

**Tiospa Zina Tribal School K-5**  
**Missy M. Renville**  
**Elementary Administrative Assistant**  
**Email: [mrenville3@tzts.us](mailto:mrenville3@tzts.us)**

**P.O. Box 719**  
**Agency Village, SD 57262**  
**Phone: (605) 698-9202**  
**Fax: (605) 698-7766**

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**REQUEST FOR STUDENT RECORDS**  
**SCHOOL YEAR 2023-2024**

*It is not necessary for parents to sign a release when records are being passed from public school to public school. Note: Federal Registrar, Thursday, June 17, 1976, Part II HEW-Privacy Rights to Parents and Students. Final Rule of Education Records. (Vol. 41. #118-24673)*

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The following student has enrolled in TZTS on: \_\_\_\_\_ Previous School Name: \_\_\_\_\_

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

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

Current Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Last Attended School: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*\*\*\*

**In order to enroll this student in our school, would you please fax or mail the following information to us as soon as possible. Thank you.**

1. Official School Records including transcripts of grades and current grade level.
2. 504 Plan
3. \*\*Special Educational Records: IEP, Assessment Summary and/or other Testing Information- **Please let us know if student is receiving services.**
4. Withdrawal Grades, If applicable
5. Attendance Record
6. Behavioral Report – (Please provide for enrollment process.)
7. Birth Certificate
8. Social Security (Copy)
9. Tribal Enrollment, if applicable
10. Immunization Records, Health and Medical data
11. Other: **Records Request does NOT guarantee enrollment with Tiospa Zina Tribal School**

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If you wish to review and/or amend the education records that your previous school will be transferring, you will need to notify them, in writing, within ten (10) working days from the date our request was received.

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Parent/Guardian Signature

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Date

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School Official Signature

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Date



# Tiospa Zina Tribal School

## 2023-2024

Office use ONLY

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

Data Entry Signature: \_\_\_\_\_

### SCHOOL INFORMATION

Has your child ever attended TZTS? \_\_\_\_\_ If so, when? \_\_\_\_\_ Language Spoken in home: \_\_\_\_\_

Is Student enrolled in the Special Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any Medical Problems the school should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete Nurse's Form

### STUDENT INFORMATION

Student's Last Name:		Student's First Name:		Student Middle Name:		Birthdate (MM/DD/YY)		Birthplace:	
Gender M F	Grade Level	If you are an enrolled tribal member, Please name tribe				Name of District (SWO member only) In not enrolled, Parent Tribe?			

**PARENT/GUARDIAN INFORMATION: Child lives with: \_\_\_\_\_ Both Parents (Fill out parent information only)**

**\_\_\_\_\_ Guardian (Fill out Guardian information only) \*ATTACH COURT ORDER\***

Mother's Name:		Home Phone Number:		Cell Phone Number:	
Employed at:		Day Phone Number:		Email Address:	
Father's Name:		Home Phone Number:		Cell Phone Number:	
Employed at:		Day Phone Number:		Email Address:	
Guardian's Name:		Relationship to Child:		Home/Cell Phone No.	
Employed at:		Day Phone Number:		Email Address:	

Physical Address: (Please list House Number and Location \*\*\*IMPORTANT FOR BUS PURPOSES\*\*\*

Mailing Address (If Different):

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

### Names of brothers, sisters & other children living in household

	Birthdate	Gender
		M F
		M F
		M F
		M F

### EMERGENCY INFORMATION

Name:		Relationship to Student		Home Phone Number:	
Employed at:		Day Phone or Cell Number			

By Signing below I acknowledge that all statements made on this form are true and correct

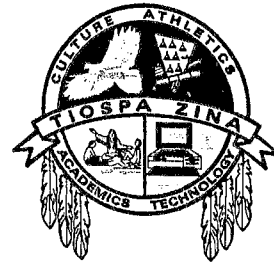
Parent or Guardian Signature:

Date:

The Family Rights and Privacy Act of 1974 (Public Law 93-380) is intended to protect the accuracy and privacy of student educational records. Without prior consent of parents, Only parents and authorized individuals having legitimate educational interests will have access to students educational records.

