



SCHOOL YEAR 2022-2023

**ST. STEPHENS INDIAN SCHOOL
128 MISSION ROAD/P.O. BOX 345
ST. STEPHENS, WY 82524
PHONE: 307.856.4147
K-8 (Ext. 210), HS (Ext. 199)**



KINDERGARTEN: Pre-screening, please call to make an appointment.
June 1st-4th, June 8th-11th, June 15th-18th, July 29th-30th, August 2nd-5th

ALL STUDENTS: Registration packets are available **May 2, 2022.**
Priority will be given to returning students.

PARENTS/GUARDIANS OF NEW STUDENTS: You must bring the following for registration:

1. Degree of Indian Blood with Enrollment Number
2. Social Security Number(s) for your Child(ren)
3. Immunization Record (copy)
4. Birth Certificate (copy)
5. Complete Physical Form (Grades 5-12) if Participating in Sports
6. Any New & Updated Guardianship Papers Regarding Student(s)
7. Report Card, Attendance and Discipline Records (from previous school)
8. Records Request Form (included in this packet)

If ALL pages of the application AND ALL highlighted items are not submitted, your application will NOT be processed.

You will also be required to fill out a 506 form for each child and a health consent form.
HS students will not be considered for admission after the first month of the school year **(9/9/22 @ 8:00 a.m.).**

St. Stephens Indian School, in accordance with Federal law, does not discriminate on the basis of race, color, national origin, sex, age, or disability.

2022-2023 school year starts AUGUST 8, 2022.

Enrollment will be determined after a completed application packet is received and the application is reviewed and approved by administration. Students will not start class until the application is reviewed and approved by the administration.

***** Staff members will not pick up students who miss the bus. *****

STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: ST. STEPHENS INDIAN SCHOOL		
Type: Day School (X) Boarding School () Peripheral Dormitory ()	Funding: Pub. Law 100-297 Grant () Pub. Law 93-638 Contract (X) BIA Operated ()	
1. IDENTIFICATION		
Name of Student: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> (Last) (First) (Middle) </div>		
Physical Address: City: State: Zip Code: Mailing Address: City: State: Zip Code: Miles from home to school: HS Student will drive to school: Yes No		
Date of Birth: Place of Birth: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Day Year </div> Sex: Male () Female ()		
Tribal Affiliation: Degree Indian: Enrollment Number: Home Agency: 1. Which language did your child learn when they first began to talk? 2. Which language does your child most frequently speak at home? 3. Which language do you (the parents/guardians) use more often when speaking with your child?		
2. FAMILY INFORMATION		

<p>Father (if living with): Address:</p> <p>Tribal Affiliation: Home Agency: Enrollment Number: Living: () Dead: () Occupation (Optional): Employer: Home Phone: Work Phone:</p> <p>Emergency: Other (specify)</p>	<p>Mother (if living with): Address:</p> <p>Tribal Affiliation: Home Agency: Enrollment Number: Living: () Dead: () Occupation (Optional): Employer: Home Phone: Work Phone:</p> <p>Emergency: Other (specify)</p>
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STUDENT ENROLLMENT APPLICATION (CONTINUED)

<p>Legal Guardian (if not mother or father): Address:</p> <p>Tribal Affiliation: Home Agency: Enrollment Number: Occupation (Optional): Employer:</p>	<p>Other (group home, etc) (if applicable): Address:</p> <p>Telephone: Student Lives With:</p> <p>Telephone Home: Work: Emergency: Other (specify)</p>
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3. SCHOOL(S) PREVIOUSLY ATTENDED:

<p>School Name:</p> <p>Address:</p> <p>City / State:</p>	<p>Dates Attended:</p> <p>Reasons for Leaving:</p>	<p>Grades Completed:</p>
<p>School Name:</p> <p>Address:</p> <p>City / State:</p>	<p>Dates Attended:</p> <p>Reasons for Leaving:</p>	<p>Grades Completed:</p>
<p>School Name:</p> <p>Address:</p> <p>City / State:</p>	<p>Dates Attended:</p> <p>Reasons for Leaving:</p>	<p>Grades Completed:</p>

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

Signature of Parent/Legal Guardian/Adult Student

Date

FOR OFFICE USE ONLY - DO NOT FILL OUT

Day School Enrollment:

Approved:

Not Approved:

Principal _____ Date _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Child _____ Date of Birth _____
(as shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: _____

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's Grandparent

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

A. Membership or enrollment number (if readily available) _____ OR
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 _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

INTERNET USE AGREEMENT (Lifetime Agreement)

Please read this document carefully before signing.

