



Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

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:

- **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 consideration of their 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.*
- **COMPLETED APPLICATION** with Parent or Legal guardian signatures.
 - Page 1 Welcome & documents needed
 - Page 2 Additional information
 - Page 3 Student demographics, household & consent to attend, +Principal acknowledgement
 - Page 4 Tribal Affiliation, Educational history, ethnicity & home language
 - Page 5 Custodial information & Bus transportation
 - Page 6 Medical, field trip & multimedia authorizations
 - Page 7 Computer/Internet Usage Policy & Electronic Device Policy Agreement
 - Page 8 (above continued & signature page)
 - Page 9 Consent for Others to check out my student
 - Page 10 ED 506 (Title VI) Form
 - Page 11 (above continued) - Information for Parent/Guardian
 - Page 12 BIE McKinney-Vento Program questionnaire
 - Page 13 SBT-Participant Hold Harmless Agreement
 - Page 14 Authorization of Release of Information
 - Page 15 Alternate Learning Quesitonnaire

Additionally, we may have provided information on our extra-curricular programs that may interest your student BUT ARE NOT REQUIRED AT THE TIME OF APPLICATION:

- Athletic Packet (12 pages):
High School (9th thru 12th /4 years ONLY)- Football, Volleyball, Cross Country, Basketball & Track
Junior High (6th thru 8th grades) - Cross Country, Basketball & Track
NOTE: Drug Consent for Testing signatures MUST BE NOTARIZED BY A NOTARY (Page 12).
- After-School Program Information: cultural classes, on-line credit recovery, study hall with Certified Teachers.
- TRIO services from the Idaho State University

Other items which may be provided in this packet:

- 2020-21 School Calendar
- School Building Map
- 2020-21 Student Handbook *****MUST BE REVIEWED BY PARENT/GUARDIAN THEN SIGNED ON THE LAST PAGE (ACKNOWLEDGEMENT) & RETURNED W/APPLICATION BEFORE STUDENT IS ENROLLED.**
- Athletic Schedules
- Bell Schedule

After we receive your student's complete application, we will follow the process explained below:

- 1). Registrar will fax a request for preliminary records (grades, attendance, behavior, IEP, etc) 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 Administration consideration and/or School Board. (See Student Handbook for further details)

If at any time you should need assistance or have questions, please call our Registrar/Attendance, Shelly Honena at (208) 238-4200 ext. 1009 or 243-0915 or by email: shonena@sbd537.org or shelly.honena@bie.edu .

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: _____
 Physical Directions to home: _____
 FH Reservation Area: FtHall Gibson Ross Fork Buffalo Lodge Lincoln Creek Bannock Cree or Off Reservation
 Home/cell Phone No.: _____ Msg/Cell No.: _____ Who: _____
 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, if Parent/guardian unavailable

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. I will notify the school if any information changes.

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 district/systems? (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 OTHER: _____

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) YES NO

Do you wish to be contacted of any visit by the non-custodial parent? (circle one) YES NO

Phone number or email address 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 ADDRESS: _____

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

MEDICAL INFORMATION & CONSENT FOR EMERGENCY CARE/TREATMENT:

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: _____

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.: _____

FIELD TRIP 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 will 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

PERSON TO CONTACT IN CASE OF EMERGENCY, if Parent/Guardian unreachable

Name: _____ Home Phone No.: _____ Mess. No.: _____

Place of employment/city: _____ Phone No.: _____

MULTIMEDIA/PHOTOGRAPHIC, ETC. RELEASE:

I hearby grant permission to the Shoshone-Bannock Jr./Sr. High School for use of my student: _____'s photograph, name, school projects/artwork, for public information, internet, promotional or exhibit purposes as deemed appropriate by Shoshone-Bannock Jr./Sr. High school, until revoked in writing. It is clearly understood that no royalty fee or other compensation of any character will become payable to me by reason of such use or release.

Parent/Guardian signature: _____ Date: _____

A COPY OF THIS PAGE WILL BE AVAILABLE TO FIELD TRIP ADVISORS.

The Bureau of Indian Education (BIE) Computer/Internet Usage Policy, per correspondence from T. Pfeiffer, 7/21/17.

Computer/Internet Usage Policy

The primary purpose of the Internet connection is for educational pursuits. In formulating this policy, the School recognizes that students have a constitutional right to freedom of speech. However, that right is not unlimited, and we encourage students to be thoughtful about their words and actions.

The system administrator and the school principal have determined what constitutes inappropriate use of the school's computer system and equipment. Inappropriate use includes but is not limited to the following activities:

- * a) Sending or displaying offensive/ pornographic/threatening/subversive images and messages;
- * b) Accessing, viewing, or transmitting material related to drugs, alcohol, gangs, sexual activity, or hate groups;
- * c) Tampering with or damaging school computer equipment and/or system;
- * d) Violating copyright laws;
- * e) Allowing others access to username and password;
- * f) Using another user's username and password. Trespassing in another user's account, folders, and/or files;
- * g) Intentionally wasting limited resources, such as forwarding chain letters; streaming internet radio or video; downloading music, video, or software;
- * h) Using a proxy server to bypass system network filters and controls;
- * i) Using the schools BIE Internet system for commercial activities, or making personal purchases;
- * j) Participating in chat rooms or other live communication;
- * k) Cyberbullying which may include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

Violations will result in loss of access, confiscation of equipment, and/or further disciplinary or legal action, and:

- * a) Any cost/expense incurred by the user becomes the liability of the user.
- * b) The user will be billed by the school for loss/damage to the computer system and/or equipment as a result of inappropriate use as listed above.

