



Shoshone-Bannock Jr./Sr. High School

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

Post Office Box 790
Fort Hall, Idaho 83203-0790
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. You can request this from your Tribal Enrollment Department. If the student is not enrolled with a U.S. Federally Recognized Tribe, then we will need one of the enrolled parents to show the student's descent.
- COPY of your student's IMMUNIZATION RECORD. *The state of Idaho requires this to be on file before your student can attend a school.*
- SOCIAL SECURITY NUMBER or CARD, IS NO LONGER NEEDED.

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

- 1). Registrar requests records from the last school attended, as listed on application.
- 2). Once all documents above and the previous school records are received then the file is given to the counselor or administrator.
- 3). The Counselor or Administrator may contact the Parent/Guardian(s) for a time to meet, if needed. This may include the Admissions Review Board or School Board.

If at anytime you should need assistance or have questions, please call our Registrar, Shelly Honena at (208) 238-4200 ext. ~~424~~ 109.

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



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STU NO.: _____ ED: _____ RED: _____ RED: _____ RED: _____

STUDENT APPLICATION FOR ENROLLMENT

Student Legal Name: _____ Grade Level: _____
Last First Middle
 Other names used: _____ Gender: Male or Female
(circle one)
 Place of Birth (City & State): _____ Date of Birth: _____ Age: _____
 Mailing address, City, State, Zip: _____
 Home Phone No.: _____ Mess/Cell No.: _____ Who: _____
 Physical Directions to home: _____
 FH Reservation Area: Ft Hall Gibson Ross Fork Buffalo Lodge Lincoln Creek Bannock Cree or Off Reservation

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: _____



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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:

Did your student attend school this past year? (circle one) YES NO

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

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

Did your student complete this past school year? (circle one) YES NO

This past school year did your student miss more than 10 days of school? (circle one) YES NO

This past school year did your student miss more than 20 days of school? (circle one) YES NO

This past school year did your student miss more than 30 days of school? (circle one) YES NO

Did your student receive any summer school credit(s) this summer? (circle one) 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? _____



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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 student ride the bus? (circle one) YES NO

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



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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 AN 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.)

<input type="checkbox"/> Vision and Hearing Tests	<input type="checkbox"/> Chapter I Reading Program
<input type="checkbox"/> Athletics/Sports Activities	<input type="checkbox"/> Special Education Programs
<input type="checkbox"/> Gifted & Talented Programs	<input type="checkbox"/> Other: _____

Emergency medical treatment - Authorization to transport student to the Indian Health Service/PHS, Portneuf Medical Centers or nearest hospital emergency room for treatment.

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.



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AUTHORIZATION FOR RELEASE OF INFORMATION

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

TO:

Phone No.: _____

Fax No.: _____

To Whom It May Concern:

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

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

Information Requested:

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

Parent/Legal Guardian Signature: _____

Date Signed: _____ Phone No.: _____



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

Thank you for your cooperation!!



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Adm. Office (208) 238-4300
Fax (208) 238-2629

Shoshone-Bannock School District #512
Post Office Box 790
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ATTENTION - Parent/Guardian(s):

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 needed. [PERSON MUST BE AT LEAST 19 YEARS OLD]

Your student's name: _____ Your Signature & Date: _____

Name	Relationship	Phone No.	Stipulations/comments

Again, we ask that if you have court order(s) pertaining to your student's custodial arrangements, please bring us a copy for your student's records. This will alleviate any problems that may arise

INDIAN STUDENT ELIGIBILITY CERTIFICATION
Indian Education Act of 1988, Title V, Part C
Section 5314

For school use, as needed

Parents:

In order to apply for a formula grant under the Indian Education Act, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose.

Indian means any individual who is (1) a member (as defined by the Indian tribe, band, or other organized group) of an Indian tribe, band, or other organized group of Indians, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside; or a descendant, in the first or second degree, of such member; or (2) considered by the Secretary of the Interior to be an Indian for any purpose; or (3) an Eskimo or Aleut or other Alaska Native.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for parents and 30 minutes per local educational agency (LEA), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden or estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1810-0031, Washington, D.C. 20503.

