HOME OF THE SKYHAWKS

TAKINI SCHOOL

HOME OF THE SKYHAWKS

HC 77 Box 537 Howes, SD, 57748

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

Website: *www.takiniskyhawks.com*

New Student Enrollment Application

[Please ✔ One]

☐ **Elementary- Grade:____** ☐ **Middle School- Grade:____** ☐ **High School- Grade:____**

<u>Returning to the Skyhawk Family:</u>

_____ Takini School Enrollment Application

_____ Up-to-date Immunization Record

OFFICE USE:

DATE RECEIVED:

_____

RECEIVED BY:

_____

<u>New to the Skyhawk Family:</u>

_____ Takini School Enrollment Application

_____ Copy of Birth Certificate

_____ Copy of Degree of Indian Blood

_____ Immunization Record

_____ IEP (if apply)

TRANSFERRING STUDENT:

Name of Previous School _____

_____ Takini School Enrollment Application

_____ Personal Documents

- **Copy of Birth Certificate**
- **Degree of Indian Blood**
- **Immunization Records**

TAKINI SCHOOL STUDENT ENROLLMENT

***If a student has been expelled from Takini School or any other school, you are not eligible to enroll at Takini School for one (1) calendar year. You are not officially enrolled at Takini School until all necessary enrollment forms are complete and formal notification is given by Takini School.**

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2025-2026 SCHOOL YEAR

STUDENT INFORMATION

Student Name:_____Nickname:_____

Birthdate:_____ Gender: Male Female Grade:_____

Receiving Special Services: Special Education IEP Handicap Conditions 504

Physical Address_____

House # Primary Community

[redacted]

Mother Information: Parent Step-Parent Guardian

Does this person reside in the home? Yes No

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

Is this person authorized to obtain information on the student? Yes No

Name:_____

Mailing Address:_____

PO Box City State Zip Code

Home Phone:_____ Cell Phone:_____

Place of Work:_____ Work Phone:_____

[redacted]

Father Information: Parent Step-Parent Guardian

Does this person reside in the home? Yes No

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

Is this person authorized to obtain information on the student? Yes No

Name:_____

Mailing Address:_____

PO Box City State Zip Code

Home Phone:_____ Cell Phone:_____

Place of Work:_____ Work Phone:_____

Ethnicity/Race ✔ all that apply:

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

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OTHER MEMBERS IN THE HOUSEHOLD: (Brother, Sisters, Aunts, Uncles, Etc.)

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

[redacted]

Emergency Contacts:

Name	Address	Relationship	Phone #
Name	Address	Relationship	Phone #
Name	Address	Relationship	Phone #
Name	Address	Relationship	Phone #

[redacted]

AUTHORIZED PERSON(S) TO CHECK OUT STUDENT: School Year 2025-2026

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

CONSENT TO REQUEST INFORMATION

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Student's Full Legal Name:_____
Address:_____City:_____
State:_____Zip Code:_____
Home Phone:_____Cell Phone:_____

Information is used for screening purposes only
My student attended Takini School last year?
☐ Yes ☐ No
If yes, then you may go on to the next page.
If no, continue to fill out this Consent to Request Information

I authorize the Registrar, Counselor, Principal, and Special Education staff of the Takini School to obtain records from:
Name of Previous School:_____
Dates Attended:_____ To _____
Month/Year Month/Year

To release the following information: Takini School

- Transfer Grades
- Last Report Card
- Educational Records - H.S. Transcripts, Attendance Record, Enrollment Record, Standard Test Results, and English Language Proficiency.
- If Applicable - 504 Plan, Gifted and Talented Records.
- Special Education Records - IEP, Parental Consent, Team Summary, Evaluation Report, and Current Psychological Evaluation Report
- Mandatory: Copy of Birth Certificate, Immunization Records, and Tribal Enrollment.
- Other if any: _____

For the following student only to the institution stated above unless I give permission in writing otherwise. This consent is valid for the 2025-2026 School Year.

_____
STUDENT NAME DATE OF BIRTH

_____
PRINT NAME OF PARENT/GUARDIAN

_____
SIGNATURE OF PARENT/GUARDIAN

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.