Internet access is available to students and teachers in the classroom at SSIS (St. Stephens Indian School). We believe that this kind of access is important to your student's education by providing vast, diverse, and unique resources, which they might not be able to get anywhere else. Our goal in providing this service to your student is to promote educational excellence, by facilitating resources sharing, innovation and communication.

With access to computers and people all over the world, also comes the availability of material that may not be considered to be of the educational value in the context of the school setting. SSIS will be taking precautions to restrict access to controversial materials. However, on the global network, it is impossible to control all materials; some users may be able to access controversial information. We firmly believe that valuable information and interaction, available on this worldwide network, far outweighs the possibility that users may procure material/s that is not consistent with educational goals of our school.

Internet access is coordinated through a complex association of government agencies and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users, who must adhere to strict guidelines. These guidelines are provided here, so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical and legal utilization of the network resources. If an SSIS user violates any of these provisions, his or her access privileges and/or account will be terminated; and, future access could possibly be denied. The signature(s) at the end of this agreement are legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

INTERNET - TERMS AND CONDITIONS (Lifetime Agreement)

- 1) Acceptable Use** – The purpose of the NSFNET (National Science Foundation Network), which is the backbone network to the Internet, is to support research and education in and among academic institutions in the U.S., by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research consistent with the educational objectives of SSIS. Use of any other organization's network or computing resources must comply with the rules appropriate for the network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material(s), threatening or obscene material such as "cyber bullying" or "sexting", or material protected by trade secrets. Use for commercial activities is not acceptable. Use for product advertisement or political lobbying is prohibited.
- 2) Privileges** – The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges (each student who receives an account will be part of a discussion with an SSIS Faculty member, pertaining to the proper use of the network). The System Administrator(s) will deem what is inappropriate use, and such decision is final. Also, the System Administrator may close an account at any time, as required. The Administrator, Faculty, and Staff of SSIS may request a System Administrator to revoke, deny or suspend specific user accounts.
- 3) Violation** – Violations of this agreement will be treated according to the following:
 - a. First Violation** – Revocation of all Internet privileges for the period of one month. Parents and teachers will be notified and asked to meet with students to create a plan for future success.
 - b. Second Violation** – Revocation of all Internet privileges for the remainder of the academic year. Parents and teachers will be notified of the violation and asked to meet with students to create a plan for academic success without the use of the Internet. Treatment for serious violations of the user agreement will Skip a. above and begin directly with b.
 - c. Third Violation** – Revocation of all Internet privileges for entire attendance at SSIS. Parents and teachers will be notified of the violation and asked to meet with students to create a plan for academic success without the use of the internet. Students will be recommended for expulsion or suspension for a period of time, to be determined by an SSIS Administrator. Treatment of any violation of local, state, or federal laws will immediately skip a. and b. above and begin directly with c. In addition, any criminal or civil penalties will apply.
- 4) Network Etiquette** – Students are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
 - a.** Be polite, DO NOT become abusive in your message to others.
 - b.** Use appropriate language, DO NOT swear, use vulgarities, or any other inappropriate language.
 - c.** Illegal activities are strictly forbidden.
 - d.** Do not reveal your personal address or phone number, or those of other users.
 - e.** Note, that electronic mail (email) is not guaranteed to be private. Messages related to or supporting illegal activities will be reported to the authorities.
 - f.** Do not use the network in such a way that you would disrupt the use of the network by other users.
 - g.** All communications and information residing on SSIS hardware are the sole property of SSIS.
- 5) Warranty** – SSIS makes no warranties of any kind, whether expressed or implied, for the services it is providing. SSIS will not be responsible for any damages suffered by users. This included loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the Internet is at the user's own risk. SSIS specifically denies any responsibility for the accuracy of quality of information obtained through its services.

