Application for Admission
2019-2020 School Year

Dear Parents/Guardians

Riverside Indian School (RIS) is now accepting applications for students seeking admissions in grades 4-12 for the 2019-2020 school year. RIS is the oldest and largest off-reservation boarding school in the United States and has been in operation since 1871. We serve approximately 500 students representing 80 tribal nations from 23 states. It is our goal to provide a safe and positive learning environment for our students. We take pride in implementing cultural elements into our curriculum while fulfilling academic requirements of the Bureau of Indian Education and the Oklahoma State Department of Education.

The application includes a checklist of documents that must be submitted with the applications. If the application form is incomplete, inaccurate, or the required documents are not included, your application will not be considered. Completed applications are reviewed by the RIS Admissions Committee on a first-come-first-served basis due to space limitations. Falsification of information will result in a denial of the application or an immediate dismissal of the student if the information is discovered after the student has been accepted.

Travel is provided by RIS for accepted students and includes travel to school, home for the holiday break, back to school after the holiday break, and then back home at the end of the school year. Travel arrangements are based on information provided in the application. Any additional travel based on withdrawals or family emergencies is the responsibility of the parents/guardians.

Thank you for considering Riverside Indian School for your child’s education. If you have questions or need additional information regarding this application or our school, please feel free to contact us at 405-247-6670 or visit the school website at www.ris.bie.edu

Sincerely,

Amber Wilson, Superintendent
Riverside Indian School
### ADMISSION APPLICATION CHECK-LIST

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**RIVERSIDE INDIAN SCHOOL MUST HAVE A COPY OF YOUR CHILD'S:**

- Updated Immunization Record
- CDIB and Proof of Tribal Membership
- State Certified Birth Certificate
- Social Security Card (Needed for Medical Records)
- Transcripts of Grades
- Health/Medical Insurance Card (If Covered)
- Court appointed Parent or Legal Guardian MUST provide legal documentation

**PLEASE COMPLETE AND SIGN ALL PAGES**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**
# STUDENT ENROLLMENT APPLICATION

**FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS**

**2019-2020**

Name of School: Riverside Indian School - 101 Riverside Drive-Anadarko, OK 73005

Student will be a: [ ] Day Student [ ] Dorm Student [ ] Grade Applying for: 

## 1. IDENTIFICATION

### Name of Student

( [ ] Last) [ ] (First) [ ] (Middle)

Address: P.O. Box: [ ] Street: 

City: [ ] State: [ ] Zip Code: [ ]

Directions to Students Home: 

Do you live with/please circle: [ ] Mother [ ] Father [ ] Legal Guardian [ ] Other

Date of Birth: [ ] Social Security #: [ ] Place of Birth: 

Sex: Male ( [ ] ) Female ( [ ] )

Hospital or Clinic Used: [ ] Chart Number: [ ]

Medical Alerts/Known Allergic Reactions: 

Tribal Affiliation: [ ] Degree of Indian Blood: 

Enrollment Number: [ ] Home Agency: 

Dominant language spoken in the home: 

(1) [ ] (2) [ ]

Religious Affiliation (Optional): 

## 2. PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

### FAMILY INFORMATION

Father’s Name: [ ] Address: [ ]

[ ] Tribal Affiliation: [ ] Home Agency: [ ] Enrollment Number: [ ]

Living: ( [ ] ) Deceased: ( [ ] )

Occupation (Optional): [ ] Employer: [ ]

Home Telephone #: [ ] Work #: [ ]

Emergency #: [ ] Cell #: [ ]

### FAMILY INFORMATION

Mother’s Name: [ ] Address: [ ]

[ ] Tribal Affiliation: [ ] Home Agency: [ ] Enrollment Number: [ ]

Living: ( [ ] ) Deceased: ( [ ] )

Occupation (Optional): [ ] Employer: [ ]

Home Telephone #: [ ] Work #: [ ]

Emergency #: [ ] Cell #: [ ]
# EMERGENCY CONTACT

Name: ____________________________ Relationship: ____________________________

Address: ____________________________ City: ____________________________ State: _____ Zip Code: _______

Home Phone: ____________________________ Work Phone: ____________________________

