



# 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:

- **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.*

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 (grades, attendance, behavior, 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 a meeting with the Admissions Panel or School Board. *The Admissions Panel consists of the Registrar/Attendance Clerk, Guidance Counselor and School Administrator. (See Student Handbook for further details)*

If at any time 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

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

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) THREE 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: \_\_\_\_\_

*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.: \_\_\_\_\_

**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

**PERSON TO CONTACT IN CASE OF EMERGENCY**

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 GIVEN TO THE FIELD TRIP ADVISOR FOR FIELD TRIPS, as needed.***

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 \_\_\_\_\_  
(As shown on school enrollment records)

Name of School SHOSHONE-BANNOCK SCHOOL

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_



## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** 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 and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



The Bureau of Indian Education (BIE) Computer/Internet Usage Policy, per correspondence from T. Pfeiffer, 7/21/17. This is the policy we interjected into the BIE handbook we have in place going on the second year.

### 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.

Date Rec'd: \_\_\_\_\_

By: \_\_\_\_\_



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: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_  
By: \_\_\_\_\_

# 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: \_\_\_\_\_

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.: \_\_\_\_\_



# Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

## 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.**



# Shoshone-Bannock School District #537 | 2019-2020 School Calendar

**July**

JULY 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Approved:  
January 17, 2019

**January**

JANUARY 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 1-3 No School-Winter Break
- 6 1<sup>st</sup> Day of 2<sup>nd</sup> Semester
- 17 Early Release-PLC's
- 20 No School-MLK Day
- 31 Early Release-PLC's

**August**

AUGUST 2019						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- 12-14 Teacher In-Service
- 15 First Day for Students
- 30 Early Release-State Fair

**February**

FEBRUARY 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

- 14 Early Release-PLC's/PD
- 17 No School Tribal Leader's Day
- 28 Early Release-PLC's
- 28 Midterm - 2<sup>nd</sup> Semester

**September**

SEPTEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

- 2 No School-Labor Day
- 3-4 Early Release-State Fair PD/PLC's on 3 & 4
- 20 Early Release-PLC's
- 27 No School Native American Day

**March**

MARCH 2020						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- P/T Conferences
- 6 Early Release
- 20 Early Release-PLC's
- 23-27 No School-Spring Break

**October**

OCTOBER 2019						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 3-4 No School Statewide In-Service
- 11 Midterm - 1<sup>st</sup> Semester
- 17 P/T Conferences
- 18 Early Release

**April**

APRIL 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- 3 Early Release-PLC's
- 10 No School - Good Friday
- 17 Early Release-PLC's

**November**

NOVEMBER 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- 1 Early Release-PLC's
- 11 No School-Veteran's Day
- 15 Early Release-PLC's
- 25-29 No School-Thanksgiving Break

**May**

MAY 2020						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 8 Early Release-PLC's
- 14 8<sup>th</sup> Grade Graduation
- 18-19 2<sup>nd</sup> Semester Finals
- 20 Activity Day
- 21 High School Graduation
- 21 No School-Record Day-Staff Check Out
- 25 Memorial Day - Holiday

**December**

DECEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 6 Early Release-PLC's
- 19-20 1<sup>st</sup> Semester Finals
- 20 Early Release
- 23-27 & 31 No School-Winter Break & a Record Day

**JUNE 2020**

JUNE 2020						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				







# Shoshone-Bannock Jr. / Sr. High School

*We Are A Small School . . . But A Big Family*

Physical Address: 50 S. Hilina Road, Pocatello, ID 83202

Mailing Address: PO Box 790, Fort Hall, Idaho 83203

School Phone: (208) 238-4200

Fax number: (208) 238-2628

## Shoshone-Bannock Jr. / Sr. High School Athletic Policy for School Year 2019-2020

Shoshone-Bannock Jr. / Sr. High School (SBS) exists to form and assist the whole individual, consistent with the General Education Policy established by the Tribal Education Code. All of our academic, athletic, and extracurricular programs exist to meet this objective.

The purpose of the interscholastic athletic program at the SBS is to provide student-athletes with an enjoyable and challenging athletic program which emphasizes the attainment of physical skills and strong character development. The program aims to help students develop excellent sportsmanship; strong work ethic; a spirit of cooperation; leadership skills; and personal character traits such as integrity, loyalty, humility, maturity and respect.

The fundamental basis for our program is the view that coaches are teachers and role models of the standards we expect from the student participants. Participation is open to all students who make a serious commitment to their team and who meet the credentials to participate as outlined in the Idaho High School Activities Association (IHSAA) rules.