6) Security – Users are required to report any security problems on the Internet to the system administrator. Users should not demonstrate the problem to other users. Users should not use the account of another user without written permission from that user. Attempts to log-on to the Internet, as a system administrator, will result in cancellation of user privileges pursuant to Paragraph 3 (entitled **VIOLATIONS**) of this document. Any user, identified as a security risk, or of having a history of problems with other computer systems, may be denied access to the Internet. The students and staff should have no expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the school computer network or stored in his/her directory.

7) Vandalism – Vandalism will result in a cancellation of privileges pursuant to Paragraph # (entitled **VIOLATIONS**) of this document. In addition to the Physical vandalism of computer hardware or software, vandalism may be defined as any malicious attempt to harm or destroy data of another user, Internet, or of the previously listed agencies or other networks that are connected to the NSFNET Internet backbone. This includes, but is not limited to, the creation or uploading of computer viruses.

8) Cyber Bullying or Sexting – Cyberbullying or sexting includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidation, threatening, or terrorizing another student or staff member by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings (including blogs) which has the effect of:

- a. Physically, emotionally or mentally harming a student or staff member
- b. Placing a student or staff member in reasonable fear of physical, emotional or mental harm
- c. Placing a student or staff member in reasonable fear of damage to or loss of personal property.
- d. Creating an intimidating or hostile environment that substantially interferes with a student's educational opportunities.

INTERNET USE AGREEMENT (Lifetime Agreement)

I understand and will abide by the above Internet Use Agreement. I further understand that any violation of the regulations listed previously is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked and school disciplinary action and/or appropriate legal action will be taken.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent or Guardian: _____

As the parent or guardian of this student, I have read the Internet use Agreement. I understand that this access is provided for education purposes. SSIS will take precaution to eliminate controversial material. However, I recognize that it is not possible for SSIS restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network, Further, I accept full responsibility for supervision of my child's Internet use, If and when my child's use is in the school setting, I hereby give permission for SSIS to provide Internet access to my child and certify that the information contained on this form is correct.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM (Lifetime Agreement)

I give my student, _____ permission to go on all school field trips planned for the 2022-2023 school year and beyond. Careful planning has gone into these field trips and all reasonable safety precautions have been taken. You will be notified prior to each field trip as to where and when your child will be going. We will use the most current contact information that has been provided to the office to reach you.

Parent/Guardian Signature: _____ Date: _____

**ST. STEPHENS INDIAN SCHOOL 2022/2023
(Lifetime Agreement)**



STUDENT MULTIMEDIA OPT-OUT FORM

It is the practice of St. Stephens Indian School to use current pictures and videos of our students to celebrate accomplishments, promote our school, and/or improve instructional practices. Pictures and videos are selected that highlight the work children engage in at St. Stephens, our class environments, activities, or events. If you do not feel comfortable giving us permission to use such photographs or videos, please feel free to opt out.

If you are okay with the school using pictures/videos of your child, please ignore this form.

☐

NO, I DO NOT GIVE MY PERMISSION to St. Stephens Indian School to use pictures/videos of my child.

Student Name

Date

Parent/Guardian Signature

Date

If you have any questions or concerns about this permission form, please feel free to contact us: 307.856.4147, Elementary ext. 210 or High School ext. 199

St. Stephens Indian School P.O. Box 345 St. Stephens, WY 82524 Phone (307)856-4147 Fax (307)856-3447

Medical History Information
School Year 2022-2023

Student Name: _____ Gender: _____ Grade: _____

Date of Birth: _____ Age: _____ School attended last year: _____ * **See Note**

Parent/Guardian Name: _____ Phone: _____ Other Phone: _____

●Please be sure to keep the school updated on any phone number changes ●

Emergency contact if parent/guardian cannot be reached: Name: _____

Relationship to student: _____ Phone: _____ Other Phone: _____

Emergency contact address: _____

Physician: _____ Dentist: _____ Eye Doctor: _____

Date of Last – Physical exam _____ Dental Exam: _____ Eye exam: _____

My child has (circle all that apply): Glasses Contacts Braces Hearing aids Orthopedic brace

