



## **TAKINI SCHOOL STUDENT ENROLLMENT 2024-2025 SCHOOL YEAR**

Dear Parents:

On behalf of the faculty and staff at the Takini School, we want to welcome you and student(s) to the 2024-2025 School Year!

The student enrollment application checklist provides the information the school needs to enroll your student(s). If a student is transferring from another school, please provide information before the student can be enrolled. Students must be up-to-date on Immunizations and provide Tribal Enrollment verification. If the student is not an enrolled member of a federally recognized tribe, please provide the enrollment verification of the parent(s). **Please refer to the Takini School Parent/Guardian/Student Handbook Page 22.** Thank you.

### **DOCUMENTS NEEDED**

#### **RETURNING STUDENT:**

\_\_\_\_\_ Takini School Enrollment Application

\_\_\_\_\_ Up-to-date Immunization Record

#### **NEW ENROLLEES:**

\_\_\_\_\_ 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, and Immunization Records)

**\*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.**



**TAKINI SCHOOL STUDENT ENROLLMENT  
2024-2025 SCHOOL YEAR**

<b>OFFICE USE:</b>
DATE RECEIVED: _____
DATE COMPLETE: _____

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** **Grade:** \_\_\_\_\_

**Receiving Special Services:** \_\_\_\_\_ **Special Education** \_\_\_\_\_ **IEP** \_\_\_\_\_ **Handicap Conditions**

**Physical Address:** \_\_\_\_\_

**Community**

**House # Primary**

**Household Language:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **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 student(s)? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**PO Box**

**City**

**State**

**Zip**

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **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 student(s)? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**PO Box**

**City**

**State**

**Zip**

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

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

NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP

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**EMERGENCY CONTACTS:**

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

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**AUTHORIZED PERSON(S) TO CHECK OUT STUDENT: 2024-2025 School Year Only**

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP



**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 **2024-2025 School Year.**

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**STUDENT NAME**

**DATE OF BIRTH**

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**PRINT NAME OF PARENT/GUARDIAN**

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**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**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 2024-2025 School Year.

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_

**DATE**

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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 **2024-2025 School Year**.

\_\_\_\_\_ **Administer Medication(s)**      \_\_\_\_\_ **Physical Examination**      \_\_\_\_\_ **Drug/Alcohol Testing**  
(In accordance with the Cheyenne River Sioux Tribe Resolution 68-96. CRST Only.)

Please list medications you are allowing students to receive (e.g. Tylenol, Ibuprofen, etc...)

\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions, allergies or anything you would like the school to be aware of:  
(In case of food allergies, please provide a doctor's statement of allergies and special diet)

\_\_\_\_\_  
\_\_\_\_\_

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**STUDENT NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

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**PRINT NAME OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT EMAIL & INTERNET**

**PERMISSION FORM**

**2024-2025**

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.

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**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 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. 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.

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NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #
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NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #
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NAME	RELATIONSHIP	PHYSICAL ADDRESS	PHONE #
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**I understand and will adhere to the Transportation Policy of Takini School.**

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**STUDENT NAME**

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<b>PRINT NAME OF PARENT/GUARDIAN</b>	<b>DATE</b>
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**TAKINI SCHOOL**  
HC77 BOX 537 ♦ HOWES, SD 57748  
Phone: (605) 538-4399 ♦ Fax: (605) 538-4315



**PHOTO RELEASE FORM**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for Takini School to photograph my child for school purposes and/or at school events.

\_\_\_\_ No, I do not authorize Takini School to photograph my child for any event.

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**STUDENT NAME** **GRADE**

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**PRINT NAME OF PARENT/GUARDIAN**

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**SIGNATURE OF PARENT/GUARDIAN** **DATE**



## MCKINNEY VENTO FORM

The purpose of this form is to help identify the homeless population within our Takini School District. This information will help identify the needs of our Students/Parents/Guardians.

Student Name: \_\_\_\_\_ ( ) Male ( ) Female

Please check one that best describes where the student is presently living.

- In my Own Home or Apartment.
- In the home of a Friend or Relative.  
Name of Friend/Relative: \_\_\_\_\_
- In a Shelter.  
Name of Shelter: \_\_\_\_\_
- In a Transitional Housing Temporarily.  
Name: \_\_\_\_\_
- In a Hotel or Motel.  
Name of Hotel/Motel: \_\_\_\_\_
- In sheltered care (living in a car, park or campground)  
Describe sheltered care situation: \_\_\_\_\_
- None of the above (Please describe current living situation.)

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**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Parent/Guardian Phone #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Work:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**