## 1. SCHOOL(S) PREVIOUSLY ATTENDED:

Have you completed a GED?  Yes ( )  No ( )

| School Name: ____________________________ | Dates: ____________________________ | Grades: _______
|------------------------------------------|------------------------------------|---------------|
| Address: ____________________________ | Attended: ____________________________ | Completed: _______
| City/State: ____________________________ | Reason for leaving: ____________________________ |

Student Participated in Special Education Program: Yes ( )  No ( )

Student Participated in Gifted and Talented Program: Yes ( )  No ( )

| School Name: ____________________________ | Dates: ____________________________ | Grades: _______
|------------------------------------------|------------------------------------|---------------|
| Address: ____________________________ | Attended: ____________________________ | Completed: _______
| City/State: ____________________________ | Reason for leaving: ____________________________ |

Student Participated in Special Education Program: Yes ( )  No ( )

Student Participated in Gifted and Talented Program: Yes ( )  No ( )

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|------------------------------------------|------------------------------------|---------------|
| Address: ____________________________ | Attended: ____________________________ | Completed: _______
| City/State: ____________________________ | Reason for leaving: ____________________________ |

Student Participated in Special Education Program: Yes ( )  No ( )

Student Participated in Gifted and Talented Program: Yes ( )  No ( )

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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 ____________
OUT-OF-STATE
STUDENT TRAVEL INFORMATION
(REQUIRED for students living outside the state of Oklahoma ONLY)

*Please complete form if your student does NOT live in the state of OKLAHOMA. All out-of-state students are REQUIRED to travel by plane at the beginning of the school year. If your student does not fly at the beginning of the school year, you will be responsible for his/her transportation during Christmas break and at the end of the school year.

### STUDENT INFORMATION

Name: ____________________________________________
(As it appears on their student ID/State ID)

Date of Birth: ___________________________ Age: ______

Social Security: ___________________________

Sex: ____ Male  ____ Female

### TRAVEL INFORMATION

Airport Used: ____________________________

Please list any siblings/relatives that your child will need to fly with:

Name: ___________________________ Name: ___________________________

Name: ___________________________ Name: ___________________________

Name: ___________________________ Name: ___________________________

*If requesting to travel with other students, travel will not be scheduled until all students have been accepted.

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian/Adult Student: ____________________________________________

Address: ___________________________ City: ___________________________ State: _______ Zip: _______

Phone (Home): ___________________________ Phone (Work): ___________________________ Phone (Cell): ___________________________

Parent Email: ___________________________

Parent Fax Number: ___________________________

Any travel questions may be directed to
Ladonna Sloan 405-247-4162 or 888-886-2029
ext. 249
LEGAL CUSTODY FORM
(PLEASE COMPLETE REQUIRED FORM)

Is child currently under ICW or State custody? (please circle)  Yes  No

Caseworker: ________________________________

Tribe: ________________________________

If yes, please provide a copy of custody documents.

I, ________________________________, have legal custody of

(Print Parent/Guardian)

______________________________ as set forth by

(Print Student Name)

Birth Divorce

Decree

Tribal Court

Please attach a copy of one of the above named documents and return with application. Is there a restraining order in place? (please circle)  Yes  No

If yes, please give name of person ________________________________

Parent/Guardian Signature: ________________________________
I, ___________________________(Print Parent/Guardian’s Name), the parent/legal custodian/legal guardian of ___________________________(Print minor’s name).

DO HEREBY AUTHORIZE RIVERSIDE INDIAN SCHOOL to:

Act in my behalf, in the best interests of the child, in authorizing medical care or behavior or mental health care for him/her. (to include any vaccinations, x-ray, laboratory, anesthetic, medical, surgical or dental diagnosis and/or treatment) care to be rendered to the above named minor under supervision and upon advice of a physician, surgeon or dentist licensed to perform such care.

In giving this consent, I recognize and understand that in situations where the above named minor required immediate medical or hospital care, it may not be possible to contact me. In such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment as he/she in professional judgment determines to be necessary for the health or safety of the above named minor.

