

Enemy Swim Day School

13525 446th Avenue
Waubay, SD 57273
(605) 947-4605
(605) 947-4188 FAX
www.esds.us



SUPERINTENDENT
Dr. Nadine Eastman

PRINCIPAL
Jeannine Metzger

PRINCIPAL
Mark Mindt

BUSINESS MANAGER
Debra Rumpza

SCHOOL BOARD

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Curtis Bissonette

**SWO EDUCATION
DIRECTOR**
Dr. Sherry Johnson



April 27th, 2020

DEAR PARENT/GUARDIAN OF: _____,

It's time to register your child for the 2020-2021 school year at Enemy Swim Day School! Please complete the attached re-enrollment forms and return during the next meal delivery on May 15th to secure your child's spot in their class for the upcoming school year. We want to ensure quality programming and staffing for our students so once class sizes fill up, we will close enrollment and be unable to accept incoming enrollment requests. Only fully completed applications will be considered "registered by the deadline". All applications received after May 29th, 2020 will be put on a waiting list and be considered for enrollment on a first-come, first-served basis.

If you know of other families that would like to enroll their child(ren), please encourage them to contact the school for the required New Student Enrollment forms as soon as possible.

A reminder that those students entering the sixth grade must have the following immunizations:

1. One dose of Tdap vaccine (tetanus, diphtheria, pertussis)
2. One dose of MCV4 vaccine (meningococcal ACYM)

Enemy Swim Day School looks forward to serving your students' educational needs and thank you for entrusting us to provide those to your family!

Once completed enrollment packets are returned, names will be entered for drawings on May 15th and May 29th. Movie boxes with gift cards will be awarded to winners in three groups (Kindergarten through second grade; third grade through fifth grade; and sixth grade through eighth grade).

Carolyn Soles, Administrative Office Assistant
(605) 947-4605 or (888) 825-7738 ext 3003
EMAIL: csoles@esds.us
CELL call/text: (605) 268-0417

Every Day, All Day

Attendance Matters
Culture Matters
Kindness Matters

Respect Matters
Hard Work Matters
School Matters

Enemy Swim Day School

Re-Enrollment Form 2020-2021

STUDENT INFORMATION

Student Name: _____
first name *last name*

_____ *Student Cell Phone Number* _____ *Home Phone Number*

Physical Street Address: _____

If student lives in ES Housing, are they allowed to walk home? ___ YES ___ NO

Mailing: _____
Address *City* *State* *Zip Code*

If SWO Tribal Member, District: _____

FAMILY INFORMATION-Primary Household

Parent/Guardian #1 (Primary contact for school communication)

Full Name: _____
first name *last name* *Relationship to Student*

Cell Phone: _____ Email: _____
SCHOOL MESSENGER SERVICE: Call Only Text Only Call & Text Email Only Call/Text/Email

If SWO Tribal Member, District: _____

Parent/Guardian #2

Full Name: _____
first name *last name* *Relationship to Student*

SCHOOL MESSENGER SERVICE: Call Only Text Only Call & Text Email Only Call/Text/Email

Cell Phone: _____ Email: _____

If SWO Tribal Member, District: _____

EMERGENCY CONTACT INFORMATION (Do not include persons listed as Parents/Guardians above)

Contact Name: _____

Relationship to Child: _____ Contact Phone Number: _____

Contact Name: _____

Relationship to Child: _____ Contact Phone Number: _____

ESDS understands the diversities that exist in today's families and at times, when parents/guardians are not available, we need permission to communicate with other significant adults. If you have a significant other (grandparent/step-parent, sibling, etc.) who may routinely act on your behalf or attend meetings with you, please complete the section below. Person(s) named below will have permission for access to all information and records regarding this student. I understand that ESDS will contact this person if I am unavailable and they will have permission to act on my behalf.

NAME: _____ Relationship to Child: _____

NAME: _____ Relationship to Child: _____

_____ *signature of parent/guardian*

_____ *date*

Student's Name: _____

DOB _____

20-21 GRADE LEVEL _____

Enemy Swim Day School Medical/Dental Permission Form

Sometimes it is necessary to give over-the-counter medications at school for routine symptoms or illness. We need to have your permission to give these medications. Please check the medications below that may be given to your child during an illness or for other minor symptoms (all age/weight appropriate dosage).

