

Riverside
Deadline: July 14, 2017



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: (405) 247-5529

Mail Official To: Riverside Indian School

101 Riverside Dr.

Anadarko, OK 73005

Attn: Registrar

Comments: _____

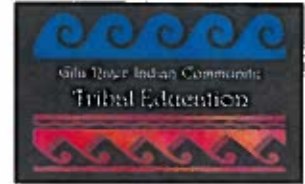
Signature: _____

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

Cell: (520) 610- 8577

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: _____



Bureau of Indian Education

Riverside Indian School

101 Riverside Drive – Anadarko, OK 73005

Toll Free: (888) 886-2029 – Phone: (405) 247-6670 – Fax: (405) 247-5529

www.ris.bie.edu



Application for Admission 2017 – 2018 School Year

Dear Parents/Guardians

Riverside Indian School (RIS) is now accepting applications for students seeking admissions in grades 4-12 for the 2017-2018 school year. RIS is the oldest and largest off-reservation boarding school in the United States and has been in operation since 1871. We serve approximately 500 students representing 80 tribal nations from 23 states. It is our goal to provide a safe and positive learning environment for our students. We take pride in implementing cultural elements into our curriculum while fulfilling academic requirements of the Bureau of Indian Education and the Oklahoma State Department of Education.

The application includes a checklist of documents that must be submitted with the applications. If the application form is incomplete, inaccurate, or the required documents are not included, your application will not be considered. Completed applications are reviewed by the RIS Admissions Committee on a first come-first served basis due to space limitations. Falsification of information will result in a denial of the application or an immediate dismissal of the student if the information is discovered after the student has been accepted.

Travel is provided by RIS for accepted students and includes travel to school, home for the holiday break, back to school after the holiday break, and then back home at the end of the school year. Travel arrangements are based on information provided in the application. Any additional travel based on withdrawals or family emergencies is the responsibility of the parents/guardians.

Thank you for considering Riverside Indian School for your child's education. If you have questions or need additional information regarding this application or our school, please feel free to contact us at 405-247-6670 or visit the school website at www.ris.bie.edu

Sincerely,

Patrick Moore, Acting Superintendent
Riverside Indian School

**Riverside Indian School 2017-2018
ADMISION APPLICATION CHECK-LIST**

RIS Admissions Application – p.2

Student:	School Year:
Grade:	Last School Attended:
Date:	School Phone Number:

Page	Student Enrollment Application Documents
1	Cover Letter from Superintendent
2	Admissions Application Check-list
3-4	Student Enrollment Application / Emergency Contact
5	Out-of-State Student Travel Information
6	Student Travel Statement
7	Legal Custody form
8-9	Authorization for Medical Care of a Minor / HIS Consent for Treatment
10	Student/Patient Medical History
11	School Database Enrollment Form
12	Parental Consent Form
13-14	School Checkout Policy / Student Check Out Information
15	Social Summary
16	Student Code of Conduct
17	Special Program Information Form
18	Student policies / Search and Confiscation Policy / Gang Behavioral Policy / Headphones / Cell Phone
19	Acceptable Use Policy
20	Technology Compact
21-22	Gifted and Talented Informational Letter / Parent and Guardian Permission Form
23	Parent-Student-School Compact
24	BIE McKinney-Vento Intake and Referral Form
25	Oklahoma State Department of Education – Home Language Survey for Pre-K-12 School Districts
26-27	School Reference Form, Teacher or Principal’s Reference <u>MUST BE</u> mailed or faxed from previous school. Returning students who completed the Spring 2017 semester at Riverside do not need a school reference form.