# Tiospa Zina Tribal School

## TZTS FAMILY PARTNERSHIP AGREEMENT



### **TZTS Family Partnership Agreement**

Tiospa Zina Tribal School (TZTS) and the families of its students will collaborate to enhance academic achievement with shared responsibility. Through a strong partnership between the school and families, efforts will be made to support children in meeting the school's high standards and fostering their overall development.

Tiospa Zina Tribal School will:

- Provide a safe and inclusive learning environment for all students.
- Deliver high-quality instruction that meets the needs of the students.
- Communicate regularly with families, providing updates on their child's progress and opportunities for involvement.
- Offer resources and support to families to enhance their child's learning.
- Foster strong relationships between teachers, students, and families through open communication and collaboration.
- Provide opportunities for family engagement and involvement in school decision-making processes.
- Foster a respectful and supportive school community that values diversity.
- Encompass the teachings of Dakota culture, language, history, and values.

As a family, we agree to:

- Ensure regular school attendance and notify the school of any absences or tardiness.
- Monitor and support our child's academic progress by reviewing assignments and grades.
- Communicate regularly with teachers and attend family-teacher conferences.
- Promote positive behavior and respect for others both at school and in the community.
- Actively support and uphold the instruction of Dakota culture, language, history, and values.

## TZTS Family Partnership Agreement

By signing the Family Partnership Agreement, the family and the school display their mutual readiness to adhere to the stipulations detailed in the document. Essentially, we recognize their dedication to complying with the terms and conditions specified in the family partnership agreement concerning collaborative initiatives to promote the well-being of your child(ren) enrolled at Tiospa Zina Tribal School.

\_\_\_\_\_  
Parent/Guardian Printed Name

M Crawford  
Elementary Principal, Mindy Crawford

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

Jasmin Zetina  
Middle School Principal, Jasmin Zetina

Eric Heath  
High School Principal, Eric Heath



DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN  
HEALTH SERVICES



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

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

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

Grade: \_\_\_\_\_

I (We), \_\_\_\_\_ have  
read the consent form for the Indian Health to arrange for or to provide the following health  
services for this child.

1. Health care including medical examinations, routine laboratory studies, X-ray procedures, and skin tests.
2. Dental care including dental examinations for sealants, fluoride varnish, and emergency dental care.
3. Emergency health care for accidents or illness.
4. Transportation of the child to and/or from another health facility for these services.

\_\_\_\_\_ I hereby give the child above consent for all of the above services

\_\_\_\_\_ Exceptions or Special Instructions: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

# Tiospa Zina Tribal School

## Letter of Consent



To: Parent/Guardian  
From: School Nurse  
Re: Permission to Dispense Medication

On occasion, if your child(ren) were to come into my office with complaints of a headache, stomach ache, fever, etc... I do have Tylenol and Pepto-Bismol in stock. All prescribed medication needs to be channeled through the Nurses Office.

This letter is needed for my files in order for me to dispense over the counter medication. Your cooperation is greatly appreciated.

I, \_\_\_\_\_ (Parent/Guardian) hereby give consent/permission for the School Nurse and Office Personnel to dispense Tylenol, Pepto-Bismol, O.T.C. medications to \_\_\_\_\_ (Student name) if ever needed.

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

\_\_\_\_\_  
Date

Thank you,  
Carrie Gray, RN  
School Nurse

Tiospa Zina Tribal School  
PO BOX 719, #2 Tiospa Zina Drive  
Agency Village, SD 57262

Carrie Gray  
School Nurse ext. 232

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## Special Diet Prescription for Meals

2023-2024

Part 1 - TO BE FILLED OUT BY PARENT/GUARDIAN OR LOCAL AGENCY

Child's Name

Birthdate

Parent/Guardian's Name

Phone Number

Part 2 - TO BE FILLED OUT BY PHYSICIAN

Diagnosis:

Describe the child's disability and the major life activity affected by the disability:

Does the disability restrict the child's diet: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list food (s) to be omitted from the diet and food (s) that may be substituted (Diet Plan):

Foods to Omit:

Foods to Substitute:

I certify that the above named child needs special meals prepared as described above because of the child's chronic medical condition.

