



# Shoshone-Bannock Jr./Sr. High School

School Office (208) 238-4200  
Fax (208) 238-2628  
Adm. Office (208) 238-4300  
Fax (208) 238-2629

Shoshone-Bannock School District #512  
Post Office Box 790  
Fort Hall, Idaho 83203-0790

Dear Parent/Guardian(s),

Welcome! We are happy that you have chosen to apply to our school. Following are some items that we need on file with your application:

- **COMPLETED APPLICATION** with Parent or Legal guardian signatures.
- **COPY** of your student's **BIRTH CERTIFICATE**. This document will prove age and relationship, in case the student is not enrolled with a U. S. Federally Recognized Tribe. *The state of Idaho requires this to be on file before your student can attend a school.*
- **COPY** of the applicant's **CERTIFICATE OF INDIAN BLOOD (CIB/CDIB) OR** both sides of a **TRIBAL IDENTIFICATION CARD**. **IF** the student is **NOT** enrolled with a U.S. Federally Recognized Tribe, then we will need one or both of the enrolled parents to provide their Tribal affiliation documentation. *IF you cannot provide proof of your student's tribal affiliation or descent, then this application must be taken to the SB School Board for approval of enrollment.*
- **COPY** of your student's **UPDATED IMMUNIZATION RECORD**. *The state of Idaho requires this to be on file before your student can attend a school.*
- **SIGNATURES AND RETURN** of the **HOME AND SCHOOL COMPACT**.

After we receive the completed application for your student we will follow the process explained below:

- 1). Registrar will fax a request for preliminary records from the last school attended, as listed on application. Please allow the previous school time to respond to our request.
- 2). Once all documents above and the preliminary school records are received then the Registrar, or designee, schedules a date and time for a meeting with the Admissions Panel or School Board. *The Admissions Panel consists of the Registrar, Attendance Clerk/Secretary, Guidance Counselor and School Administrator. (See Student Handbook for further details)*

If at anytime you should need assistance or have questions, please call our Registrar, Shelly Honena at (208) 238-4200 ext. 1009 or 243-0915 or by email: shonena@sbd537.org.

***Thank you again for choosing our Shoshone-Bannock Junior/Senior High School!***



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STU NO.: \_\_\_\_\_ ED: \_\_\_\_\_ RED: \_\_\_\_\_ RED: \_\_\_\_\_ RED: \_\_\_\_\_

## STUDENT APPLICATION FOR ENROLLMENT

Student Legal Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Last First Middle  
Other names used: \_\_\_\_\_ Gender: Male or Female  
(circle one)  
Place of Birth (City & State): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Mailing address, City, State, Zip: \_\_\_\_\_  
Home/cell Phone No.: \_\_\_\_\_ Msg/Cell No.: \_\_\_\_\_ Who: \_\_\_\_\_  
Physical Directions to home: \_\_\_\_\_

FH Reservation Area: FtHall Gibson Ross Fork Buffalo Lodge Lincoln Creek Bannock Cree or Off Reservation  
CONTACT EMAIL, if applicable: \_\_\_\_\_

Who does student live with? Mother Father Other: \_\_\_\_\_  
**PARENT/GUARDIAN(S) INFORMATION:** (These are the people who are legally responsible for the student named above)

### Mother of Legal Guardian Information:

Last Name First name Middle Initial Relationship to student  
Tribal Affiliation: \_\_\_\_\_ Agency/City/State: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Father or Legal Guardian information:

Last Name First Name Middle Initial Relationship to student  
Tribal Affiliation: \_\_\_\_\_ Agency/City/State: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Mess. No.: \_\_\_\_\_  
Place of employment/city: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### CONSENT FOR STUDENT TO ATTEND SCHOOL

*I willingly allow my student to attend Shoshone-Bannock Jr./Sr. High School and I affirm that the above is true and accurate to the best of my knowledge.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I accept the above named student for enrollment into our school district.*

Administrator or designee: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT TRIBAL AFFILIATION INFORMATION:**

Is the student an enrolled member of a U.S. Federally Recognized Tribe? (circle one) YES NO

If YES, please indicate tribe here: \_\_\_\_\_

City & State where information is located: \_\_\_\_\_

**EDUCATION INFORMATION:**

Is your student currently enrolled with a school? (circle one) YES NO

Please list the current school and last 3 schools your student has attended: (current or most recent first)

Name of School	Address, City, State	Phone No./Fax No.