SBS students learn a great deal from their participation in interscholastic athletics including lessons in sportsmanship, teamwork, competition, healthy lifestyles, and how to win and lose gracefully. The program plays an important part in helping the individual student develop a healthy self-concept as well as a healthy body and mind. Competition adds to our school and community spirit and helps all students and families develop pride in their school and community.

### Goals

- To offer a varied program that is flexible enough to meet the needs of the novice athlete, yet strong enough to prepare the skilled athlete for higher levels of competition.
- To develop the concept of team spirit among all members of teams and coaches.
- To teach the fundamentals and techniques of each sport in a progressive, planned sequence that is appropriate for student athletes at the junior high or high school level respectfully.
- To foster the positive aspects of competitive athletics (developing the attitude that striving to win is important and that winning isn't everything), while avoiding the negative aspects of competitive athletics.

### Coaches

Head coaches are responsible for monitoring students' progress towards academic eligibility for competition. The coaches' responsibility is establishing and maintaining a philosophy which fosters the highest standards of good conduct.

### **Student Athletes or Managers**

Players are always responsible for controlling their own conduct on and off the field/court. The use of foul or disrespectful language will result in no playing time, regardless of the situation. Student athletes are responsible for promoting good sportsmanship among their teammates and their opponents. Student athletes shall respect the decision made by the sport officials, coaches and other school officials and shall not display negative actions.

### **Spectators**

All spectators shall conduct themselves in such a way as to support and advance the values of fair play and sportsmanship. Jeering, harassing of players, coaches, or officials or any negative behavior will not be tolerated. Reports of such behavior will be reported to the SBS Principal, Athletic Director, Dean of Students or designee during the sporting event. If behavior is not changed and good sportsmanship is not displayed, spectators will be asked to leave the facilities and will not be allowed to attend any further contests for the remainder of the season.

## **EXPECTATIONS & STANDARDS**

*Participation in athletics at SBS is completely voluntary. Our school is unique in that there is a no-cut policy for all athletic teams. The school will provide facilities, coaching, transportation and equipment. Student athletes will be required to sign a statement which states they have read these expectations and standards and they will adhere to them. No student athlete will be allowed to participate in practice or an athletic competition unless this statement is signed and returned to the Athletic Director.*

*These expectations and standards are a supplement to the IHSAA guidelines and SBS Student Handbook and are not meant to replace them. The school reserves the right to revoke or restrict the privilege of participation if a student fails to live up to expectations and standards as outlined below:*

1. As per IHSAA guidelines, student athletes must receive passing grades in five (5) out of seven (7) classes during the semester prior to the beginning of practice to be eligible to participate in their particular sport. All student athletes will maintain a 2.0 GPA or better during the semester they are participating in their sport. If a student athlete's GPA drops below 2.0, he or she has five (5) school days to satisfy the 2.0 GPA requirement. Failure to do so will cause the participant to be ineligible to participate in any scheduled contests for at least one (1) week and until he/she becomes eligible. If this is not followed, the student athlete is subject to coach or Principal discipline. Grade check forms (Progress Reports) will be given out to all student athletes on a bi-weekly (every two weeks) basis during the season. Failure to return these forms will result in student being ineligible to compete until the form is completed and turned into the Athletic Director. Students on IEPs must be in good attendance and making progress towards graduation. Athletes will still be required to attend practice.
2. Regular, punctual attendance in all classes at SBS is essential to participation in the athletic programs. A student athlete who cuts a class will be ineligible to participate in the next scheduled contest. Three violations of this policy during the season will result in dismissal from the team. If an athlete is absent from any class on a particular day, he/she may not be present or take part in any scheduled contest(s) on that day. Students with an excused absence, will not be subject to this.
3. Without exception athletic participants must turn into the coach or Athletic Director a completed Medical Eligibility Form, with physician's signature. No student athlete may participate in practice or competition until this form is completed and submitted.

