



Shoshone-Bannock Jr./Sr. High School

School Office (208) 238-4200
Fax (208) 238-2628

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!



Shoshone-Bannock Jr./Sr. High School

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Fort Hall, Idaho 83203-0790

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

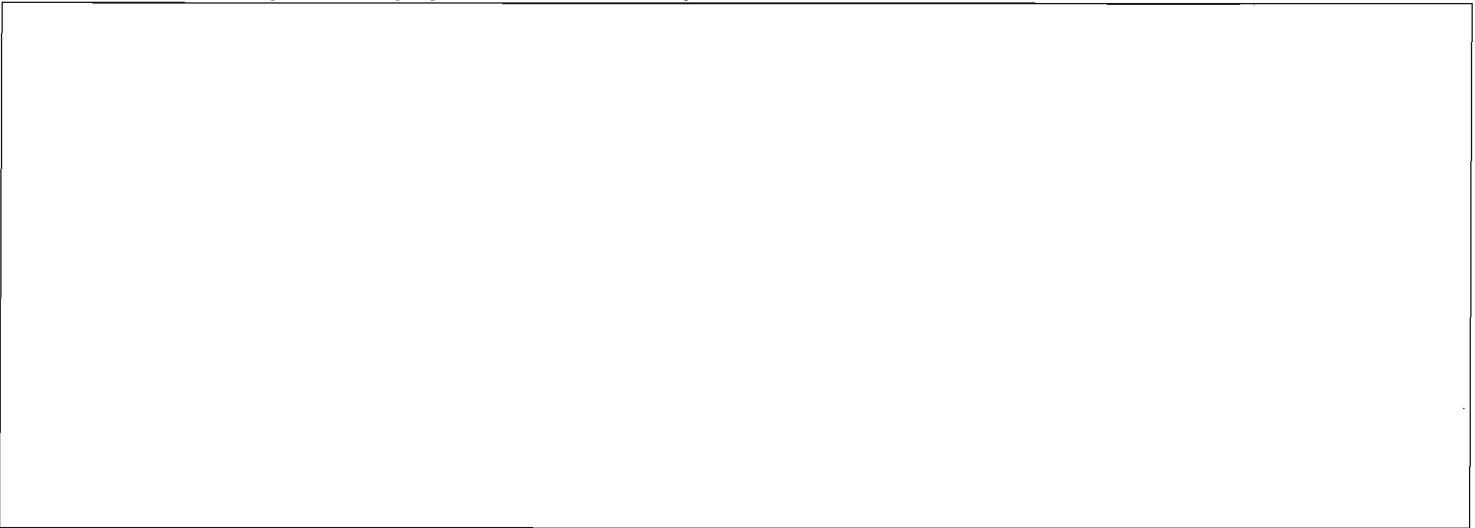
CUSTODIAL INFORMATION: (For students under the age of 18)

(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.

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
- _____ Athletics/Sports Activities
- _____ Gifted & Talented Programs
- _____ Seasonal Influenza Vaccinations
- _____ After-School Program
- _____ H1N1 Vaccinations
- _____ Special Education Programs
- _____ 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. 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.

RELEASE FORM

I certify that I give the Healthy & Empowered Youth Project (H.E.Y. Project of the Oregon Health & Science University and the Shoshone-Bannock Tribes), their legal representatives and assigns (including any agency, client, or publication), my unrestricted and irrevocable permission to distribute, use, or sell any original photograph, video, or image I created or was depicted in (to represent or portray) during the H.E.Y. Project.

I understand that the images may be distributed on-line or on television. The images may be published in any manner, including public information materials, advertising, periodicals, printed materials and brochures, annual reports, Web sites, and calendars.

I will hold harmless the H.E.Y. Project, their representatives and assigns, from any liability by virtue of any blurring, distortion, or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion, or alteration was done with malicious intent toward me.

Name _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone _____

If over 18:

I affirm that I am more than 18 years of age and competent to sign this contract on my own behalf. I have read this release and fully understand its contents.

Signature _____ Date _____
Witness _____ Date _____

If under 18 - Parent/Guardian Consent:

I am the parent of guardian of the minor named above, and I have full legal authority to execute this release on his or her behalf. I consent to the use of said photographs based on the contents of this release.

Parent / Guardian Name (Please Print) _____
Parent / Guardian Signature _____ Date _____
Witness _____ Date _____

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 (NCLB) Act. This documentation 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 |
| 2. Is your temporary address due to loss of housing or economic hardship? | YES NO |

*If the answer to both questions is "YES", please continue completing this form. Otherwise, **STOP** HERE, thank you.*

STUDENT INFORMATION:

Student Name(s): _____ Age(s): _____
Parent/Guardian(s) Name: _____
School Site: **SHOSHONE-BANNOCK JUNIOR/SENIOR HIGH SCHOOL**
Grade Level(s): _____
Parent/Guardian(s)/Youth phone number: (____) _____
Is this contact number a home/Cell/Work/Shelter/Family/Friend's Residence phone?

