



TIOSPA ZINA TRIBAL SCHOOL

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

Dear Parents/Custodian:

2023-2024

Welcome and thank you for selecting Tiospa Zina Tribal School as your choice to educate your child. The Sisseton-Wahpeton Oyate School Board policy and our funding agencies require a copy of the following information be provided to the school when enrolling your child(ren) in our school:

1. BIRTH CERTIFICATE (State Copy)
2. CIB or TRIBAL ENROLLMENT
3. IMMUNIZATION RECORDS (Updated)
4. GRADES/TRANSCRIPTS (Transferring from another school)
5. SOCIAL SECURITY CARD (Copy)
6. COURT ORDER (If you are the court appointed custodial parent, you must attach appropriate documentation)

Has your child ever attended TZTS? ____ If so, when?

Is student receiving/enrolled in the Special Education Program?

(__ Yes or __ No)

Are there any medical problems the school should be aware of?

(__ Yes or __ No)

Your time and cooperation is appreciated. Please feel free to contact us if you have any questions.

Pidamaya ye do,

Sisseton Wahpeton Oyate School Board

Iyakaptapi
BIG COULEE

Canjionsapapi
BUFFALO LAKE

Toka Nuwan
ENEMY SWIM

Heipa
VEEBLEN

Badehda Kinyan
LAKE TRAVERSE

Kakiza Hanska
LONG HOLLOW

Ateyapi Tipi
OLD AGENCY

Serving the educational needs of the Seven Districts on the Lake Traverse Reservation

Tiospa Zina Tribal School
Izola L. Flying Horse,
MS/HS Administrative Assistant
iflyinghorse@tzts.us

P.O. Box 719
Agency Village, SD. 57262
Phone: (605) 698-3953 ext. 201
Fax: (605) 698-7686

REQUEST FOR STUDENT RECORD 2023-2024

"It is not necessary for parents to sign a release when records are being passes 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)"

The following student has enrolled in TZTS on _____

Previous School Name: _____

Student Name: _____

Address: _____

Date of Birth: _____

Current Grade: _____

Phone: _____

Date Last Attended School Name: _____

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, credits, grade level.
2. Graduation Basic Standards testing results, High Standards Report Card, any other standardized testing results.
3. *****Special Education Records: IEP, Assessment Summary and/or other Testing Information-Please let us know if student is receiving services/504 Plan.**
4. Withdrawal Grades, if applicable
5. Attendance Record
6. Behavioral Report-**(Please provide for enrollment process.)**
7. Birth Certificate**(State)**
8. Social Security (Copy)
9. Tribal Enrollment **(if applicable)**
10. Immunization Records, health and medical data
11. Sports Physical, if applicable
12. Other: *****Record's request does not guaranteed enrollment with Tiospa Zina Tribal School.**

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.

Parent/Guardian Signature

Date

School Official Signature

Date



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
------	-------	----------

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
Phone: (605) 698-3953
Fax: (605) 698-7686

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.

Student's Name: _____ Grade _____ Date _____

Parent/Guardian's Signature: _____ Date _____

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

Carrie Gray
School Nurse ext. 232

DEPARTMENT OF HEALTH
AND HUMAN SERVICES
INDIAN HEALTH SERVICES

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 consent for all of the above services.

Exceptions or Special Instructions: _____

Student's Name

Grade

Parent/Guardian's Signature

Date _____

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

Carrie Gray
School Nurse ext. 232

LETTER OF CONSENT

To: Parents/Guardian

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 O.T.C (over the counter) medication. If you could sign the consent/permission and have your child(ren) return it to me as soon as possible. Your cooperation will be greatly appreciated.

Thank you,

Carrie Gray, RN
School Nurse

I hereby give consent/permission for the School Nurse & Office Personnel to dispense Tylenol, Pepto-Bismol, O.T.C. medications.

Student's Name

Grade

Parent/Guardian's Signature

Date

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

Carrie Gray
School Nurse ext. 232

Special Diet Prescription for Meals

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

Acceptable Use Policy
2023-2024

Page 1

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 a 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 student 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 an "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.

- 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**

[illegible]

_____ Sheltered/Trans.Housing/Awaiting Foster Care or Temp. Foster Care

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

School Database Enrollment Form
Native American Student Information System (NASIS)
2023-2024

Are you interested in having access to your student's information
(Attendance & Grades) on our school's database? _____ Yes _____ No

- **If No, continue to the next page:**
- **If Yes, please provide the following information:**

Student Name: _____

Parent/Guardian Name: _____

Email: _____

Phone Number: _____

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

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



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? _____

Iyakaptapi
BIG COULDER

Canionssopapi
BUFFALO LAKE

Toka Nuwan
ENEMY SWIM

Heipa
VERBLEN

Bdehda Kinyan
LAKE TRAVERSE

Katsiza Hanska
LONG HOLLOW

Ateyapi Tipi
OLD AGENCY

Serving the educational needs of the Seven Districts on the Lake Traverse Reservation



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Iyankapi
BIG COLLEGE

Canyonapi
BUFFALO LAKE

Toka Nuwan
EVENING SWIM

Heipa
VERBEN

Bdelida Kinyan
LAKE TRAVERSE

Katsiza Hanska
LONG HOLLOW

Ateyapi Tipi
OLD AGENCY

Serving the educational needs of the Seven Districts on the Lake Traverse Reservation

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 _____

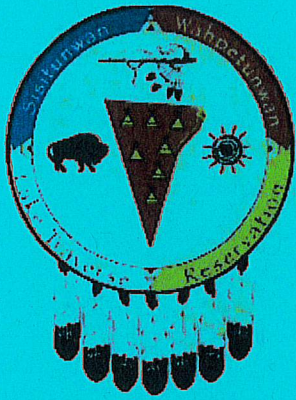
Criteria for Screening

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

***** Please Note:** SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated.

Thank you for your cooperation.

BIE Sample Form HLS, Revised July 2021



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 ☐ MaleCitizenship: ☐ 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 moreCurrent 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 ☐ NoStudent is ward of the court ☐ Yes ☐ NoStudent 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: _____

Jani - Blue Arrow