RIVERSIDE INDIAN SCHOOL MUST HAVE A COPY OF YOUR CHILD’S:

- Immunization Record
- CDIB and Proof of Tribal Membership
- Birth Certificate
- Social Security Card (Needed for Medical Records)
- Transcripts of Grades
- Health/Medical Insurance Card (If Covered)
- Court appointed Parent or Legal Guardian **MUST** provide legal documentation

PLEASE COMPLETE AND SIGN ALL PAGES

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

STUDENT ENROLLMENT APPLICATION
FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS
2017-2018

RIS Admissions Application – p.3

Name of School: Riverside Indian School - 101 Riverside Drive-Anadarko, OK 73005
 Student will be a: Day Student Dorm Student Grade Applying for: _____

1. IDENTIFICATION

Name of Student

_____ (Last) _____ (First) _____ (Middle)

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

City: _____ State: _____ Zip Code: _____

Directions to Students Home: _____

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

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

Sex: Male () Female ()

Hospital or Clinic Used: _____ Char Number: _____

Medical Alerts/Known Allergic Reactions: _____

Tribal Affiliation: _____ Degree of Indian Blood: _____

Enrollment Number: _____ Home Agency: _____

Dominant language spoken in the home:

(1) _____ (2) _____

Religious Affiliation (Optional): _____

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

FAMILY INFORMATION

Father's Name: _____

Address: _____

Tribal Affiliation: _____

Home Agency: _____

Enrollment Number: _____

Living: () Deceased: ()

Occupation (Optional): _____

Employer: _____

Home Telephone #: _____ Work #: _____

Emergency #: _____ Cell #: _____

FAMILY INFORMATION

Mother's Name: _____

Address: _____

Tribal Affiliation: _____

Home Agency: _____

Enrollment Number: _____

Living: () Deceased: ()

Occupation (Optional): _____

Employer: _____

Home Telephone #: _____ Work #: _____

Emergency #: _____ Cell #: _____

EMERGENCY CONTACT

RIS Admissions Application – p.4

Name: _____ Relationship: _____

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

Home Phone: _____ Work Phone: _____

1. SCHOOL(S) PREVIOUSLY ATTENDED:

Have you completed a GED? Yes () No ()

School Name: _____ Dates: _____ Grades: _____

Address: _____ Attended: _____ Completed: _____

City/State: _____ Reason for leaving: _____

Student Participated in Special Education Program: Yes () No ()

Student Participated in Gifted and Talented Program: Yes () No ()

School Name: _____ Dates: _____ Grades: _____

Address: _____ Attended: _____ Completed: _____

City/State: _____ Reason for leaving: _____

Student Participated in Special Education Program: Yes () No ()

Student Participated in Gifted and Talented Program: Yes () No ()

School Name: _____ Dates: _____ Grades: _____

Address: _____ Attended: _____ Completed: _____

City/State: _____ Reason for leaving: _____

Student Participated in Special Education Program: Yes () No ()

Student Participated in Gifted and Talented Program: Yes () No ()

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

Signature of Parent/Legal Guardian/Adult Student_____
Date

OUT-OF-STATE

STUDENT TRAVEL INFORMATION

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

*Please complete form if your student does NOT live in the state of OKLAHOMA. All out-of state students are REQUIRED to travel by plane at the beginning of the school year. If your student does not fly at the beginning of the school year, you will be responsible for his/her transportation during Christmas break and at the end of the school year.

STUDENT INFORMATION

Name: _____

(As it appears on their student ID/State ID)

Date of Birth: _____ Age: _____

Sex: ___ Male ___ Female

TRAVEL INFORMATION

Airport Used: _____

Please list any siblings/relatives that your child will need to fly with:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

*If requesting to travel with other students, travel will not be scheduled until all students have been accepted.

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian/Adult Student: _____

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

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

TRAVEL STATEMENT

RIS Admissions Application – p.6

Travel will be provided each semester for students attending RIS. Student will be provided travel to school, home for the holiday break, back to school after the holiday break, and home at the end of the school year. If a parent/guardian should decide to withdraw their student any time during the semester they will be responsible for travel. Emergency travel other than specified above will be the responsibility of the parent or guardian. For extreme emergencies, requests can be made by the parent/guardian in writing and will be decided upon by Riverside Indian School Administration. Also, list any siblings that are attending and will travel together.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent/Legal Guardian/Adult Student: _____ Date: _____

LEGAL CUSTODY FORM
(PLEASE COMPLETE REQUIRED FORM)

RIS Admissions Application -- p.7

Is child currently under ICW or State custody? *(please circle)* Yes No

Caseworker: _____

Tribe: _____

If yes, please provide a copy of custody documents.