Currently or past school year, did your student miss more than 10 days of school? YES NO

Currently or past school year did your student miss more than 20 days of school? YES NO

Currently or past school year did your student miss more than 30 days of school? YES NO

Did your student receive any summer school credit(s) this summer? YES NO

If yes, please give school name, city, state, where acquired: \_\_\_\_\_

Has your student ever received services in the following areas: (circle all that apply)

SPECIAL EDUCATION

GIFTED & TALENTED

AFTER SCHOOL TUTORING

Has your student ever experienced difficulty in: (circle all that apply)

MATH

READING

WRITTEN LANGUAGE

BEHAVIOR

ATTENDANCE

Has your student ever been expelled from a school? (circle one) YES NO

If YES, then name of school, city & state: \_\_\_\_\_

**HOME LANGUAGE:**

Our school is interested in knowing what language(s) are spoken and heard at home by each student. This is needed in order for us to provide the best instruction possible for each student.

1. What Language(s) has your student learned to speak? \_\_\_\_\_

2. What language(s) does your student use most often? \_\_\_\_\_

3. What language(s) are regularly used when speaking to your student? \_\_\_\_\_

**ETHNICITY:**

Is your student Hispanic or Latino? YES NO

Is your student from one (1) or more of the following races? (Circle all that may apply)

AM INDIAN OR ALASKA NATIVE

ASIAN

BLACK/AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

**CUSTODIAL INFORMATION: (For students under the age of 18)**

*(If custody/guardianship has been decided by a court you MUST provide court documentation. Otherwise, we cannot deny the other parent's request or enforce yours.)*

Who has primary physical custody of this student? Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Does this student reside with you by court order? (circle one) YES NO

Which Court: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is this residence different from the mailing & physical address described previously? YES NO

Non-Custodial parent: \_\_\_\_\_

Are there any restrictions in the court order denying the non-custodial parent the right to review/receive records or speak with teachers/staff regarding this student? (circle one) YES NO

Does the non-custodial parent have your permission to visit your student at school? (circle one) Y N

Do you wish to be contacted of any visit by the non-custodial parent? (circle one) Y N

Phone number where you can be reached: \_\_\_\_\_

Are there restrictions on visitations/communications by person(s) with this student? (circle one)

YES NO Name of person(s): \_\_\_\_\_

Any additional comments: \_\_\_\_\_

**BUS TRANSPORTATION:**

Will your student ride the bus? (circle one) YES NO

Please draw a map to the physical location of your home.

**THE BUS DRIVER MAY NOT CONTINUE PICK-UP IF YOUR STUDENT DOESN'T RIDE FOR 3 CONSECUTIVE DAYS. If this occurs, you need to call our school.**

16045

**MEDICAL INFORMATION:**

Has your student ever had problems with: (circle all that apply) If no problems then mark this box

- |             |                              |          |           |          |
|-------------|------------------------------|----------|-----------|----------|
| EARS        | EYES                         | ASTHMA   | SPEECH    | A.D.D.   |
| A.D.H.D     | HEAD INJURY                  | EPILEPSY | ALLERGIES | SEIZURES |
| CONVULSIONS | ANY SERIOUS ACCIDENTS: _____ |          |           |          |

DOES YOUR STUDENT HAVE ANY SPECIAL MEDICAL CONDITIONS TO BE AWARE OF? (circle one) YES NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PARENTAL PERMISSION SLIP:**

As the parent/guardian of, \_\_\_\_\_, I give my permission for my student to take part in ANY AND ALL field trips scheduled by the school. These field trips are to be taken during regular school hours and I will not hold the School liable for any accidents that may occur.

