



TAKINI SCHOOL

HC77 BOX 537 ♦ HOWES, SD 57748

Phone: (605) 538-4399 ♦ Fax: (605) 538-4315

TAKINI SCHOOL STUDENT RE-ENROLLMENT SY22-23

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ Gender: _____ Grade: _____

Physical Address: _____

House #/Street Address

Community

MOTHER: _____ Parent _____ Step-Parent _____ Guardian

Does this person reside in the home? _____ Yes _____ No

(If student resides with someone other than paternal parents, please provide a copy of custody order.)

Is this person authorized to obtain information on student(s)? _____ Yes _____ No

Name: _____

Mailing Address: _____

PO Box

City

State

Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FATHER: _____ Parent _____ Step-Parent _____ Guardian

Does this person reside in the home? _____ Yes _____ No

(If student resides with someone other than paternal parents, please provide a copy of custody order.)

Is this person authorized to obtain information on student(s)? _____ Yes _____ No

Name: _____

Mailing Address: _____

PO Box

City

State

Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACTS:

NAME	ADDRESS	RELATIONSHIP	PHONE #
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PERMISSION FOR NON-EMERGENCY MEDICAL TREATMENT:

By signing this I authorize Takini School to give the following services to my student, this consent is valid throughout the **2022-2023 School Year**.

_____ Administer Medication(s) _____ Physical Examination _____ Drug/Alcohol Testing

(In accordance with the Cheyenne River Sioux Tribe Resolution 68-96. CRST Only.)

Signature of Parent/Guardian: _____ Date: _____



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CONSENT TO REQUEST INFORMATION

This is to certify that I do give my consent for **Takini School** to obtain information such as:

- Medical Records**
- Psychological Records**
- Educational Records – H.S. Transcripts, Attendance Record, Enrollment Record, IEP.**
 - **Includes: Copy of Birth Certificate, Immunization Records and Tribal Enrollment.**

For the following student only to the institution stated above unless I give permission in writing otherwise. This consent is valid for the **2022-2023 School Year**.

STUDENT NAME

DATE OF BIRTH

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE