Enemy Swim Day School

13525 446th Avenue
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(605) 947-4605
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www.esds.us

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SCHOOL BOARD

CHAIRPERSON
Evelyn Eagle

VICE CHAIRPERSON
Skyman Redday

BOARD MEMBER
Dallan Owen

BOARD MEMBER
Lolita Seaboy

BOARD MEMBER
Miranda White

SWO COUNCIL REP
Cheryl Owen

SWO EDUCATION DIRECTOR
Dr. Sherry Johnson

www.cognia.org

May 11th, 2026

Dear ESDS Parents/Guardians:

Attached is the Re-Enrollment Packet to register for the 2026-2027 school year at Enemy Swim Day School. **Please complete and return by Friday, May 15th, 2026** 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 15th will be placed on a waiting list and be considered for enrollment on a first-come, first-served basis. (If you student is on an Attendance Contract, those must be signed and turned in to our Principal, Dr. Metzger, before the application is marked complete.

A reminder that those students entering 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, so once completed enrollment packets are returned, names will be entered **for drawings on Monday, May 18th** during Opening Ceremony. The drawing will be for a one-night stay in Watertown at Best Western Inn & Suites and one drawing for a movie basket! (This drawing is only for families returning their re-enrollment packets.)

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 packet as soon as possible.

All packets should be returned to Carolyn in the front office. If you have any questions, please do not hesitate to contact the school.

Have a great day!

Carolyn Soles, Administrative Office Assistant
(605) 947-4605 or (888) 825-7738 EXT 7003
EMAIL: csoles@esds.us CELL: call/text (605) 268-0417

Let Our Voices Be Heard

Toka Nuwan Wayawa Tipi

2026-2027 Student Re-Enrollment Form

STUDENT INFORMATION

Full Name: _____ _____
first name *last name* *26-27 grade*

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

****If there is a court order in place, please provide a copy to the front office.***

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

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

Cell Phone: _____ 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 1 Name: _____

Relationship to Child: _____ Contact Phone Number: _____

Contact 2 Name: _____

Relationship to Child: _____ Contact Phone Number: _____

ACT ON BEHALF CONTACT INFORMATION

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 significate 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. The person 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. ***(This contact is optional.)***

ACT ON BEHALF NAME: _____ Relationship: _____

Contact Phone Number: _____ Guardian Signature: _____

Student's Name: _____

DOB _____ **o Female** **o Male** **26-27 GRADE LEVEL** _____

Enemy Swim Day School

Medical 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	_____ Pepto Bismol	_____ Cough Drops	_____ Throat Spray
_____ Ibuprofen	_____ Tums	_____ Cough Syrup	_____ Midol

List any medications applicant is taking and the reason for taking medications:

_____

_____

_____

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

_____

_____

_____

List any allergies to any food, medicine or any other allergies:

_____

_____

_____

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

What is the name of the clinic where this student receives care?

_____

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:_____

Student 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)

Printed Name of Parent/Guardian/Legal Rep: _____

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

Date:_____ Signature:_____
(School Official)

Name of Student: _____ Age:_____ 26-27 Grade:_____

ENEMY SWIM DAY SCHOOL

2026-2027 BIE McKinney-Vento

Student Residency Verification Document

The BIE (Bureau of Indian Education) McKinney-Vento Act in South Dakota, and across the US, ensures that homeless children and youth have equal access to an appropriate education. This act addresses the challenges faced by these students in succeeding in school. The BIE, in collaboration with local education agencies, works to identify and support homeless students, providing them with the necessary resources and services to ensure they can thrive academically.

Your answers will help the administrator determine residency documents necessary for enrollment of this student. The act defines homeless youth as those who lack a fixed, regular, and adequate nighttime residence.

For any choice in this section, this form must be completed. This form will be kept separately from the Student Permanent Record and for audit purposes during the current year.

Where is the student currently living? CHECK ONE:

□ In a shelter (youth shelter, family shelter, domestic violence shelter)

□ In a motel, car or campsite

□ With friends/family members in **their household**

If none of the boxes above apply, completion of this form is not required.

STUDENT INFORMATION:

Birthdate: _____ □ Male □ Female SSN: _____

1. The student lives with:
   - □ 1 parent
   - □ 2 parents
   - □ 1 parent & another adult
   - □ a relative, friend(s) or other adult(s)
   - □ awaiting foster care placement
   - □ an adult that is not the parent or the legal guardian

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

Address: _____ City: _____

Zip: _____ Phone: _____

Signature of Parent/Legal Guardian: _____

Date: _____

STUDENT NAME: _____ 26-27 GRADE: _____

Enemy Swim Day School
26-27 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. (If a field trip's time frame falls out of the normal school hours, a separate permission form will be provided.) 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.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

STUDENT NAME:_____ 2026-2027 GRADE:_____

Enemy Swim Day School Compact
2026-2027 School Year

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.

PARENT/GUARDIAN SIGNATURE: _____

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.

STUDENT SIGNATURE: _____

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 report 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.

TEACHER SIGNATURE: _____

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.

PRINCIPAL SIGNATURE: _____

STUDENT NAME:_____ GRADE:_____

ENEMY SWIM DAY SCHOOL 2026-2027
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 ESDS 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 SIGNATURE: _____

STUDENT PHONE NUMBER: _____ **OR**

MOBILE DEVICE SERIAL NUMBER: _____ **OR**

MOBILE DEVICE MAKE/MODEL: _____

First violation of use, staff keeps device until end of class. Second violation, device will be in the front office until end of the day. Third violation, parent/guardian must pick-up device from the front office. Fourth violation, device must be checked into the front office each day.

VIOLATIONS: 1-_____ 2-_____

3-_____ 4-_____

Mobile Devices are digital devices like cell phones, iPads, and tablets 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, tablets, 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. ***Student Initial:_____**

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 or staff in the school without consent.

***Student Initial:_____**

OST Afterschool Program Permission Form 2026-2027

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.

ES Housing Area Students ONLY- May Walk Home? O YES O NO

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

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*