**ANY OVERNIGHT AND OUT-OF-STATE FIELD TRIPS WILL REQUIRE A SEPARATE PERMISSION SLIP**

I will also allow my child to participate in the following: (please check all that you wish your student to participate in.)

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| _____ Vision and Hearing Tests        | _____ H1N1 Vaccinations          |
| _____ Athletics/Sports Activities     | _____ Special Education Programs |
| _____ Gifted & Talented Programs      | _____ Dental Check-ups           |
| _____ Seasonal Influenza Vaccinations | _____ Other: _____               |
| _____ After-School Program            | _____ Other: _____               |

\_\_\_\_\_ Emergency Medical Treatment - *Authorization to contact the local E.M.T's or transport my student/child to the Indian Health Service/PHS, Portneuf Medical Centers or nearest hospital emergency room for treatment, as the situation deems necessary.*

If you have a certain doctor or treating facility, please indicate here: \_\_\_\_\_  
Address & City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parent/Legal Guardian Signature for the above items: \_\_\_\_\_  
Date signed: \_\_\_\_\_ Home/Message No.: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Mess. No.: \_\_\_\_\_  
Place of employment/city: \_\_\_\_\_ Phone No.: \_\_\_\_\_

***A COPY OF THIS PAGE WILL BE GIVEN TO THE FIELD TRIP ADVISOR FOR FIELD TRIPS, as needed.***

## CONSENT FOR ***OTHER*** INDIVIDUALS TO CHECK OUT MY STUDENT

Normally we ask that you physically come into the school building and check out your student for appointments, etc. However, we understand that sometimes Parent/Guardian(s) are not able to do this OR if we are unable to contact him/her, in case of an emergency. Therefore, we ask you to please list the name(s) of others that may check out your student on your behalf, if ever needed. The person(s) listed below MUST BE AT LEAST 19 YEARS OLD.

Your student's name: \_\_\_\_\_

**REMINDER:**

**We ask that if you have court order(s) pertaining to your student's custodial arrangement, please bring us a copy for our records. This will help to alleviate any problem(s) that may arise.**

Name	Relationship to student	Contact Number	Stipulations/Comments

Parent/Guardian(s) signature & Date: \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

**Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.**

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name SHOSHONE-BANNOCK Jr/Sr High Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

Federally Recognized,  State  Organized Indian Group  
 Including Alaska Native  Recognized  Terminated  Meeting #5 of the  
Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one):  Child  Child's Parent  Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

## PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.



## BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. 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.

- (please circle)
1. Is your current address a temporary living arrangement? YES NO
2. Is your temporary address due to loss of housing or economic hardship? YES NO

If answer to both questions is "YES", please continue. Otherwise, stop here. Thank you.

### Student Information

Student Name(s) \_\_\_\_\_  
Age(s) \_\_\_\_\_  
Parent/Guardian Names(s) \_\_\_\_\_  
School Site(s) \_\_\_\_\_  
Grade Level(s) \_\_\_\_\_  
Parent/Guardian/Youth phone number ( ) \_\_\_\_\_  
(Please circle those that apply) Cellular phone Work Phone Shelter Phone Family/Friends Residence

### Residency Information

Are you a high school student who is currently living on your own? YES NO (Please circle one)

Where does the student stay at night? (Please circle and/or explain)  
Shelter Temporary Housing Other: \_\_\_\_\_

Address/Directions \_\_\_\_\_

Shelter Contact Person \_\_\_\_\_

The family/youth has been residing within the school district boundaries and intend to stay. \_\_\_\_\_ (please initial)

Does the student wish to continue at school or origin? YES NO (Please circle)

