



## STANDING ROCK COMMUNITY SCHOOL NEW STUDENT ENROLLMENT INFORMATION (2025-26)

Welcome to Standing Rock Community School! We look forward to serving your child and family by providing quality educational and support services in a structured and nurturing environment. It is our mission to ensure the educational and related needs of our students and families are at the forefront of our efforts each and every day. We look forward to working with your child on a daily basis and are excited to partner with you and your family.

Please complete the enrollment packet and provide the required documents listed below. The following information **MUST** be provided to the school **BEFORE** students will be allowed to attend school. Students **WILL NOT** be allowed to attend school until the necessary documentation is provided.

Enrollment packet filled out. Including:

- ☐ Certificate of Indian Blood (parents CIB if student not enrolled)
- ☐ Certified Birth Certificate
- ☐ Updated Immunization Records
- ☐ Current Custody Papers/Official Court Documents (if applicable to this student)
- ☐ Enrollment Packet Filled out Completely

**After completion of this enrollment packet, please drop off the forms and required documents to the elementary or middle/high school. You may also fax the packets and documents. School contact information is listed below.**

**You may also scan and email the completed packet and required documents to:**

[Enrollment@mysrcs.com](mailto:Enrollment@mysrcs.com)

SCHOOL CONTACT INFORMATION	
Standing Rock Elementary School	Standing Rock Middle/High School
9189 Highway 24 Fort Yates, ND 58538	9189 Highway 24 Fort Yates, ND 58538
Phone: 701-854-3865	Phone: 701-854-3461
Fax: 701-854-3878	Fax: 701-854-3785

**STANDING ROCK COMMUNITY SCHOOLS  
STUDENT & FAMILY INFORMATION**

STUDENT INFORMATION	
<b>Student Name (First, Last)</b>	
<b>Current Grade</b>	
<b>Date of Birth</b>	
<b>Social Security Number</b>	
<b>Age</b>	
<b>Gender</b>	
<b>Tribal Affiliation &amp; Enrollment Number</b>	

**Student Home Address &  
Primary Phone Number  
(street, city, state, zip)**

	Father	Mother	Other Guardian
<b>Name:</b>			
<b>Street Address:</b>			
<b>Mailing Address:</b>			
<b>City/State/Zip:</b>			
<b>Home Phone Number:</b>			
<b>Cell Phone Number:</b>			
<b>Work Phone Number:</b>			
<b>Email:</b>			

**Legal Guardian:**    Both Parents   ☐    Father   ☐    Mother   ☐    Guardian   ☐

**Child has a Sibling attending Standing Rock Schools:**        Yes   ☐        No   ☐

**Name of Sibling(s) & Grade(s):**

**My child receives Special  
Education or 504 Services:**        Yes   ☐        No   ☐

**My child/family receives McKinney-Vento Services:**        Yes   ☐        No   ☐

EMERGENCY CONTACT INFORMATION
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**Emergency Contact #1:  
(Name, Relationship to Student,  
Phone Number)**

**Emergency Contact #2:  
(Name, Relationship to Student,  
Phone Number)**

**TRANSPORTATION INFORMATION**

Bussing Address:  
(Drop-off & Pick-up)

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**MEDICAL INFORMATION & CONSENT**

Allergies (food, milk, peanuts, seasonal, other; please list any)	
Dietary Restrictions (please provide documentation)	
Does student use an Epi-Pen?	
Existing Medical Conditions (illnesses, surgeries, injuries, limitations; please list any)	
Medical Treatment Plan (please provide)	
Physician Contact Information (please provide)	

Is your child currently receiving Medicaid services or is your child eligible for Medicaid services?

Medicaid Number	
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**\*\* Your child will be seen by the school nurse as needed unless otherwise stated in writing.**

In case of a medical emergency, and I cannot be reached, I give my consent for the school nurse to administer the appropriate medical treatment/first aid to my child:      Yes ☐      No ☐

I give my consent for the school nurse to administer prescription medications to my student and non-prescription medications with parental consent while at school:      Yes ☐      No ☐

I give my consent for the school nurse to arrange dental care for my child through a licensed provider to include: screening, cleaning, fluoride, sealants:      Yes ☐      No ☐

I give my consent for the school to transport my child to any medical, vision, dental, or immunization appointment if I am unable to. Mental health appointments require parental transport:      Yes ☐      No ☐

\_\_\_\_\_  
*Parent/Guardian Medical Consent*

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

**FIELD TRIP & MEDIA CONSENT**

By signing below, I give permission for my child to attend field trips sponsored by the school. These can include overnight and extended trips. I understand that the school is responsible for safely transporting and supervising my child while attending field trips away from the school. I also grant permission for my child's picture and name to be posted on school bulletin boards, in school newsletters, yearbooks, and school owned social media sites for the purposes of positive school recognition, classroom and school events, and other school-related purposes.