4. All student athletes will be subject to an alcohol/drug test at the start of the sport's season and randomly throughout the season.
5. Student athletes and parent or guardians are financially responsible for all school equipment furnished to them. Grades and diplomas will not be issued until all equipment is returned and or paid for. The student's family will be billed for any items not returned at the end of the season. Coaches shall collect a deposit from student athletes for any and all equipment or uniforms provided by the school for the sport. This deposit will be returned to the student once any and all equipment or uniforms are returned to the school.
6. Student athletes are to be dressed in the official team uniform when representing SBS in an athletic contest. These uniforms are to be worn only for athletic competitions and not for physical education classes or recreational use. However, wearing these uniforms on a game day is permissible on special occasions.
7. Student athletes may NOT transfer from one sport to another in the same season, unless authorized by the Principal and the Athletic Director.
8. School personnel will make every effort to keep the locker rooms secure; however the student athlete is responsible for issued school equipment as well as his/her own personal belongings.
9. The locker area is to be kept neat and clean and any student athlete using school towels must turn them in to be cleaned.
10. Training supplies are very expensive and must be used wisely and carefully. Tape and under wrap are for care and prevention of injuries ONLY.
11. **All injuries of any kind must be reported immediately to the Coach. Players must allow the Coach, Athletic Director, and/or designated treatment providers to assess the injury and determine if the student athlete should continue participating.**
12. Student athletes and coaches are to travel as a team to and from contest, unless special arrangements have been made with parents or guardians, and the coach.
13. Athletic practice and play areas will be specifically scheduled for teams. A team is to have exclusive use of its facility during the assigned time and all members are to leave at the end of the time.
14. Student athletes and coaches are responsible to know and meet the eligibility requirements of the IHSAA. Website: [www.idhsaa.org](http://www.idhsaa.org). A copy of this can be obtained from the Athletic Director.
15. Student athletes involved in several activities will be responsible for knowing their schedules so conflicts can be resolved early. This might include athletics, community service, after school projects, college entrance exams, etc. Corrective action for frequent lateness to practice will be decided by each individual coach.
16. All student athletes are valuable members of their respective teams. If students have concerns regarding their position on the team, the issues should first be taken up with their coach. If necessary, the Athletic Director may also become involved in order to resolve the issue(s).
17. Eligibility shall be checked once semester grades have been finalized for student athletes wanting to participate in a sport the following semester.
18. Student athletes who are placed on academic probation may remain on their athletic team, as long as they abide by the contract they establish with the Principal or Dean of Students. If the contract is broken, the student may not participate in any team activities for one week. If the contract is broken a second time during the season the student will be dismissed from the team.
19. In the interest of safety and fairness, students on athletic teams must practice ten (10) days before being eligible for competition. During the season, a coach may require student athletes to participate in a specified number of practices in order to attend and/or participate in a competition.



20. Drugs, alcohol and tobacco have no place in school or at school athletic functions. Any student found in violation of the student drug, alcohol and tobacco use policy will be subject to the SBS Student Handbook. Furthermore, the following corrective action will apply;
1. Possession or use of controlled substance or drug paraphernalia on school premises will result in suspension from all athletic events and practices for two (2) weeks. In addition, enrollment in a drug, alcohol, and tobacco education course or treatment program may be recommended by the coach during the suspension period. Alcohol/Drug tests can be administered at any time to any student athlete throughout the season per Principal request.
  2. The distribution of controlled substances of any type will normally result in complete suspension from any affiliation with any SBS teams for a period of no less than one (1) school year.
  3. The use of performance enhancing drugs/supplements is prohibited.
  4. Referrals will be coordinated by the Dean of Students and partnerships with Tribal Service Providers and/or Health West to assist students with their dependency on drugs, alcohol, and/or tobacco.
21. Coaches are to monitor that there is absolutely no hazing or bullying by any athletic team member. Any hazing or bullying incident must be immediately reported by any member of the coaching staff to the Athletic Director and Principal. The student athlete(s) involved in the hazing or bullying incident will be considered ineligible to practice or play until the incident is investigated and reviewed by the Athletic Director and Principal. Student athletes are required to immediately report every incident of hazing or bullying to the Coach or Athletic Director.
22. The Principal, Athletic Director and the Coach reserve the right to declare an athlete ineligible at any time throughout the school year because of negative attitude towards studies or because of other circumstances.
23. Student athletes may be recommended to participate in any and all after school programs to help support them in the academics.

I, (Print Student name) & (Print Parent/Guardian name) have read this policy in its entirety, understand and will adhere to everything in this policy.

\_\_\_\_\_  
(Student signature and Date)

\_\_\_\_\_  
(Coach signature and Date)

\_\_\_\_\_  
(Parent/Guardian signature and Date)

\_\_\_\_\_  
(Athletic Director signature and Date)

\_\_\_\_\_  
(School Superintendent signature and Date)

**YOUR COPY**

**RETURN THE PORTION BELOW TO YOUR COACH OR ATHLETIC DIRECTOR WITH SIGNATURES & DATED**

I, (Print Student name) & (Print Parent/Guardian name) have read this policy in its entirety, understand and will adhere to everything in this policy.

