

Crow Creek Tribal Schools

103 CHIEFTAIN ROAD
STEPHAN SD 57346

WEBSITE: www.cctribalschools.org

PHONE: 1.800.370.7908

FAX: 605.852.2573 Middle School
605.852.2401 High School

[Please ✓ One]

Elementary Middle School High School Better Alternative School




"Home of the Crow Creek Chieftains"

APPLICATION MUST BE COMPLETE WITH ALL MANDATORY REQUIREMENTS AND FORMS MUST BE NOTARIZE

**1ST DAY OF SCHOOL
MONDAY-AUGUST 28, 2023**

Check Off List

√ Check off List	Student FORMS/Documents	COMPLETE	COMMENTS
	Student Enrollment application-Educational Info, Social info , Guardianship Documentation is Mandatory-Temporary Custody form attached if needed		
	Birth Certificate- MANDATORY Social Security Card [copy-optional] Tribal Enrollment- MANDATORY Immunization Record- MANDATORY		
	Transcript/Record Release		
	Check Out Form- MANDATORY NOTARIZED		
	Field Trip, Photo/Media Release, Religion/Sweat consent, Handbook Policy		
	BIE McKinley Vento form-Homeless/More than 1 family in home, overcrowded		
	BIE HOME Language Survey		
	Infinite Campus Student/Parent Portal NASIS (Native American Student Information System) Secure website-student academic progress, attendance, schedule, Profile ect....		
	FERPA-Student/Parents rights for student records		
	Student Health forms- Over the Counter Medication, Health History, and Medical Power of Attorney. Mandatory Notarized		
	Counseling Forms Attached		
	SUN'WAKAN_WACINKICIYA-Equine (horse) Wellness Program with student/families		
	PARENT COMPACT FORM		

Dormitory Application will have IHS registration, consent forms and Physical-Sports SDHSAA-Pre-Participation Packet Forms you can also, pick them up at your local Indian Health Centers or find them on our website.

CONTACT INFORMATION

Ph. 605-852-2455 Fax: 605-852-2401

Elementary School

Marcia Wells
Ext. 308

Middle School

Marcella Howe
Ext. 354

High School

Brenda Sazue
Ext. 404

Crow Creek Tribal Schools
STUDENT ENROLLMENT APPLICATION

Parent/Guardian Information

Primary Parent/Guardian	Mailing Address	Physical Address	Contact #
Employed	Work Phone	Home Phone	Cell Phone
E-Mail Address	Emergency Contact	Emergency Contact #	Relationship to student

Mother Name: _____ Father Name: _____
 Address: _____ Address _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Contact #: _____ Email: _____ Contact #: _____ Email: _____

Who does Students live with?

Mother/Stepfather · Father/Stepmother · Mother only · Father Only · Both Parents · Foster Parents · Relative

(Relationship to Student): _____ other: _____

ETHNICITY/RACE:

(MANDATORY CUSTODY DOCUMENTS NEEDED)

American Indian or Alaskan	Black or African American	Asian American	
Hispanic/Latino	Native Hawaiian/Pacific Islander	White/Caucasian	

Household Student Information K-12

First Name	MI	Last Name	Grade	DOB	Sex M/F	SS#	Tribal Affiliation	Enrollm ent No.
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Parent Signature _____ Date _____

K-12 EDUCATIONAL INFORMATION

First Name	Last School Attended	Reason for Leaving	Ever Suspended or Expelled	Reason Suspended or Expelled	Student in Sports (if so what sport)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

K-12 SOCIAL INFORMATION

First Name	Is student ward of court	Has student been arrested	Violations	Detention Center or Jail	Name & Contact of Probation Officer
1.					
2.					
3.					
4.					