Physician's Signature

Phone Number

Date

\_\_\_\_ Copy for Child's file, \_\_\_\_ Copy to Kitchen, \_\_\_\_ Copy to Dietician

Updated on 07/01/2022

## **Acceptable Use Policy**

### **2023-2024**

#### **Purpose and Acceptable Uses**

Tiospa Zina owns and operates a variety of computing systems which are provided for the use of Tiospa Zina staff and students in support of the programs of the school. They are to be used for education, research, public service, and academic development. These resources will help teachers to facilitate education and research consistent with the mission of Tiospa Zina.

#### **Definitions**

Technology Resources- include but are not limited to the following: network, Internet, computer hardware, software, printers, servers, stored text, data files, email, optical media, digital images, and new technologies as they become available.

Users- anyone using the network, computers, Internet, email, chat rooms, and or other forms of direct electronic communications or equipment provided by Tiospa Zina.

#### **Regulations**

The use of Tiospa Zina's technology resources is privilege, not a right. The privilege of using the technology resources provided by Tiospa Zina is for current students, current employees, or those as approved by administration. The privilege terminates when a student or employee is no longer enrolled or employed at Tiospa Zina. This policy is provided to make all users aware of the responsibilities associated with efficient, responsible, ethical, and lawful use of technology resources. If a person violates any of the User Terms and Conditions named in this policy, privileges will be terminated, access to Tiospa Zina resources maybe denied, and the appropriate disciplinary action shall be applied. Tiospa Zina policies will be applied to all students and staff infractions, as well as discipline of legal sanctions including Federal and tribal laws.

### **User Terms and Conditions**

The use of Tiospa Zina's technology resources is subject to the following terms and conditions:

1. The use of technology resources must be for educational and/or research purposes consistent with the mission, goals, and objectives of Tiospa Zina, along with Federal regulations. In compliance with the Children's Internet Protection Act (CIPA), Tiospa Zina shall make reasonable efforts to restrict access to inappropriate materials and shall monitor the online activities of users in the school environment.
2. Network user accounts are considered the property of Tiospa Zina. Network and school administrators may review school computers and user accounts to maintain system integrity and to insure that users are using the system responsibly. While user files will not be examined without reasonable cause, users should not expect that anything stored on school computers or the network will be private.
3. Tiospa Zina does not guarantee that its technology resources will be uninterrupted or error-free. Nor does it make any warranty as to the results to be obtained from use of the service or the accuracy or quality or the information obtained on or by the network. Access to the network is provided on a "as is" basis without warranties of any kind. Neither shall Tiospa Zina nor any of its agents or employees be liable for any direct, indirect, incidental, special, or consequential damages, including loss of information or data, arising out of the use of or inability to use the network or Internet.
4. Users shall be responsible for any costs, fees, charges, or expenses incurred under the user's account in connection with the use of the network or Internet except such costs, fees, charges, and expenses as Tiospa Zina explicitly agrees to pay.
5. Any security or equipment problems arising from the use of technology resources must be reported to the classroom teacher, Lead Teacher, or the Technology department.



6. Any Intentional damage, theft, or loss of Tiospa Zina resources, such as computers, will be charged to the student or staff determined by administration or outside agencies.
7. **Unacceptable uses** of any Tiospa Zina technology resources include, but are not limited to, the following
  - a. Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, harassing, pornographic, obscene, sexually explicit materials or could be interpreted as cyberbullying.
  - b. Downloading or transmitting multi-player games, music, or video files.
  - c. Vandalizing, damaging, or disabling property of the school, another user, or organization..
  - d. Accessing another user's account materials, information, or files without permission.
  - e. Using the network or Internet for commercial, political campaign, or financial gain purposes.
  - f. Releasing files; home address; personal phone numbers, passwords, or other vital information about themselves or others.
  - g. Promoting or soliciting for illegal activities.
  - h. Attempting to repair, remove, or install hardware components reserved for an authorized Tiospa Zina employee.
  - i. Violating copyright or other protected material laws.
  - j. Subscribing to mass email messages, games, or other services that generate several messages that can slow the system and waste other users; time and access.
  - k. Intentionally wasting school resources, including but not limited to printing and copying.
  - l. Attempting to log on to the internet, network (Servers, wireless routers, switches, printers, firewall), or computers as a system administrator.
  - m. Installing, enabling, launching, or creating programs that interfere with the performance of the network, Internet, or any hardware technology resources.
  - n. Intentionally creating, uploading, or transmitting computer viruses.
  - o. Attempting to defeat any computer or network security.
  - p. Attempting to use personal devices to access the Tiospa Zina network, such as laptops, iPads, etc. without permission.
8. Any forms of cyberbullying will not be tolerated. This includes electronic communications such as, but not limited to texts via cell phones, social networking site posts, and email.
9. All Tiospa Zina staff are responsible for the active supervision and modeling of appropriate technology resources, including but not limited to computer and Internet use.

