



**Student Enrollment Application**  
**For Students in Bureau-Funded Schools**  
**Pine Ridge School Residential Program**



**2024-2025 School Year**

**Girl's Dorm:** 605-867-5187

**Boy's Dorm:** 605-867-1385

Student Name: \_\_\_\_\_

Will student be 5 day dorm? \_\_\_\_\_ Will student be 7 day dorm? \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Home Agency: \_\_\_\_\_

Tribal Enrollment #: \_\_\_\_\_ (Please Attach Copy)

Social Security #: \_\_\_\_\_ (Please Attach Copy)

Dominate Language 1. \_\_\_\_\_

2. \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## Permission for Student Check Out

Bureau of Indian Education (BIE), policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- ❖ A student may be released to immediate family\* only who are 25 years or older; with written parental/guardian permission; and administrative approval.
- ❖ Students will not be released to **ANYONE** under the influence of drugs or alcohol.
- ❖ Residential staff and management may also choose not to release students when other conditions warrant. Due to COVID, check outs may be limited depending on Pine Ridge School's BIE or Oglala Lakota County CDC mandates.
- ❖ Staff will not be able to check out students unless they are immediate family\*. (Immediate family is defined as mother, father, legal guardian, sister, brother, grandparent, aunt or uncle)
- ❖ If a student is over the age of 18 years old, the student cannot check himself/herself out of the dormitory. (Same rule as follows as students under the age of 18)

Individuals wishing to check out a student must physically appear on campus and will be asked to present a valid driver's license, state, or tribal ID for identification purposes. Students will only be released for checkout as long as a valid driver is present, and the driver is following PRS checkout policy. If checkout occurs during instructional time, it may be considered an unexcused absence, which might affect the grade/performance of the student. Individuals checking out students over the weekend must return students to the dorm by 10:00pm on the evening before school resumes.

The school will not be held responsible for: Any legal problems/expenses, or CHS (contract health services) expenses incurred by the student when checked out. It will be the responsibility of the parent/guardian.

By signing this document, the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_ Overnight Checkout \_\_\_ Weekend Checkout \_\_\_ Overnight Checkout \_\_\_ Weekend Checkout

Name: \_\_\_\_\_

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

\_\_\_ **Nobody has permission to check out my child.**

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

Relationship: \_\_\_\_\_

\_\_\_ Overnight Checkout \_\_\_ Weekend Checkout

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Pine Ridge School Dorm Behavior Checklist

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Parents/Guardians:** Providing accurate information will help us provide your child with the best possible services to help him/her have a successful year in the dorm.

**Has your child ever exhibited any of the behaviors listed below? If yes, check those that apply.**

<input type="checkbox"/> Shows strong emotions	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Stealing
<input type="checkbox"/> Extreme sadness	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression
<input type="checkbox"/> Runs Away	<input type="checkbox"/> Mood changes	<input type="checkbox"/> Hard time sleeping
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Bladder/Bowel problems
<input type="checkbox"/> Not accepting authority	<input type="checkbox"/> Refusal to accept limits	<input type="checkbox"/> Argues with others
<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Self-injurious behavior	<input type="checkbox"/> Persistent school refusal
<input type="checkbox"/> Expressed aggression towards people	<input type="checkbox"/> Expressed aggression towards property	<input type="checkbox"/> Tends to avoid social with others
<input type="checkbox"/> Has a Social Services Case Worker	<input type="checkbox"/> Extreme withdrawal from family	<input type="checkbox"/> Serious sleep disturbance
<input type="checkbox"/> Expressed thoughts of suicide	<input type="checkbox"/> Shows suicidal behavior	<input type="checkbox"/> Suicidal attempts
<input type="checkbox"/> Fire setting/Fire play	<input type="checkbox"/> Animal cruelty	<input type="checkbox"/> Problems with the law
<input type="checkbox"/> Missed more than 10 days of school	<input type="checkbox"/> Suspension (out of school) during the past year	<input type="checkbox"/> Expelled from school the past two years
<input type="checkbox"/> Huffing inhalants (paint, hairspray, glue, etc.	<input type="checkbox"/> Huffing "Dust Off" or Aerosol or Air Cleaners	<input type="checkbox"/> Huffing alcohol-based products or gasoline
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Experienced Trauma	<input type="checkbox"/> Inappropriate Behavior
<input type="checkbox"/> Has been arrested	<input type="checkbox"/> Has a problem	<input type="checkbox"/> Bullying
<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> In-Patient treatment
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Special Needs Student	<input type="checkbox"/> Grief
<input type="checkbox"/> Recent death in the family	<input type="checkbox"/> Other	