Is student on an IEP [Special Ed Program]? Yes NO

504 Plan Yes NO

Is student involved with the Dept. of Social Services? Yes No

If yes, Please explain:

Crow Creek Tribal Schools/Transcripts/Records Release

103 Chieftain Road • Stephan, SD 57346

Telephone: 1-800-370-7908

Middle School ext. 354 High School ext. 404

Fax: 605-852-2573 Middle School

605.852.2401 High School

Please complete and submit to the last school the student has attended.

Student Last Name	First	MI

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell or emergency # _____

INFORMATION IS USED FOR SCREENING PURPOSES ONLY
___ YES ___ NO (Student is currently enrolled in our school)

I authorize the Principal, Counselor, Registrar and Special Education staff at:

Name of Previous School attended: _____

Address of Previous School: _____ City: _____ State: _____ Zip _____

Dates Attended: _____ to _____
Month/Year Month/Year

To release the following information: Crow Creek Tribal Schools

- Transfer Grades
- Last Report Card
- Transcripts
- Attendance
- Behavior Report
- Standard Test Results
- English Language Proficiency
- Special Education Records-*please include: current or last IEP, Parental Consent, Team Summary, Evaluation Report, and Current Psychological Evaluation Report*
- Other if any: _____
- 504 Plan, Gifted and Talented Records
- Immunization, Covid 19 Vaccine-**Mandatory**
- Birth Certificate-**MANDATORY**
- Degree of Indian Blood-**MANDATORY**
- Social Security Card [copy] optional

Parent/Guardian Signature

Date

School Official

Date

FEDERAL LAW 99-31-***THERE IS NO PARENT SIGNATURE REQUIRED FOR EDUCATION RESOURCES TO BE SENT TO ANOTHER AGENCY.***

CHECK OUT FORM [Day Student]

(Dorm Students must use this Check-Out Form when checking out during school)

Policy: Only immediate family members can check-out dorm students. Immediate family is defined (as Mother, Father, Legal Guardian, Sister, brother, Grandparent, aunt or uncle.) This person must be at least 25 years of age [BIE guidelines].

It is very important the Parent/Legal Guardian have this form complete and notarized for the safety of our students. Students will not be allowed to check out of the dormitory or school unless they are released to a person whose name appears on this permission form.

CCTS Staff are NOT allowed to check out dormitory students at any time, unless under special circumstances approved by the Principal, Dormitory Supervisor or Superintendent.

Student Name	Home Reservation

Print Parent/Legal Guardian Name

Phone # you can be reached at immediately

PO Box/Address

City

State

Zip

- I hereby give the following adults permission to check out my son/daughter for week-ends or holidays.
- I understand that these adults must personally pick up the student and sign him/her out from the school (if during school hours) and from the dormitory.
- I understand that off reservation students may not check out to Ft. Thompson and surrounding communities for overnight unless with parents or legal guardian.
(Handwriting must correspond to notarized signatures at bottom of the page)
- I also give the school permission to seek out adequate housing and transportation for my son/daughter during emergencies.

Signature of Parent/Legal Guardian

Verified by Notary of the Public

DATE

My Commission Expires

I, as Parent/Guardian, understand that it is my responsibility to notify the school of any change in my address, phone number and/or my child's health information.

Student (s) Name

Grade

• **Field Trip**

My child (ren) has my permission to go on class/activity groups on education and activity trips ___YES___NO

_____ Date: _____

Parent/Guardian Signature

• **Photo/Media Release**

I, _____, _____ DO give permission, _____ DO NOT give permission for Crow Creek

Parent/Guardian

Tribal Schools to use and publish my child (ren) photo, video, and digital media for educational and promotional purposes that may be displayed on any Crow Creek Tribal Schools Web Page www.cctribalschools.org and social media.

_____ Date: _____

Parent/Guardian Signature

• **Religion/Sweat Lodge**

I, _____ Give Consent _____ Do Not Give Consent - For my child to participate in sweat lodge ceremonies or attend the church of their choice for purposes of purification, prayers or personal spiritual guidance while attending CCTS.

My child's religion affiliation is: _____

_____ Date _____

Parent/Guardian Signature

Date

• **Parent/Student Handbook 2023-24**

I verify that I have read, or will read, and familiarize myself with the **Parent/Student Handbook** available at: www.cctribalschools.org

_____ Date: _____

Student Print Name

Student Signature

Parent/Guardian Print Name

Parent/Guardian Signature

Date: _____

Crow Creek Tribal Schools
BIE McKinney-Vento Enrollment/Referral/Residency Form

The Purpose of this form is to address the requirements of the McKinney-Vento Act, Title X. This Document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

Student Name: _____ () Male () Female

Please check only **ONE** that best describes where the student is presently living (**Please specify name of hotel, shelter, or organization providing the transitional housing**)

- In my own home or apartment

- In the home of a friend or relative because I lost my housing. (Fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in the military was deployed, parent(s) in jail). **Name/Address and phone of person with whom you live (full name required)**

- In a shelter because I don't have permanent housing. (living in a family shelter, domestic violence shelter or children/youth shelter) **Name/Address of phone of shelter**

- In Transitional housing (housing that is available for a specific length of time only and is partly or completely paid by a church, a nonprofit organization or some other organization) **Name/Address and phone of organization providing housing**

- In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent housing) **Name/Address and phone of hotel or motel where you're staying**

- In sheltered care (living in a car, park, campground). Provide where you are living such as where your car is parked. _____

- In housing that does not have plumbing, electricity or heat. (circle all that apply)

- Awaiting foster care placement

- Doubles Up with (Friends, Relative, Family Members)

- None of the above (describe my current living situation. Briefly describe your situation.
Address/Directions _____

Name of parent/guardian or person who student resides with _____

Address _____ City _____ State _____

Parent/Guardian Phone #: _____ Cell _____ Work _____ Shelter _____ Family/Friends _____

Signature of Parent/Guardian or person who student resides

Date

BIE HOME Language Survey

School Year 2023-24

BIE MISSION STATEMENT:

“To provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”

CCTS-School Mission Statement

“To Guide our Student to become long life leader in education, culture and their everyday walk in life”

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 service.

****AS PARENT/GUARDIANS, YOUR COOPERATION IS REQUESTED IN COMPLYING WITH THESE REQUIREMENTS.****

Student First Name: _____ **Student Last Name:** _____

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

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

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

1. Which language did your child learn when they first began to talk?
2. Which language does your hold most frequently speak at home?
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 space provided below, then return this form to your child’s school.

Signature of Parent/Guardian _____ **Date:** _____

School official Verification _____ **Date:** _____ Thank you for your cooperation. **Signature**

Criteria for Screening -If language other than English is identified for any of the primary language questions above, your child will be recommended for screening. Thank you!

Federal Code: 25 CFR 32.3-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



Crow Creek Tribal Schools-Infinite Campus Portal

Acceptable Use Policy



Crow Creek Tribal Schools under BIE has partnership with **Infinite Campus web base program to track student educational information. Infinite Campus Portal as a means to further promote educational excellence and to enhance communication** with parents and students. The **Infinite Campus Portal** allows parents and students (Grades K-12) to view school records anywhere at any time. In response for the privilege of accessing the Crow Creek Tribal Schools **Infinite Campus Portal**, every parent and student is expected to act in a responsible, ethical and legal manner. The **Infinite Campus Portal** is available to every parent/guardian who has a student enrolled at Crow Creek Tribal Schools. **Parents and students are required to adhere to the following guidelines:**

1. Parents and students will not share their passwords with anyone, including their children or classmates.
2. Parents and students will not attempt to harm or destroy data of their own children, of another user, school or district network, or the Internet.
3. Parents and student will not use the Infinite Campus Portal for any illegal activity, including violation of Data Privacy laws. Anyone found to be violating laws will be subject to Civil and/or Criminal Prosecution.
4. Parents and students will not access data or any account owned by another parent or student
5. Parents and students who identify a security problem with the **Infinite Campus Portal** must notify **the NASIS Coordinator immediately (852-2258 EXT. 354) or (Marcella. Howe@k12.sd.us)** without demonstrating the problem to anyone else.
6. Parents and students who are identified as a security risk to the **Infinite Campus Portal** will be denied access to the Infinite Campus Portal.