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**Parent/Guardian Consent**

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**Date****STUDENT RESIDENCY INFORMATION-M-VENTO ELIGIBILITY**

Where is your child/family currently living? The information below is confidential and assists the school in determining eligibility for services for students under the McKinney-Vento Homeless Act. Please check the appropriate box>

- ☐ Single Family Residence (house, apartment, condo, trailer house, etc.)
- ☐ Doubled Up (sharing housing with another family/individual due to economic hardship or loss of housing)
- ☐ Living in a Temporary Residence (while finding permanent housing or rental)
- ☐ Unsheltered (car or RV due to lack of alternative accommodations)
- ☐ Motel/Hotel or Shelter
- ☐ Foster Home
- ☐ Student is Living with a Relative, Friend, or Other Adult
- ☐ Student is living Alone w/no Adults
- ☐ Student is Living with an Adult that is not Legal Parent/Guardian

Child(ren) birth to 21 years old living in the home other than the parent/guardian:

Name	Date of Birth	Relationship to You

**PARENT/GUARDIAN ATTESTATION & CERTIFICATION**

By signing below, I hereby acknowledge and attest that the information provided on these enrollment forms is true and accurate to the best of my knowledge.

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**Parent/Guardian**

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**Date**

U.S. Department of Education Office of Indian Education  
**ED 506 Form-Student Certification**  
TITLE VI Indian Education Formula Grant Program

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. 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. § 12329, 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 MEMBERSHIP**

The individual with Tribal Enrollment is (select only one): ☐ Child ☐ Child's Parent ☐ Child's Grandparent

If the individual with Tribal membership is **NOT** the child listed above, name the individual (parent/grandparent) with Tribal Membership: \_\_\_\_\_

Name of Tribe or Band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ 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.

Proof of membership in a Tribe or Band listed above, as defined by a Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe & attach)

***Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:***

Tribe/Band Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

***Tribal Membership of Enrollment Number or Other Evidence Establishing Tribal Enrollment:*** \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is true and correct to the best of my knowledge and belief:

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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

**BIE Home Language Survey  
Standing Rock Community School**

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

Grade (this school year): \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Federal Code: 25: CFR 32.3**

***"It is the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaskan Natives."***

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

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. If a language other than English is used by you or your child as a primary language in your home then your child meets the English Learner (EL) definition. The school may potentially give your child an English Language Proficiency Assessment, share the results with you, and provide services.

**Please respond to each of the questions below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the spaces provided.**

1. What language do you (parent/guardian) use most often when speaking with your child?

\_\_\_\_\_

2. What language does your child primarily speak or use most often?

\_\_\_\_\_

3. What language did your child learn when they first began to talk?

\_\_\_\_\_

4. What language is most often spoken by the adults in the home?

\_\_\_\_\_

5. Has your child ever received English Learner (EL) services at a previous school:    Yes ☐    No ☐

**If a language other than English is identified as the primary language the student speaks and/or is spoken in the home, the student will be referred for screening.**

**Additional Information (optional):**

I attest that the information provided in this language survey is true and accurate to the best of my knowledge.

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

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



## Standing Rock Community School

9189 Highway 24

Fort Yates, ND 58538

Elementary Phone: (701) 854-3865 & Fax (701) 854-3878

Middle/High School Phone: (701) 854-3461 & Fax (701) 854-3785

Email Records to: [Enrollment@mysrcs.com](mailto:Enrollment@mysrcs.com)

### REQUEST FOR STUDENT RECORDS

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

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

Parent/Guardian Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Previous School City & State: \_\_\_\_\_

Phone/Fax Numbers: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

#### Please send ALL student records, including:

- Transcripts
- Withdrawal Grades
- Birth Certificate
- CIBs
- Testing/Assessment Records
- Immunization Records

- Health Records
- Attendance & Behavior Records
- Individualized Education Plan (IEP)
- English Learner Records
- 504 Plan
- Psychological/Other Testing Records

Fax Records to (701) 854-3878 (Elem) or (701) 854-3785 (MS/HS). Email records to [Enrollment@mysrcs.com](mailto:Enrollment@mysrcs.com)

I authorize the release of my student(s) records and request they be sent to the above-named school.

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

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