Is school or origin a boarding school? YES NO (Please circle one)

If present school is a boarding school will student be enrolled in residential dorm? YES NO (Please circle)

### Agreed Upon Services

#### Educational Services

Description \_\_\_\_\_

#### After School Services

Description \_\_\_\_\_

#### Transportation Services

Pick-up location \_\_\_\_\_

Drop-off location (if different) \_\_\_\_\_

Health Services \_\_\_\_\_

Immunizations \_\_\_\_\_

Dental \_\_\_\_\_

Food/Clothing \_\_\_\_\_

Free lunch \_\_\_\_\_

Counseling \_\_\_\_\_

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify School Liaison/Designee immediately.

\_\_\_\_\_  
Parent/Guardian/Youth date

\_\_\_\_\_  
School Liaison/Designee date

*Shoshone-Bannock Tribes*

**PARTICIPANT'S HOLD HARMLESS AGREEMENT**

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY, THE UNDERSIGNED STATES AS FOLLOWS:

I, \_\_\_\_\_, Parent and/or Guardian of, \_\_\_\_\_, Participant/Student, give permission to participate in activities sponsored by the SHOSHONE BANNOCK SCHOOL for the purposes of attending **ANY AND ALL FIELD TRIPS OR ACTIVITIES FOR THE EXTENT THAT MY STUDENT IS ENROLLED CONTINUOUSLY WITH THE SHOSHONE-BANNOCK SCHOOL DISTRICT.** I acknowledge by volunteering to participate in this activity that there may be risks of injury or damage to me personally, including but not limited to automobile accidents or injury accidents at the facilities. Knowing these facts, I nevertheless, agree to execute this agreement in consideration for receipt of my willingness to participate in this Activity.

In entering into this Agreement on behalf of myself, my heirs, executors and administrators and hereby waive, release and discharge and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers and all individual members thereof and all other persons in any way connected with the Activity, their representatives, heirs, executors, administrators and assignees from any and all right, claim or liability for damages for any all claims of any kind of nature that I might have as a result of, or arising out of my participation in such Activity.

Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal. I further agree that I will defend, indemnify and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers or directors, staff/members and agents or any of them against all claims, demands and causes of action including court costs, and attorney fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether it be known or unknown.

I do acknowledge that I have read the foregoing Agreement and know and understand the content thereof and agree to be bound by its terms.

STUDENT/PARTICIPANT Printed Name: \_\_\_\_\_

STUDENT/PARTICIPANT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PARENTS OR LEGAL GARDIANS MUST EXECUTE THE FOLLOWING ON BEHALF OF THE MINOR CHILD.**

I/We, the undersigned Parent/Guardian of, \_\_\_\_\_; on behalf of and in consideration for my/our minor child's participation in the Activity hereby certify that I/We have read this agreement and expressly agree to be bound by the terms of the Agreement on behalf of my/our minor child. I/We, by signing this Agreement, also hereby certify that I/We are the legal Parents(s)/Guardian(s) of the aforementioned minor child and agree to indemnify and hold harmless any party protected by this Agreement on behalf of such minor child.

Parent(s)/Legal Guardians(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF INFORMATION

*(To be filled out if NO birth Certificate, Immunization Record or C.I.B./Tribal I.D. were given/received.)*

TO:

Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

To Whom It May Concern:

I hereby request and authorize you to release to the Shoshone-Bannock School, the information requested below regarding my child:

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First M.I. Last Mo./day/year

Information Requested:

- \_\_\_\_\_ Birth Certificate (copy)
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ Certificate of Indian Blood/Certificate of Degree of Indian Blood
- \_\_\_\_\_ Special Education Records
- \_\_\_\_\_ Other Information: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Phone No.: \_\_\_\_\_



**PLEASE MAIL / FAX REMITTANCE TO THE ABOVE ADDRESS OR FAX NUMBER.**