I, _____, have legal custody of
(Print Parent/Guardian)

_____ as set forth by
(Print Student Name)

Birth Divorce
Decree
Tribal Court

Please attach a copy of one of the above named documents and return with application. Is

there a restraining order in place? *(please circle)* Yes No

If yes, please give name of person _____

Parent/Guardian Signature: _____

Authorization for Medical Care of a Minor *RIS Admissions Application – p.8*

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

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

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

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

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

Address	City	State	Zip Code
---------	------	-------	----------

Phone Number (Home)	Phone Number (Work)
---------------------	---------------------

Minor's Birth Date: _____

Social Security Number: _____

This form for Authorization for Medical Care of a Minor gives permission for a physician, surgeon or dentist to provide necessary care to a child whose parents are not immediately available. Riverside Indian School administration and staff, of course, will make every effort possible to contact you in case of an emergency. This form will **ALSO** legally allow a friend or relative to bring your child for vaccinations or other medical care, when you cannot come yourself.

Consent for Treatment

This form is to document that I give my permission and consent for my child to receive psychotherapeutic treatment (if deemed needed to _____, who is my _____.

Name of Student

Relationship to Student

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

Parent/Guardian Signature

Date

PATIENT MEDICAL HISTORY

Please complete the PATIENT IDENTIFICATION Section at the bottom in order to update our records. Your Social Security Number is not required.

If you are unsure of how to answer any of the following questions, please ask the dental staff for help.

Are you a registered patient at this clinic? Yes No

Are you registered at other clinics? Yes No

What is the reason for your visit to the dental clinic? _____

What is the name of your medical doctor? _____

What is the date of your last physical examination? _____

Has there been any change in your general health this past year? Yes No

List any medication (pills or drugs) you are currently taking: _____

Please check:	Yes	or	No	Have you ever had the following?	Yes	or	No
1. Do you have a toothache now?	<input type="checkbox"/>		<input type="checkbox"/>	12. Hepatitis	<input type="checkbox"/>		<input type="checkbox"/>
2. Have you received medical care in the past two years?	<input type="checkbox"/>		<input type="checkbox"/>	13. Heart murmur	<input type="checkbox"/>		<input type="checkbox"/>
3. Have you ever been hospitalized?	<input type="checkbox"/>		<input type="checkbox"/>	14. Heart attack	<input type="checkbox"/>		<input type="checkbox"/>
4. Have you taken medication in the last two (2) months?	<input type="checkbox"/>		<input type="checkbox"/>	15. High blood pressure	<input type="checkbox"/>		<input type="checkbox"/>
5. Are you allergic to or made sick by any medicine such as penicillin, aspirin, or codeine?	<input type="checkbox"/>		<input type="checkbox"/>	16. Rheumatic fever	<input type="checkbox"/>		<input type="checkbox"/>
6. Have you ever had a bleeding problem that needed medical treatment?	<input type="checkbox"/>		<input type="checkbox"/>	17. Heart valve or pacemaker	<input type="checkbox"/>		<input type="checkbox"/>
7. Do you have chest pains?	<input type="checkbox"/>		<input type="checkbox"/>	18. Artificial joint	<input type="checkbox"/>		<input type="checkbox"/>
8. Do you use alcohol or other drugs? If yes, do you want to quit?	<input type="checkbox"/>		<input type="checkbox"/>	19. Anemia	<input type="checkbox"/>		<input type="checkbox"/>
9. Do you use tobacco products? If yes, do you want to quit?	<input type="checkbox"/>		<input type="checkbox"/>	20. Stroke	<input type="checkbox"/>		<input type="checkbox"/>
10. Do you have reason to believe you have been exposed to AIDS or HIV?	<input type="checkbox"/>		<input type="checkbox"/>	21. Ulcers	<input type="checkbox"/>		<input type="checkbox"/>
11. Do you or does anyone in your family have diabetes?	<input type="checkbox"/>		<input type="checkbox"/>	22. TB or lung disease	<input type="checkbox"/>		<input type="checkbox"/>
				23. Asthma	<input type="checkbox"/>		<input type="checkbox"/>
				24. Sinus trouble	<input type="checkbox"/>		<input type="checkbox"/>
				25. Cancer or tumors	<input type="checkbox"/>		<input type="checkbox"/>
				26. Epilepsy or seizures	<input type="checkbox"/>		<input type="checkbox"/>
				27. Arthritis / rheumatism	<input type="checkbox"/>		<input type="checkbox"/>
				28. Blood transfusions	<input type="checkbox"/>		<input type="checkbox"/>
				29. Sexually Transmitted Disease	<input type="checkbox"/>		<input type="checkbox"/>
				30. Kidney problems	<input type="checkbox"/>		<input type="checkbox"/>
				31. Liver problems	<input type="checkbox"/>		<input type="checkbox"/>
				32. Nervous or mental disorders	<input type="checkbox"/>		<input type="checkbox"/>
				FEMALES ONLY - Are you:			
				1. Pregnant?	<input type="checkbox"/>		<input type="checkbox"/>
				2. Taking birth control pills?	<input type="checkbox"/>		<input type="checkbox"/>
				3. Currently nursing?	<input type="checkbox"/>		<input type="checkbox"/>