* **Note:** If your child is a new student at St. Stephens, you will need to provide an up-to-date vaccine record.**Does your child have any of the following health conditions? NO YES – place an X in front of each health condition:**

o Asthma – list triggers: _____ Treatment? _____

o Diabetes – describe treatment: _____ Date of onset: _____

o Allergies, to what? _____ Treatment? _____

o Diet Restrictions – explain: _____ * **See Note**

o Seizures – describe: _____ Treatment? _____ Date of last seizure: _____

o Heart Condition – describe: _____ Treatment? _____

o Urinary/Kidney Problems – describe: _____ Treatment? _____

o Stomach/Bowel Problems – describe: _____ Treatment? _____

o Muscle/Joint/Bones Problems – describe: _____ Treatment? _____

o Activity Restrictions – describe: _____ * **See Note**

o Emotional Issues – describe: _____ Treatment? _____

o Ear/Hearing Problems – describe: _____ Treatment? _____

o Eye/Vision Problems – describe: _____ Treatment? _____

o Dental problems – describe: _____ Treatment? _____

o Surgeries/Hospitalizations – what & when? _____

o Other Health Problems – describe problem(s) & treatment(s): _____

* **Note** - Physician documentation required prior to implementing restrictions at school.**Does your child take medication(s)? NO YES – check all that apply**o Uses an inhaler – child will need inhaler at school? NO YES – child will carry their inhaler? NO YES – ** **See Note**

o Takes medication(s) at home – list medications: _____

o Will need medication(s) at school – list medication(s): _____

** **Note** – Complete a “Prescription Medication Authorization” form for each prescription medication your child will be taking at school. Complete an “Inhaled Asthma Medication Authorization” form if your child will be using an inhaler at school or during school activities.

I will not hold St. Stephen's Indian School financially responsible for emergency care or transportation for my student.

Parent/Guardian Signature: _____ Date: _____

**INHALED ASTHMA MEDICATION AUTHORIZATION
(Lifetime Agreement)**

Student Name: _____ Date of Birth: _____ Grade: _____

Physician	This section is to be completed and signed by the prescribing PHYSICIAN prior to administering medication.
	Administer inhaler for the following diagnose and symptoms: _____ _____
	Name of Inhaler: _____ Dose and Frequency: _____
	Adverse Reactions/Side Effects: _____
	Additional Instructions? NO YES – explain: _____
	<div style="border: 1px dashed black; padding: 5px;"><p>NO YES I recommend this student be allowed to carry and self-administer their inhaler.</p><p>NO YES I verify this student has demonstrated competency in the following - knowledge of symptoms that indicate need for inhaler, proper inhaler administration technique to include dose and frequency.</p></div>
Physician's Name (Printed): _____ Office Phone: _____ Physician's Signature: _____ Date: _____	

The following section must be completed by a parent/guardian.
Please initial in front of each of the following statements to verify understanding.
_____ I understand that medications brought to school need to remain in their original container with the prescription label intact, and will be kept in a locked cabinet – except in the case that the physician has recommended that the student be allowed to carry and self-administer their inhaler.
_____ I hereby grant permission to St. Stephens Indian School and it's designees to assist in the administration of my child's inhaler during school and/or school sponsored activities.
_____ I understand the law provides protection from liability of civil damages to school personnel administering medication in accordance with a signed medication consent.
_____ My child and I understand that there are serious consequences for sharing any medication with other students.
_____ I understand the school shall incur no liability, and I will hold the school harmless against any claims related to self-administration of asthma medications.
Parent/Guardian's Name (Printed): _____ Phone: _____ Parent/Guardian's Signature: _____ Date: _____

PRESCRIPTION MEDICATION AUTHORIZATION

Student Name: _____ Date of Birth: _____ Grade: _____

Medications that need to be administered at school longer than two weeks, need to have the top portion of this form completed and signed by the child's physician. Prescription medications needing to be administered less than two weeks, will not require a physician's signature. This form is designed to be used for only **one** prescription medication.

Physician Signature Required	This section is to be completed and signed by the prescribing PHYSICIAN if the prescription medication needs to be administered at school longer than two weeks.
	<p>Diagnosis and symptoms: _____</p> <p>Medication: _____ Dose: _____</p> <p>Route: _____</p> <p>Frequency: _____</p> <p>Duration: _____</p> <p>Adverse Reactions/Side Effects: _____</p> <p>Additional Instructions? NO YES – explain: _____</p> <p>Physician's Name (Printed): _____ Office Phone: _____</p> <p>Physician's Signature: _____ Date: _____</p>

The following section must be completed by a parent/guardian.

