



Gila River Tribal Education Department Off Reservation Boarding School Checklist



- 1 Application
- 2 Birth Certificate
- 3 SS Card
- 4 Health Insurance/ AHCCCS ID
- 5 CDIB
- 6 Transcript
 - a 8th Grade Diploma ****If applying for 9th grade****
 - b Current Report Card
 - c Updated IEP (If applicable)
- 7 Current Immunization Record
- 8 Current Physical
- 9 Proof of Guardianship (non parent)
- 10 Social Summary (if student is receiving services)
 - a Probation
 - b Tribal Social Services
 - c Behavioral Health

ORBS Required Documents

- 11 ORBS Transcript Request Form
- 12 ORBS Disclosure of Confidential Information Consent Form
- 13 Parent and Student ORBS Handbook Agreement

Gila River Indian Community

Off-Reservation Boarding Schools

Post Office Box 97 Sacaton, AZ 85147

Office: (520) 562-3662 ext. 3621

Cell: (520) 610- 8577

Fax: (520) 562- 3348



Transcript Request Form

Date: / /

Student: _____

Date of Birth: / /

School : _____

Years attended: _____

Graduated: Yes No Year Graduated: /

Unofficial Transcript Official Transcript

Fax Unofficial to: (701) 642-3380

Mail Official To: Circle of Nations

832 8th St. North

Wahpeton, ND 58075

Attn: Registrar

Comments: _____

Signature: _____

Date: _____

Gila River Indian Community Off-Reservation Boarding Schools



Office: (520) 562-3662

Cell: (520) 610- 8577

Fax: (520) 562- 2924

Email: Danielle.Allen@gric.nsn.us



DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2017-2018

I _____ Parent/Guardian of _____

AUTHORIZE _____
NAME OF BOARDING SCHOOL

TO DISCLOSE TO THE OFF-RESERVATION BOARDING SCHOOLS OFFICE
FOR STUDENT'S FILES AND PARENT INFORMATION ONLY

ACADEMIC RECORDS

HOMELIVING REPORTS

MEDICAL STATUS

COUNSELING/REFERRALS

RELEASE TO THE GILA RIVER INDIAN COMMUNITY & OFF-RESERVATION
BOARDING SCHOOLS OFFICE FOR STUDENT RECOGNITION IN NEWSPAPER
ARTICLES AND PUBLIC RELATIONS

STUDENT RECOGNITIONS

**CLASS/GROUP/INDIVIDUAL
PHOTOS**

SIGNATURE OF PARENT/GUARDIAN

DATE

INFORMATION MAYBE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE



Gila River Indian Community

Off-Reservation Boarding Schools

Office: (520) 562-3662

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Fax: (520) 562- 2924

Email: Danielle.Allen@gric.nsn.us



Application deadline to ALL boarding schools is **July 14, 2017**. Please turn in your application(s) along with **ALL REQUIRED DOCUMENTATION** to the Off-Reservation Boarding Schools office no later than **5:00 PM** on the deadline date.

Parent and Student ORBS Handbook:

The Purpose and Goal of the Off Reservation Boarding School Program (ORBS):

1. The ORBS Program is to provide assistance in completing school applications, and being a support system to the student and their families.
2. The purpose of the ORBS Advisor is to assist students in successfully completing applications, achieving academic success, and graduating from their school by providing as a liaison with the Gila River Indian Community that can support the students and their families.

Intake/Applications:

1. Interested parties are able to come to the Tribal Education Department (TED) Office to pick up an application for the boarding school they are interested in. Applications are also available online.
2. **ORBS Program does not accept, deny, or place students on a waiting list. We serve as a liaison to help complete and submit applications.**
3. A checklist of required documents will be provided to the family along with ORBS required documents and the application.
4. The required documents are mandated by the boarding schools. Our office advises students and families to submit a complete application with all required documents. **If an incomplete application is submitted the boarding school registrar will contact the family directly not the ORBS Advisor.**
5. Submission of an application **DOES NOT** automatically enroll the student into the school of choice. Each school has an Admissions Committee who reviews all applications. The decision is at the discretion of the committee and will be based on the merit of the application.
6. **ALL** sections of the application must be thoroughly completed. Campus admission committees **WILL NOT** review incomplete applications.
7. **ALL** medical and/or physical conditions must be disclosed in the application.

Appointments:

1. All new/Potential students are encouraged to meet with the ORBS Advisor.

2. Appointments are encouraged by Advisor to meet with student(s) and parents/guardians.
3. Walk-ins will be seen at Advisors availability.

Transportation:

1. Transportation to airport maybe available on a case by case basis. The transportation request must be approved by the TED Director/Assistant Director. Requests are to be submitted two weeks prior to date of departure. Transportation Requests are available at the TED office.
2. In the event of a death, **Parent(s)/Guardian(s) are responsible** for round trip transportation for student to attend all funeral services.

School Travel Information:

- Your School of choice will provide transportation for the students **4 Times** per school year:
 1. Beginning of the school year
 2. Winter Break
 3. Return from Winter Break
 4. End of the school year
- Campus travel agents will be in contact with you once the travel arrangements have been complete. Parents/Guardians are responsible to ensure a safe and timely departure.
- Students **Must** travel on the arranged dates and times. If for any reason a student cannot meet their designated travel itinerary, it is the **responsibility for the parent/guardian** to notify the proper officials **Before** departure. If proper notification is not given the parent may be held accountable for any charges or fees incurred.