You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. Please return completed form to your child's school.

NAME OF CHILD _____ Date of Birth ____/____/____
(As shown on school enrollment records)

School Name SHOSHONE-BANNOCK JR/SR HIGH SCHOOL Grade _____

NAME OF TRIBE, BAND, OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, including Alaska Native State Recognized Terminated Other Organized Group

Membership is in the name of: _____

Above individual is (check one) Child Child's Parent Child's Grandparent

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

A. Membership or Enrollment No. (if readily available) _____ OR

B. 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 _____

Optional: (This form will not be released to the Parent Committee without your approval.)
I give my permission for the school to release this form to the Indian Education Parent Committee.

Parent Signature

Shoshone Bannock Jr/Sr High School

Parent/Student/Teacher Compact

The team of students, parents, staff and community at Shoshone Bannock Jr/Sr High School is challenged to "Reach for the Stars". Together, we provide a safe, stimulating, and value-oriented atmosphere that enable us to meet the future with success.

As a teacher, I:

- Believe each student can learn.
- Will show respect for each child and his/her family
- Will come to class prepared to provide instruction of a high-quality curriculum, aligned with Idaho State Standards.
- Will provide an environment conducive to learning.
- Will help each child grow to his/her fullest potential.
- Will provide meaningful and appropriate homework activities.
- Will enforce school and classroom rules fairly and consistently.
- Will maintain open lines of communication with each student and his/her parents, including semi-annual parent/teacher conferences and 6-week progress reports.
- Will seek ways to involve parents in the school program.
- Will demonstrate professional behavior and positive attitude.

As a student, I will:

- Attend school regularly and on time.
- Always try to do my best in my work.
- Work cooperatively with my classmates.
- Show respect for my school, my teachers, others, and myself.
- Obey the school and the bus rules.
- Take pride in my school and always use good manners.
- Come to school prepared with my homework and my supplies.
- Believe that I can learn and will learn.

As a parent/guardian, I will:

- See that my child attends school regularly and on time.
- Spend time each day with my child on reading, writing, arithmetic, or just conversation.
- Provide a home environment that encourages my child to learn.
- Insist that all homework assignments are completed.
- Communicate regularly with my child's teachers.
- Support the school in developing positive behaviors.
- Talk with my child about his/her school activities every day.
- Encourage my child to read at home and to monitor his/her TV viewing.
- Show respect and support for my child, the teacher, and the school.

Teacher: _____ Date: _____

Parent: _____ Date: _____

Student: _____ 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.

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 Name(s) _____

School Site(s) _____

Grade Level(s) _____

Parent/Guardian/Youth phone number (_____) _____

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 ___

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. _____ (please initial)

Does the student wish to continue at 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



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STUDENT WITHDRAWAL/TRANSFER FORM

Teachers: Please check the return of all school property and indicate if there are any fines for money due in each department. Thank you.

Stu No.: _____ Student Name: _____ D.O.B.: _____
 Date of Enrollment: _____ Quarter: 1 2 3 4 Grade level: _____

Signature of Person requesting withdrawal/transfer of student: _____

Printed name & relationship to student: _____

Mailing Address: _____ Telephone No.: _____

Reason for withdrawal/transfer of student: _____

Withdrawal date: _____ Quarter: 1 2 3 4 Last day attended: _____ Avg. Abs: _____

Transfer to (School name, address and telephone/fax number): _____

Telephone No.: _____

Fax No.: _____

Pd	Class Schedule	Grade to date	Property Returned?	Condition of Property	\$ Value \$	Teacher Signature
1						
2						
3						
4						
5						
6						
	ISAT Scores & test date					
	Library/Media Center					
	Athletic Dep't					
	Locker Cleaned out:	Yes No	Lock ret'd:	Yes No	\$	
	Other fines or fees due:					
	TOTAL AMOUNT DUE:					

RELEASED BY:

_____ Date

_____ Counselor or Administrator Signature