__________________________________________  __________________________
Date                                              Signature of parent or person having legal custody or legal guardian

__________________________________________  ________________
Address                                          City

__________________________________________  ________________
State                                             Zip Code

__________________________________________  __________________________
Phone Number (Home)                              Phone Number (Work)

Minor’s Birth Date: ____________________________

Social Security Number: _________________________

This form for Authorization for Medical Care of a Minor gives permission for a physician, surgeon or dentist to provide necessary care to a child whose parents are not immediately available. Riverside Indian School administration and staff, of course, will make every effort possible to contact you in case of an emergency.
Consent for Treatment

This form is to document that I give my permission and consent for my child to receive psychotherapeutic treatment (if deemed needed to __________________________) __________________________

who is my __________________________. __________________________

Name of Student

Relationship to Student

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

__________________________________________  ________________

Parent/Guardian Signature                                     Date
Name ____________________________ Date ____________

Date of Birth ____________________ Male____ Female____

What is the name of clinic where the applicant receives care? __________________________________________________________________________

What is the date of applicant’s last physical exam? __________________________________________________________________________

Height ______ Weight ______

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

Has applicant been hospitalized in last two years? ____No ____Yes, if yes describe reason? __________________________________________________________________________

Is applicant allergic to any food, medicine or has any other allergies? ____No ____Yes, if yes describe __________________________________________________________________________

Does applicant use alcohol or drugs? ____No ____Yes, if yes describe __________________________________________________________________________

Does applicant use tobacco? ____No ____Yes, if yes describe __________________________________________________________________________

Is the applicant diabetic? ____No ____Yes, if yes, does the applicant take medicine for it? __________________________________________________________________________

Does the applicant have any health condition that staff needs to be aware of? ____No ____Yes __________________________________________________________________________

Has the applicant had suicidal thoughts or verbalized thoughts or ideas, been depressed? ____No ____Yes, if yes describe __________________________________________________________________________

Has applicant ever had the following, check Yes or No:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Bleeding Problem</td>
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<tr>
<td>Chest Pains</td>
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<td>Hepatitis</td>
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<td>Heart Murmur</td>
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<td>Heart Attack</td>
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<td>Rheumatic Fever</td>
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<td>Anemia</td>
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<td>Stroke</td>
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<td>Ulcers</td>
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<td>TB or Lung Disease</td>
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<td>Asthma</td>
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<td>Sinus Trouble</td>
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<tr>
<td>Cancer or Tumors</td>
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<td>Seizures or Epilepsy</td>
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<tr>
<td>Blood Transfusion</td>
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<tr>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>Kidney Problems</td>
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<tr>
<td>Liver Problems</td>
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FEMALES ONLY:

Is the applicant pregnant? ____ No ____ Yes

Is the applicant on any type of birth control? ____ No ____ Yes

These answers are true to the best of my knowledge.

Applicant Signature ____________________________ Date ____________

Parent or Legal Guardian Signature ____________________________ Date ____________

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Bed and Bath
- Pillows
- Blanket
- Towels & Washcloths
  Optional if desired
- Shower Shoes/Flip Flops
- Shower Caddy
- Plastic Hangers

Laundry Supplies
- Detergent
  Optional if desired
- Dryer Sheets
- Fabric Softener
- Laundry Bag/Basket

Personal Supplies/Toiletries
- Soap/Shampoo
- Toothbrush/Toothpaste
  Optional if desired
- Deodorant
- Tampons
- Prescription Medication(s)
- Hair Products/Hair Dryer
- Makeup/Moisturizers
- Shaving Accessories

**All razors, perfume, cologne & Medication will be given to HLA for safe keeping.**

Identification/Money Optional if desired
- ATM Card*
- Driver’s License/Identification

Electronics Optional if desired
- Alarm Clock
- Camera
- Music Player
- Cell Phone Charger
- Computer/Laptop-
  -Don’t forget the laptop’s charger and locking cable
- Gaming System
  **The school is not responsible for theft or loss of electronic devices**

Miscellaneous
- School Supplies
  - Pens/Pencils
  - Calculator
  - Spiral Notebooks
  - Tape/Post-its
  - Dictionary/Thesaurus

Optional if desired
- Backpack
- Posters
- Plastic Food Storage containers with sealing lids*
- Dishware/Silverware – plastic
- Jacket/Coat*
- Umbrella*
- Sports Equipment (balls, pool sticks, skate boards -
  helmet required)

Prohibited Items
- Clothing depicting
  + Drugs
  + Tobacco
  + Liquor
  + Explicit or implied sexual connotation
- “Sagging” clothes
- Midriff blouses/shirts
- See thru net or mesh blouses/Shirts
- Clothing with spaghetti straps
- Halter Tops
- Short Shorts
School Database Enrollment Form

Are you interested in having access to your student's information (attendance, grades, behavior) on our school's database? Yes No

*If answered “no”, continue to the next page.