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- 1) I will use technology resources in an efficient, responsible, ethical, and lawful manner. I will use technology resources only for school related purposes or those deemed appropriate by the classroom or supervising.
  - 2) I will not access, modify, or destroy other user's data without proper authorization. I will not knowingly spread a computer virus, impersonate another user, violate copyright laws, install or use unauthorized software, damage or destroy resources, or intentionally offend, harass, bully, or intimidate others through any electronic resources.
  - 3) I will access the internet only under appropriate supervision. I will only view sites that directly pertain to school related assignments. I will not use school technology resources to send, access, upload, download, or distribute offensive, profane, threatening, harassing, pornographic, obscene, or sexually explicit materials.
  - 4) I will not use technology resources for commercial, political campaign, or financial gain purposes.
  - 5) I will not release files, home address, personal phone numbers, passwords, or other vital information about myself or others.
  - 6) I will immediately notify a staff member or school administrator if I am the subject of harassment or any form of cyber bullying through Tiospa Zina technology resources. I will also notify a staff member or school administrator if I witness the harassment or cyber bullying of another student through Tiospa Zina technology resources.
  - 7) I will also notify a staff member or school administrator if I witness inappropriate uses of Tiospa Zina technology resources.
  - 8) I have read, understand, and agree to follow the Tiospa Zina Acceptable Use Policy and the Elementary Technology Resources and Use Agreement.

I have read the Tiospa Zina Acceptable Use Policy and Elementary Resources and Use Agreement. I have discussed with my child what is expected. By signing this, I give my child permission to use the school technology resources according to the regulations set forth in these policies.

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Student's Name

Grade

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Parent/Guardian's Signature

Date

# Tiospa Zina Tribal School

## Tiospa Zina Tribal School

## Device Check Out & User Agreement

Welcome back to the 2023-2024 School Year! The Tiospa Zina Tribal School Technology Department is working hard to provide educational devices to each student to utilize. We are looking forward to this partnership between the school district, your student's teacher(s), and the parents/guardians in our attempt to provide an educational environment that provides the technology needs for our students whether they're face-to-face or doing online learning.

- The device that your child is being used issued is an educational tool and to be utilized for educational purpose only.
- Students are responsible for any damages, losses and costs incurred due to misuse, negligence, loss or theft of TZTS
- TZTS Administrators have the right and responsibility to review files and communications on our devices to maintain system integrity and to ensure students are using devices properly and responsibly.
- Devices may be locked down without notice.
- All Devices: Chromebooks, iPads, Hot Spots, chargers, power cords and cases are the sole property of TZTS.
- TZTS reserves the right to request the return of the equipment at any time.
- Should your student transfer to another school throughout the school year or be dropped it is your responsibility to immediately return all devices, cases and chargers/power cords to your respective school prior to release of student records.

Damage/Repair Cost:

Broken Screen	\$50.00
Damaged Keyboard	\$60.00
Damaged/Missing Case	\$25.00
iPad Charger/Chromebook Power cord	\$50.00
Total Loss: New Device	\$300.00

\*\*\*\$25 Student activity fee will cover all items listed above, plus access to all home games.

We will forego the student activity fee and pay the above costs should be any electronics be damaged (initial):

\*\*\* Please return device to TZTS Schools/Staff ONLY. DO NOT have any other (3<sup>rd</sup> party) companies/people try to fix our device (screens, etc) having a 3<sup>rd</sup> party work on our devices will void any warranty we have and the parent/guardian may be charged for damages or cost of device.

\*\*\*Please do not eat or drink while using your devices as this is when most damage occurs.

Thank you for your cooperation in this manner and we look forward to maintaining an educational program for your child. Please notify your student's teacher if you have technology or device issues.

I agree to the guidelines and procedures outlined on this form and agree to take responsibility (including financials) for my student's device.