Please initial in front of each of the following statements to verify understanding:

_____ I understand that medications brought to school need to remain in their original container with the prescription label intact, and

_____ My child and I understand that medication is to be brought promptly to the nurse's office and will be kept in a locked cabinet during school hours.

_____ I hereby grant permission to St. Stephens Indian School and its designees to assist in the administration of above prescribed medication during school and/or school sponsored activities.

_____ I understand the law provides protection from liability of civil damages to school personnel administering medication in accordance with a signed medication consent.

_____ I understand the school shall incur no liability, and I will hold the school harmless against any claims related to self-administration of asthma medications.

Parent/Guardian's Name (Printed): _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

St. Stephens Indian School
PO Box 345

St. Stephens, WY 82524
(307) 856-4147

Over-The-Counter Medication Authorization (Lifetime Agreement)

I/We hereby grant permission for my child to be administered OTC medications:
Tylenol, Ibuprofen, antacids, cough drops, topical hydrocortisone, etc. I understand that
these medications may be administered by non-medical personnel.

Parent/Guardian Initials _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____

Today's Date:

Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

I hereby authorize St. Stephens School District and its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name _____ Work Phone Number; Father _____
Address _____ Mother _____
_____ Home Phone Number _____

INSURANCE INFORMATION: Company _____ Policy # _____
Insured Person _____
Policy Holder's Social Security Number _____

Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.

Date _____ Signature of Parent/Guardian _____

STUDENT/PARENT/GUARDIAN INFORMED CONSENT

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coaches' rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make the decision to participate in an activity, you are assuming the shared responsibility of following the activities rules, the coaches' rules, and the equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation; and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Activity programs specifically excluded: _____

Date _____ Signature of Student _____

Signature of Parent _____



Wind River Family and Community Healthcare
S.T.A.R.S (Students That Are Receiving Services Program)
Arapahoe • Ethete • Riverton

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

According to law, parents or legal guardians must provide consent for their child to participate in preventative screenings and treatment provided by Wind River Family and Community Healthcare Center for all American Indian/Alaskan Native children who qualify under PL 93-638 and choose to participate at: (please circle one)

School WRFCHC Site Tele-medicine
School Name _____ School Year _____

Location:

511 N. 12th E Street
Riverton, WY 82501

14 Great Plains Road
Arapahoe, WY 82510

707 Blue Sky HWY 132
Ethete, WY 82520

Wind River Family and Community Healthcare Center may utilize healthcare professionals in training, working under the supervision of licensed WRFCHC or other healthcare professionals under contract with WRFCHC to administer dental, optometry, well-child, behavioral, all telehealth, and public health services. I understand that telemedicine/telebehavioral health is the use of electronic information and communication by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to WRFCHC providing telehealthcare services to patients via telemedicine. All WRFCHC healthcare professionals are subject to federally-mandated background checks and determination of suitability pursuant to the WRFCHC Child Background and Character Investigation Policy and Procedure. Parent/guardian or legal caregiver will receive an information sheet of rendered services containing assessment and examination results with the listed recommendations as to continuing needs and/or treatment referrals. Contact information for providers, and follow-up instructions for care and treatment including what to do in case of a need for urgent or emergency response.

I, _____, give permission for my child, _____
(parent/legal guardian print name) (print child's name)

who was born on _____ to be screened and treated by WRFCHC.
(date of birth)

Phone number of Parent/Guardian () _____.

Please mark all programs that you do give consent for your child to participate in:

- | | |
|---|--|
| <input type="checkbox"/> Telemedicine | <input type="checkbox"/> Population Health- Public Health Nurse, Patient Navigator, Trauma Services, Strengthening Generations, Family Spirit, Maternal Child Health, Fitness Coordinators |
| <input type="checkbox"/> Dental | |
| <input type="checkbox"/> Optometry | |
| <input type="checkbox"/> Well-Child | |
| <input type="checkbox"/> Behavioral Health/Tele-Behavioral Health | |
| <input type="checkbox"/> Immunizations -COVID 19 Vaccination | |
| <input type="checkbox"/> Occupational/Physical Therapy | |

(parent/legal guardian signature)

(date)

Student Name _____ Grade _____

Suspicion of Drug/Alcohol Use Form

We at St. Stephens believe that our students and campus should be drug free. Any possession or use of alcohol or drugs on school grounds is strictly prohibited. As such, we reserve the right to test any student that we suspect may be under the influence of alcohol or other drugs. If a student is suspected to be under the influence of alcohol the school nurse will perform a breathalyzer test. If the student is suspected to be under the influence of drugs a urinalysis test will be performed.

