



# Tiospa Zina Tribal School

## 2023-2024

### Returning School Application

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

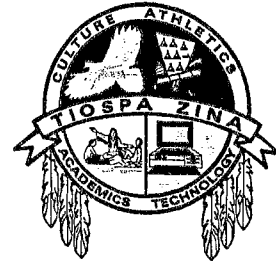
Parent or Guardian Signature:

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

# 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: \_\_\_\_\_

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

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

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

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

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



# 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)

Canyonsapapi  
(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*





# ***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

## **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***

# TIOSPA ZINA TRIBAL SCHOOL

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

---

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 \_\_\_\_\_

---

### 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***

---

**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.

---

<b>Student's Name</b>	<b>Grade</b>	<b>Date</b>
-----------------------	--------------	-------------

---

<b>Parent/Guardian's Signature</b>	<b>Date</b>
------------------------------------	-------------



# **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 the blanks below

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

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*\* You will receive an email with the user name, password, and login information \*\*\*