Tylenol Pepto Bismol Midol Tums
 Ibuprofen Throat Spray Cough Syrup

Please list any medical conditions that we need to be aware of: _____

****Please see the School Nurse if your child has any food allergies or dietary restrictions for proper documentation.**

SCHOOL NURSE VERIFICATION OF ALLERGIES/FOOD ALLERGIES/DIETARY RESTRICTIONS

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICES Woodrow Wilson Keeble Memorial Health Care Center

As parent/guardian of the child listed above, I have read the consent form for the Indian Health Service to arrange for or to provide the following dental health services for this child.

1. Health care including examinations, routine laboratory studies, x-ray procedures and skin test.
2. Dental care including dental examinations for sealants and fluoride varnish.
3. Emergency health care for accidents or illness.
4. Transportation of the child to and/or from another health facility for these services.

_____ I hereby give consent for all of the above dental services.

_____ Exceptions or Special Instructions: _____

Parent/Guardian Signature _____ Date _____

Relationship to Child _____

Enemy Swim Day School Authorization Form

AUTHORIZATION FOR THE 2020-2021 SCHOOL YEAR

STUDENT NAME: _____ GRADE: _____

FIELD TRIPS YES NO

During the school year at Enemy Swim Day School, teachers arrange Educational Field Trips to enrich the student's educational experience. Parents are asked to sign one permission form covering ALL excursions rather than a separate form for each short trip. I give permission for my child to participate in the field trips that Enemy Swim Day School will be taking during the school year. I further consent to any medical or dental treatment that may be needed while attending these school functions.

PUBLICITY RELEASE YES NO

I hereby and irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by Enemy Swim Day School or anyone it authorizes, of any and all photographs/video taken of me or the child listed of whom I am authorized as guardian, with or without names, for purposes of positive school promotion or whatever the case may be.

I understand that this coverage may place me or my child's picture, with or without further explanation, alone or accompanied by other pictures in a story, on a website, yearbook or on a cover of anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over 18 years of age, have read this consent and release, or have had it read and explained to me in my native language, fully understand its contents, and enter into it voluntarily and without coercion.

INTERNET USER AGREEMENT YES NO

Students at ESDS will understand and will abide by the terms and conditions for Internet access. I further understand that any violation is unethical and may constitute a criminal offense. Should a student commit any violation, their access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for ESDS to restrict access to all controversial materials and I will not hold the ESDS responsible for materials acquired on the network. I hereby give my permission to grant access for my child and certify that the information on this form is correct.

PARENT/GUARDIAN SIGNATURE: _____

Enemy Swim Day School

Dakota Language App

Authorization Form

STUDENT NAME: _____

APP RELEASE YES NO

I hereby consent to and authorize the use, publication and reproduction in any and all media at any time by Enemy Swim Day School or anyone it authorizes, of any and all audio, video, and/or photographs taken of the child listed of whom I am authorized as guardian, with or without names, for purposes of the Enemy Swim Day School Dakota Language App.

I understand that this coverage may place my child's picture, voice, video, with or without further explanation, alone or accompanied by other pictures on a web-based app, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over 18 years of age, and the legal guardian of the student listed above and have read this consent and release, or have had it read and explained to me in my native language, fully understand its contents, and enter into it voluntarily and without coercion.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

ENEMY SWIM DAY SCHOOL

2020-2021 BIE-McKinney-Vento Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

Name of Student: _____ Age: _____

1. Presently, where is the student living? Check one box:

SECTION A	SECTION B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) CONTINUE: if you checked a box in Section A, complete #2 and the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.

STUDENT INFORMATION:

Birthdate: ____/____/____ Male Female SSN: _____

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

School Use Only – School Administrator's determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choice in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

ENEMY SWIM DAY SCHOOL 13525 446th Avenue, Waubay, South Dakota 57273 (605) 947-4605

School Administrator Signature: _____

Enemy Swim Day School Compact

2020-2021 School Year

This compact is to be signed by parent/guardian, student, teacher and principal.

As a Parent/Guardian, I will strive to:

- believe my child can learn;
- show respect and support for my child, the staff, and the school;
- ensure that my child attends school regularly and is on time as stated in student attendance policies;
- provide a quiet place for my child to study at home;
- encourage my child to complete all homework assignments;
- attend parent-teacher conferences at the end of the first and third quarters, annually;
- support the objectives of the Educational Improvement Plan (if my child has one);
- monitor my child's progress on Infinite Campus;
- communicate regularly with my child's teacher and respond to communications from the school;
- support the school in developing positive behaviors in my child;
- talk with my child about his or her school activities each day;
- encourage my child to read at home and apply all their learning to daily life; and
- encourage and support my child in awareness and participation in cultural activities.