Room and Board:

4. Your school of choice provides room and board as well as most educational supplies. Students are expected to provide themselves with personal items such as shampoo, toothpaste, clothing, shoes, etc. and one may prefer to acquire their own bedding. Please note that all personal items will be taken **AT YOUR OWN RISK**.

Parent/Guardian Responsibility:

6. Should the parent/guardian decide to **WITHDRAW** their student, it is the **RESPONSIBILITY OF THE PARENT** to make travel arrangements and cover all costs involved.
7. Parents **MUST UPDATE** the ORBS office on any information changes such as home locations, addresses, contact numbers, Withdraws, and Transfers.
8. Parents and students are encouraged to familiarize themselves with their school's policies and procedures, student rights and responsibilities, or student handbooks of their prospective schools.

9. Should violations of the law occur off campus, the student is subject to the **LOCAL LAW ENFORCEMENT**. Parents are responsible for all legal matters and fines incurred. If parents are required to be present for legal matters they are financially responsible for any travel accommodations.
10. Parent(s)/Guardian(s) should develop a working relationship with staff and administration at school of choice. Student grade reports are mailed directly to the parents/guardians. If you are not receiving the academic progress reports please contact the school, or the ORBS office.
11. Should you have any questions or concerns the ORBS office will assist you in contacting the academic, residential, or behavioral counselors at the schools. Teleconferences may be arranged through the ORBS Advisor and the office will assist you in faxing documents to the school.

I have read and discussed the above with the Off-Reservation Boarding School Advisor. I fully understand the contents of this document pertaining to the ORBS application process and the legal issues contained.

Parent(s)/Guardian(s)	Date
Student	Date
ORBS Advisor	Date



**Gila River
HEALTH CARE**

P. O. Box 38 – Sacaton, Arizona 85247

Contract Health Services for Medical Care

Boarding School/College Student Policy Statement

Date: _____

(Part I) STUDENT INFORMATION

Registered Student's Name: _____ DOB: _____

SSN#: _____ Tribal ID# _____ Home Phone: _____

Address Prior to Attending School: _____

Name and Address

Name & Address of Legal Parent (s) or Guardian (if under 18 years of age):

Father: _____ Phone: _____

Mother: _____ Phone: _____

Guardian: _____ Phone: _____

(Part II) FULL-TIME COLLEGE/VOCATIONAL/TECHNICAL STUDENT

"I certify that I am a registered student at _____ and lived on the _____ Reservation prior to my school attendance. I am registered Beginning _____ for the school year _____ as a full time Student. I am aware that it is my responsibility to renew this Student Application for each year _____ as a full-time student. I am aware that it is my responsibility to renew this Student Application for each year I am in full-time attendance at my College, Vocational, Technical, or academic program.

Student signature: _____ Date: _____

(Part III) SCHOOL INFORMATION

Official Name of School: _____

School Address: _____

School Registrar Phone #: _____ School Fax #: _____

(Part IV) SCHOOL REGISTRAR

I certify that _____ is registered full-time for the school year _____ Beginning _____ that Health Services required are not part of the school's health program or covered by insurance.

Signature and Title of School Official
6/30/2009

Date

(Part V) STUDENT INSURANCE INFORMATION

A. Medicaid (AHCCCS) Coverage:

Medicaid Name: _____ ID #: _____ Effective: _____
Call Arizona (AHCCCS for PRIOR AUTHORIZATION at 1-800-433-0425 Fax: 1-602-417-4687

B. Insurance: _____ Phone #: _____
Policyholder Name: _____ Policy #: _____

(Part VI) CHS NOTIFICATION

In accordance with the Regulations as published in the Federal register, dated August 4, 1978, 42 CFR, Part 36.23, 2-3E, Persons to whom CHS will be provided, federally recognized Indian students are affected as follows:

- A. Non-Emergency Services: Must have prior approval from Hu Hu Kam Memorial Hospital before services are rendered.
- B. Emergency Services: Notification must be received within 72 hours from initiation of services. Notification from any individual, parent, guardian, Boarding school staff, relative or provider of services is acceptable.

Phone: 1-888-HUHUKAM or (520) 562-3321 ext. 1052 or Fax to : 1-602-528-1324. After hours, please leave a voice message with the Managed Care Dept.

(Part VII) CERTIFICATION BY PATIENT REGISTRATION STAFF
(For Contract Health Service Eligibility Only)

I certify that _____ is a member/descendant of the _____ Indian Tribe. I acknowledge that _____ lived in his/her Contract Health Service Delivery Area (CHSDA) prior to the beginning of the school year in accordance with 42 CFR, Part 36, Contract Health Services.

Signature Patient Registration: _____ Date: _____

After PARTS I, II, III, IV, are completed, please return the student application to a Managed Care Staff member at Hu Hu Kam Memorial Hospital to complete the CHS eligibility section.