\_\_\_\_\_  
(Student signature and Date)

\_\_\_\_\_  
(Coach signature and Date)

\_\_\_\_\_  
(Parent/Guardian signature and Date)

\_\_\_\_\_  
(Athletic Director signature and Date)

\_\_\_\_\_  
(School Superintendent signature and Date)

**TO BE COMPLETED BY Athletic Director or Coach:**  
Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_

## RULE 8 - INDIVIDUAL ELIGIBILITY

These rules determine a student's eligibility to participate on a school athletic team or in specific competitive activities.

### 8-1 ACADEMIC

To be academically eligible for athletics, a student must be enrolled full-time in his/her school, on target to graduate based on State Board of Education graduation requirements, and have received passing grades and earned credits in the required number of courses during the previous reporting period.

Equivalency is determined by the following criteria:

3 classes attempted	must pass all three
4 classes attempted	must pass at least three
5 classes attempted	must pass at least four
6 classes attempted	must pass at least five
7 classes attempted	must pass at least five
8 classes attempted	must pass at least six

For entire I.H.S.A.A. Handbook,  
see: these are only highlights.  
[www.idhsaa.org](http://www.idhsaa.org)

- Students participating with a cumulative GPA below 2.0 must have an academic improvement plan in place as developed by the local school district. This plan must include monitoring, additional assistance, time provided for assistance, and an appropriate timeline. (The number of students with an academic improvement plan will be reported on the Eligibility Verification Report).
- Being "on target to graduate by State Board of Education requirements" means: a student not having the necessary number of credits to graduate with their class through the normal school day program, must have a graduation plan that provides for receiving a diploma by the end of the summer following their senior year in order to be eligible for activity participation. (The number of students with a graduation plan will be reported on the Eligibility Verification Report.)
- Schools may adopt stricter academic eligibility policies.

8-1-1 Credit is granted for an approved course meeting for five periods a week, for the prescribed 18 weeks (semester) or an approved equivalent. Approved trimester scheduling is acceptable. Approval of equivalent scheduling must be approved by S.D.E. (See 8-1 to determine equivalent scheduling.)

8-1-2 An approved course is one which is taken for credit toward graduation. A college credit course that is also allowed for high school graduation is acceptable.

8-1-3 When a student from a member school enrolls in any college course, summer school, night school course, or correspondence course approved by the Idaho State Department of Education and such student desires to have the credits count toward IHSAA scholastic eligibility requirements, the student must obtain written approval from the high school principal stating that each specific course credit will be accepted and counted toward graduation.

8-1-4 An incomplete or conditional grade received at the end of a semester counts as a failure until the deficiency is removed.

8-1-5 A student must have satisfactorily completed the preceding semester/trimester and the academic eligibility requirements to be eligible for the current semester/trimester.

8-1-6 For students enrolled in an approved special education program in which the I.E.P. is the standard of measurement for progress toward graduation, the district shall verify that the student is making satisfactory progress and meeting the standards of the I.E.P.

### 8-2 AGE

A student becomes ineligible for athletics upon completion of the sport season in which he/she turns twenty (20) years of age.

### 8-15 ALTERNATIVE HIGH SCHOOL ELIGIBILITY

Students enrolled in and attending an alternative school program, who compete in IHSAA sponsored athletic programs, must comply with the IHSAA Individual Eligibility Rule.

General guidelines for students attending alternative programs:

- The student must comply with the eligibility requirements of the member school along with the eligibility requirements of the IHSAA.
- A student attending a cooperative alternative program of which his/her home school is a member would be eligible to participate in the school of his/her home (attendance) district.
- A student wishing to compete for another member school of the cooperative alternative program must request a waiver of the transfer rule.



#### 8-4 AMATEUR STATUS

- 8-4-1 A student who represents a school in an interscholastic sport shall be an amateur in that sport. An amateur athlete is one who engages in athletic competition solely for the physical, mental, social, and pleasure benefits derived therefrom. An athlete forfeits amateur status in a sport by:
- Competing for money or other monetary compensation (allowable travel, meals and lodging expenses may be accepted).
  - Receiving any award or prize of monetary value that exceeds the guidelines approved by the IHSAA (Scholarships to institutions of higher learning are specifically exempt).
  - Signing a professional contract in that sport.
- 8-4-2 Amateur status will not be jeopardized by accepting a nominal, standard fee or salary for instructing, supervising or officiating in an organized youth sports program (school or non-school) or recreation, playground or camp activities.
- 8-4-3 A student may receive the benefits of participation in carnival type / luck-of-the-draw / lottery style activity that is open to the general public. This type of competition must be limited to individual type competition and not put one contestant against another.
- 8-4-4 A high-school student who loses amateur status may apply to the Association for reinstatement in the interscholastic program.