Drug Testing

As a student and parent/guardian:

- We hereby acknowledge that the student named on this form may undergo a urinalysis test or breathalyzer test if a staff member has reasonable suspicion that the student is under the influence of alcohol or drugs.
- We understand that a qualified health professional (School Nurse) will oversee the collection process, and that a health professional will analyze the results. The health professional will follow a strict code of confidentiality.
- We understand that the health professional selected by St. Stephens School will release all results of these tests to the school administrators. We understand positive test results will require guardians to be notified and action taken by the school.
- Students may voluntarily undergo a urinalysis or breathalyzer test to validate their claim of compliance.

Student Signature

Date

Parent/Guardian Signature

Date

ST. STEPHENS INDIAN SCHOOL COMMUNICATION SHEET

Please fill out all sections of this form.

Name: _____

Grade: _____ **D.O.B.** _____

Parent/Guardian: _____

Physical Address: _____

Phone: _____ **Home:** _____ **Cell:** _____

Who is authorized to check out student:

Emergency Contact (if parent cannot be reached):

Name: _____

Physical Address: _____

Cell: _____

***** Please Print**

****** These cards will be on file all school year. If you should have any changes, please notify the school as soon as possible.**

St. Stephens Indian School Acknowledgement and Receipt of Student & Parent Handbook

**The SSIS Student & Parent Handbook can be viewed on the school's website (st-stephens.net) under the "Parents" feather.
Also, copies can be requested at either building.**

***** Return this sheet to the office by August 8th *****

Our signatures below reflect that my child and I have read and discussed the information included in the student-parent handbook. I have been given the opportunity to ask for clarification and ask questions regarding the discipline and conduct procedures of the school. I understand I can call the school for more information.

Parent/Guardian Signature Date

Student Signature Date

St. Stephens Indian School Acknowledgement and Receipt of Athletic Handbook

The SSIS Athletic Handbook can be viewed on the school's website (st-stephens.net) under the "Parents" feather. Also, copies can be requested at either building.

***** Return this sheet to the office by August 8th *****

Our signatures below reflect that my child and I have read and discussed the information included in the athletic handbook. I have been given the opportunity to ask for clarification and ask questions regarding the discipline and conduct procedures of the school. I understand I can call the school for more information.

If your student will not be involved in sports, please disregard this page.

Parent/Guardian Signature Date

Student Signature Date

PERMISSION TO RELEASE OFFICIAL RECORDS

We would like to request your help in obtaining the COMPLETE transfer of records for this student. Many school districts are maintaining two (or more) files for each student, especially those in special education or special programs. Your cooperation and assistance in this important matter is appreciated.

TO: School: _____
Address: _____
City: _____ State: _____ Zip: _____

In accordance with the provision of the Family Rights and Privacy Act of 1974, you are hereby authorized to provide a copy of the school records for the child(ren) listed to:

ST. STEPHENS INDIAN SCHOOL
BOX 345/128 MISSION ROAD
ST. STEPHENS, WY 82524
Phone: 307.856.4147 ext. 199
Fax: 307.856.3742/307.856.6770
Attn.: Shelli Littleshield - shlittleshield@st-stephens.net

Student Name	Grade	DOB

Please send the following data:

1. Official Administrative Record (Cumulative Record)
2. Standardized Test Data (MAP, STAR, PAWS, WY-TOPP, ACT)
3. Medical/Health Information
4. Psychological Data (Intelligence, Aptitude, Interest, Test Scores, etc.)
5. Special Services Data (Speech Therapy, Chapter 1, Learning Resource, Occupational Therapy, etc.)
6. IEP Record and/or Section 504 Plan
7. Other (Copy of Birth Certificate, Copy of CIB, Copy of Social Security Card, Transcripts/Final Grades, Attendance, Discipline Records)

Parent/Guardian

Date

School Registrar

Date