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

Grade: \_\_\_\_\_

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

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

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

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To be filled out by staff when actual device is checked out:

Device: \_\_\_\_\_

Asset Tag/Serial Number: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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

# TIOSPA ZINA TRIBAL SCHOOL

## Mckinney-Vento Act (Homeless) Student Survey Residency Questionnaire

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This questionnaire is intended to address the Mckinney-Vento Act. The answers to this residency information help determine the services the student may be eligible to receive. (Please fill out one form for each child, thanks)

Where is the student presently living? Please check one box.

\_\_\_\_\_ Rent or Own our home

\_\_\_\_\_ Staying in a shelter (family shelter, domestic violence, youth shelter).

\_\_\_\_\_ Waiting for foster care placement

\_\_\_\_\_ Temporarily with another family due to loss of housing, economic hardship or similar reason

\_\_\_\_\_ Living alone as a minor student without an adult (unaccompanied youth)

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

Grade \_\_\_\_\_

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

Date \_\_\_\_\_

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### FOR SCHOOL USE ONLY

\_\_\_\_\_  
Mckinney-Vento Liaison Signature

\_\_\_\_\_  
Date

**Night time residence:**

\_\_\_\_\_ Doubled up

\_\_\_\_\_ Hotel/Motel

\_\_\_\_\_ Unsheltered

\_\_\_\_\_ Sheltered/Trans. Housing/Awaiting Foster Care or Temp. Foster Care



***Tiospa Zina Tribal School***  
***P.O. Box 719, #2 Tiospa Zina Drive***  
***Agency Village, SD 57262***  
***Phone: (605)698-3953***  
***Fax: (605)698-7766***

***Cheryl Schuh***  
***Gifted & Talented Coordinator-ext. 278***

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**Gifted and Talented Program**  
**Parent Permission**  
**Student Assessment, Placement, and Participation**  
**2023-2024**

If at some time during the school year my child, \_\_\_\_\_, is referred for consideration to the Gifted and Talented Program I hereby give my consent for them to be evaluated. Evaluation includes assessments in intelligence, achievement, creativity, and leadership depending on the area(s) of referral. I understand that if my child is evaluated all results will be shared with me and that I may be asked to attend a team meeting to discuss the results.

If my child meets the requirements to be placed in G & T or if my child is already in G & T, I also give consent for them to participate in G & T program activities.

I understand that I have the right to access, review, obtain copies, and question all documentation in my child's file in G & T. I also understand that I have the right to remove my child from the G & T program. Confidentiality is maintained under the Family Educational Rights and Privacy Act (FERPA).

I understand that in signing this form my child IS NOT automatically in the Gifted and Talented program.

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<b>Student's Name</b>	<b>Grade</b>	<b>Date</b>
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<b>Parent/Guardian's Signature</b>	<b>Date</b>
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# ***TIOSPA ZINA TRIBAL SCHOOL***

PO Box 719, Agency Village, SD 57262-0719  
Telephone (605) 698-3954 • Fax (605) 698-7766 • [www.tzts.us](http://www.tzts.us)



Serving the  
Educational  
Needs  
of the  
Seven Districts  
on the  
Lake Traverse  
Reservation

Iyakaptapi  
(Big Coulee)



Caniyonsapapi  
(Buffalo Lake)



Toka Nuwan  
(Enemy Swim)



Heipa  
(Veblen)



Bdehda  
Kinyan  
(Lake Traverse)



Kaksiza  
Hanska  
(Long Hollow)



Ateyapi Tipi  
(Old Agency)



Dear Parents/Guardians:

The Tiospa Zina Tribal School Counseling Program mission supports students in promoting optimal learning and psychological wellness as they prepare for life in a multicultural and technological society, while retaining their own unique culture. The counseling program encourages the academic, personal and social development of all students. It is the particular charge of the counseling program to encourage student development as sacred learners and balanced individuals who live well with all Wakantanka's creations.

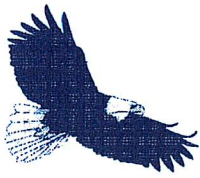
The program components include: Responsive Services, including individual counseling, group counseling, consultation and crisis counseling.

Students are encouraged to maximize the benefits of the counseling program through classroom participation and involvement in other programs of interest.

