



2023-2024 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: _____

SCHOOLS PREVIOUSLY ATTENDED:

(PRS REGISTRAR FAX: 605-867-2386)

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

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

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

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 _____

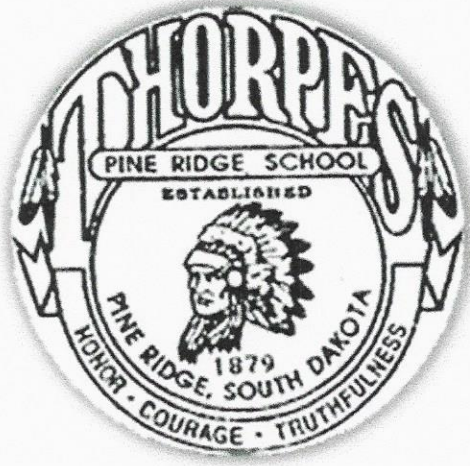
ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____



Pine Ridge School

Bilingual Certification Program

Student Name: _____

Date of Birth: _____ Grade: _____

(print) Parent/Guardian: _____

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.

___/___/___

Signature of Parent/Guardian

Date

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 for various illnesses.
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/Allergies/Food Allergies: _____

(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: _____

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: _____

PINE RIDGE SCHOOL

PARENTAL PERMISSION SLIP

Grade: _____

Student Name: _____

OFF CAMPUS ACTIVITIES:

My child has permission to attend and participate in off campus activities under the auspices of the Pine Ridge School. Activities may include, but are not limited to, academic, social, counseling, athletic and recreational (class field trips, end of the year trips, etc.). I understand the students will be properly chaperoned by the school personnel and all precautions will be taken to insure my child/children's safety. I understand that these trips may be overnight and may cross state lines. I agree that the reasonable cause and assurance for the health and safety of all students, Pine Ridge School Staff may act in loco parentis.

Parent/Guardian Signature:

Date: _____

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

Bus Route Form

Student Names & Grades:

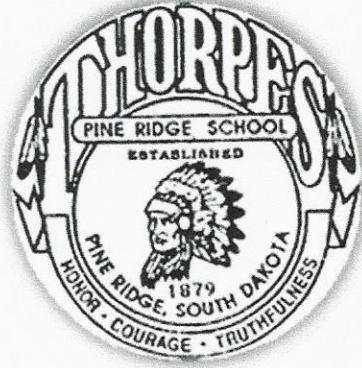
_____	_____
_____	_____
_____	_____
_____	_____

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

PHOTO/VIDEO RELEASE

Student's Name: _____ Grade: _____

Print Parent's/Guardian's Name: _____

Date: _____

Parent's/Guardian's Signature: _____

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.

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 2022

6-12th 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: _____