**Special concerns or counseling help you would like to see for your child:**

**New policy for all dorm students:** For your child's safety, parents/guardians must agree with allowing the dorms to test their child for mood altering substances if there is reason for concern. You will be notified of the reasons for this concern and the testing results.

**I give my permission for my son/daughter to be tested.** I understand this is for their safety, and that of the dorm. I also understand that I will be contacted both before and after this testing.

**Signature of Parent/Guardian:** \_\_\_\_\_

## Behavioral Health Consent for Treatment

I have been informed of the following:

**Treatment Policy:** The Behavioral Health Department provides individual, couples, and group counseling on a voluntary basis. Students may request counseling services or may be referred by medical staff, dorm staff, academic staff and/or parent/guardian. Under some circumstances, services may be provided via electronic media, in which case, the patient will be verbally informed of the associated limitations and risks. A provider will complete a detailed personal history and determine an effective treatment plan which may include the use of therapy, community resources, traditional healing, and the use of medications. Students cannot be forced to participate in any part of the treatment plan or forced to take medications. The provider will verbally review possible risks, benefits, and limitations of any course of treatment and the risks of refusing treatment.

Court ordered treatment or evaluations are not provided.

**Rights and Responsibilities:** I have been informed of my Patient's Rights and Responsibilities and Privacy Practices at the HIS Clinic at Pine Ridge Indian Hospital. I understand if I have any concerns or complaints about my treatment, I may contact the supervisor or the Patient Advocate. **Pine Ridge Indian Health Service phone number: 605-867-5131**

**Limits of Confidentiality:** I understand I have a right to privacy and limited confidentiality regarding my treatment in the Behavioral Health Department. No information about myself will be released without my signed consent for such release, within the limits allowed by applicable federal and state law. I understand confidentiality cannot be provided if I'm feeling suicidal, (want to hurt/kill myself) homicidal, (thought or desire to hurt or kill others) or if there is a suspicion of child, elder, or disabled adult abuse. I understand that patient and treatment information may be shared and discussed with other health providers to optimize my mental health care. My behavioral health documentation will be documented in the HER (Electronic Health Record) and can only be viewed by authorized providers within the clinic or Indian Health Service Hospital.

**Patient Responsibilities:** I understand that it will be my responsibility to keep my appointments and actively participate in my treatment plan. Should I fail to show for 2 consecutive appointments without canceling, my active behavioral health chart will be closed, which means I will need to begin another initial treatment process. For any patient presenting for treatment, (child or adult who has a legal guardian) I will need to have written verification of my guardianship status in order to begin treatment.

I agree to all of the above treatment consents and understand their meanings.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Medical Insurance Information

Complete the following:

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*(Print full name of student)*

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*(Social Security Number)*

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*(Date of Birth)*

Is your child covered under any medical or dental insurance? (Circle one) YES NO

If yes, please complete the following:

*For Private Insurance holders:*

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*(Name of Insurance Company)*

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*(Policy Number)*

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*(Effective Date)*

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*(Group Number)*

*For Medicare holders:*

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*(Claim Number)*

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*(Effective Date)*

I hereby assign to the HIS, Insurance benefits (if any) that I may have, pertaining to payment for medical services and supplies furnished to my child by HIS. I authorize payment of such benefits directly to HIS> I understand if any payments come directly to me, that I must remit them to Indian Service Hospital Business Office or other designated HIS Business Office.

I have been provided a copy of the HIS Notice of Privacy Practices (HIPPA)

I certify that the information given is true and accurate.