Hu Hu Kam Memorial Hospital Patient Registration Office Use Only:

Patient Registration updated on: _____
Entered on Page 8 in Patient Registration System on: _____
Application forwarded to Managed Care on: _____
Patient Registration Staff Completing form: _____



The documents listed below must be included with the completed student enrollment application. The application process will be delayed if the student enrollment application is not complete.

- _____ Copy of Certification of Degree of Indian Blood
Student applicant must be a member of, or is at least one-fourth degree Indian blood descendant of a member of, a tribe that is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians.
- _____ Copy of social security card
- _____ Copy of birth certificate
- _____ Immunization record
- _____ Physical examination
- _____ Copy of medical assistance card or medical insurance card (both sides) or denial letter of medical assistance/coverage
- _____ Copy of most recent report card and school records as listed on page 4 of student enrollment application
- _____ Custody order, if applicable
- _____ Counseling services information, if applicable
- _____ CD treatment information, if applicable
- _____ Juvenile court history, if applicable

Please complete all sections and answer all questions to the best of your knowledge. If a question doesn't apply to your child, write "does not apply" or "N.A."; if you don't know, write "unknown" or "don't know". If you are having difficulty completing the application, contact your local BIA or Tribal education officials or social service officials for assistance or contact the Registrar at CNS.

Submitting a student enrollment application does not guarantee acceptance and/or enrollment of your child at CNS. An Admissions Committee will review the application and will determine if your child is approved for admission to CNS. A letter of acceptance or non-acceptance will be sent to the parent/legal guardian. Please notify CNS with any changes of address and/or telephone number(s).

Do not withdraw your child from the school they are currently enrolled at until you receive confirmation that your child has been accepted at CNS.

Please feel free to contact this office with any questions or concerns you may have. The mailing address, telephone number, and website for CNS are listed below:

Registrar / Admissions Committee
Circle of Nations School
832 8th Street North
Wahpeton, ND 58075

1-701-672-7222
1-701-642-1984 (fax number)
www.circleofnations.org

PLEASE SUBMIT APPLICATIONS BY AUGUST 1ST.

U.S. DEPARTMENT OF THE INTERIOR – BUREAU OF INDIAN AFFAIRS
STUDENT ENROLLMENT APPLICATION
FOR BUREAU FUNDED SCHOOLS
AND FEDERAL BOARDING SCHOOLS

CIRCLE OF NATIONS – WAHPETON INDIAN BOARDING SCHOOL
832 Eighth Street North – Wahpeton, ND 58075
1-701-672-7222

What grade is the student applying for? (circle one) 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Has the student previously attended CNS or previously applied to attend CNS? (please circle) Yes No

If yes, when and what grade? _____

1. IDENTIFICATION

Name of Student: _____
Last First Middle

Other names used (include nicknames): _____

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

City: _____ State: _____ Zip Code: _____

Gender: (please circle) Male Female Religious Affiliation (optional): _____

Date of birth: _____ Place of birth: _____
month/day/year city/state

Medical Assistance Number: _____ Insurance Policy Number: _____

Tribal Affiliation: _____ Home BIA Agency: _____

Language(s) spoken by the student: 1) _____ 2) _____

Language(s) spoken by others in the household: 1) _____ 2) _____

Reason(s) for applying to CNS: _____

2. FAMILY AND BACKGROUND INFORMATION

Name of student: _____

Who does the student live with? (circle one) Both parents Mother Father Legal Guardian Other _____

Mother: _____
Address: _____
City, State, Zip Code: _____
Telephone numbers (please include area codes):
Home: _____
Cell: _____
E-mail address: _____

Please circle: Living Deceased
Tribal Affiliation: _____
Employer: _____
Work: _____
Other: _____
Emergency contact: _____
Emergency number: _____

Father: _____
Address: _____
City, State, Zip Code: _____
Telephone numbers (please include area codes):
Home: _____
Cell: _____
E-mail address: _____

Please circle: Living Deceased
Tribal Affiliation: _____
Employer: _____
Work: _____
Other: _____
Emergency contact: _____
Emergency number: _____

Legal Guardian: _____
Address: _____
City, State, Zip Code: _____
Telephone numbers (please include area codes):
Home: _____
Cell: _____
E-mail address: _____

Relationship to student: _____
Tribal Affiliation: _____
Employer: _____
Work: _____
Other: _____
Emergency contact: _____
Emergency number: _____

Please list all household members (include ages and relationship to student):

Have other family members attended Circle of Nations-Wahpeton Indian School? Yes No

If yes, please list names and relationship to student: _____

3. SCHOOL(S) PREVIOUSLY ATTENDED

Name of student: _____

School name: _____

Type of school: (circle one) BIA Tribal Public Alternative Private Other: _____

Address: _____ City, State, Zip Code: _____

Telephone number (please include area code): _____

Dates attended: _____ Grade(s) completed: _____

Reason for leaving: _____

School name: _____

Type of school: (circle one) BIA Tribal Public Alternative Private Other: _____

Address: _____ City, State, Zip Code: _____

Telephone number (please include area code): _____

Dates attended: _____ Grade(s) completed: _____

Reason for leaving: _____

If necessary, use an additional sheet of paper to list other schools attended and attach sheet to the student enrollment application.