Do you have any disease, condition, or problem not listed? Yes No (If yes, specify) _____

Do you have concerns about receiving dental treatment? Yes No (If yes, specify) _____

IMPORTANT!

These answers I have given are true to the best of my knowledge. I am indicating my consent for routine dental procedures such as x-rays, cleaning, fillings, crowns, and local anesthesia by signing below.

Patient or Parental Consent	(Signature) _____	(Date) _____
Dentist	(Signature) _____	(Date) _____

NOTES: (For dental staff use) _____

Tobacco Use Status: 1 2 3 4 5 L M H

PATIENT IDENTIFICATION:

Name: _____ Health Record No. _____
 Date of Birth: _____ Soc. Sec. No. (optional) _____
 Community where you live _____
 Phone No: Home (____) _____ Work (____) _____
 Mail Address: _____
 City: _____ State: _____ Zip Code: _____

PROVIDER REVIEW

(Date)	(Initials)
_____	_____
_____	_____
_____	_____
_____	_____

School Database Enrollment Form

Are you interested in having access to your student's information (*attendance, grades, behavior*) on our school's database? _____ Yes _____ No

*If answered "no", continue to the next page.

**If answered "yes", please provide the following information:

Parent/Guardian Name(s): _____

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

Email: _____

List Student(s): _____

PARENTAL CONSENT FORM

1. FIELD TRIPS

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

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

2. COMPETITIVE SPORTS

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

3. PHOTOGRAPH RELEASE

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

Signature of Parent/legal Guardian

Date

HEALTH INSURANCE INFORMATION

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

Local Health Insurance Provider? Yes No

Name of Provider: _____ Card Number: _____

Tribal Health Care Provider: _____ Card Number: _____

DHS Card Number: _____

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

Please provide a copy of your child's health insurance card

SCHOOL CHECKOUT POLICY

STUDENT NAME: _____

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

1. Student checkouts during the academic day are limited to the parent/legal guardian. Individuals who are not the parent/guardian will not be allowed to check students out during the academic day unless requested by the parent/guardian in writing.
2. Individuals **must be 25 years or older** to be added and approved to a student checkout list. Individuals who fail to comply with RIS checkout policies will be removed from student checkout lists. PERMISSION NOTES WILL BE ACCEPTED AND APPROVED AT RIVERSIDE INDIAN SCHOOL ADMINISTRATION'S DISCRETION.
3. All overnight checkouts by someone other than the legal guardian must be pre-approved by the guardian and RIS administration. A hand written request for overnight checkouts must be sent 24 hours in advance to the time of the checkout.
4. Checkout forms will be provided by the school. Faxes must be received in a timely manner in advance of the check out.
5. Students may be checked-out through the school offices, the S.S.D Office, or with the designated Duty Officer.
6. Students who are on campus restriction may only be checked out by the legal guardian.
7. All check-outs are subject to final approval by the School Administration.

