



Tiospa Zina Tribal School Middle & High School Application

2023-2024

Office use only

Date: _____ Received Application. _____.

Date: _____ Entered in IC & By: _____.

IMPORTANT-PLEASE NOTIFY THE ADMISSIONS OFFICE IMMEDIATELY IF ADDRESS OR PHONE NUMBERS CHANGE!

STUDENT INFORMATION-A STUDENT MAY NOT LIST HIMSELF/HERSELF AS GUARDIAN EVEN HE/SHE IS 18 YEARS OF AGE OR OLDER.

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

PARENT/GUARDIAN INFORMATION: Child lives with: _____ **Both Parents (fill out parent information only)**
 _____ **Guardian (fill out Guardian information only)**

Mother's Name:		Home Phone Number		Cell Phone Number
Employed at:		Day Phone	Email Address	
Father's Name		Home Phone Number		Cell Phone Number
Employed at:		Day Phone	Email Address	

GUARDIAN INFORMATION (IF OTHER THAN PARENT)-MUST PROVIDE APPROPRIATE LEGAL DOCUMENTATION

Guardian's Name	Relationship to Child	Home/Cell Phone Number
Employed at:		Email Address

If you are the court appointed custodial parent, you must attach appropriate documentation

(if parents do not live in the same house, please indicate if non-custodial parent can have contact or visitation with child)

Physical Address: (Please list House No. and Location)*important!!! For Bus Purposes (BUS PICK-UP? CIRCLE YES or NO)**

Mailing Address (if different):

City	State	Zip Code
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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
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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
PO BOX 719, #2 Tiospa Zina Drive
Agency Village, SD. 57262

Parent Compact
2023-2024

This compact is made this _____ day of _____, 20____ by and between _____, a parent/legal guardian of _____ and Tiospa Zina Tribal School, a tribally chartered organization. In consideration of the mutual terms, conditions and covenants hereinafter set forth the parent/legal guardian and school agree, as follows:

1. The Parent and School hereby form a "Joint Venture" for the purpose of sharing the responsibility for improved student achievement, and to build a partnership to help children retain their unique culture and become prepared for a technological/multi-cultural society.
2. Tiospa Zina Tribal School agrees to:
 - Believe that all children can learn
 - Provide an open line of communication
 - Provide way to involve parents with their child's learning
 - Develop and implement a high-quality curriculum, assessment and instructional program and.
 - Provide a safe, supportive and effective learning environment that allows learners to meet high standards.
 - Teach Dakota culture, language, history and values.
3. The parent/guardian agrees to:
 - Be responsible for supporting their child's learning by performing activities such as communicate regularly with the school, encourage child to read more and watch television less, monitoring attendance, establish time for homework completion, volunteer in the school, reinforce the values of Ohoda, Tehinda, Waditake, Woksape, Wicake, Waunsida, and Okciya, participate in student and school sponsored activities, as well as other activities

The relationship between the Joint Ventures shall be limited to the performance of the terms and conditions of the Compact. This Compact constitutes the entire compact between the Joint Venture's pertaining to the subject matter contained in it, and supersedes all prior agreements and understandings of the parties. No modification or amendment of the Compact shall be binding unless executed in writing by all the parties hereto. The parties hereto, intending to be bound, have signed this Compact as of the date and year first above written.

Parent/Guardian Signature

Ms. Jasmin Zetina/Mr. Eric Heath
6-8 Principal or 9-12 Principal

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

Counseling Form
2023-2024

The Tiospa Zina grades 6-12 Comprehensive Developmental 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:

- Academic and Career Guidance, delivered primarily through middle school Health and Wellness and high school Seminar classes.
- Individual Planning, including personal assessment, standardized test information, and transition guidance.
- Responsive Services, including individual counseling, group counseling, Consultation, crisis counseling, and Student Assistance Program referral.

Students are encouraged to maximize the benefits of the counseling program through classroom participation and involvement in other program areas of interest. All sixth through twelfth grade students are permitted to take part in these personal growth opportunities without specific parental permission, unless parents have submitted a written request for individual permission.