All computer network usage is subject to BIE/Federal filtering and monitoring. Therefore, be reminded there is no expectation of privacy.

Students must have a current signed Student Computer/Internet Usage Policy and Agreement on file before they can use the Internet on any of the school computers. The school's Wi-Fi network is limited to school-purchased devices.

VI. Electronic Device Policy

Electronic devices include but are not limited to the following:

- * Cell Phone
- * Digital Camera
- * Electronic game devices (e.g., Gameboy, PSP)

- * Handheld Video Camera
- * Personal iPad/Tablet
- * Laser Pointer--For safety reasons, laser lights are prohibited from the school campus.
- * Personal Music player/iPod/Speakers
- * Portable DVD Player
- * Personal Laptop

Electronic devices and accessories must be turned off and kept out of sight during instructional hours, and during fire drills or other organized school activities for the duration of the school day. Devices may be used in the classroom with teacher permission only if they are part of an organized classroom activity. Violations will result in the electronic device being confiscated, turned in to the front office/school security, or designated school administrator, and returned to the student/parent at a designated time as determined by the school administrator. Violations may also result in disciplinary action as determined by the school administrator. The school is not responsible for loss or damage to students' personal property brought onto the school campus. By signing this waiver, the student and his/her guardian understand that Shoshone-Bannock Jr./Sr. High School makes no guarantees of any kind, whether expressed or implied, for the network services it is providing. The Shoshone-Bannock Jr./Sr. High School will not be responsible for any damages a user may suffer.

We acknowledge that we have read the Acceptable Use Policy for the **Computer/Internet Usage Policy & Electronic Device Policy Agreement** and will comply with its requirements. This consent will continue in effect as long as the student is continuously enrolled at SBS.

Legal Parent/Guardian Name (please print) _____

Signature of Legal Parent/Guardian _____ Date: _____

Student/User Legal Name (please print) _____

Signature of Student/User: _____ Date: _____

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) and contact information of other adults that may check out your student on your behalf, if ever needed. The person(s) listed below **MUST BE AT LEAST 19 YEARS OLD & may be asked for a picture ID.**

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: _____

ED 506 (Title VI) Form

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and **will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child: _____ Date of Birth: _____ Grade level: _____
Name of School: **SHOSHONE-BANNOCK JR/SR HIGH** School District: **SHOSHONE-BANNOCK 537 or 512**

Tribal Membership

The individual with Tribal membership is the (mark/select only one): =child =child's parent =child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

The Tribe or Band is (mark/select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____ Date: _____

**ED 506 (Title VI) Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

Continued Information For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

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 3W238, 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.

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

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.



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ALTERNATE LEARNING QUESTIONNAIRE

As you know, we are all affected by the world-wide COVID-19 Pandemic. We understand some may have great concerns for their students' health & safety while attending School. Be reassured that we are working to make your student's learning time with us, as safe as we can. However, there may be a time or times, that we are not able to continue as normal or you choose to keep your student home. We ask that you complete this survey to help in those situations for continued learning.

- Do you wish for your student to stay home and **NOT** attend school daily due to the current COVID-19 pandemic? **YES** **NO** Your student's name: _____
- Where is your home located? (circle one) **ON RESERVATION** **OFF RESERVATION**
- What is your & your student's choice of distance learning?
 - **Hybrid packet** – Continue to **Option A** below & answer questions.
 - **On-line/computer** – Continue to **Option B** below & answer questions.
 - **Other suggestion** (continue at bottom of this page if needed): _____

Option A: Hybrid Packet	Option B: On-line learning
Please circle ONE (1) answer for each:	Please circle ONE (1) answer for each:
Does your student/Parent wish to pick up & drop off packet work? YES NO	Do you have internet access at your home? YES NO
Does your student/Parent wish to have packet delivered? YES NO	Are there limits on your internet/data access? YES NO
Do you have internet access at your home? YES NO	How reliable is your internet access? All the time Somewhat Unreliable
Are there limits on your internet/data access? YES NO	What type of internet access do you have? Laptop/computer smart phone Other:
How reliable is your internet access? All the time Somewhat Unreliable	Do you live near a reservation Lodge building that has wifi & you can connect to it? YES NO
Does your student have a computer or laptop they can use to watch teacher instruction videos? YES NO	
Does your student have access to a phone to contact his/her Teachers, if needed? YES NO	

Other suggestions, recommendations or comments:

Thank you for taking the time to complete this questionnaire. We appreciate your assistance!