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**Printed Name of Parent/Guardian**

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**Signature**

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**Address**

Phone Number where parent/guardian can be reached during the day: \_\_\_\_\_

## Pine Ridge School Dorm

### Parent Information and Permission Request

The Residential Department of Pine Ridge School will provide the optional opportunity for students to attend Inipi (Sweat Lodge Ceremony) on a monthly basis. Other religious organizations may also have activities for them to attend in the community. If you have any objections to these activities, please let us know in writing of your concerns.

If you wish to have your child participate, please sign the consent form below and return it to the dormitory.

We also will not cut the student's hair unless the Parent/Guardian gives us permission. Therefore, please check the appropriate line regarding hair cutting.



### Permission Slip

I give permission for my child, \_\_\_\_\_  
to attend all field trips provided by the Pine Ridge School Dormitory during the  
same school year starting in August and ending in May.

Check if you approve:

\_\_\_\_\_ I give my permission for my child to attend Inipi. (Sweat Lodge)

\_\_\_\_\_ I give my permission for my child to have his/her hair cut if it is something  
they wish.

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

Date: \_\_\_\_\_

## Pine Ridge School Residential Program

### Consent for Medical Treatment at School/Activities/Outings.

Consent of Parent/Legal Guardian or other person with primary responsibility. (Person is defined as the one who is in the absence of the parent/legal guardian provides a home for the child such as next of kin)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student: \_\_\_\_\_

I (We), \_\_\_\_\_ have read the parent consent form for the Indian Health Service to arrange for, or to provide the following health service for this child.

- ❖ Health Care including Medical Exams Routine Laboratory Studies, X-Ray, Procedures, and Skin Tests.
- ❖ Dental Care including Dental Exams, preventative use of Fluorides and necessary Dental Care.
- ❖ Emergency Health Care for accidents and illnesses.
- ❖ Transportation of the child to and / or from another health care facility for these services.

\_\_\_\_\_ I hereby give consent for all the above services.

Special instructions: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_ Valid until: \_\_\_\_\_

Pine Ridge School Staff is authorized to act in Loco Parentis for the students at Pine Ridge School. The PRS Staff has authority to sign all paperwork required for Emergency, Medical, or Hospital Care at any Medical Facility. Definition of Loco Parentis is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties, and responsibilities of a parent to another person or agency. Alternatively, the term has been used less formal references to describe the role played by an educational institution, such as a boarding school, college, or university in supervising minors and young adults.

**Pine Ridge School Residential Program**  
**Student Health Information**

Student Name: \_\_\_\_\_

List Food Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

Medication for reaction: (circle one/or more) Benadryl / Diphenhydramine / Epi-pen / other

List All Medication Allergies: \_\_\_\_\_

Medication for reaction: (circle one/or more) Benadryl / Diphenhydramine / Epi-pen / other

Seizures: Yes No If yes, what kind of medication does he/she take? \_\_\_\_\_

How Often? \_\_\_\_\_

Heart Conditions: Yes No Medication(s): \_\_\_\_\_

How Often: \_\_\_\_\_

Asthma: Yes No Uses Rescue Inhaler? Yes No Medication: \_\_\_\_\_

Can he/she have Tylenol for pain? Yes No Can he/she have Ibuprofen for pain? Yes No

List any chronic medication/long term medication your child is taking:

\_\_\_\_\_

Other medical conditions: \_\_\_\_\_

With my full consent, the Pine Ridge School Dorm has my permission to administrate medications to my child. I (we), as Parent(s)/Legal Guardian(s) have read this consent form and fully understand and agree to its content.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## Pine Ridge School Dorm Resident Verification Document

This document is intended to help determine your child's eligibility for the McKinney-Vento Assistance Act.