What programs/activities did the student participate in at previous school(s)? (circle all that apply)

- | | | | | |
|----------------------|-------------------|----------------------|---------------|-----------------|
| Language Development | Gifted & Talented | Special Education | Title I | Student Council |
| Cheerleading | Basketball | Wrestling | Volleyball | Football |
| Cross Country | Track & Field | Tae Kwon Do | Music Lessons | |
| Dance Group | Drum Group | Cultural Activities: | _____ | |

Other: _____

I am legally responsible for this student and hereby apply for his/her admission to the Circle of Nations School. I understand that CNS may request additional information before the student is accepted and/or enrolled. Further, I understand that failure to provide accurate information or falsifying or withholding information may result in the student's non-acceptance to CNS or the immediate dismissal of the student from CNS. Please attach guardian documentation if applicable.

Signature of Legal Guardian

Date

RELEASE / TRANSFER OF SCHOOL RECORDS

Student's Name: _____ Date of birth: _____ Grade: _____

RELEASE TO: Registrar Telephone number: 701-672-7222
Circle of Nations School Fax number: 701-642-1984
832 Eighth Street North
Wahpeton, ND 58075

REQUESTED FROM: School Name: _____

School Address: _____

School Telephone Number: _____

School Fax Number: _____

The following records are requested for enrollment purposes:

- Educational records: Transcripts, grades, grade level, state standardized assessment results, NWEA assessment results, attendance, RTI / CEIS services, Title I services, behavioral records
- Special Education records: Interventions Implemented, Referral, Assessment Plan, Meeting Notices, Written Prior Notices, Initial Consent for Evaluation, Psycho-educational Reports, Evaluation Report, Initial Consent to Place, IEP, Progress Reports
- Health records: Immunization record
Other health related records: _____
- Other Certification of Degree of Indian Blood, birth certificate, other necessary documents: _____

I understand the above information is considered confidential and will be available for use by the Circle of Nations School staff and consultants only.

Signature of Legal Guardian or School Official

Date

The term, Educational Records, as used in this consent form is that defined by P.L. 93-380, Sec. 99.2, Definitions are: Those records which (1) are directly related to a student and (2) are maintained by an educational agency or institution or by a party acting for the agency or institution.

VERIFICATION OF CHILD CUSTODY

Name of Child: _____ Date of birth: _____

Name of Custodial Parent / Legal Guardian: _____

Name of Non-Custodial Parent: _____

Custody set forth by (please circle): Birth Divorce Decree Court Order Other: _____

Type of custody (please circle): Sole custody Joint custody Other: _____

Please provide Circle of Nations School with a copy of the judgment issued regarding the custody of the above named child. In addition to providing the custody document, please answer the following questions:

- | | | |
|---|-----|----|
| ▪ May the non-custodial parent have access to your child's school records (report card, progress report, class work, IEP, etc)? | YES | NO |
| ▪ May the non-custodial parent discuss your child's progress with CNS staff members? | YES | NO |
| ▪ May the non-custodial parent visit your child at CNS? | YES | NO |
| ▪ May the non-custodial parent telephone your child at CNS? | YES | NO |
| ▪ May the non-custodial parent sign your child out from CNS? | YES | NO |
| ▪ Do you wish to be advised of any contact from the non-custodial parent? | YES | NO |
| ▪ Is there a restraining order in place?
If yes, please provide the name(s) of person(s) and a copy of the order: | YES | NO |

Additional comments / restrictions regarding your child's non-custodial parent that CNS should be aware of:

Signature of Legal Guardian

Date

CONFIDENTIAL STUDENT INFORMATION SUMMARY

Name of Student: _____

EDUCATIONAL INFORMATION:

Does the student have problems with schoolwork or homework? Yes No

If yes, please explain: _____

Please list the student's most favorite subject(s): _____

Please list the student's least favorite subject(s): _____

Has the student ever been retained/held back a grade? Yes No

If yes, include what school, what grade(s), and why: _____

Has the student ever been suspended from school? Yes No

If yes, include what school, when, and why: _____

Has the student ever been expelled from school? Yes No

If yes, include what school, when, and why: _____

Does the student have a history of truancy/not going to school? Yes No

If yes, explain: _____

Did the student complete this past school year? Yes No

If not, explain: _____

If you have specific educational concerns for your child that you would like addressed, please write a brief description of those concerns: _____

If applicable, please provide the name(s) and telephone number(s) of the social worker or caseworker or school counselor that have worked with the student and/or the family:

Name of social worker, caseworker, school counselor

Telephone Number(s)

SOCIAL INFORMATION:

How does the student cope with problems? (Circle all that apply)

- Cry
 - Fight
 - Ignore
 - Eat
 - Pray
- Sleep
 - Use drugs
 - Use alcohol
 - Use inhalants

Other: _____

Describe any traumatic event the student has experienced (ex: death of close relative, abuse, divorce/separation of parents, etc.):

Please provide any additional information that you feel will be helpful in understanding the student better: _____

Is the student a ward of the court? Yes No

If yes, please provide documentation.

Has the student ever been involved in gang activity? Yes No

If yes, please explain: _____

Has the student ever been arrested? Yes No

If yes, give reason(s): _____

How many times? _____

Has the student ever been in jail or detention? Yes No

If yes, give reason(s): _____

How many times? _____

Duration of sentence: _____

Is the student currently on probation or ever been on probation? Yes No

If yes, give reason(s): _____

Duration of probation: _____

If applicable, please provide the name(s) and telephone number(s) of the judge, probation officer, D.O.C. Worker, or Court Services Worker that is working with the student and/or the family:

Name of service provider 7 Telephone Number(s)

MEDICAL INFORMATION:

Does the student have any medical problems or conditions? Yes No

If yes, please explain: _____

Is the student currently receiving medical care from a physician? Yes No

If yes, please provide physician's name and contact information: _____

Is the student currently on any medication? Yes No

If yes, list all medications and purposes: _____

Has the student ever been on medication for mental health reasons? Yes No

If yes, please explain: _____

Does the student have any allergies to medication? Yes No

If yes, what? _____

Has the student ever been pregnant or have a child? Yes No

If yes, please explain: _____

Has the student ever been hospitalized or treated for any of the following medical conditions? (Circle all that apply.)

- | | | | |
|---------------------------|------------|------------------|-----------|
| Seizures / Convulsions | Headaches | Head injury | Epilepsy |
| Suicide attempt/ Overdose | Depression | Eating disorder | Ulcers |
| Kidney problems | Diabetes | Serious accident | Allergies |

Other: _____

Briefly describe any of the problems circled above: _____

Does the student wear glasses or contacts or both? Yes No

If yes, please furnish provider's name and contact information: _____

Does the student have ear problems/infections, hearing problems, or wear a hearing aid? Yes No

If yes, please explain: _____

Does the student have speech problems? Yes No

If yes, please explain: _____

Is the student up to date on his/her immunizations? Yes No

If not, please list immunizations needed: _____

Has the student had any trouble associated with dental treatment? Yes No

If yes, please explain: _____

Is the student currently receiving dental care or orthodontic care? Yes No

If yes, please furnish provider's name and contact information: _____

Does the student wet the bed? Yes No

Describe the student's sleeping patterns: _____

Is the student on a special diet? Yes No

If yes, please explain: _____

Does the student have any food allergies? Yes No

If yes, please explain: _____

Describe the student's eating habits: _____

How would you rate the student's general health? (circle one) Excellent Good Fair Poor

Signature of Legal Guardian

Date

GIFTED AND TALENTED PROGRAM
CIRCLE OF NATIONS-WAHPETON INDIAN SCHOOL

The CNS Gifted and Talented Program offers many opportunities in a variety of areas to the students of the school. In order for your child to participate, CNS and the Gifted and Talented Coordinator need your permission for your child to be evaluated to determine whether or not they are eligible for the special services provided by this program. We also need your permission to place your child in the program, if they qualify. The areas that the Gifted and Talented Program services are listed below. Check any of the areas that you feel apply to your child and explain why in the spaces provided.

_____ Intellectual Ability: _____

_____ Creativity / Divergent Thinking: _____

_____ Academic Aptitude / Achievement: _____

_____ Leadership: _____

_____ Aptitude in Visual and Performing Arts: _____

List something that the student is exceptionally good at doing or enjoys doing: _____

Additional comments: _____

I GIVE PERMISSION FOR MY CHILD, _____

TO BE EVALUATED AND PLACED IN THE GIFTED AND TALENTED PROGRAM AT THE CIRCLE OF NATIONS SCHOOL AND SAMPLES PLACED IN THE STUDENT'S FILE AS EVIDENCE OF THEIR ABILITIES.

Signature of Legal Guardian

Date

Circle of Nations School Acceptable Use Policy for Technology

The use of Circle of Nations technology and Internet access is a privilege, not a right. Students and staff are responsible for appropriate behavior while using school technology.

It is the Philosophy of Circle of Nations School that access to the Internet is necessary to provide electronic research skills that now are important to prepare citizens and future employees in today's Information Age. Access to the Internet will allow students and staff to research valuable information and allow them to communicate electronically.

The Internet also contains information that is inappropriate for student and staff use. The Circle of Nations School has taken precautions to restrict access to inappropriate material using an Internet content filtering system. Although staff will supervise the use of the Internet, we cannot guarantee that your child will not gain access to inappropriate material.

Access to school technology will be provided to users who agree to act in a responsible manner. Network storage areas shall be subject to the same scrutiny as other school property and facilities. Technology Managers may view files and communications to maintain the integrity of the system and ensure the appropriate and responsible use of school technology. Users of school technology agree that violations of the acceptable use policy will be subject to disciplinary consequences.

Charles Morin, Superintendent
Circle of Nations School

Cassie South, Network Specialist
Circle of Nations School

The following actions and/or activities are not permitted and will be subject to disciplinary action:

- Violating copyright laws
- Accessing and/or creating files or sites containing pornography, gang related material, and/or other inappropriate material
- Harassing, insulting or attacking others
- Physically or electronically damaging any school technology such as computer systems, other hardware and software.
- Using obscene language such as vulgar, obscene and/or sexually explicit.
- Participating or using unauthorized chat lines
- Bypassing CNS security and/or filtering systems
- Employing of school technology for commercial purposes or personal gain
- Using another person's user name or password
- Trespassing into another's folder, data, work, or files
- The inappropriate broadcasting of messages to mailing lists or individuals including "chain letters".
- Revealing a personal address or telephone number of anyone (including one's self) without permission of a teacher or administrator.
- Other activities or actions deemed inappropriate and not in the best interest of the Circle of Nations School and its students.