**If answered “yes”, please provide the following information:

Parent/Guardian Name(s):

Phone (Home): Phone (Work): Phone (Cell):

Email:

List Student(s):
1. FIELD TRIPS

I (we) hereby grant permission for the above student to participate in any organized school-sponsored activity trip as approved by Riverside Indian School Administration.

I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.

2. COMPETITIVE SPORTS

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Riverside Indian School.

3. PHOTOGRAPH RELEASE

I (we) hereby grant permission to the Riverside Indian School and Bureau of Indian Education for use of the above student’s photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Riverside Indian School or Bureau of Indian Education. This includes Riverside web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

Signature of Parent/legal Guardian

Date

HEALTH INSURANCE INFORMATION

Is your child covered under health insurance provided by a Private, Tribal, State, Federal, or Local Health Insurance Provider? Yes No

Name of Provider: ___________________________ Card Number: __________________

Tribal Health Care Provider: ___________________________ Card Number: __________________

DHS Card Number: ___________________________

Title-19 or Child Health Insurance Program Card Number: ___________________________

Please provide a copy of your child's health insurance card
SCHOOL CHECKOUT POLICY

STUDENT NAME: ________________________________

At the beginning of each year, the parents/guardians of Riverside Indian School students are required to sign an acknowledgment of rules for attendance, check-outs, and weekend passes for their children. The following policy will be understood and signed by the parent/guardian.

1. Student checkouts during the academic day are limited to the parent/legal guardian. Individuals who are not the parent/guardian will not be allowed to check students out during the academic day unless requested by the parent/guardian in writing.

2. Individuals **must be 25 years or older** to be added and approved to a student checkout list. Individuals who fail to comply with RIS checkout policies will be removed from student checkout lists. PERMISSION NOTES WILL BE ACCEPTED AND APPROVED AT RIVERSIDE INDIAN SCHOOL ADMINISTRATION’S DISCRETION.

3. All overnight checkouts by someone other than the legal guardian must be pre-approved by the guardian and RIS administration.

4. Checkout forms will be provided by the school.

5. Students may be checked-out through the school offices, Dorm Wing, or with the designated Duty Officer.

6. Students who are on campus restriction may only be checked out by the legal guardian.

7. All check-outs are subject to final approval by the School Administration.

I have read and understand the listed rules as stated above:

______________________________  __________________
Signature of Parent/Guardian       Date

| STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER) |
| Provide the name and relationship of individuals who you are giving consent to check your child out |
| Name: ___________________________ Relationship: ___________________________ |
| Name: ___________________________ Relationship: ___________________________ |
| Name: ___________________________ Relationship: ___________________________ |

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

Signature of Parent/Legal Guardian/Adult Student: ____________________  Date: ____________

Failure to provide inclusive and accurate information could result in immediate dismissal.

☐ I do not wish to have my child checked-out by anyone other than myself
SOCIAL SUMMARY

The enrollment of your child in a federal government boarding school should be a shared and continuous responsibility with you as parent(s) and/or guardian(s) or responsible relative—particularly, in reference to your child’s social and educational development while he/she is in attendance at a boarding school. Therefore, we seek your cooperation in the completion of the following questions with your answers being handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. In your own words, state your reason for wanting your child to attend boarding school at this time.

2. Briefly tell us about your child. How do you as a parent/guardian see and feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is in boarding school?

3. Describe what you believe to be your child’s interests, talents, or special abilities.

4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?

5. With the knowledge that the boarding school will provide room and board for nine (9) months for your child, will you be able to provide school clothing and miscellaneous spending money on a regular basis?

6. Children living away from their families crave and need constant contact with their parents to reassure themselves everything is okay at home and their parents care about them. Would you share with us how often you feel you will be writing letters, telephoning, visiting at the school, or having your child visit at home.

7. Home visits during the year may be beneficial to your child, however, when he/she overstays his leave or drops out of school, it hurts your child’s educational development and interferes with the school program. In most cases, the decision to overstay leave or drop school is made by the child and not the parent. We are interested in your reaction to this type of situation and would like to know how you, the parent, can help avoid having this happen to your child.

Have you discussed these questions and answers with your child? (please circle) Yes No
STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of Riverside Indian School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) Tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without Official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon is not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; or (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students will be liable for all unauthorized charges made to government telephones as well as charges made from pay telephones.

I fully understand the foregoing "Student Code of Conduct", and if accepted as a student at Riverside Indian School, I agree to abide by these rules:

Date: ___________________________  Student Signature: ___________________________

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct", further I agree to cooperate in resolving any disciplinary problems that may involve my child:

Date: ___________________________  Parent Signature: ___________________________
Riverside Indian School
SPECIAL PROGRAM FORM

Student Name: __________________________

EDUCATION INFORMATION:
1. List all schools student attended in the last year: ______________________________________

2. Did the student miss 15 or more days in the last year? (please circle) Yes No

3. Has the student ever been suspended? (please circle) Yes No Expelled? Yes No
   If yes, date and reason must be given: ____________________________________________

4. Had student ever received extra help in school? (please circle) Yes No
   If yes, please check one of the following? ______Tutoring ______Special Education ______G & T

MEDICAL INFORMATION:
1. Does the student have any medical problems which might interfere with school attendance and/or need medical care while in school? Yes No
   If yes, please list: _____________________________________________________________

2. List any medication(s) taken regularly: __________________________________________

3. Is the student allergic to any type of medication(s)?: _______________________________

4. Does student wear glasses or contacts? (circle) Yes No Examination needed? (circle) Yes No

5. Hearing and/or ear problems? (circle) Yes No If yes, please explain: __________________________

SOCIAL INFORMATION:
1. Is student a ward of the court? Yes No If yes, a copy of the court order must be submitted.

2. Has student ever been arrested? Yes No If yes, what were the violation(s)?

3. Has student ever been in jail or detention center? Yes No If yes, how many times? __________

4. Student have a probation/parole officer? Yes No Student have a criminal record? Yes No
   Name: __________________________
   County: __________________________
   Phone: __________________________

5. Has student ever received counseling, therapy or been in a treatment facility? Yes No
   Name: __________________________
   County: __________________________
   Phone: __________________________

I, the parent/legal guardian of the above mentioned student hereby certify the information provided is true and accurate to the best of my knowledge and I understand that Riverside Indian School will verify all information. Any false statement or misrepresentation or omission of required in application will result in denial of application or immediate dismissal.

_________________________ Student Signature _______________ Date ______________________
_________________________ Signature of Parent/Guardian _______________ Date

STUDENT POLICIES

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RIS Admissions Application – p.17
The staff of Riverside Indian School wants to provide a positive learning environment for our students. Our major concerns are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

**SEARCH AND CONFISCATION POLICY**

Riverside Indian School, in their desire to provide for health, safety, and general welfare of the students with whom they are entrusted will conduct periodic random searches for illicit drugs, alcohol and weapons. The search may include all personal items and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found. Students eighteen years of age or older who are found to be in possession of illegal items may be turned over to the local law enforcement authorities.

**GANG BEHAVIORAL POLICY**

Riverside Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the education process. Riverside Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing and behavior)
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or threatening to the health and safety of students and staff.

At the discretion of Riverside Indian School authorities, a violation of the personal appearance and/or behavioral policy may result in the student being required to sign a "Gang Contract" promising to not engage in gang behavior. A violation of such contract may potentially result in disciplinary action up to and including a recommendation for expulsion.

**CELLPHONES**

Due to disruption of the educational process, cell phones will not be allowed during school hours. Cell phones that are seen during school hours will be confiscated and may be sent home.

**My signature below indicates that I have been informed of the policy:**

_________________________  ____________________
Parent/Guardian Signature       Date

_________________________  ____________________
Student Signature              Date
Acceptable Use Policy

Internet and network access is provided to the students and staff at Riverside Indian School. Education is the primary function of Riverside Indian School. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students’ parents or guardian agree to obey the rules outlined in this policy. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges.

Network Etiquette-Users are expected to abide by the general accepted rules of network etiquette. These include but are not limited to the following:

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal personal addresses, credit card numbers, and phone numbers.
- Illegal activities are strictly forbidden.
- Electronic mail is not guaranteed to be private. People who operate the system do have the access to all mail.
- Message relating to or in support of illegal activities may be reported to the authorities.
- Do not use the network in such a way that others’ use of the network would be disrupted.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users’ passwords.
- Shall not damage computers, computer systems or computer networks, which includes altering software components of a computer system, and removing any identification tags/stickers located on the computer itself.
- Transferring or intentional receipt of hate mail, harassment, and other antisocial behaviors are prohibited on the network.
- Shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Shall not conduct any kind of personal business transaction.
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Agree not to use the chat rooms.
- Agree not to send chain letters.
- Students shall not send, receive or check personal E-mail, except before or after school.

Computer Lab usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of students is responsible for monitoring and overseeing the network and internet activity.
- No food or drinks in the Computer Labs.
- Teachers are expected to have lesson plans before students use the internet, which includes pre-researching sites that are used.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- And/or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.
Dear Parent,

If your child, ________________________, is nominated to the Gifted and Talented Education program by
by in one of the following categories: (For definitions see enclosed document "areas of Gifts and Talents")

To Be Completed by GATE Staff

O Intellectual Ability
O Creativity and/or Divergent Thinking
O Academic Aptitude and/or Achievement

O Leadership
O Visual or Performing Arts

To continue the process of verifying the eligibility of your child into the GATE Program your written consent is required for the
school to gather work samples and documents which support the nomination, plus to assess and/or evaluate your child.

GRANT Permission to Assess & Evaluate

I, ________________________, Parent &/or Guardian Name, give my permission and/or consent for the GATE program coordinator and/
or teacher to gather further information on my child that will support this GATE
GATE nomination. (To assist us in the process, please complete the attached
questionnaire and return it to the school)

AND

I, ________________________, Parent &/or Guardian Name, give my permission and/or consent for my child to be evaluated in the area
listed above to determine if my child is eligible for the GATE program.

I understand the assessments may include the following:

◆ Art Portfolio Assessment
◆ Musical Performance Assessment
◆ Kaufman Brief Intelligence Test
◆ Ravens Progressive Matrices
◆ Torrance Tests of Creative Thinking
◆ Other appropriate gifted measure
◆ Gifted Rating Scales - 4th through 8th grade
◆ Shipley Institute of Creative Living
◆ Renzulli Scales for rating the behavioral
  characteristics of superior students
◆ Trail Making Test - Part B

Formal assessments will be administered by Dr. Marc Clanton, Psy.D., Clinical Psychologist, USPHS Indian Health Center - Anadarko, OK

<table>
<thead>
<tr>
<th>Parent &amp;/or Guardian Signature</th>
<th>Print Parent &amp;/or Guardian Name</th>
<th>Date</th>
</tr>
</thead>
</table>

After testing is completed, you will be scheduled for a meeting to discuss the results and a consensus for placement into the placement
into the GATE program will be determined.

School use: ___________________ Date Received: ________________ GATE staff initials: ___________________

Form D - Parent & Guardian Notification & Consent for Assessment
United States Department of the Interior
Bureau of Indian Education
Riverside Indian School • 101 Riverside Drive • Anadarko, OK 73005
(405) 247-6670, ext. 225 • 1-888-886-2029, ext 225
Gifted and Talented Education Program (GATE)

PARENT AND/OR GUARDIAN CONSENT TO PARTICIPATE

I, ________________, will participate in the development of my child's Individualized Education Plan (IEP) and give my permission and consent for my child, ________________, to participate and receive services in the GATE Program. The services will be defined and explained to me and I will show my satisfaction by participating and signing my child’s IEP which will explain how GATE services will benefit my child.

I understand that updates on the progress of my child’s achievement will be provided every Academic Quarter. In addition, at the end of each school year I will receive a copy of the Annual Evaluation Progress Report. I hereby certify that I have been advised of my rights to inspect education records, to question such records, and to obtain copies of all records pertaining to my child.

I recognize my right to discontinue the participation of my child in the GATE program at any time and will provide written notice to the school immediately.

Required Signatures

Parent’s &/or Guardian’s Signature  Print Parent’s &/or Guardian’s Name  Date

Student Signature  Print Student Name  Date

School use: Date Received: __________________________ GATE staff initials:

GATE Form H - Parent Consent to Participate

Update by dma 03/25/19
Riverside Indian School
“HOME OF THE BRAVES”
101 Riverside Drive, Anadarko, Oklahoma 73005

McKINNEY- VENTO INTAKE AND REFERRAL FORM

Name of School: 

Name of Student: 

Last First Middle

Gender: □ Male □ Female

Date of Birth: _____/_____/______ Grade: _____ Tribe: ________

Month Day Year (preschool-12)

Address: 

Phone: 

Physical Address: 

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

□ In a shelter
□ With more than one family or other person in a house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
□ In a hotel/motel
□ In a car, park, bus, train, or campsite
□ Other temporary living situation (Please describe): ________________________________

□ In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Print name: McKinney-Vento Liaison

Signature: McKinney-Vento Liaison

Date

Rev. 4/18/16
English Language Learner Program
PARENT PERMISSION TO ASSESS

Dear Parents:

This letter is to inform you that your son or daughter, ______________________ , may be Limited

Limited English Proficient Language Learner based on the Home Language Survey you completed. To further verify your student's level of English Language Acquisition we would like to administer a pre-assessment, the WIDA Screener.

If your student is identified as a Limited English Language Learner (ELL) after the pre-assessment he or she will be provided with additional academic language supports in the classroom.

I, _______________________, give my permission for the school to administer the WIDA Screener to my child.

The goal of additional supports in the classroom is to develop proficiency in academic English and to provide student success. Although parents have the prerogative to decline support services to their child, it is strongly recommended that students receive academic support services that this program provides.

In February, WIDA ACCESS assessment will be administered to your student. When your son or daughter becomes English proficient according to WIDA Proficiency Assessments, your child will be exited from the Limited English Language Learner (ELL) program and monitored for 2 years.

Results of the WIDA ACCESS, which indicates your child's level of English proficiency, are sent home with your child annually. For English Language Learners who are also Special Education students, their Individual Education Plan (IEP) will reflect acquisition of English Fluency objectives.

Grant Permission to Assess:

I, _______________________, give my permission to administer the WIDA ACCESS Language

Parent and/or Guardian Name

assessment each year until my child, _______________________, meets the Bureau of Education

Student Name

(BIE) requirements of an overall score of 4.5.

______________________________
Parent / Guardian Signature

______________________________
Date

If you have questions, please contact Mrs. Dawn Autaubo, RIS ELL Coordinator, at (405) 247-6670, ext. 225.

FORM A2 - Permission to Assess

RIS-English Language Learner Program

Revised rla 5/4/17-dma
PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH THE APPLICATION

NOTE:

THE SCHOOL REFERENCE FORM MUST BE MAILED or FAXED

DIRECTLY TO
Riverside Indian School
FAX: 405-247-8039

(Reference forms returned by the student will not be accepted).

If your student is a returning student, having completed the Spring 2018 semester at Riverside, you DO NOT NEED TO INCLUDE THE SCHOOL REFERENCE FORM IN YOUR APPLICATION.
School Reference Form

To be completed by a Teacher, Principal or Counselor

Student's Name: _____________________________________

The above student has applied for admission to Riverside Indian School. Please fill out the following and return it directly to the school. (Reference forms returned by the student will not be accepted).

1. How long have you known the student? ________ Current Grade Level: ________ School Year 2019-2020

2. What discipline and attendance problems, if any, have you encountered with the student?

3. Has student ever been suspended? Yes No
   If yes, explain: ____________________________________________

4. Has student ever been expelled? Yes No
   If yes, explain: ____________________________________________

5. What is student's Cumulative Grade Point Average? ____________________

6. How is student's classroom behavior? ____________________________

7. Is the Student in the Special Education Program? ______________________
   If the answer to Question #7 was yes, what category? ______________________

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Teacher/Principal/Counselor Name (Please Print): ____________________________

School: ___________________________ Phone: ___________________________ Fax: ___________________________

Signature/Title: ___________________________ Date: ___________________________

We appreciate your time completing this form.
Sincerely,
RIS Admission Committee

(Please mail or fax directly to:)
Riverside Indian School
101 Riverside Drive
Anadarko, OK 73005
(Fax to:)
(405) 247-8039