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Student(s) Name Grade

_____

_____

_____

_____

_____

_____

_____

-Field Trips

My child(ren) has 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 Takini School to use and publish my child(ren)'s photo, video, and digital media for educational and promotional purposes that may be displayed on any Takini School Web Page www.takiniskyhawks.com and social media.

_____**Date:**_____

Parent/Guardian Signature

-Parent/Student Handbook 2025-2026

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

_____ _____ Date:_____

Student's Printed Name Student's Signature

_____ _____ Date:_____

Parent/Guardian's Printed Name Parent/Guardian's Signature Name

Takini School McKinney-Vento Identification Form

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Confidential – For School Use Only
The purpose of this form is to determine eligibility for services under the McKinney-Vento Homeless Assistance Act. If you are experiencing housing instability, completing this form will help ensure your child receives the necessary support.

Student Information

Student Name: _____Date of Birth: _____

Grade Level: _____School Year: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____

Living Situation (Check the option that best describes your current housing status)

☐ **Doubled-up** (Sharing housing due to loss of housing, economic hardship, or similar reason)

☐ **Hotel/Motel** (Living in a hotel/motel due to lack of alternative accommodations)

☐ **Shelter/Transitional Housing** (Living in a shelter, domestic violence shelter, or transitional housing)

☐ **Unsheltered** (Living in a car, park, campground, abandoned building, or substandard housing)

☐ **Renting a home or apartment**

☐ **Owning a home**

Unaccompanied Youth Status

☐ **Student is living without a parent or legal guardian** (Unaccompanied Youth)
If checked, who is the student currently staying with?_____
Relationship to student: _____
Is this a permanent or temporary arrangement?
☐ Permanent ☐ Temporary
If temporary, how long do you expect to stay? _____

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Type of housing:

☐ Apartment ☐ House ☐ Mobile Home ☐ Other: _____

Do you have access to:

- ☐ Running Water
- ☐ Electricity
- ☐ Heat
- ☐ Kitchen Facilities
- ☐ Private Sleeping Space
- ☐ Telephone(ex- Landline, Cell phone, or Messaging)

Student Needs Assessment (Check all that apply)

- ☐ School Transportation Assistance
- ☐ School Supplies & Clothing
- ☐ Food Assistance
- ☐ Hygiene Items
- ☐ Mental Health/Counseling Services
- ☐ Support with Enrollment Documents
- ☐ Access to:
  - ☐ Internet
  - ☐ Telephone
  - ☐ Messaging
- ☐ Other (Please Specify): _____

Was the home recently remodeled? ☐ Yes ☐ No

If yes, when?_____

Certification & Signature

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that this information will be used to determine my child's eligibility for services under the McKinney-Vento Act.

_____ _____ Date:_____

Student's Printed Name Student's Signature

_____ _____ Date:_____

Parent/Guardian's Printed Name Parent/Guardian's Signature Name

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BIE HOME Language Survey

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 any 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 household 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.

_____ _____ Date:_____
Student's Printed Name Student's Signature

_____ _____ Date:_____
Parent/Guardian's Printed Name Parent/Guardian's Signature Name

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

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Takini School-Infinite Campus Portal

Acceptable Use Agreement

Takini School under BIE has a 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 to the privilege of accessing the Takini School **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 Takini School. **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 (605-538-4399) or (kim.whitewolf@takiniskyhawks.com) 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.takiniskyhawks.com. 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)/Guardian(s) Name: _____
Email Address: _____
Child(ren) Information
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

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

Student Signature _____ Date: _____

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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/Guardians 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/guardian's financial records.
- A student can request that a 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 parents can see.
- A probation officer cannot see a student's educational records without parental/guardian consent.
- The school is required to keep a list of all people who access a student's records.
- Parents/guardians are allowed to bring someone with them to review their child's school records.
- Parents/guardians 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 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's Printed Name

_____
Parent/Guardian's Signature Name

Date:_____

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Know your rights!

MEDICAL CONSENT

MEDICAL CONSENT PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

I am giving my permission for Takini School Personnel to obtain Medical Treatment in case of emergency. Every attempt will be made to contact the parent(s) or guardian(s) immediately. However, if the parent or guardian is not available and it is felt that emergency treatment is needed, my signature below will serve as permission for emergency care. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions. This consent is valid throughout the 2025-2026 School Year.