Violation of these policies will result in the following discipline consequences:

- First Offense (Level I):
 - Loss of Internet privileges for one week.
- Second Offense (Level II):
 - Loss of Internet privileges for two weeks.
- Third Offense (Level III):
 - Loss of all Internet privileges for four weeks.
 - Parents/guardians and all CNS staff contacted.
- Fourth Offense (Level IV):
 - Loss of all Internet privileges for the remainder of the school year.
 - Parents/guardians and all CNS staff contacted.
 - A note for future years may be placed into student's permanent file.

A student may be subject to a level two, a level three, or a level four disciplinary action on his/her first offense if the school administration finds the offense needs further consequences.

By signing this waiver, the student and his/her guardian understand that Circle of Nations makes no guarantees of any kind, whether expressed or implied, for the network services it is providing. The Circle of Nations School will not be responsible for any damages a user may suffer.

We acknowledge that we have read the Acceptable Use Policy for Technology and will comply with its requirements. This consent will continue in effect as long as the student is in school at Circle of Nations.

Legal Guardian Name (please print)

Signature of Legal Guardian

Date

Student / User Name (please print)

Signature of Student / User

Date



June 21, 2013

Dear Parent/Guardian,

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires the Circle of Nations School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Circle of Nations School may disclose appropriately designated "directory information" without written consent, unless you have advised the School to the contrary in accordance with School procedures. The primary purpose of directory information is to allow the Circle of Nations School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation program
- Sports activity sheets, such as for wrestling, showing weight and height of team members

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent/guardian's prior written consent. Outside organizations include, but are not limited to, companies that publish the yearbook, etc. In addition, two federal laws require local education agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless parent/guardians have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want Circle of Nations School to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing prior to enrollment date of your student. Circle of Nations School has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Photograph
- Honors and awards received
- Date and place of birth
- Dates of attendance
- Grade level

If there are questions about your student's rights under FERPA, please contact Cheryl Poitra, School Principal, at 701-642-3796, ext. 231, or at Circle of Nations School, 832 8th Street North, Wahpeton, ND 58075.

If you do not wish directory information about your student to be disclosed, please indicate on the attached form and return that form to the school prior to the enrollment date of your student.

Sincerely,

Charles Morin, Superintendent

(Keep this page for your information.)

**CIRCLE OF NATIONS SCHOOL – Wahpeton, ND
Family Educational Rights and Privacy Act (FERPA)**

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

SELECT ONLY ONE BOX BELOW.

- No restrictions.**
(CNS photographs, videotapes, and/or records students and their activities for publication in the CNS yearbook, CNS newsletters, Circle of Voices, local and tribal newspapers, other media groups, and brochures for promotional purposes in the local and home communities of CNS students. Permission is given to the Circle of Nations School, and/or persons acting for or through CNS, the right to use, reproduce, assign, and/or distribute photographs, films, video tapes, and sound recordings of the above named student, for use in materials CNS may create.)

OR

- I do not want any Directory Information regarding my child, _____, disclosed.
(Nothing will be disclosed without written permission.)

OR

- I do not want the following Directory Information regarding my child, _____, disclosed without written permission.

Check all that apply:

1. [] Student's name
2. [] Participation in officially recognized activities and sports
3. [] Address
4. [] Telephone listing
5. [] Weight and height of members of athletic teams
6. [] Photographs
7. [] Honors and awards received
8. [] Date and place of birth
9. [] Dates of attendance
10. [] Grade level

I am the legal guardian of _____
(Student Name)

Signature of Legal Guardian

Date

Please return this page along with the completed student enrollment application for your child to the Admissions Office, Circle of Nations School, 832 Eighth Street North, Wahpeton, ND 58075.

FAMILY – SCHOOL COMPACT
CIRCLE OF NATIONS SCHOOL – WAHPETON, ND

We all agree that we want a positive, worthwhile living and learning experience for the students at Circle of Nations School. We agree to the following responsibilities:

ACADEMIC

Student	Parent/Guardian	Staff
I will come to class on time prepared to learn and participate fully in class.	I will ensure my child stays in school and achieve to their potential.	We will provide a welcoming, safe learning environment.
I will serve as a positive role model to my peers.	I will support high and realistic expectations for my child's achievement and future education.	We will set high standards for student performance with respect to the individual learning styles.
I will seek assistance from my teachers.	I will communicate with the educational staff on my child's achievement progress.	We will communicate with parent/guardian on the student's accomplishments.
I will complete assignments accurately and on time.	I will support the school's policy on homework.	We will provide appropriate instruction based on the school's curriculum.