As a student, I will strive to:

- believe that I can learn;
- show respect for myself, my school and other people;
- always try to do my best in my work and my behavior;
- ensure that I attend school regularly and will be on time as stated in student attendance policies;
- work together with students and staff for my educational success;
- display appropriate behavior and make good choices in the classroom and throughout the school;
- come to school prepared with my homework and supplies; and
- be proud of my cultural heritage and get involved in cultural activities.

As a Teacher, I will strive to:

- believe that each child can learn;
- respect and value the uniqueness of each child and his or her family;
- provide an environment that promotes active and engaged learning;
- enforce appropriate behavior in the classroom and throughout the school in a fair and consistent manner;
- assist each child in achieving the standards-based curriculum at proficiency level;
- document ongoing assessment of each child's academic progress through the school-wide assessment plan;
- provide an educational improvement plan for each student who is below proficiency in reading or math with specific objectives and strategies for improved achievement at proficiency;
- provide parents with weekly progress reports (on Infinite Campus), mid-quarter a quarterly written progress reports and portfolios, conferences at the end of the first and third quarters annually, and anytime upon parent request;
- maintain open lines of ongoing communication with students and parents;
- seek ways to involve parents in the school program;
- demonstrate professional behavior and a positive attitude; and
- promote learning opportunities that enhance each child's unique culture and identity.

As a School Principal, I represent all ESDS staff in affirming this contract and will strive on the school's behalf to:

- provide opportunities for parents to be involved in the school and with their child's education in a manner which is individually desired: school improvement planning, parent advisory boards for school programs, and parent organizations, classroom visitations and volunteering;
- provide parents with an ESDS Parent Handbook which outlines curriculum, policies and procedures, processes, the school improvement plan, school activities and calendars;
- provide opportunities and a plan for professional development for staff and parents according to the school improvement plan;
- ensure that all staff are highly qualified for the position which they hold;
- ensure an annual review of curriculum, course guidelines and provide continual educational improvement and cultural relevancy.

PARENT/GUARDIAN SIGNATURE: _____

STUDENT SIGNATURE: _____

TEACHER SIGNATURE: _____

PRINCIPAL SIGNATURE: _____

ENEMY SWIM DAY SCHOOL 2020-2021 MOBILE DEVICE ACCEPTABLE USE POLICY AGREEMENT FORM

PARENT/GUARDIAN AGREEMENT

I authorize my child to bring a personal Mobile Device to school with the understanding that it will be used only as a tool for educational purposes and that my child will comply with the **Enemy Swim Day School Mobile Device Acceptable Use Policy**. I understand that Enemy Swim Day School is not responsible for any damage or loss associated with my child's Mobile Device. I understand that a violation of the policy may result in the loss of the privilege for my child to bring a Mobile Device to school for a length of time appropriate with the nature of the violation. I also understand that I will be contacted to pick up the device from school should a violation occur.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STUDENT AGREEMENT

I agree to abide by all regulations set forth in **Enemy Swim Day School's Mobile Device Acceptable Use Policy**. I understand that a violation of the policy may result in the loss of privilege to bring the device to school for a length of time appropriate with the nature of the violation.

STUDENT PRINTED NAME: _____

STUDENT SIGNATURE: _____

MOBILE DEVICE MAKE/MODEL: _____

STUDENT PHONE NUMBER: _____ OR

MOBILE DEVICE SERIAL NUMBER: _____

INTRODUCTION

Mobile Devices are digital devices that can store books, periodicals, magazines, and other electronic media. Electronic Devices (e-Readers) like Kindles, Nooks, iPads, iPods, Smart Phones, and other similar Mobile Devices are universal in our digital culture. They simply cannot be ignored in an educational environment. Enemy Swim Day School embraces the use of technology in classrooms and welcomes the use of electronic devices to enhance student learning and interest in reading.

Enemy Swim Day School, in striving to maintain technological relevance to education, is providing the opportunity for students to use these devices in accordance with this **Mobile Device Acceptable Use Policy**. This opportunity is a **privilege** that requires extra caution and responsibility both on the part of students and their parents. This policy applies when students are at school, on school transportation, or attending a school sponsored or school related off-campus activity.

