



Toka Nuwan Wayawa Tipi

2022-2023 Student Re-Enrollment Form



STUDENT INFORMATION

Full Name: _____
first name last name 22-23 grade

HOME PHONE: _____ *Use this number with the School Messenger Service?* YES NO

Street Address: _____ **City:** _____

Mailing: _____
Address City State Zip Code

If student resides in the Enemy Swim Housing area, are they allowed to walk home? YES NO

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 tribally enrolled, name of Tribe: _____

If SWO Tribal Member, District: _____

Parent/Guardian #2

Full Name: _____
first name last name Relationship to Student

Cell Phone: _____ **Email:** _____

If tribally enrolled, name of Tribe: _____

If SWO Tribal Member, District: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Relationship to Child: _____ **Contact Phone Number:** _____

Contact Name: _____

Relationship to Child: _____ **Contact Phone Number:** _____

We here at Enemy Swim Day School understand 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.

NAME: _____ **Relationship to Child:** _____

NAME: _____ **Relationship to Child:** _____

The above named person(s) have my permission to have access to all information and records regarding this student. I understand that ESDS will contact this person if I am unavailable and he/she will have permission to act on my behalf.

signature of parent/guardian

date

Student's Name: _____

DOB _____

22-23 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.

_____ Tylenol
_____ Ibuprofen

_____ Pepto Bismol
_____ Tums

_____ Cough Drops
_____ Cough Syrup

_____ Throat Spray
_____ Midol

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

Consent to test for COVID-19 if symptoms are present: YES NO Parent/Guardian Initial: _____

**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: YES NO

Exceptions or Special Instructions: _____

Parent/Guardian Signature _____

Relationship to Child _____

Date _____

South Dakota Immunization Information System (SDIIS) Access Agreement

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian or legal representative agreement before accessing a student's immunization record in the South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian or legal representative agreement.

Student Last Name: _____ First Name: _____

DOB: _____

I give permission to Enemy Swim Day School, 13525 446th Avenue, Waubay, SD 57273 to access the above child's immunization record in the South Dakota Immunization Information System.

Date: _____ Signature: _____
(Parent/Guardian or Legal Representative)

In lieu of written consent, verbal consent was obtained from _____.

Date: _____ Signature: _____
(School Official)

STUDENT NAME: _____ GRADE: _____

Enemy Swim Day School 22-23 Authorization Form

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/audio taken of my 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 my child's picture, voice, video with or without further explanation, alone or accompanied by other pictures in a story, on a website, yearbook, web-based app 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 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: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

STUDENT NAME: _____
LAST NAME FIRST NAME

ENEMY SWIM DAY SCHOOL

HOME LANGUAGE SURVEY

English Language Learner (ELL) provisions are included under Title I and Title III of No Child Left Behind (NCLB). Title I outlines the state standards, assessment, annual yearly progress, and other accountability requirements for ELL students. Title III provides funding to state and local education agencies who are obligated by NCLB to increase the English proficiency and core academic content knowledge of Limited English Proficient students (another term is ELL-English Language Learners, although NCLB uses the term "LEP" for Limited English Proficiency).

What is the language most frequently spoken at home? _____

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

CERTIFICATION INTENSE BILINGUAL PROGRAMS

This form will be used by our school to determine the type of services it will provide your child in language development. The school needs more accurate information on whether your child is influenced by the Native American language or not. For some students, our school must provide instruction in both English and the Native American language so that the students will progress in language development. Please check the appropriate boxes below that describe your child's Native American Language status and sign below.

A student's primary or home language is other than English which meets one of the following eligibility criteria:

- ____ (1) Student has some knowledge of both English and the Native American Language (understanding/speaking) or is influenced in any manner by a Native American Language.
- ____ (2) Student speaks a Native American Language most of the time, i.e., during play or family conversation.
- ____ (3) A Native American Language is spoken in the student's home most of the time, i.e., by family members.
- ____ (4) Other (please explain) _____

For our school to receive additional funds to provide instruction both in the Native American and English Language, we must have this form signed below by the parent/guardian.

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

ENEMY SWIM DAY SCHOOL

2022-2023 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

2022-2023 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: _____

INTRODUCTION

Mobile Devices are digital devices like Kindles, iPads, iPods, and Smart Phones that 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.

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.
12. No student shall use a Mobile Device to photograph or record other students in the school.

ENEMY SWIM DAY SCHOOL 2022-2023 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 during class time 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: _____

STUDENT PHONE NUMBER: _____ **OR**

MOBILE DEVICE SERIAL NUMBER: _____ **OR**

MOBILE DEVICE MAKE/MODEL: _____

OST Afterschool Program Permission Form 2022-2023

Student Name: _____ Grade: _____

MONDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
TUESDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
WEDNESDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
THURSDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> 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 guardian. This rule is enforced for the safety of the students. **ES Housing Area Students ONLY- May Walk Home?** YES NO

I understand that the Out of School Time Afterschool Program (OST) 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 OST Program staff permission to take action as deemed necessary for my child.

I understand that the OST 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 OST Program.

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

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 OST 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 Out of School Time Afterschool Program supports and strongly encourages parents/guardians to be actively involved in the OST Program excursions, fundraising, special events and daily programming. Please feel free to call or visit the OST Program anytime!

Parent/Guardian Signature

Date