RESIDENTIAL

Student	Parent/Guardian	Staff
I will use my free time wisely by reading for pleasure and joining cultural, recreational, and learning activities.	I will communicate with staff who are closely involved with my child.	We will provide a welcoming and safe home living environment.
I will seek assistance from the dorm staff or counselors when I have problems.	I will ensure my student's health coverage is current through the school year.	We will contact parent/guardian with concerns about the student.
I will ask for help with homework.	I will support the residential program policies and guidelines.	We will provide an integrated home living environment that includes tutoring, cultural, wellness and prevention activities.
I will talk with my family about what I am learning, my interests, and my plans for the future.	I will use school information sources (newsletter, email, website) to keep with school issues and activities.	We will provide a regular schedule of after-school, evening, and weekend guidance activities.

SAFE AND DRUG-FREE SCHOOL

Student	Parent/Guardian	Staff
I will respect the personal rights and property of myself and others.	I will talk with my child about respecting people and property.	We will treat students and parent/guardian with respect.
I will behave in a responsible manner.	I will set positive behavior expectations and reinforce school policies and procedures.	We will clearly articulate behavior expectations to students and parent/guardian.
I will inform an adult about bullying and harassment.	I will talk with my child about bullying, harassment, peer pressure, safety, and drug-free behavior.	We will take steps to prevent bullying and harassment.
I will keep myself safe and drug-free.	I will support the school's discipline policy.	We will promote a safe and drug-free school.

Acceptance Signatures

Student _____

Date _____

Parent/Guardian _____

Date _____

Superintendent _____

Date _____

PARENTAL CONSENT FORM

Student's Name: _____

Permission is granted for the above named student to participate in organized school related / sponsored activities and field trips as approved by CNS. It is understood that the student will be properly chaperoned by qualified school personnel and all precautions will be taken to insure his/her safety. Further, it is understood that these trips may be overnight and may cross state lines.

Yes No

Exception(s): _____

Permission is granted for the above named student to participate in organized competitive sports approved by CNS. It is understood that a physical examination for the student is required before the student can fully participate in any competitive sports offered by CNS.

Yes No

Students often request to have their hair cut, trimmed, colored, or highlighted (at their expense). Permission is granted for the above named student for the following choices (please circle):

Haircuts	Yes	No
Trims	Yes	No
Coloring	Yes	No
Highlighting	Yes	No

Additional comments / instructions: _____

Students at CNS may have the opportunity to participate in sweat lodge ceremonies and/or attend church services of their choice for purposes of purification, prayer, personal spiritual guidance, and personal spiritual growth. Permission is granted for the above named student to participate in the following:

Sweat Lodge ceremonies	Yes	No
Attend church services	Yes	No

If yes, please list church: _____

Additional comments / instructions: _____

Signature of Legal Guardian

Date

CIRCLE OF NATIONS SCHOOL
BIE McKinney-Vento Enrollment/Referral

April 2012

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

Person completing form: _____ Parent/Guardian _____ Other: (please specify) _____

1. Is the student's current address a temporary living arrangement? Yes No
2. Is the student's temporary address due to loss of housing OR economic hardship? Yes No

Student Information

Student Name: _____ Grade Level: _____ Age: _____

Parent/Guardian Name(s): _____

Parent / Guardian / Youth phone number: _____

- Cellular phone Work Phone Shelter Phone Family / Friend's Residence

Residency Information

Where does the student stay at night?

- Doubled up (more than one family in a house, apartment, or mobile home)
- Hotels/ motels, temporary housing, campsite
- Shelter/transitional housing / awaiting foster care
- Unsheltered (cars, parks, etc.)

Address/Directions: _____

Shelter Contact Person: _____

- Choices listed above do not apply

What supplemental services would you like the student to receive?

Educational Services

Description: _____

After-school Services

Description: _____

Health Services

Immunizations _____

Dental _____

Food/Clothing _____

Free Lunch _____

Counseling _____

The parent/guardian understands the above 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 the Circle of Nations School Registrar/School Liaison immediately. If you have any questions, please call 701-672-7222, CNS Registrar – Shavonne Wilkie. Fax number: 701-642-1984.

Signature of Parent/Guardian

Date

ADMISSION INFORMATION FOR EMERGENCY MEDICAL CARE

Please submit a copy of medical assistance card and/or any vision, dental, and health insurance card(s). In addition, please include signed parental consent for health services form and release of information forms.

1. Patient/Student Information

Full legal name: _____

Current address: *Circle of Nations School, 832 8th Street North, Wahpeton, ND 58075*

Date of Birth: _____ Gender: _____

Social Security Number: _____ Religion / Church: _____

Primary Physician: _____ Telephone number: _____

Address: _____

2. Legal Guardian Information

Guardian's Name: _____ SSN: _____

Guardian's Address: _____

Telephone number(s): _____

Emergency contact (in addition to Legal Guardian): *Superintendent, Circle of Nations School*

Emergency contact telephone number: *(701) 642-3796, ext. 256 or ext. 257 after hours*

MANDATORY - Please complete the sections below (all that apply):