RESIDENCY INFORMATION:

Are you a high school student who is currently living on your own? YES NO
Where does the student stay at night? Shelter Temporary Housing Other: _____
Address/Directions: _____
Shelter Contact Person: _____
The family/youth has been residing within the school district boundaries and intend to stay _____ (initial)
Does the student wish to continue at the school of origin? YES NO
Is school of origin a boarding school? YES NO
If present school is a boarding school, will student be enrolled in residential dorm? YES NO

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

Sho-Ban Jr./Sr. High School

2010/2011 Parent Involvement Policy

***Parent: Birth Parent, Legal Guardian, Foster Parent, Grandparent or other responsible adult family member or caretaker the student lives with.**

Parent Involvement is the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities, including ensuring:

1. that parents play an integral role in assisting their child's learning;
2. that parents are encouraged to be actively involved in their child's education at school;
3. that parents are full partners in their child's education and are included, in decision-making and on advisory committees as appropriate to assist in the education of their child;
4. that parents are involved in identifying barriers to greater participation by parents in parent involvement activities.

Purpose: The purpose of parent involvement is to increase each parent's capacity to help their child(ren) be successful in school.

To facilitate meaningful parent involvement at Sho-Ban Jr./Sr. High School we will:

1. **Develop a Parent Committee:** The Sho-Ban Jr./Sr. High School will establish a parent committee to assist in the review of their parent compact, parent involvement plan, use of parent involvement funds, and review and plan for school improvement. The school will solicit parents to serve on the committee at the start of each school year. Any parent of a student in this school is eligible to serve on this committee. The school will establish, from a list of parents willing to serve on the committee, a group of 2 to 12 parents who serve throughout the school year. Every effort will be made to make all parents aware of the efforts of this committee and solicit input from all parents concerning these efforts.
2. **Annually review our Parent Involvement Policy:** The Sho-Ban Jr./Sr. High School will, with consultation and input from their parents, annually review and when necessary revise this parent involvement plan. The plan will outline how the school will work with their parents throughout the school year. A meeting will be held within the first month of school to review and possibly revise this plan. This plan will be distributed to all parents, interested community members and or organizations. All parents will receive a copy of the parent involvement policy through the mail and it will be posted on the school website, hardcopies will be distributed to parents at Parent Teacher Conferences and other school activities throughout the school year. At the beginning of each school year each parent will receive the Parent Involvement Policy in the re-registration packet and in the student application packets.

- 3. Annually review our Parent /School Compact:** The Sho-Ban Jr./Sr. High School will, with consultation and input from their parents, annually review their Parent/School compact. The compact will list the responsibilities of the student, parent/caregiver, classroom teacher, and school administrator. All parents will be annually provided copies of the parent/school compacts at the start of each school year or when their child is enrolled, and will be provided with opportunities for input into this document throughout the year. A meeting will be held each year to provide parents an opportunity to review and possibly revise the current parent/school compact. The compact will describe the school's responsibility to provide high quality curriculum and instruction in a supportive learning environment; Address the importance of communication between teachers and parents on an ongoing basis, and at a minimum: a) Parent-teacher conferences (annually) b) Frequent reports to parents on child(ren)'s progress c) Have reasonable access to staff, opportunities to volunteer, and do observation of classroom activities.
- 4. Annually establish how Title I Parent Involvement Funds will be used:** The Sho-Ban Jr./Sr. High School will, with consultation and input from their parents, annually develop a plan for use of any and all Title I parent involvement funds. These funds will be used to provide parents with materials, pay reasonable and necessary expenses associated with parental involvement activities (including transportation and child care costs) to enable participation in school related meetings and trainings, and other costs directly associated with increasing parental involvement.
- 5. Annually review the use of Title I funds and evaluation of the use of these funds:** The school will, with consultation and input from their parents, annually review how Title I funds will be used throughout the school year. This should be done at the first meeting of the year. Parents will be provided with data that supports the use of these funds and be asked for their input. Before the end of each school year parents will be provided with evaluation information/data that assesses the effectiveness of the Title I school program, staff development conducted throughout the year, and all parent involvement activities held during the year.
- 6. Facilitate regular, meaningful two-way communication:** The Sho-Ban Jr./Sr. High School will hold an annual meeting for parent to explain Title I and what it means to them as a parent and their student(s) and to explain the right of parents to be involved in the school and in their child(ren)'s education. This will be done at parent orientation and a Title 1 workshop, early in the fall. The school will also offer this information at meetings held at flexible and convenient times for parents. The school will provide parents a description and explanation of the curriculum, student progress measures, and the proficiency levels students are expected to meet and how to monitor a child's progress and work with educators to improve student achievement. Curriculum, content standards, measures and proficiency levels will be discussed during the parent orientation and at parent teacher conferences. The school will ensure that information related to school and parent programs, meetings, and other activities is sent to parents in a timely manner and in a format and, to the extent practicable, in a language the parents can understand, and provide reasonable alternate formats as requested. Title 1 Parent Involvement Connection will be sent home bi-monthly and or monthly, keeping parents informed on school calendar, events, programs and functions.