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

Signature of Parent/Guardian

Date

STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER)

Provide the name and relationship of individuals who you are giving consent to check your child out

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationships: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is admitted.

Signature of Parent/Legal Guardian/Adult Student: _____ Date: _____

Failure to provide inclusive and accurate information could result in immediate dismissal.

I do not wish to have my child checked-out by anyone other than myself

SOCIAL SUMMARY

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The enrollment of your child in a federal government boarding school should be a shared and continuous responsibility with you as parent(s) and/or guardian(s) or responsible relative-particularly, in reference to your child's social and educational development while he/she is in attendance at a boarding school. Therefore, we seek your cooperation in the completion of the following questions with your answers being handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. In your own words, state your reason for wanting your child to attend boarding school at this time.
2. Briefly tell us about your child. How do you as a parent/guardian see and feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is in boarding school?
3. Describe what you believe to be your child's interests, talents, or special abilities.
4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
5. With the knowledge that the boarding school will provide room and board for nine (9) months for your child, will you be able to provide school clothing and miscellaneous spending money on a regular basis?
6. Children living away from their families crave and need constant contact with their parents to reassure themselves everything is okay at home and their parents care about them. Would you share with us how often you feel you will be writing letters, telephoning, visiting at the school, or having your child visit at home.
7. Home visits during the year may be beneficial to your child, however, when he/she overstays his leave or drops out of school, it hurts your child's educational development and interferes with the school program. In most cases, the decision to overstay leave or drop school is made by the child and not the parent. We are interested in your reaction to this type of situation and would like to know how you, the parent, can help avoid having this happen to your child.

Have you discussed these questions and answers with your child? (*please circle*) Yes No

STUDENT CODE OF CONDUCT

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

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

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

Date: _____

Student Signature: _____

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

Date: _____

Student Signature: _____

Riverside Indian School
SPECIAL PROGRAM FORM

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Student Name: _____

EDUCATION INFORMATION:

1. List all schools student attended in the last year: _____

2. Did the student miss 15 or more days in the last year? (*please circle*) Yes No

3. Has the student ever been suspended? (*please circle*) Yes No Expelled? Yes No
If yes, date and reason must be given:

4. Had student ever received extra help in school? (*please circle*) Yes No
If yes, please check one of the following? _____ Tutoring _____ Special Education _____ G & T

MEDICAL INFORMATION:

1. Does the student have any medical problems which might interfere with school attendance and/or need medical care while in school? ___Yes ___No If yes, please list: _____

2. List any medication(s) taken regularly: _____

3. Is the student allergic to any type of medication(s)?: _____

4. Does student wear glasses or contacts? (*circle*) Yes No Examination needed? (*circle*) Yes No

5. Hearing and/or ear problems? (*circle*) Yes No If yes, please explain: _____

SOCIAL INFORMATION:

1. Is student a ward of the court? _____Yes ___No If yes, a copy of the court order must be submitted.

2. Has student ever been arrested? _____Yes ___No If yes, what were the violation(s)?

3. Has student ever been in jail or detention center? _____Yes ___No If yes, how many times? _____

4. Student have a probation/parole officer? ___Yes _____No Student have a criminal record? ___Yes _____No
Name:
County:
Phone:

5. Has student ever received counseling, therapy or been in a treatment facility? ___Yes _____No
Name:
County:
Phone:

I, the parent/legal guardian of the above mentioned student hereby certify the information provided is true and accurate to the best of my knowledge and I understand that Riverside Indian School will verify all information. **Any false statement or misrepresentation or omission of required in application will result in denial of application or immediate dismissal.**

Student Signature Date Signature of Parent/Guardian Date

STUDENT POLICIES

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

SEARCH AND CONFISCATION POLICY

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

GANG BEHAVIORAL POLICY

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

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

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

HEADPHONES

Headphone players are not to be used in class or on off-campus activities unless approved by the teacher or staff. Violation of this rule will result in the confiscation of the player.