3a. Medical Assistance State and Number: _____

Billing Address: _____

Telephone Number(s): _____

3b. Insurance Company: _____

Telephone Number(s): _____

Policy Number: _____ Group Number: _____

3c. Indian Health Service Unit: _____

Address: _____

Telephone Number(s): _____ Fax number: _____

4. Medical Information for Student

Food allergies: _____

Medication allergies: _____

Current medications / prescriptions: _____

Medical conditions: _____

Additional information: _____

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

Name of Student: _____ Birth date: _____

I (We) _____
am (are) the parent(s) / legal guardian(s) of the above named student. I (We) have read and understand the consent and give the Circle of Nations School in Wahpeton, ND permission to arrange for and/or to provide the following health services for my (our) child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, skin tests, any/all female health needs, any/all male health needs, immunizations - including flu vaccine and HPV, and administration of medication.
 2. Dental care including dental examinations, preventative use of fluorides, and necessary emergency dental care.
 3. Optometry care including optometry examinations.
 4. Mental health services including evaluation, treatment, and medication, as necessary.
 5. Chemical dependency services including evaluation, treatment, and aftercare.
 6. Emergency health care for accidents or illness.
 7. Transportation of child to and/or from health facilities for these services.
 8. Health education and instruction including, but not limited to, the following subjects: diabetes, nutrition, exercise, AIDS, STD's, age and gender appropriate sex education, and routine health maintenance.
- () I hereby give consent for all of the above services.
() Exceptions or special instructions: _____

Signed: _____

Date: _____

Relationship to student: _____

Valid until: _____

To be completed by Notary Public:

State of _____

County of _____

Signed before me on _____ by _____
Date Name(s) of Individual(s)

Signature of notarial officer

Stamp

My commission expires: _____

Title of Office

* Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Patient/Student: _____ Date of birth: _____

Disclosure of information from the above named patient/student record is hereby requested.

The information is to be released from:

Name of facility: _____
Address: _____
City/State/Zip Code: _____
Telephone Number: _____

and is to be provided to:

School Clinic – Circle of Nations School
832 8th Street North
Wahpeton, ND 58075
701-642-3796, ext. 256

The purpose or need for this disclosure is for the student's school medical file while enrolled and in attendance at the Circle of Nations School.

The information to be released is from my:

_____ Medical Record
_____ Dental Record
_____ Other (specify) _____

and includes:

_____ The entire record, including any information on alcohol or drug abuse contained therein.
_____ Only information related to (specify): _____
_____ Only the period or events from: _____ to _____

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of signature.

Signature of Patient/Student

Date

Signature of Legal Guardian or Authorized Representative (if necessary)

Date

This information is to be released for the purpose(s) stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 U.S.C. 552a(i)(3)). In the case of alcohol and drug patient records, a falsified authorization of disclosure is also prohibited under 42 CFR 2.31(d).

RELEASE OF INFORMATION

Student's Name: _____ Date of birth: _____

To your knowledge, does the student use drugs or alcohol or inhalants? Yes No

If yes, please explain: _____

Has the student ever received services from a chemical dependency inpatient or outpatient treatment program? Yes No

If yes, please state: Contact Person: _____
 Name of Facility: _____
 Address of Facility: _____

 Telephone Number: _____

Does the student have behavioral problems? Yes No

If yes, please explain: _____

Has the student ever received counseling services or mental health services? Yes No

If yes, please state: Contact Person: _____
 Name of Facility: _____
 Address of Facility: _____

 Telephone Number: _____

The following records are requested from one or both of the facilities listed above to determine if the Circle of Nations School and/or consultants have the resources available to develop and provide the necessary aftercare treatment program and/or the continuation of services for the student:

- Assessment / Discharge Summary
- Aftercare Treatment Recommendations
- All other pertinent information related to the services received by the above named student

RELEASE TO: Registrar / Admissions Committee Telephone number: 701-672-7222
Circle of Nations School Fax number: 701-642-1984
832 Eighth Street North
Wahpeton, ND 58075

I understand that the records are protected under CFR 25, Part 43, 1023, and cannot be disclosed without my written consent to parties other than those mentioned. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent expires upon discharge from the Circle of Nations School. This information is confidential and will be available for use only by the Circle of Nations School staff and/or consultants.

Signature of Legal Guardian

Signature of Student

Date

Date

PAPERWORK REDUCTION ACT STATEMENT: This information is collected to identify each student's instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by a respondent to obtain or retain a benefit, that is provide appropriate schooling and the needed funding. It is estimated that responding to the request will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Control Officer, Bureau of Indian Affairs, 1849 C Street NW, Mail Stop 4603 MIB, Washington, DC 20240. Note: Comments, names, and addresses of commenters are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB clearance number.

PRIVACY ACT STATEMENT: This information is collected as provided by 5 U.S.C. 552A. The Office of Indian Education Programs is authorized to collect this information in accordance with Public Laws 95-561, 98-511, 99-89, and 100-297. This information will be used to determine the level of funding to be distributed by formula to BIA funded elementary and secondary schools. Weighted student units, the value of basic and specialized instructional and residential programs, are used to calculate the distribution of funds. The information may be disclosed to appropriate Department of Interior and Congressional Offices for policy and budgetary purposes. Collection of each eligible student's social security number is authorized by Executive Order 9397 to avoid duplicate counts and for tracking purposes.