

Tiospa Zina Tribal School K-5
Ashley E. German
agerman@tzts.us
Elementary Administrative Assistant

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

REQUEST FOR STUDENT RECORDS

SCHOOL YEAR 2020-2021

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 Parent and Students. Final Rule of Education Records. (Vol. 41, #118-24673)

Student Name: _____ Recent School Name: _____
Date of Birth: _____ School Address: _____
Current Grade: _____ Phone: _____
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. *Tribal Enrollment*
9. *Immunization Records, Health and Medical data*
10. Other: _____

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

Home of the Wambdi

Office use only

Enrollment Date: _____

SCHOOL INFORMATION

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

Is student enrolled in the Special Education Program: (___ Yes or ___ No)

Are there any medical problems the school should be aware of: (___ Yes or ___ No) If yes, complete Nurse's Form

STUDENT INFORMATION

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

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

Physical Address: (Please list House No. 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
		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

Elementary Parent Compact Form

This Compact is made this _____ day of _____, by and between _____, a parent/legal guardian of _____ and Tiospa Zina Tribal School, a tribally chartered organization. The term of the Compact shall run through June of 2021. 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/multicultural society.
2. **Tiospa Zina Tribal School agrees to:**
 - Believe that all children can learn
 - Provide an open line of communication
 - Provide ways to involve parents with their child's learning
 - Develop and implement a high-quality curriculum, assessment, and instructional program
 - 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, 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 written above.

Parent/Guardian

M Crawford

Mindy Crawford, K-5 Principal



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 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

Carrie Gray, RN

School Nurse

TIOSPA ZINA TRIBAL SCHOOL

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



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

Gifted and Talented Program Parent Permission Student Assessment, Placement, and Participation

Iyakaptapi
(Big Coulee)



Caniyonsapapi
(Buffalo Lake)



Toka Nuwan
(Enemy Swim)



Heipa
(Veblen)



Bdehda
Kinyan
(Lake Traverse)



Kaksiza
Hanska
(Long Hollow)



Ateyapi Tipi
(Old Agency)



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.

Parent/Guardian Signature

Date

Home of the Wambdi

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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.

Sincerely,

A handwritten signature in blue ink that reads "Linda Crawford".

Linda Crawford

Elementary School Counselor

Home of the Wambdi

Parent/Guardian Receipt of Counseling Program Description

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.

Parent/Guardian Signature

Date

Tiospa Zina Tribal School

K-5 Technology Resources and Use Agreement

1. I will follow all school rules while I am on a computer.
2. I will only go on the Internet when and where my teachers tells me I can.
3. I will not damage or break the computer(s) on purpose.
4. I will not change other people's work without their permission.
5. I will not use any form of electronic communication to scare or bully anyone.
6. I will not share my passwords.
7. I will not look at or send any inappropriate messages or pictures.
8. I will use all information honestly, if I did not create or write it, I will give credit to who did.
9. I will print only when my teacher tells me it is ok to.
10. I will let my teacher know when someone is not following the computer rules.

I understand that if I break any computer rules, I may not be able to use the computers and other electronic equipment anymore.

Student Signature

Date

I have read the Tiospa Zina Acceptable Use Policy and the K-5 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.

Parent/Guardian

Date

Tiospa Zina Tribal School

Parental Consent Form



Student Name: _____ Date of Birth: _____

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. COMPETITIVE SPORTS

I (We) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Tiospa Zina Tribal School.

3. PHOTOGRAPH 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 School 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.

Parent/Guardian Signature

Date

TIOSPA ZINA TRIBAL SCHOOL

McKinney-Vento Act (Homeless) Student 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 shelter, 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

School Database Enrollment Form

Native American Student Information System (NASIS)



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

_____ Yes _____ No

Student Name:

Parent/Guardian Name:

Email:

Phone Number:

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



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

Child’s Name	School	Grade





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

Please complete below and return with your application packet(s).

_____ All of my children will be returning in the fall (Blended Model).
_____ Listed below are my children that will be returning in the fall (Blended Model).

Iyakaptapi (Big Coulee)



Caniyonsapapi (Buffalo Lake)



Toka Nuwan (Enemy Swim)



_____ Listed below are my children that I need to work 100 % remotely from home.

Heipa (Veblen)



Bdehda Kinyan (Lake Traverse)



My reason for wanting my child(ren) to work remotely from home is:

- _____ Child has medical conditions.
- _____ Family member in the home has medical conditions.
- _____ Family has decided that this is in the best decision for us as a family.

Kaksiza Hanska (Long Hollow)



_____ Other: _____

Ateyapi Tipi (Old Agency)



Home of the Wambdi