



TAKINI SCHOOL

HC77 BOX 537 ♦ HOWES, SD 57748

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

## TAKINI SCHOOL STUDENT RE-ENROLLMENT SY2023-2024

### 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 **2023-2024 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 **2023-2024 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**