup>th</sup> grade for High School)

• **TRANSCRIPTS**

(HIGH SCHOOL ONLY)

• **GUARDIANSHIP DOCUMENTS**

(if you are not the parents you must have some type of guardianship papers for the students file)

**Pine Ridge School**

**K-12 Registrar**

**P.O. Box 1202**

**Pine Ridge, SD 57770**

**Phone: 605-867-5145**

**Fax: 605-867-2386**



**UNITED STATES DEPARTMENT OF THE INTERIOR**

**BUREAU OF INDIAN AFFAIRS**

**PINE RIDGE SCHOOL  
P.O. Box 1202  
101 THORPE CIRCLE  
PINE RIDGE, SD 57770  
Phone 605-867-5145**

**Fax/Emailed:**

\_\_\_\_\_  
\_\_\_\_:\_\_\_\_ am/pm

**Received**

\_\_\_\_\_  
\_\_\_\_:\_\_\_\_ am/pm

**STUDENT RECORDS REQUEST**

**Student's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**School Transferring from:**

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

**Phone:** \_\_\_\_\_ **Fax/Email:** \_\_\_\_\_

**Please indicate which records are to be released by checking an X:**

- |  |  |                        |
|--|--|------------------------|
| <input type="checkbox"/> <b>Transcripts</b><br>(HS only)                         | <input type="checkbox"/> <b>Immunizations</b>          | <b>Comments:</b> _____ |
| <input type="checkbox"/> <b>Withdrawal grades</b><br>(w/Percentages for HS only) | <input type="checkbox"/> <b>Birth Certificate</b>      | _____                  |
| <input type="checkbox"/> <b>Cumulative Records</b>                               | <input type="checkbox"/> <b>Tribal Enrollment</b>      | _____                  |
| <input type="checkbox"/> <b>Standardized Tests</b>                               | <input type="checkbox"/> <b>Guardianship Documents</b> | _____                  |
| <input type="checkbox"/> <b>Enrollment History</b>                               | <input type="checkbox"/> <b>Behavior</b>               | _____                  |
| <input type="checkbox"/> <b>Attendance</b>                                       |  | _____                  |

**Special Education Student: Send records (Fax 605-867-2386)**

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

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

**HIGH SCHOOL-Martha ([martha.protector@k12.sd.us](mailto:martha.protector@k12.sd.us)) or 605-867-2386 Fax**

**ELEMENTARY-Lisa ([lisa.steele@k12.sd.us](mailto:lisa.steele@k12.sd.us)) or 605-867-2386 Fax**

**Email, Fax or Mail student records to the following address:**

**Pine Ridge School, Attn: Registrar, P.O. Box 1202, Pine Ridge, SD 57770**



# 2024-2025 STUDENT REGISTRATION FORM FOR PINE RIDGE SCHOOL/BUREAU FUNDED SCHOOL

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DISTRICT WHERE STUDENT IS ON CENSUS: \_\_\_\_\_ STUDENT ENROLLED IN A TRIBE: YES  NO

IF YES, NAME OF TRIBE: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

NAME OF HOME AGENCY: \_\_\_\_\_ BLOOD DEGREE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRIBE AFFILIATION: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

HOME AGENCY: \_\_\_\_\_ BLOOD DEGREE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRIBE AFFILIATION: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

HOME AGENCY: \_\_\_\_\_ BLOOD DEGREE: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_ OTHER (group home, etc.)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I am legally responsible for this student and hereby apply his/her admission to this school. I understand that additional information may be requested by the school before & after the student is enrolled.