#### 8-5 AWARDS

- 8-5-1 A student may not receive cash of any amount or an award, playing equipment or prize, which exceeds the retail value amount of \$300, including, but not limited to, attendance at an instructional camp or all-star game.
- 8-5-2 A student is governed by IHSAA rules when he or she participates in IHSAA competitions. If a student competes outside the IHSAA sports season, awards are governed by the amateur governing body of that sport. If no regulations exist for that sport, 8-5-1 is in effect.

#### 8-6 ELIGIBILITY RULE WAIVER REQUEST

- The Board of Directors has the authority to waive an eligibility rule when, in the opinion of the Board, the rule fails to accomplish the purpose for which it is intended. An eligibility committee of the Board will consider each case after the committee receives an *Eligibility Regulation Waiver* form, which must be completed and submitted by the principal of the school the student will be attending. The request should include any hardship that has a bearing on the case.
- 8-6-1 A written notification of the committee's decision will be sent from the Executive Director. The decision of the eligibility is final unless the decision is appealed to the Board of Directors.

#### 8-7 ENFORCEMENT

- 8-7-1 The administration of the member schools shall be responsible for administering and enforcing eligibility rules, and shall have the responsibility of educating and guiding students in the rules of eligibility which govern member schools of the Association.
- 8-7-2 In the event an ineligible student is discovered to have participated, the member school principal shall:
- Immediately notify the IHSAA office.
  - Send a written report to the Executive Director and the District Board of Control Secretary. The report must include the name of the ineligible student, the cause of ineligibility, dates of contests in which the student participated when ineligible, and how the error was made.
  - Declare the student ineligible for further competition until notification of a decision has been received from the Executive Director.

#### 8-8 ENROLLMENT / ATTENDANCE

- 8-8-1 A participant shall be enrolled in the school sponsoring the team on which he/she participates unless the school is in an approved cooperative program or the participant is in compliance with Rule 8-16.
- 8-8-2 A student is entitled to athletic eligibility, providing all other eligibility requirements are met, for eight consecutive semesters after the student first enrolls in the ninth grade. The semesters of eligibility continue to be spent even though a student might not participate every semester.
- 8-8-3 No student shall be permitted to participate in more than four seasons of any one activity or more at the high school level.
- 8-8-4 No student shall be permitted to participate in more than one season per sport each school year.
- 8-8-5 Students who have not entered the ninth grade, but are taking the credit equivalency of a full-time high school student, may compete in interscholastic athletic contests against high school students. If the student does compete, however, that season will mark the beginning of his/her eight semesters of eligibility.

8-10 **GRADUATES**

- 8-10-1 A graduate of any high school is ineligible for participation in interscholastic activities. Exception: A newly enrolled student who participates in a spring sport will remain eligible until the end of that sport's season.
- 8-10-2 A student who has earned sufficient credits to graduate in less than eight semesters may remain eligible, provided the student does not actually graduate and is enrolled in and attending the high school as a full-time student.

8-11 **OUTSIDE COMPETITION**

- 8-11-1 Outside competition is defined as a student who competes in organized, non-school contests or events after the starting date of the high school season in that sport, except as provided in Rule 12.
- 8-11-2 Violation of this rule will result in the following:
- a. The student will be ineligible for the next regularly scheduled contest plus an additional regularly scheduled contest per infraction. Regularly scheduled contests include: season contest, district, and state.
  - b. Infractions will be reported to the District Board of Control, who may levy additional fines or penalties.
- 8-11-3 A second violation during the four years of eligibility by that student of the outside competition rule will result in the following:
- a. The student will be ineligible for the school team for the remainder of that sports season.
  - b. Additional assessments may be possible.
- 8-11-4 Contests may not be scheduled to create eligibility.