CELLPHONES

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

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

Parent/Guardian Signature

Date

Student Signature

Date

Acceptable Use Policy

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

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

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

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

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

Users agree to abide to the following:

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

Computer Lab usage:

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

Consequences of unacceptable use are:

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

Technology Compact

Student Agreement

User's Full Name (Please print) _____

I understand and will abide by the terms and conditions as stated in the Acceptable Use Policy. I further understand that any violation of any federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

User's Signature _____ Date _____

PARENT OR GUARDIAN AGREEMENT

(Completion of this section is required for students under the age of 18)

As the parent or guardian of this student, I have read the terms and conditions as stated in the Acceptable Use Policy. I understand this access is designed for education purposes and that Riverside Indian School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Riverside Indian School to restrict access to all controversial materials, and I will not hold Riverside Indian School responsible for such materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify the information contained on this form is correct. (A form must be signed for each child attending Riverside Indian School)

Signature of Parent/Guardian _____ Date _____



Bureau of Indian Education

RIVERSIDE INDIAN SCHOOL

101 Riverside Drive
Anadarko OK 73005

Toll Free: 888-886-2029 PH: (405) 247-6670 FX: (405) 247-5529
<http://ris.bie.edu>



GIFTED AND TALENTED AFTER SCHOOL ENRICHMENT PROGRAM

INFORMATIONAL LETTER TO PARENT/GUARDIAN

Dear Parent/Guardian,

We have had to change our Parent/Guardian permission form for the gifted and talented program in order to be in good standing with the rules of the Certified Federal Register.

Your child can be identified as eligible for the program under the following categories:

- **General Intellectual Ability:** Demonstrated excellence in most academic areas
- **Specific Academic Ability:** Exceptional ability and performance in a single academic area
- **Creativity:** Exceptional ability to use divergent and unconventional thinking in arriving at creative and unusual ideas or solutions to problems
- **Leadership:** Exceptional ability to relate to, lead and motivate others
- **Artistic - Performing Arts:** Ability to create or perform in music, dance, drama, and speech in a way that suggests exceptional talent
- **Artistic - Visual Arts:** Ability to paint, sculpt, photograph or arrange media in a way that suggests exceptional talent

Please sign and return the attached parent/guardian permission form to Riverside as soon as possible. Should you have any questions and/or concerns, please feel free to contact us at the phone numbers provided above, or email Amber Wilson and/or Mitzi Sneed, our Gifted and Talented Program Coordinators, at the addresses provided below.

Respectfully,

Amber Wilson (amber.wilson@bie.edu)

Mitzi Sneed (mitzi.sneed@bie.edu)

"Riverside Indian School will create and maintain a safe, positive learning environment"



RIVERSIDE INDIAN SCHOOL

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GIFTED AND TALENTED AFTER SCHOOL ENRICHMENT PROGRAM

PARENT/GUARDIAN PERMISSION FORM

The Gifted and Talented Education Committee made up of the G/T Coordinator(s), teacher, other school staff, administrator, etc. needs your permission to collect documentation of the gifts and talents of your child through a valid and reliable measurement tool.

25 CFR, §39,115 4 (c) (p.191) The school must have written parental consent to collect documentation of gifts and talents under paragraph (b) of this section.

25 CFR, §39.116 (a) (p. 191) The school must have the parent or guardian's written permission to conduct individual assessments or evaluations.

25 CFR, §39.117 (b) (p. 191) The student's parent or guardian must give written permission for the student to participate.

