



MARTY INDIAN SCHOOL

Box 187 MARTY, SOUTH DAKOTA 57361 605-384-5432 FAX #: 605-384-5933

2019 – 2020 School Year

Dear Parent/Legal Guardian:

Thank you for your interest in Marty Indian School! Enclosed is our Student Enrollment Application.

Please **FILL IN ALL SECTIONS** and **SIGN YOUR NAME AND DATE** where required.

THE FOLLOWING ITEMS MUST BE ATTACHED TO THE APPLICATION:

1. **Certificate of Degree of Indian Blood.** If the student is not tribally enrolled, the Parent's Blood Degree must be provided verifying the student possesses at least $\frac{1}{4}$ degree of Indian Blood.
2. **State Birth Certificate.** (Copy)
3. **Immunization Record.** (Immunizations must be current)
4. **Physical Exam.** (Athlete must use the SDHSAA Physical Exam form)
5. **Social Security Number and Medical Number.** (Copy of cards, if available)
6. **School Report Card or Transcript.**
7. **BIE McKinney-Vento Enrollment Referral Form.**

If you have questions or need help in completing your application packet, please feel free to contact any one of the school offices.

Administration:	Phone (605) 384-5431	Fax (605) 384-5933
Elementary School:	Phone (605) 384-4021	Fax (605) 384-3632
Middle School/High School	Phone (605) 384-3095	Fax (605) 384-3071

MARTY INDIAN SCHOOL | 2019-2020 CALENDAR

JULY 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2020						
S	M	T	W	Th	F	S
						4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

05 Dorms Open @ 1:00
 06 3rd Quarter Begins
 20 M.L. King Day - No school
 13-17 M.O.Y. Level Set
 Achieve 3000
 1-6 / 3-6 Third Quarter 42 Days

20-22 New Staff Orientation
 26-30 All Staff In-Service

AUGUST 2019						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

13 PTC
 14 No school In Honor
 Todd Zephier Day
 17 Hancan Day - No School

1 Labor Day - Dorms
 Open @ 1:00
 3 First Day of School
 First Quarter Starts
 9-20 NWEA B.O.Y. Testing
 23-30 Initial Assessment
 Achieve 3000
 9-3 / 10-25 First Quarter - 38 days

SEPTEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2020						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

06 3rd Quarter Ends
 07 4th Quarter Begins
 13 Dorms Close
 14-20 Spring Break No School
 22 Dorms Open @ 1:00
 1-6 Close - Up Washington, DC

4 Homecoming Vs.
 Lower Brule
 10 PTC
 14 Indigenous Day - No school
 15-18 Cultural Week
 23 School Pictures
 25 1st Quarter Ends
 28 2nd Quarter Starts

OCTOBER 2019						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

9 Dorms Close
 10 Good Friday
 12 Easter Sunday
 13 Easter Monday - No School/Dorms Open @ 1:00
 14-17 E.O.Y. NWEA Testing
 25 Prom
 April 27/May 1 E.O.Y. Level Set
 Achieve 3000

4-8 Missoula Theatre
 11 Veterans Day - No School
 27 1/2 School Day/Dorms Close
 28-29 Thanksgiving Day-No School

NOVEMBER 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2020						
S	M	T	W	Th	F	S
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

4-8 Empowering the Spirit
 11 Smarter Balance
 15 Graduation Day
 4 Quarter Ends
 2nd Semester Ends
 Last Day of School
 3-9 / 5-15 Fourth Quarter Ends 43 Days / 2nd Sem. 85 days

1 Dorms Open @ 1:00
 2-13 NWEA M.O.Y. Testing
 15-20 LNI - Rapid City, SD
 20 Dorms Close
 2nd Quarter Ends
 First Semester Ends
 23-03 No School Christmas
 Break
 25 Christmas Day
 10-28 / 12-20 Second Quarter
 37 Days / 1st Sem. 75 days

DECEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE 2020						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



MARTY INDIAN SCHOOL

Box 187

MARTY, SOUTH DAKOTA 57361

605-384-5432

FAX #: 605-384-5933

MARTY INDIAN SCHOOL SCHOOL SUPPLY LIST

Kindergarten:

Backpack
Water bottle

1st – 5th:

Crayons (24 – 48 count)
Pencils
Pencil erasers
Pencil box
Colored pencils
Washable markers
Kleenex
Glue/glue stick
Scissors
Backpack
Water bottle

6th – 8th:

Pencils
Pencil erasers
Pens
Markers
Colored pencils
Scissors
Ruler
Glue
Notebooks
Loose leaf paper
Pocket folders
Binders
Backpack
Water bottle

9th – 12th:

Pencils
Pencil erasers
Pens
Hi-liters
Binders
Calculator
Flash drive
5 subject notebooks
Loose leaf paper
Pocket folders
Back pack
Water bottle



MARTY INDIAN SCHOOL

Box 187 MARTY, SOUTH DAKOTA 57361 605-384-5432 Fax #: 605-384-5933

STUDENT ENROLLMENT APPLICATION

GRADE applying for: _____ DORMITORY (Grades 7-12) YES or NO (circle)

1. IDENTIFICATION: SOCIAL SECURITY NUMBER: _____
(REQUIRED FOR ADMISSION)

NAME OF STUDENT: _____
LAST FIRST MIDDLE

Address: P. O. Box _____ Street/House # _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Medicaid Number: _____
MONTH DAY YEAR

Place of Birth: _____ Sex: Male () Female ()

Tribal Affiliation: _____ Home Agency: _____

2. FAMILY AND BACKGROUND INFORMATION: The person completing the application must have legal custody of the student. Indicate if you are the Parent or Legal Guardian (circle)

Father: _____ Mother: _____

Address: _____ Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Living () Deceased () Living () Deceased ()

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Telephone: Home _____ Telephone: Home: _____

Work: _____ Work: _____

Other: _____ Other: _____

EMAIL address: _____ EMAIL address: _____

Name(s), phone number(s) and relationship of person(s) to contact in case of emergency:

Dominant language spoken in the home: _____

Religious Affiliation (optional): _____

3. SCHOOL PREVIOUSLY ATTENDED:

School: _____ Last date attended: _____

Address: _____ Grade completed: _____

City/State: _____ Reason for leaving: _____

Student participated in Special Education Program: Yes _____ No _____

Student participated in Gifted & Talented Program: Yes _____ No _____

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

DATE

Please check all items that have been attached to this application. If information is not available at the time the application is submitted, please state when it will be forwarded. Thank you!

- _____ 1. Certificate of Degree of Indian Blood (CDIB) or Parent's CDIB if student is not enrolled with a Tribe.
- _____ 2. State Birth Certificate (copy)
- _____ 3. Immunization Record/Physical Exam
- _____ 4. Medicaid Card (copy)
- _____ 5. Student's last report card or transcript
- _____ 6. Social Security Card (copy)
- _____ 7. Income Verification
- _____ 8. BIE McKinney – Vento Enrollment/Referral Form



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AUTHORIZATION FOR RELEASE OF RECORDS

STUDENTS NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ **GRADE:** _____
(MONTH) (DAY) (YEAR)

Marty Indian School has permission to request for Admission purposes any of the following records:

____ Official School Transcripts	____ Gifted & Talented (IEP)
____ Transfer grades	____ Psychological Evaluation
____ Standardized Test Scores	____ Intense Residential Guidance Date Form
____ Attendance Records	____ Disciplinary Actions
____ Special Education Records	____ Birth Certificate
>current IEP	____ Social Security Number
>most recent evaluation	____ Immunization/Health Records/Medicaid No.
>original placement consent	____ Degree of Indian Blood
____ Speech/Language (IEP)	____ Other: _____

This information is to be used only by Marty Indian School and no other person(s) will have access to the above records without written permission of the Parent/Legal Guardian.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Name of last school attended: _____

Address or P.O. Box: _____

City, State & Zip Code: _____

Phone Number: _____

Fax Number: _____

List any other school(s) attended the previous year: _____

NOTICE: MARTY INDIAN SCHOOL PROVIDES SPECIAL EDUCATION AND RELATED SERVICES IN ACCORDANCE WITH FEDERAL LAW. MARTY INDIAN SCHOOL WILL COMPLY WITH ANY AMENDMENTS TO THESE LAWS.