User guidelines and system requirements can be found at www.cctribalschools.org. Please review them before signing and returning this document. You are required to sign and return this agreement before you receive access to the Infinite Campus Portal. **Students must both sign and have a parent signature to gain access to the Infinite Campus Portal.**

Please fill in all blanks (Print)

Parent(s) Name: _____ Email Address: _____

Children Information

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I have read the **Infinite Campus Portal** Acceptable Use Policy and I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to **Infinite Campus Portal**, and may be liable for civil and/or criminal consequences.

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

Family Education Rights and Privacy Act (FERPA)

The Family Education Rights and Privacy Act of 1974, commonly known as FERPA, is a federal law that protects the privacy of student education records. Students have specific, protection rights regarding the release of such records and FERPA requires that institutions adhere strictly to these guidelines.

The following are statements that reflect what the Family Education Rights and Privacy Act (FERPA) covers concerning your rights as a parent and student:

- Parents are allowed to review all files and material the school has about their child.
- All schools are required to follow FERPA.
- The schools cannot provide a student with his/her parent's financial records.
- A student can request that doctor of his/her choice review psychiatric or treatment records.
- FERPA does not allow the students to see the same files and records that their parent can see.
- A probation officer cannot see a student's educational records without parental consent.
- The school is required to keep a list of all people who access a student's records.
- Parents are allowed to bring someone with them to review their child's school records.
- Parents are allowed to review their child's testing protocols.
- Student Special Education records are the school's responsibility to safeguard and no file should ever be left out of place where they can be seen by unauthorized people.
- Staff members can be reprimanded for failure to safeguard student records.

If you have further questions on your rights under the FERPA law then please feel to contact the school Principal or visit the www (World Wide Web) and do a search on FERPA. This will pull up the law, its interpretation and how it affects you as a parent/student.

By signing this form I have read all the above information.

Parent/Guardian

Date

Know your rights!



ADMINISTRATION OF OTC (OVER THE COUNTER) MEDICATIONS PARENT / GUARDIAN AUTHORIZATION FORM

I AFFIRM THAT I AM THE PARENT/GUARDIAN, _____
PRINT FULL NAME OF PARENT / GUARDIAN

OF MINOR CHILD (REN) LISTED BELOW:

CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRA
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE

Over-the-Counter medication are drugs that do not require a prescription and are purchased as "over-the-counter".

This form is a consent to allow school nurse(s) to administer OTC medications, including homeopathic/herbal medications and aspirin the following are over the counter medication:

- | | | |
|---|--|---|
| <i>Anti-biotic Cream (i.e. Bacitracin, Triple Anti-biotic Ointment)</i> | <i>Anti-septic Spray /topical (i.e. Bactine)</i> | <i>Hydrocortisone Cream (i.e. Anti-Itch Relief)</i> |
| <i>Oral Products (i.e. Oragel, Chloroseptic)</i> | <i>Antihistamine (i.e. Benadryl, Loratadine)</i> | <i>Cold/Cough Medicine (Guaifenesin, Phenlephrine, NSAIDS (i.e. Motrin, Advil, Ibuprofen)</i> |
| <i>Pseudoephedrine, Cough Drops)</i> | <i>Antacids (i.e. Mylanta, Maalox, Tums)</i> | <i>Burn Relief Gel</i> |
| <i>Antipyretic (i.e. Tylenol)</i> | | |
| <i>Eye drops (i.e. Sodium Chloride)</i> | | |