Yes, I give permission for my child, _____,
(Please print name of your student)
to be assessed and/or evaluated for the Gifted and Talented Enrichment Program should he/she be nominated.

I, _____, give permission
(Parent/Guardian Signature)
for my student to be assessed or evaluated by the Gifted and Talented Education Committee.

Date

"Riverside Indian School will create and maintain a safe, positive learning environment"

RIVERSIDE INDIAN SCHOOL

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PARENT-STUDENT-SCHOOL COMPACT

This compact is a declaration of intent by all parties who sign to help each other achieve mutual objectives.

As a Student, I will.....

- *attend school regularly
- *work hard to do my best in class & dormitory
- *help to keep my school safe
- *ask for help when I need it
- *respect & cooperate with other students & adults

As a Student, I need.....

- *teachers & staff who care about me
- *people who believe I can learn
- *schools that are safe
- *respect for me and my culture
- *support & encouragement

Student Signature: _____

As a Parent, I will.....

- *have high expectations for each child
- *help each child attend school
- *make sure dorm/home-work is completed
- *help my child learn to resolve conflicts in positive ways
- *communicate/work with teachers/staff to support & challenge my child
- *respect fellow school staff & cultural differences

As a Parent, I expect.....

- *teachers and school staff to respect my role as a dorm parent/caring person/parent or guardian
- *clear and frequent communication
- *respect for me, my culture, and my child
- *a school community that supports my family/dorm-family

Parent Signature: _____

As the RIS Representative, We will.....

- *exhibit care for all students
- *have high expectations for all
- *communicate & work with families to support for all students
- *provide a safe learning environment
- *respect cultural differences of student & their families

As the RIS Representative, We will.....

- *work with students willing to learn
- *respect & support all students
- *assist staff & administration in learning removing barriers which prevent us from doing our best for all students
- *respect & support the community

RIS Representative Signature: _____



Riverside Indian School

"HOME OF THE BRAVES"

101 Riverside Drive, Anadarko, Oklahoma 73005

McKINNEY- VENTO INTAKE AND REFERRAL FORM

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ Tribe: ____
Month Day Year (preschool-12)

Address: _____ Phone: _____

Physical Address: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With more than one family or other person in a house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Print name: McKinney-Vento Liaison

Signature: McKinney-Vento Liaison

Date

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name
 Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:
 _____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language most often spoken by the student? _____
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
3. What language was first learned by the student? _____
4. Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

_____ Date (MM/DD/YYYY)

_____ Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report **if he or she meets one of the following** (any selection below **REQUIRES** appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH THE APPLICATION

NOTE:

THE SCHOOL REFERENCE FORM MUST BE MAILED

DIRECTLY TO

Riverside Indian School

(Reference forms returned by the student will not be accepted).

**If your student is a returning student, having completed the
Spring 2017 semester at Riverside, you DO NOT NEED TO
INCLUDE THE SCHOOL REFERENCE FORM IN YOUR APPLICATION.**

School Reference Form

To be completed by a Teacher, Principal or Counselor

Student's Name: _____

The above student has applied for admission to Riverside Indian School. Please fill out the following and **return it directly to the school.** (Reference forms returned by the student will not be accepted).

1. How long have you known the student? _____ Current Grade Level: _____ School Year 2017-2018

2. What discipline and attendance problems, if any, have you encountered with the student? _____

3. Has student ever been suspended? Yes No

If yes, explain: _____

4. Has student ever been expelled? Yes No

If yes, explain: _____

5. What is student's Cumulative Grade Point Average? _____

6. How is student's classroom behavior? _____

7. Is the Student in the Special Education Program? _____

If the answer to Question #7 was yes, what category? _____

Comments:

Teacher/Principal/Counselor Name (Please Print): _____

School: _____ Phone: _____ Fax: _____

Signature/Title: _____ Date: _____

We appreciate your time completing this form.

Sincerely,

RIS Admission Committee

(Please mail directly to:)

Riverside Indian School

101 Riverside Drive

Anadarko, OK 73005