8-12 **PRACTICE BEFORE CONTESTS**

- 8-12-1 Practice is defined as a scheduled physical fitness activity designed for the preparation of athletes for the ensuing sports season. Practices must be conducted under the supervision of the school coach or supervisor.
- 8-12-2 A student must have ten days of practice prior to the day of the first contest of an interscholastic athletic competition season. Football and wrestling participants must have ten days of practice in that sport.
- a. The day of the first scheduled contest shall not be allowed to count as one of the ten days in meeting the ten-day practice rule.
  - b. Athletes who have participated in an IHSAA sanctioned sport during the preceding sport season may count ten days of practice/or games in the previous sport during a three week period prior to the first contest of the current sport.
  - c. Participation in physical education classes does not constitute a practice.
  - d. A student may count only six days of practice in a seven-day calendar week (with the week beginning on Sunday) towards his/her required ten days of practice.
- 8-12-3 A school team may compete in one officially sanctioned jamboree in each sport during the school year prior to the first competition in that sport.
- a. Jamborees must be registered through the Idaho Youth Endowment for Activities Foundation.
  - b. In the sport of football, a participant must have ten days of practice before they can participate in a football jamboree.
  - c. In the sport of wrestling, a participant must have five days of practice before they can participate in a wrestling jamboree. Wrestling jamborees must follow the take-down tournament format. The jamboree may count as one of the wrestlers ten days of practice.
  - d. In all other sports, a jamboree may be scheduled prior to the first contest in that sport and count as one of the ten days of practice.

8-13 **RESTRICTIONS**

- 8-13-1 Moving to another school district or school does not remove an ineligibility ruling by the preceding school or the Eligibility Committee.
- 8-13-2 A student who becomes ineligible under the rules of another state cannot remove that ineligibility simply by transferring to an Idaho high school.
- 8-13-3 Ineligible students may practice but must not appear in uniform or represent a school at a competition.

8-14 **TRANSFERS**

- a. A student is eligible at the school the student enters for the first time at the beginning of the ninth grade. A student who changes from one school to another school thereafter is subject to the regulation under this transfer rule.
- b. The IHSAA does not recognize transfers for athletic purposes. A student who changes schools for athletic purposes will be ineligible for interscholastic extracurricular activities for one year from the date of initial enrollment and attendance in the new school.



# INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

### SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: \_\_\_\_\_  
\_\_\_\_\_

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## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child  **should** or  **should NOT** have a physical examination prior to participation in high school athletics.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Note:* The original copy of this form **MUST** be returned to the school





# HEALTH EXAMINATION and CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Sports: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had a medical problem or injury since your last evaluation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?					
<input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle					
<input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot					
14. Were you born without a kidney, testicle, or any other organ?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. When was your first menstrual period?	_____				
When was your last menstrual period?	_____				
What was the longest time between your periods last year?	_____				

Explain "YES" answers: \_\_\_\_\_

## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_



**Idaho High School Activities Association**  
**Physical Examination Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
<b>Medical</b>			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
<b>Musculoskeletal</b>			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

**CLEARANCE / RECOMMENDATIONS**

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. **NOT** cleared to participate in the following IHSAA sponsored sports /activities:  
     baseball    basketball    cheer/dance    cross country    football    golf  
     soccer      softball      swimming      tennis          track      volleyball    wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*): \_\_\_\_\_

- D. Student is **NOT** permitted to participate in high school athletics.

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



# Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

## STUDENT PARENT/GUARDIAN DRUG TESTING CONSENT FORM POLICY 4 AND 20

We, the undersigned Student and Parent, understand that Student's performance, as a participant and the reputation of the Student's school, are dependent, in part, on Student's conduct as an individual. We, the student and Parent, hereby agree to accept and abide by the standards, rules and regulation set forth by the Sho-Ban High school District Board of Trustees and the sponsors for the activity in which Students participates.

We, also authorize Sho-Ban School District to conduct random drug testing of urine specimens which student provides, to test for illegal drug and/or alcohol use. We also unconditionally authorize the release of information concerning the results of such a test to the Sho-Ban School District.

The testing shall be deemed consent, for the purposed of the Family Education Right to Privacy Act.

"Student"

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

"Parent"

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

THIS FORM MUST BE  
SIGNED IN FRONT OF A  
NOTARY PUBLIC PRIOR  
TO RETURNING TO THE  
SCHOOL. Identifications  
may be requested upon  
signature.

### ACKNOWLEDGMENT

STATE OF IDAHO )

)ss.

County of \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me \_\_\_\_\_, a notary public in and for the said State, personally appeared \_\_\_\_\_, personally known to me to be the parsons whose names are subscribed to the within instruments and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal, the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_