Student: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Do you and the student live in:
  - Shelter
  - Motel/Hotel
  - Temporarily with another family in a house, mobile home, or apartment
  - In a car or RV
  - At a campsite
  - Transitional Housing
  - Other location \_\_\_\_\_
  - None of the above (STOP, please complete # 5 and return form)
2. The student lives with:
  - One Parent
  - Two Parents
  - A qualified relative
  - Friend(s)
  - An adult that is not the legal guardian
  - Alone with no adult(s)
3. I am:
  - The Parent/Legal Guardian of the above named student
  - A qualified adult relative of the above-named student

Relationship: \_\_\_\_\_

***I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Physical/Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_)-\_\_\_\_\_

Cell Phone: (\_\_\_\_)-\_\_\_\_\_

## **Pine Ridge School Dorm Parent Impact**

Parents are encouraged to participate in telephone conferences as well as scheduling a visit to the dorm/school to meet with staff. This can be completed by calling the offices directly. Another option of communication between the dorm/school and parent/guardian is through the use of email.

### **Student Responsibilities**

- ❖ Attend classes regularly
- ❖ Complete assignments in class
- ❖ Complete homework assignments
- ❖ Ask a teacher/dorm staff for help when needed
- ❖ Seek tutoring when needed
- ❖ Respect the rights of others and yourself
- ❖ Avoid drugs and alcohol
- ❖ Read on a regular basis

### **Parent Responsibilities**

- ❖ Parents will make an effort to communicate with the school when needed via telephone, email, mail or in person.
- ❖ Read and return compact signed
- ❖ Sign and return requested paperwork in a timely manner
- ❖ Provide comments and/or suggestions
- ❖ Attend Parent Conference in the Fall
- ❖ Review your students' progress on Nasis Parent/Student Portal
- ❖ Encourage children to do well in school
- ❖ Encourage children to respect others as well as himself/herself

### **School Responsibilities**

- ❖ Host the Parent Conference in the Fall
- ❖ Provide current information regarding Pine Ridge School in a timely manner
- ❖ Provide phone conferences as needed
- ❖ Send quarterly progress reports
- ❖ Provide tutorial services when requested or deemed necessary
- ❖ Provide curriculum that is aligned with Bureau of Indian Education Guidelines and Common Core State Standards
- ❖ Provide school reports on-site for parent inspection and comments
- ❖ Provide highly qualified teachers
- ❖ Provide a safe school environment
- ❖ Provide cultural activities and programs

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Pine Ridge School Dorm Residential Checklist

Items provided by Pine Ridge School Dorm are in bold

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#### Bed and Bath

- o Pillows
- o Blanket
- o Towels & Washcloths
- o Shower Shoes/Flip Flops

#### Optional if desired:

- o Shower Caddy
- o Plastic Hangers

#### Laundry Supplies

- o Detergent
- o Laundry Hamper

#### Optional if desired:

- o Dryer Sheets
- o Fabric Softener

#### Miscellaneous

- o School Supplies (Pens/Pencils, Calculators, Dictionary/Thesaurus, and Notebooks)

#### Optional if desired:

- o Jacket/Coat
- o Backpack
- o Posters
- o Plastic Food Storage containers with sealing lids
- o Dishware/Silverware – Plastic
- o Umbrella
- o Sports Equipment (Basketballs, footballs, baseballs, skateboards)

baseballs, skateboards

#### Identification/Money (Optional if desired):

- o ATM Card
- o Driver’s License/Tribal ID

#### Electronics (Optional if desired):

- o Alarm Clock
- o Camera
- o Cell Phone Charger
- o Computer/Laptop (charger and locking cable)
- o Gaming System

\*\*The school is not responsible for theft or loss of electronic devices\*\*

#### Personal Supplies/Toiletries

#### Optional if desired:

- o Soap and Shampoo
- o Toothbrush/Toothpaste
- o Deodorant
- o Tampons
- o Prescription Medication(s)
- o Hair Products/Hair Dryer
- o Makeup/Moisturizers
- o Shaving Accessories

\*\*All razors, perfume, cologne and medication will be given to HLA for safe keeping.

<u>Prohibited Items</u>
o Candles/Incense
o Pets
o Toaster Ovens
o Hot Plates
o Microwaves
o Fridges
o Clothing that signifies gang affiliation (Connotations and/or embellishments, bandanas, necklaces, "colors")
o Clothing depicting drugs, tobacco, liquor, explicit or implied sexual connotations
o "Sagging" clothes
o See-thru net or mesh blouses/shirts
o Clothing with spaghetti straps
o Halter tops
o Short shorts