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.

Parent/Guardian Receipt of Counseling Program Description

I have reviewed the grades 6-12 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.

Student's Name

Grade

Parent/Guardian Signature

Date

-
- 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 teacher 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 MS/HS Technology Resources and Use Agreement.

I have read the Tiospa Zina Acceptable Use Policy and MS/HS Technology 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.

Student's Name**Grade**

Parent/Guardian's Signature**Date**

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

Parental Consent Form 2023-2024

1. Field Trips

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Tiospa Zina Tribal School administration.

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

2. Student Handbook

I (we) understand the policies and procedures set forth by the Sisseton Wahpeton Oyate School Board. I agree to support and follow all policies in the student handbook.

2. Extra Curriculum Activities

I (we) hereby grant consent/permission/authorization for the above student to participate in the extra curriculum activities sponsored by Tiospa Zina Tribal School.

3. Photograph and Video Release

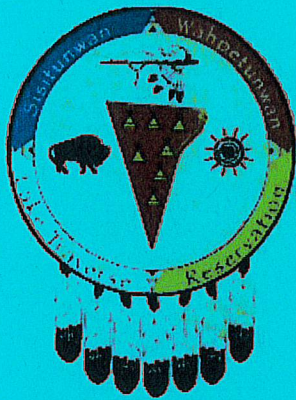
I (we) hereby grant permission to Tiospa Zina Tribal School for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Tiospa Zina Tribal School. This includes Tiospa Zina Tribal School official school Facebook page, yearbooks, announcements or 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.

Student's Name:

Date

Parent/Guardian's Signature:

Date



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 CFT 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

Tiospa Zina Tribal School

Device Check Out & User Agreement

Welcome back to the 2022-2023 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 of our students whether they're face-to-face or doing online learning.

- The device that your child is being issued is an educational tool and to be utilized for educational purposes only.
- Students are responsible for any damages, losses and costs incurred due to misuse, negligence, loss or theft of TZTS devices.
- 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 any electronics be damaged (initial): _____

*** Please return device to TZTS Schools/Staff ONLY. DO NOT have any other (3rd Party) companies/people try to fix our device (screens, etc) having a 3rd 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 device 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 students 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 financial) 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: _____

Marion BlueArm
Dupree School
365-6880
mbluearm@usd.edu



Dear Students, Parents and Guardians,

My name is **Marion BlueArm**. Since 2000, I have worked for the University of South Dakota as the **TRIO Educational Talent Search Director** for Cheyenne River. I am excited to bring this program to you, because it can make a big difference in preparing students for college and future careers.

What is TRIO Educational Talent Search (TS)?

TS exists to help students succeed in junior high and high school and enroll in the **technical school, college, university, or certificate program** of their choice. TRIO was established nationwide in the 1960's as part of the Economic Opportunity effort to offer low-income and first-generation students equal chances to attain a postsecondary education. However, you do not need to fit these criteria, as this TRIO TS program is open to all students who pass their classes and have the desire to keep on learning.

TRIO helps students:

- Discover and explore different careers options in their own field of interest.
- Complete admission applications, financial aid applications and scholarship applications.
- Register and prepare for the ACT, and for low income students pay for additional tests.
- Participate in campus visits and other educational trips.
- Work on adult life skills like financial literacy (credit cards, bank accounts, budgeting), etc.
- Discover learning styles, interests and strength and learn how to capitalize on those in preparation of a future career.
- Work on goal setting and decision-making skills.
- TS pays for dual credit classes for low-income students,
- TS connects to tutoring and offers academically strong students to become paid peer tutors.

Interesting facts about TRIO Educational Talent Search:

- Low-income TRIO TS students can get their college application fee waived or paid.
- TRIO Programs cover junior high through college graduate school: **TS and Upward Bound** for JH and HS, → **Student Support Services** for college undergrad → **Mc.Nair** for college graduate school. In college, students can earn semesterly stipends if they continue as TRIO students.