MOBILE DEVICE ACCEPTABLE USE POLICY

The wide variety of hardware and software capabilities of available mobile devices makes them challenging to monitor and control in a school environment in contrast with school owned technology assets like computers, etc. Therefore, this policy is specific and clear. **A student who violates any portion of the policy may immediately lose the privilege to use their devices at school, on school transportation, or while attending a school sponsored or school related off-campus activity.** Length of time administered for any violation of this policy will be appropriate with the nature of the violation.

GUIDELINES FOR USE OF MOBILE DEVICES AT SCHOOL

1. School administrators/officials may examine a student's personal device and search its contents if there is a reason to believe that school policies, regulation, or guidelines regarding use of the device have been violated.
2. Any device brought to school for the purpose of use in academics of school approved materials and to access instructor approved programs to assist students in studies must be registered with the main office of the school site and accompanied by the **Mobile Device Acceptable Use Agreement Form** signed by both the parent and the student.
3. Mobile Devices shall be used only for the purposes outlined in number two (2) above and in accordance with teacher instruction.
4. Mobile Devices shall not become a distraction for the student and/or other students, nor a source of any school disruption.
5. Students may access Mobile Devices before school, at lunch and after school in appropriately zoned and supervised areas only, with a staff member present and according to Technology Acceptable Use Policy.
6. Students are responsible for knowing how to properly and effectively use their Mobile Devices which should not become a burden to the teacher.
7. Students bringing their own Mobile Devices are personally responsible for the device. No personal Mobile Devices shall be loaned to other students or be left unsupervised. Parents shall assume responsibility and ultimate liability in the event that a personal Mobile Device is found to have access to networks outside of the school's filtered and monitored network.
8. The school assumes no responsibility for the loss of, theft of, or damage to any personal Mobile Device.
9. Students who are authorized to check-out a school-owned Mobile Device must also have a signed **Mobile Device Acceptable Use Agreement Form** on file in the school office.
10. All material on the Mobile Device shall comply with the spirit of educational application and all policies of the school.
11. Although parents/guardians may need to communicate with their child via mobile devices, please keep in mind that students will only be allowed to access/respond during NON-instructional times

OST Afterschool Program Permission Form 2020-2021

20-21

Student Name: _____ Grade: _____

MONDAY:	_____	REQUIRED	_____	CHOICE	_____	NO, may not attend
TUESDAY:	_____	REQUIRED	_____	CHOICE	_____	NO, may not attend
WEDNESDAY:	_____	REQUIRED	_____	CHOICE	_____	NO, may not attend
THURSDAY:	_____	REQUIRED	_____	CHOICE	_____	NO, may not attend

There is NO after school program held on Fridays.

Students will be bused to their regular destination unless permission is provided by parents/guardians. This rule is enforced for the safety of the students.

ES Housing Area Students ONLY- May Walk Home: YES NO

I understand that ESDS Afterschool Program and its staff accept no responsibility for mishaps which could occur do to the nature of the activity in which my child is engaged. In the event of an accident, illness or injury and I cannot be reached I give the ESDS Afterschool Program staff permission to take action as deemed necessary for my child.

I understand that the Afterschool Program staff reserves the right to terminate the participation of any student when it is deemed to be in the best interest of the student or the ESDS Afterschool Program.

I understand that regular attendance is important to the overall goals of the OST Programs.

I understand that I have the right to bring any of my concerns to the attention of the activity leaders, program supervisors, and/or the school principal.

I will participate in parent groups or parent committee activities.

I understand that it is important for me to cooperate and communicate with the OST staff for the benefit of my student.

I understand that it is my responsibility to inform the Afterschool staff/school of changes that may affect the health and safety of my student. This includes, but is not limited to:

- A. Changes in emergency contact information and individuals who can pick up my student.
- B. Illness or contagious diseases.
- C. Transportation arrangements.

I have read and fully understand the cooperative agreement and I agree to comply with the guidelines identified above.

The Enemy Swim Day School Afterschool Program supports and strongly encourages parents/guardians to be actively involved in the Afterschool Programs excursions, fundraising, special events and daily programming. Please feel free to call or visit the ESDS Afterschool Program anytime!

Parent/Guardian Signature

Date