PARENT / GUARDIAN SIGNATURE REQUIRED

YES ___ OVER-THE-COUNTER (OTC) MEDICATIONS LISTED HERE MAY BE ADMINISTERED TO MY MINOR CHILD (REN) LISTED ABOVE

PARENT/GUARDIAN SIGNATURE

DATE

NO ___ I DO NOT WANT OVER-THE-COUNTER (OTC) MEDICATIONS ADMINISTERED TO MY MINOR CHILD (REN)

PARENT/GUARDIAN SIGNATURE

DATE



STUDENT HEALTH HISTORY FORM-COMPLETED ANNUALLY

1 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

2 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

3 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

4 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

5 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

6 Student Name: _____ Age: _____ DOB: _____ Gender: Male Female Grade: _____

****When Answering for different children, use their number in the "YES" or "NO"****

This is part of Paperwork Reduction Act (PRA),

If you would like to answer a student health history for each child, request separate forms from the CCTS Nursing Department ☺

STUDENT HEALTH HISTORY	YES	NO	DOES YOUR CHILD HAVE OR HAD OR IS THERE A HISTORY OF:	YES	NO
Taking prescription medication or OTC Medication daily?			ASTHMA		
Does your child have a chronic illness? Please List:			RECURRENT COUGH		
Has your child ever been hospitalized? When? For?			BRONCHITIS		
Is your child allergic to any medications? Please List:			PNEUMONIA		
Does your child have any food allergies? Please List:			CORONA VIRUS / COVID-19		
Are your child's immunizations up to date?			ECZEMA		
Immunizations must be complete and current,			EAR INFECTION (S) CHRONIC? SEASONAL?		
Students will be dropped if not complete and current			TOOTH ACHE		
Is your child hearing impaired?			FREQUENT HEADACHES		
Do you want hearing devices/aids kept at school?			ABDOMINAL PAIN		
Is your child vision impaired?			CONSTIPATION		
Do you want your child's glasses stored at school?			BLADDER/KIDNEY / BEDWETTING		
Does your child have Diabetes?			HEART MURMUR/HEART CONDITION/DISEASE		
TYPE 1 OR TYPE 2 ? PLEASE PROVIDE INSULIN THERAPY			ANEMIA/BLEEDING/CLOTTING DISORDER		
TREATMENTS AND/OR MEDICATIONS			THYROID DISORDER		
			OTHER PHYSICAL / MENTAL DISORDERS NOT LISTED		
Has your child been diagnosed with COVID19?			PLEASE LIST HERE:		
Is your child infected with COVID19 NOW?			ADD/ADHD		
When was your child infected? DATE:			MENTAL HEALTH ISSUES		
Has your child received COVID19 Vaccine?			USE OF DRUGS OR ALCOHOL		
If so, WHEN? DATE:			ANY MEDICAL CONDITIONS YOU ARE CONCERNED ABOUT		
WHEN IS 2ND VACCINATION DUE? DATE:			THAT YOU WANT NURSING DEPT TO LOOK INTO?		

Any Medical Diagnosis CCTS should be aware of? _____



Medical Power of Attorney
 (For the Care of a Minor Child)

I affirm that I am the parent and/or legal guardian of the minor child (ren) named below.

PRINT Parent / Guardian Full Name		Today's Date	
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE
CHILD'S NAME	AGE/GRADE	CHILD'S NAME	AGE/GRADE

I, further, give consent to the **CROW CREEK TRIBAL SCHOOL NURSING STAFF, DORMITORY/RESIDENTIAL STAFF AND CROW CREEK TRIBAL SCHOOL STAFF** to provide the following health services for my child (ren):

1. Health care including medical examinations, routine laboratory studies, x ray procedures, and skin tests
2. Dental care including dental examination, preventative use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary
4. Emergency health care for accidents or illness
5. Transportation of the child (ren) to and/or from another health facility for these services.