7. **Build the capacity of parents to support their child(ren)'s learning:** The Sho-Ban Jr./Sr. High School will provide materials and training to help parents to work with their children to improve their children's achievement. This will include training parents to enhance the involvement of other parents. The school will utilize community resources for referrals, enrichment activities, project development and implementation. Trainings for parents will include training parent in the use of internet and NASIS to enable them to access children's information and progress and to communicate with teachers. Literacy programs that bond families around reading and using the school library. The school will develop with input from the home/parents original cultural materials to meet needs and interests of the children.

8. **Coordinate and integrate and collaborate the school's parent involvement programs with early childhood programs in the community and in the school:** To the extent feasible and appropriate, the Sho-Ban Jr./Sr. High School will work with the Head Start Program to encourage and support parents in more fully participating in the education of their children.

9. **Build the capacity of school staff to work with parents:** The Sho-Ban Jr./Sr. High School will work with school staff members and school programs to train and educate staff in how to reach out to, communicate with, work with parents as equal partners and build ties between the parent and the school.

10. **Coordinate and build cultural education :** The Sho-Ban Jr./Sr. High School will work with school staff members, parents, students and community members to coordinate cultural education activities, workshops and will reinforce the use of Shoshone and Bannock languages within the school and at school functions and to provide learning opportunities for both languages.

Shoshone Bannock Jr./Sr. High School
Home and School Compact 2010-2011

Student: It is important that I do my best. I know my parents and teachers want to help me, but I am the one who has to do the work. So, I will:

- Believe that I can and will learn.
- Be responsible for my behavior.
- Pay attention and ask for help when needed.
- Complete class work on time and to the best of my ability.
- Attend school and follow the school attendance policy.
- Work cooperatively with my class mates.
- Obey the school, classroom and bus rules at all times.
- Take pride in my school and always use good manners and language.
- Come to school prepared with my homework and supplies.
- Will show respect for all teachers, staff and other students.

Student: _____ *Date:* _____

Parent/Caregiver: I want my child to succeed. I will encourage and support my child(s) learning in the following ways:

- Encourage positive attitudes about school.
- Support the school discipline policy and school policies
- Make sure my child follows the schools attendance policy.
- Encourage my child to get enough sleep and to eat nutritious meals.
- Support the school in developing positive behaviors.
- Provide a home environment that encourages my child to learn.
- Insist that all homework assignments are completed.
- Talk with my child about his/her school activities every day.
- Communicate regularly with my child's teacher.
- Show respect and support for my child, the teacher, and the school.

Parent/Caregiver: _____ *Date:* _____

Classroom Teacher: I understand the importance of the school experience to every student and my position as a teacher and a role model. I agree to:

- Be aware of your child's needs
- Motivate and encourage your child to grow to his/her full potential.
- Will maintain open lines of communication with each student and his/her parents, holding parent/teacher conferences tri-annually including 6 week progress reports.
- Provide meaningful and appropriate homework activities.
- Show respect for each child and his/her family/
- Come to class prepared to provide high quality curriculum instruction, aligned with Idaho State Standards.
- Will enforce school and classroom rules consistently and fairly.
- Will seek ways to involve parents in observing the classroom and to participate in school programs,
- Will demonstrate professional behavior and attitude.

Teacher: _____ *Date:* _____

School Administrator: I support and encourage student/parent/teacher compact and partnership. I will:

- Provide an environment that permits positive communication between the student, parent and teacher.
- Encourage teachers and parents to provide regular opportunities for practicing academics at school and at home.
- Provide equal and fair opportunities to access staff and the opportunity to volunteer.
- Provide equal and fair transportation for all students including those with special needs.
- Encourage teachers and staff to coordinate and support cultural education and curriculum, including the teaching of both the Shoshone and Bannock languages.

Principal: _____ *Date:* _____

Shoshone Bannock Jr./Sr. High School
Home and School Compact 2010-2011

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- Provide equal and fair transportation for all students including those with special needs.
- Encourage teachers and staff to coordinate and support cultural education and curriculum, including the teaching of both the Shoshone and Bannock languages.

Principal: _____ *Date:* _____