Dupree is very privileged to have one of few TRIO TS programs! **Please complete the application form** for your son or daughter **either electronically** or on paper. All information will be kept confidential and nothing will be disclosed to anyone. In compliance with federal regulations, TS only reports overall low-income, first-generation rates. To fill out the e-application, here is the link: <https://usd-ts-pub.studentaccess.com/appform/default.aspx?guid=9e8057d8-3bd4-43c7-904f-7b4f6e864eaa>

The student and a parent/guardian need to sign the form please. If you have any questions or concerns, please feel free to contact me. Don't pass up this opportunity! **TRIO Educational Talent Search exists to help you and give you the resources you need to succeed!**

With best wishes,

Marion BlueArm

TRIO Educational Talent Search (TS)

The University Of South Dakota
Participant Application 2023

PLEASE FILL OUT COMPLETELY IN BLUE OR BLACK INK!

STUDENT INFORMATION needed for program requirements. All information will remain confidential

Student Last Name: _____ First Name: _____ MI: _____

Age: _____ Birth Date: ____/____/____ Gender: ☐ Female ☐ Male

Citizenship: ☐ US Citizen ☐ Perm Resident. # A _____ ☐ Other _____ (attach verification)

Student email address: _____ Address if diff than parent(s): _____

Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Pacific Islander ☐ Two or more

Current Grade: _____ Student is in ☐ Upward Bound ☐ MSIP ☐ Gear Up ☐ Out of school adult

School attending: _____ Highest grade completed: _____

(Expected) high school graduation year: _____ or GED completion date (mm/yy): ____/____

PARENT/ GUARDIAN INFORMATION: Full Name(s): _____

Address: _____ City/ State: _____, _____ Zip: _____

Phone: _____ or _____ Parent email: _____

1. Does either guardians in the home have a 4 year college (bachelor) degree? ☐ Yes ☐ No

2. Number of Household Members: _____

3. **Income:** I certify that my total household **taxable income** during the last calendar year was \$ _____.

Form 1040. Taxable income is on line 15 on the 2022 form. This is the **income AFTER all the deductions have been taken out.**
(You don't have to disclose your income if you receive any form of public assistance).

Family receives Public Assistance (ex: EBT, WIC, Medical Assistance, CHIP, TANF, General Assistance) ☐ Yes ☐ No

Student is ward of the court ☐ Yes ☐ No

Student resides in foster home ☐ Yes ☐ No

Current Plans:

☐ 4 yr College/ University ☐ 2 yr College ☐ 2 or 4 year Tribal College ☐ GED
☐ Vo-Tech School ☐ Military ☐ Other: _____

Talent Search Services requested: Please check all that apply.

<input type="checkbox"/> Tutoring	<input type="checkbox"/> Acad. Counseling	<input type="checkbox"/> Goals/ Decisions Making	<input type="checkbox"/> Financial Aid/ FAFSA
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Career Awareness	<input type="checkbox"/> Cultural Awareness Activ.	<input type="checkbox"/> Scholarship Search
<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Computer Assistance	<input type="checkbox"/> College Preparation	<input type="checkbox"/> Summer Program
<input type="checkbox"/> Campus Visits	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Acquiring Adult Life Skills	<input type="checkbox"/> GED Assistance
<input type="checkbox"/> Other Field Trips	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> ACT Preparation	<input type="checkbox"/> Other: _____

I certify the above information is correct. I give permission to the TRIO Talent Search Program to provide services and to obtain information necessary to determine program eligibility and assistance needed, **including transcripts, student email address(es), income verification, test scores and eventually college enrollment verification.**

A dependent student under the age of 24 must obtain a parent signature. Contact your TS advisor for questions regarding dependency status. Unless you indicate otherwise, we may publish your picture on display boards or in TS newsletters, local newspapers, and brochures.
☐ I do not want my picture published.

Student Signature _____ Date _____ Parent/ Guardian Signature _____ Date _____

OFFICE USE ONLY: TS Entry Date: ____/____/____ ☐ LI ☐ FG ☐ LIFG ☐ Other

Advisor Signature: _____

TS Director Signature: *Flora - Blum Ann*