I have read and UNDERSTAND this is a legal document and affirm my consent by signing my signature herein:

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
------------------------------------	------

ADDRESS: _____

ADDRESS	CITY	STATE/ZIP
---------	------	-----------

RELATIONSHIP TO CHILD (REN): _____

	Home Phone	Cell Phone
--	------------	------------

_____ Signature of Parent/Legal Guardian	_____ Verified by Notary of the Public
_____ DATE	_____ My Commission Expires

>>>>>>>>>>THIS CONSENT EXPIRES AT THE END OF SCHOOL YEAR **MAY 2024**<<<<<<<<<<<<<<



CROW CREEK TRIBAL SCHOOL
Counseling Packet

Your privacy is important to us, and we believe that counseling is most effective when students feel comfortable speaking openly with their counselor. We hope this information will clarify our privacy policies. In the usual course of events, you have the right to keep your child's counseling here completely private. This means that, without your written permission, no information about your contact with CCTS Mental Health Counselor is available to anyone outside of CCTS, including other faculty & staff, family members, friends, or outside agencies.

There are certain exception to confidentiality, noted below, with which you should be aware before you enter into a counseling relationship.

Please read carefully through these exceptions, and be sure to ask your counselor if you have any questions.

Exceptions to Confidentiality

If appropriate, your counselor may consult with your treating physician or other healthcare provider at IHS to coordinate your care;
If your child pose a threat of harm to yourself, to another person, we will take whatever steps are required by law, or permitted by law, to help prevent the potential harm from happening. This may include contacting your family health officials, in the event of a psychiatric hospitalization.

If you report information indicating that a child, disabled, or elderly person is suffering abuse or neglect; A court order, issued by a judge, could require us to release information contained in your records, or could require a therapist to testify.

I have read and discussed the above information with my counselor. I have been given the opportunity to ask questions and discuss any concerns about these matters. I understand the risks and benefits of counseling, the nature and limits of confidentiality and expectations.

Please sign and date below

Parent/Guardian Signature: _____ Date: _____
Student's Signature: _____ Date: _____
Counselor's Signature: _____ Date: _____

●●●●● Please Complete Referral Form ●●●●●



**CROW CREEK TRIBAL SCHOOL
CONSENT FOR COUNSELING**

Student Full Name: _____ **Grade:** _____
PRINT

Parent/Guardian: _____ **Phone Number:** _____
PRINT

Email: _____

I give permission for my child _____ to
Student Name
receive counseling services through CROW CREEK TRIBAL SCHOOL.

[[My signature below indicates that I understand that the counseling service is designed to help my child as he or she attends individual and/or group counseling sessions with the school mental health counselor.]

**More information on counselor, contact your child's school Secretary*

I understand that, as the parent/guardian of a minor, I legally have access to all information regarding my child's treatment at Crow Creek Tribal School.

However, I also understand that some measure of trust and confidentiality is necessary in order for my child's treatment to be as effective as possible.

Crow Creek Tribal School has my full consent to treat my child/adolescent, and I understand that the counselor will notify me of any significant information and will update me regularly regarding my child's treatment.

Please sign and date below

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

[This form is valid for one calendar year following the signed date.]



School Counseling Referral Form

Student Full Name: _____

Date _____

Grade _____

Teacher _____

•••••Reason for referral •••••

(Check all that apply)

Academic:

_____ Attendance

_____ Study Skills

_____ Underachievement

_____ Organization

_____ Homework

_____ Goal Setting

_____ Other _____

Personal/Social:

_____ Anger Management

_____ Adjustment

_____ Bullying

_____ Family Conflict

_____ Social Skills/Friends

_____ Health (family or self)

_____ Negative Attitude

_____ Grief (Loss/Death)

_____ Withdrawn/Shy

_____ Uncooperative/ Defiant

_____ Honesty

_____ Anxiety

_____ Self-Esteem

_____ Theft/ Vandalism

_____ Personal Hygiene

_____ Trauma

Other _____

Comments:

Please sign and date below

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____



CROW CREEK TRIBAL SCHOOLS EQUINE WELLNESS PROGRAM
(HORSE PROGRAM)

LIABILITY RELEASE CONSENT

(Please Print)

Student Name _____ DOB ____ / ____ / ____
Last Name, First Name

Address _____ City _____ State _____ Zip _____

Phone _____ Home _____ Cell _____

Emergency Contact Person: _____ Relationship to Student: _____

Emergency Contact Number _____

LIABILITY WAIVER

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, I am voluntarily participating in this Cultural Horse Wellness program.

Having such knowledge, I hereby acknowledge this release, any representatives, agency and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity, I here assume all risks connected therewith and consent to participate in said program activity.

I agree to disclose any physical limitation, disabilities, ailments, or impairments which may affect my ability to participate in said activity.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CCTS Staff Signature _____

MISSION STATEMENT

Sun'wakan Wacinkiciya is an equine therapy for student and families. It exists to provide therapy with the horse in being one with each other, to connect with one another. We learn to bring create and pray to have medicine in hopes to mount our people back on the horse. This equine therapy will help our students and families to be strong and healthy with assisted activities for personal growth and equine education and connection for the community.

Imawakan'-'The sound of my voice, has the ability to create or destroy.'

Equine Wellness, teaches us that horses show us that by selflessly protecting those who need it, it brings a certain peace and balance to the herd. Horses teach boys and men that they have many emotional needs as girls and females. Boy and men can be wonderfully emotional and expressive, sensitive and loving if given an environment where they feel safe to express themselves without judgement.





Crow Creek Tribal Schools
 103 Chieftain Rd
 Stephan SD 57346

School-Parent Compact Form

A School-Parent Compact is a shared agreement that describes how parents, children, and the school will work together to support the child’s learning.

Directions: Please read carefully this agreement that pertains to your responsibility, sign at the bottom to pledge this commitment to the education of our Students.

[Any person with a vested interest in helping this student may sign the compact in-lieu of the parent.]

Parent/Guardian: “I have entrusted in my child to the school to help prepare them for life. In order for my child to receive a quality education and to reach their fullest potential, I agree to”:

- Complete necessary forms to ensure my child (s) is officially registered for school.
- See that my child attends school on a daily basis and is in attendance for the day.
- Support the school in its effort to maintain proper discipline.
- Establish a time and place for doing homework and review homework regularly.
- Maintain an open line communication with my child and his/her teacher.
- Read with my child at least 15 minutes per day and let by child see me read.
- Be wear of my child’s interest and encourage either efforts.
- Visit Crow Creek Tribal School website www.cctribalschools.org on a regular basis.
- Attend parent survey on an annual basis to ensure the needs of my child are met.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Student: “Since I am investing in my future, it is important that I work to the best of my ability. Therefore, I will do the following”:

- Attend school on a daily and arrive on time.
- Come to school each day with all educational tools needed for learning.
- Complete daily work and return homework assignment in a timely manner.
- Do my best to prepare myself for test.
- Behave in a manner that contributes to the positive school environment.
- Respect classmates, school staff and myself.

Student Print Name

Student Signature

Date

Teacher: “Who I am and my student see me is as important as what I say, therefore, to help students achieve, I will try to do the following”:

- Demonstrate professional behavior and positive attitude.
- Maintain open lines of communication with students and their parents.
- Encourage Students and parents by providing information about student’s educational progress on a Regular basis.
- Provide homework assignment as necessary to reinforce learning and teach responsibility.
- Treat each child in fair and equitable manner.
- Help each child reach his /her maximum learning potential
- Discuss the “**No child Left Behind Law**”, and how it affects my classroom to the parent of my students.
- Provide any parent(s) with any annual survey to express their needs as well as their child needs.

Teacher Print Name

Teacher Signature

Date