Because professional school counselors have a responsibility to act in the best interest of their student clients, information received through confidential counseling relationships will be protected as privileged communication, unless there is a clear and present danger to the student or another individual. If it is in the student's best interest to consult with another adult the student will be included in the process.

The Tiospa Zina Counseling Program seeks to support students through family involvement, especially their parents. In most cases, students whose parents are involved in and supportive of their child's educational journey achieve higher levels of performance and are better adjusted socially and emotionally. Please contact me if there is any way in which I can assist you or your child during the school year.

***Home of the Wambdi***



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Serving the  
Educational  
Needs  
of the  
Seven Districts  
on the  
Lake Traverse  
Reservation

## Parent/Guardian Receipt of Counseling Program Description

Iyakaptapi  
(Big Coulee)



I have received a copy of the Elementary Counseling Program Description. I recognize that my child will be allowed to participate in all aspects of the program, unless I revoke this privilege in writing. I also understand that some of my child's counseling information may be protected as confidential, and will be safeguarded as to his or her best interest.

Caniyonsapapi  
(Buffalo Lake)



Toka Nuwan  
(Enemy Swim)



Heipa  
(Veblen)



Bdehda  
Kinyan  
(Lake Traverse)



Kaksiza  
Hanska  
(Long Hollow)



Ateyapi Tipi  
(Old Agency)



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

\_\_\_\_\_  
Student Grade

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

\_\_\_\_\_  
Date

*Home of the Wambdi*





# Sisseton Wahpeton Oyate

Tribal Education Department  
LAKE TRAVERSE RESERVATION  
BOX 509  
AGENCY VILLAGE, SOUTH DAKOTA 57262-0509  
PHONE: (605) 698-3911 ext. 8298/8299

## Non Directory Records Permission

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 C.F.R. Part 99) is a Federal law that protects the privacy of student education records.

Schools must have written permission from the parent or eligible student in order to release "non-directory" information from a student's educational record.

To comply with the FERPA regulations the Tribal Education Department is requesting permission for program staff to have access to student attendance, behavior and academic data on a need-to-know basis. All staff have signed confidentiality forms and will ensure and safeguard your child(ren)'s information. The data will be used to provide direct services to students identified as needing mentoring and additional support. Also, the data will be used to plan for and award attendance incentives.

This permission also allows students to receive incentives and the Tribal Education Department to share student names and pictures with newspapers and other media sources to showcase the student's success.

Your signature indicates your permission to release attendance, behavior and grades information from your child(ren)'s educational record for the current school year only.

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

\_\_\_\_\_  
Date

Child's Name	School	Grade





# Tiospa Zina Tribal School

2023-2024

## School Database Enrollment Form

### Native American Student Information System (NASIS)



Are you interested in having access to your student's information such as  
(attendance & grades) on our school database?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please fill in blanks below

Student Name:

---

Parent/Guardian Name:

---

Email:

---

Phone Number:

---

-\*You will receive an email with username, password, and login information. \*-



# TIOSPA ZINA TRIBAL SCHOOL

PO Box 719, AGENCY VILLAGE, SD 57262-0719  
Telephone (605) 698-3953 | Fax (605) 698-7686 | www.tzts.us

## BIE Home Language Survey 2023-2024

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Federal Code: 25: CFR 32.3

*"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."*

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

BIE Mission Statement:

*"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."*

School Mission Statement:

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

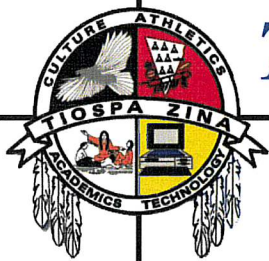
If you have any questions you have the right to share them before your student's English proficiency is assessed.

*(Write your response)*

1. Which language did your child learn when they first began to talk? \_\_\_\_\_

2. Which language does your child most frequently speak at home? \_\_\_\_\_





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3. Which language do you (the parents/guardians) use more often when speaking with your child? \_\_\_\_\_

4. Which language is spoken more often by other adults in the home? \_\_\_\_\_

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing? \_\_\_\_\_

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Official Verification \_\_\_\_\_

## Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

Thank you for your cooperation.

BIE Sample Form #LS, Revised July 2021