_____

PARENT/GUARDIAN SIGNATURE DATE

By signing this I authorize Takini School to give the following services to my student, this consent is valid throughout the 2025-2026 School Year.

_____ Administer Medication(s)_____Physical Examination_____Drug/Alcohol Testing
(In accordance with the Cheyenne River Sioux Tribe Resolution 68-96. CRST Only.)

This form is a consent to allow the School Nurse to administer over-the-counter medications.
Over-the-counter medications are as follows:

Antibiotic Cream (i.e. Bacitracin, Triple Antibiotic Ointment)
Oral Products (i.e. Orajel and Chloraseptic)
Pseudoephedrine
Cough Drops
Antipyretic (i.e. Tylenol)
Eye drops (i.e. Sodium Chloride)
Antiseptic Spray/Topic (i.e. Bactine)
Antihistamine (i.e. Benadryl, Loratadine)
Antacids (i.e. Mylanta, Maalox, Tums)
NSAIDS (i.e. Motrin, Advil, Ibuprofen)
Burn Relief Gel
Hydrocortisone Cream (i.e. Anti-Itch Relief
Cold/Cough Medicine (Guaifenesin, Phenylephrine)

_____

STUDENT NAME DATE OF BIRTH

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

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PARENT EMAIL & INTERNET PERMISSION FORM 2025-2026

We are pleased to offer the students of Takini School access to the school computer network for electronic mail and the internet. To gain access to e-mail and the internet, all students under the age of 18 must obtain parental permission and must sign and return the form to the school secretary. Takini School's intent is to make internet access available to further educational goals and objectives. Although some material accessible via the internet may be potentially offensive, Takini School is protected with a firewall and provides CIPA (Child Internet Protection Act) compliant internet protection. Takini School will make every effort to provide supervision at all times while students are online; however, an occasional break in the firewall filter security system is possible. Takini School reserves the right to publish pictures of students on the web for educational purposes according to federal copyright standards. No personal information will be provided other than the student's first name. The following is not permitted:

- Sending or displaying offensive messages or pictures or using obscene language.
- Accessing email for unacceptable use/accessing chat rooms for personal use.
- Harassing, insulting or attacking others.
- Damaging computers, computer systems or computer networks.
- Violating copyright laws.
- Using another's passwords.
- Transmission into another's folders or files without permission.
- Intentionally wasting limited resources.
- Revealing personal information of self, or any other user.
- Use for commercial activities or for profit reasons not pertaining to Takini School.
- Lobbying for personal or political reasons.

Users should not expect that files stored on district servers will always be private. Individual users of the school computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with school standards and behavior and will honor this agreement. Beyond the clarification of such standards, the school is not responsible for restricting, monitoring, or controlling the communication of individuals utilizing the network. The use of the internet and electronic e-mail is a privilege and not a right and inappropriate use will result in cancellation of these privileges.

TAKINI SCHOOL USER AGREEMENT AND PARENTAL PERMISSION FORM

Student Name: _____ Grade: _____

Student Signature: _____ Date: _____ As a Parent/Guardian of the minor student signing above, I grant permission for my student to access the network computer services such as electronic mail on the internet. I understand

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that individuals and families may not be held liable for violations. I accept full responsibility for my student use of the internet.

Parent Signature: _____ Date: _____

TRANSPORTATION INFORMATION

This information will be on file with the Transportation Department. As stated in the Parent/Student Handbook the bus driver:

1. It is required to wait no more than 2 minutes at the bus stop after the first horn sounds, unless the student(s) are approaching the bus. The bus will wait no more than 5 minutes at each of the 3 stop sights in Cherry Creek and no more than 15 minutes in Eagle Butte.

2. When students do not get on the bus three (3) days in a row at their designated pickup site, the bus will no longer stop at the residence, until confirmation has been received from the administration.

3. Families that live off the main road need to meet the bus at the main road during inclement weather.

4. Bus drivers must stay in the vehicle and cannot open gates to residences and roads must be free of obstruction in order to pick up a student.

In the event no one is home or during emergency purposes please list alternate drop off areas. During the school year this is the only place your child will be able to ride the bus other than home.

NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #
NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #
NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #

I understand and will adhere to the Transportation Policy of Takini School.

_____

STUDENT NAME

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PRINT NAME OF PARENT/GUARDIAN DATE