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

Approved  Not Approved  Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Bus:  
Physical directions to your home and house #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 2 contact names and contact numbers for EMERGENCY & CHECK OUT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Please remember parents are allowed to check out their child unless there is a custody statement on file.  
Only other persons stated on the student check out list will be allowed to check out students)

List any Siblings registered here at Pine Ridge School:

Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____

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**SCHOOLS PREVIOUSLY ATTENDED:** (PRS REGISTRAR FAX: 605-867-2386)

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School Name: \_\_\_\_\_ Student on a Current IEP (SPED)? Y or N  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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School Name: \_\_\_\_\_ Student on a Current IEP (SPED)? Y or N  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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School Name: \_\_\_\_\_ Student on a Current IEP (SPED)? Y or N  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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U.S. Department of Education Office of Indian Education Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ (As shown on school enrollment records) Name of School \_\_\_\_\_

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: \_\_\_\_\_

(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent \_\_\_\_\_

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one): \_\_\_\_\_ Federally Recognized \_\_\_\_\_ State Recognized \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form) \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach)

\_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

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

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

Email Address \_\_\_\_\_ Date \_\_\_\_\_

# Pine Ridge School

## Bus Route Form

Student Names & Grades:

_____	_____
_____	_____
_____	_____
_____	_____

CHECK ONE:

- Martin, Allen, Batesland, Wakpamni, Wolf Creek
- Kyle, Sharps, Evergreen, Porcupine, Wounded Knee
- Rockyford, Manderson, Wounded Knee
- Oglala-High School
- Oglala, North Ridge, Trailer Courts-Elem & MS
- Pine Ridge-Elementary
- Pine Ridge-High School
- Red Shirt, White River, #6
- Slim Buttes, White Clay, Fraggie Rock, Cherry Hill
- #4 off road

Physical Directions to your Home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name & Phone Numbers:

\_\_\_\_\_

\_\_\_\_\_



*Pine Ridge School*

*Bilingual*

*Certification*

*Program*

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

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

**My child's native language is \_\_\_\_\_ . My child is knowledgeable of English and both are spoken in the home and at school.**

**I give permission for my child to participate in the Bilingual Program offered at the Pine Ridge School.**

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**Signature of Parent/Guardian**

# PINE RIDGE SCHOOL

## Parental Permission for School Health Program and Routine Medical Care by Indian Health Service

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The following are routine health care services, provided in school facilities by school health personnel with secondary services provided by the Pine Ridge IHS Pediatrician or Physicians.

1. Administer prescribed or over the counter medications.
2. Apply bandages, dressing, or topical medications for the treatment of dry lips, lacerations, abrasions, impetigo, minor burns, scabies, ring worm and cold sores.
3. Apply elastic bandages to sprains.
4. Transport children and meet parent at I.H.S. or other medical facilities  
for emergency treatment only.
5. Provide physical assessment to check for signs or symptoms of illness.
6. Provide head checks to all students three times a school year.  
(See student handbook for detailed policy)
7. Any other treatment deemed necessary by the school nurse, for the safety and wellbeing of the student.

List any medications child is taking: \_\_\_\_\_

List any medical problems/Drug Allergies/Food Allergies: \_\_\_\_\_

(Drug Allergies/Food Allergies must be supported with a doctor's statement)

List any physical problems and/or limitations: \_\_\_\_\_

List any diseases or ailments your child has had: \_\_\_\_\_

I give permission & authorize Pine Ridge School staff to give my child the selected medicine:

- Acetaminophen (non-aspirin)       Antacid       Cough Drops  
 None of the above

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

### Persons to contact in case of an emergency:

Name: _____	Relationship: _____
Home #: _____	Work #: _____ Cell #: _____

Name: _____	Relationship: _____
Home #: _____	Work #: _____ Cell #: _____



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON  
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

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

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

Medicaid#: \_\_\_\_\_

I have read the consent form for the Indian Health Services to arrange for or to provide the following health services for my child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental procedures.
3. Mental health services including evaluations, referrals and treatment as necessary.
4. Transportation of the child to and/ or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or special instructions: \_\_\_\_\_

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

Parent/Guardian Signature:

\_\_\_\_\_

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

Valid until: \_\_\_\_\_

## BIE McKinney-Vento Enrollment/Referral

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) \_\_\_\_\_  
Grade Level(s) \_\_\_\_\_  
School Site(s) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
Parent/Guardian/Youth phone number: \_\_\_\_\_  
 Cellular 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 intend to stay. (Please initial) \_\_\_\_\_

Does the student wish to continue at school of origin? Yes \_\_\_ No \_\_\_

- Is school of origin a boarding school? Yes \_\_\_ No \_\_\_
- If present school is a boarding school, will student be enrolled in residential dorm?  
Yes \_\_\_ No \_\_\_

### Agreed Upon Services

Educational 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 need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify School Liaison/Designee immediately.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Liaison/Designee

\_\_\_\_\_  
Date



# *Pine Ridge School*

## PHOTO/VIDEO RELEASE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Parent's/Guardian's Name: \_\_\_\_\_

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

Parent's/Guardian's Signature: \_\_\_\_\_

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I hereby grant unto my child's school permission to use my child's photograph and/or videotaped image for School Activities, Website & Newsletter Publication. I understand and agree that Pine Ridge School may use these photos and/or videotaped images unless I revoke this authorization by notifying the school Registrar in writing. I further grant unto Pine Ridge School permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school related stories or articles.

I do not grant unto Pine Ridge School permission to use my child's photograph and/or videotaped image for School Activities and newspaper publication.

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Do you have internet access at home? YES  NO

Do you have a computer or tablet at home for your child to do homework? YES  NO

# TRIO Educational Talent Search (TS)

The University Of South Dakota

Participant Application

6<sup>th</sup>-12<sup>th</sup> Only!

**PLEASE FILL OUT COMPLETELY IN BLUE OR BLACK INK!**

**STUDENT INFORMATION** needed for program requirements. All information will remain confidential

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male

Citizenship: US Citizen Perm Resident. # A \_\_\_\_\_ Other \_\_\_\_\_ (attach verification)

Student email address: \_\_\_\_\_ Address if diff than parent(s): \_\_\_\_\_

**Ethnicity:** American Indian Asian Black Hispanic White Pacific Islander Two or more

**Current Grade:** \_\_\_\_\_ Student is in Upward Bound MSIP Gear Up Out of school adult

School attending: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

(Expected) high school graduation year: \_\_\_\_\_ or GED completion date (mm/yy): \_\_\_\_/\_\_\_\_

**PARENT/ GUARDIAN INFORMATION:** Full Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_ Parent email: \_\_\_\_\_

1. Does either guardians in the home have a 4 year college (bachelor) degree? Yes No

2. Number of Household Members: \_\_\_\_\_

3. **Income:** I certify that my total household **taxable income** during the last calendar year was \$ \_\_\_\_\_.

Form 1040. Taxable income is on line 15 on the 2021 tax form. This is the income AFTER all the deductions have been taken out.

(You don't have to disclose your income if you receive any form of public assistance).

Family receives Public Assistance (ex: EBT, WIC, Medical Assistance, CHIP, TANF, General Assistance) Yes No

Student is ward of the court Yes No

Student resides in foster home Yes No

### Current Plans:

4 yr College/ University 2 yr College 2 or 4 year Tribal College GED  
Vo-Tech School Military Other: \_\_\_\_\_

**Talent Search Services requested:** Please check all that apply.

Tutoring	Acad. Counseling	Goals/ Decisions Making	Financial Aid/ FAFSA
Study Skills	Career Awareness	Cultural Awareness Activ.	Scholarship Search
Self Esteem	Computer Assistance	College Preparation	Summer Program
Campus Visits	Family Activities	Acquiring Adult Life Skills	GED Assistance
Other Field Trips	Problem Solving	ACT Preparation	Other: _____

I certify the above information is correct. I give permission to the TRIO Talent Search Program to provide services and to obtain information necessary to determine program eligibility and assistance needed, including transcripts, student email address(es), income verification, test scores and eventually college enrollment verification.

A dependent student under the age of 24 must obtain a parent signature. Contact your TS advisor for questions regarding dependency status. Unless you indicate otherwise, we may publish your picture on display boards or in TS newsletters, local newspapers, and brochures.  I do not want my picture published.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
OFFICE USE ONLY: TS Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TS Staff: \_\_\_\_\_ LI FG LIFG Other

Director Signature: \_\_\_\_\_