OFFICE USE ONLY: (Date records requested) _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/ GUARDIANS

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe- a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized
☐ State Recognized
☐ Terminated Tribe (Documentation required. Must attach to form)
☐ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

BUREAU OF INDIAN EDUCATION
McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Is your current address a temporary living arrangement? YES _____ NO _____
2. Is your temporary address due to loss of housing or economic hardship? YES _____ NO _____

If answer to both questions is "YES", PLEASE CONTINUE, otherwise STOP HERE. Thank you!

STUDENT INFORMATION

Student Name(s) _____

Age(s) _____

Parent/Guardian Name(s) _____

School Site(s) _____

Grade Level(s) _____

Parent/Guardian/Youth Phone Number _____

_____ Cell Phone _____ Work Phone _____ Shelter Phone _____ Family/Friends residence _____

RESIDENCY INFORMATION

Are you a high school student who is currently living on your own? YES _____ NO _____

Where does the student stay at night? _____ Shelter _____ Temporary Housing _____ Other _____

Address/Directions _____

Shelter Contact Person _____

The family/youth has been residing within the school district boundaries and intends to stay. _____ Please initial

Does the student wish to continue at school of origin? YES _____ NO _____

- Is the school of origin a boarding school? YES _____ NO _____
- If present school is a boarding school, will student be enrolled in the dorm? YES _____ NO _____

AGREED UPON SERVICES

Education Services: (Description) _____

After-school Services: (Description) _____

Transportation Services:

Pick up location _____

Drop off location (if different) _____

Health Services:

Immunizations _____

Dental _____

Food/Clothing _____

Free lunch _____

Counseling _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will be re-evaluated to determine which needs to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the MIS Building Principal at their respective building.

Parent/Guardian/Youth _____ Date _____ Building Principal _____ Date _____

Department of Health and Human Services

Indian Health Services

REQUIRED FOR ALL STUDENTS

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON

WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

Student's Name: _____

Birth Date: _____

I have read the Consent form for the Indian Health Service to arrange for or provide the following health services for this child:

1. Health Care including examinations, routine laboratory studies/x-ray procedures, skin tests and other required immunizations.
2. Health screenings to include height, weight, blood pressure, and diabetes screening blood test for children with BMI percentile above 85th %.
3. Dental Care including dental examinations, preventive use of fluorides and necessary emergency dental care. This will also include prophylaxis, sealants, and any outside services that would be needed.
4. Mental Health services including evaluation and treatment as necessary, and release of records, if needed.
5. Emergency health care for accidents or illness.
6. Transportation of the child to and/or from another health facility for these services.

_____ I hereby consent for all of the above services

_____ Exceptions or Special Instructions: _____

I give permission for my child to self-administer medication with assistance from authorized school personnel. I give permission to school personnel to share information relevant to the prescribed medication as is determined appropriate for my child's health and safety. I understand I may retrieve the medication from the school at any time. However, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

SIGNATURE: _____

ADDRESS: _____

RELATIONSHIP: _____

DATE: _____ MEDICAID NUMBER: _____

****NOTE: MARTY INDIAN SCHOOL DOES NOT PROVIDE TRANSPORTATION FOR LOCAL DAY OR DORM**

STUDENTS TO OUTPATIENT CLINIC. *All local parents/guardians need to accompany their child in non-emergency situations.*

M. I. S. HEALTH QUESTIONNAIRE
REQUIRED FOR ALL STUDENTS

STUDENT'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ SOC. SEC. #: _____
PHONE: hm _____ wk. _____

Indicate if your child has had any of the following:

YES	NO		YES	NO		YES	NO	
_____	_____	Measles	_____	_____	Bleeding gums	_____	_____	Sore throat
_____	_____	Mumps	_____	_____	Chronic cough	_____	_____	Monthly cramps
_____	_____	Asthma	_____	_____	Whooping cough	_____	_____	Convulsions
_____	_____	Hay fever	_____	_____	Rheumatic fever	_____	_____	Bone fractures
_____	_____	Anemia	_____	_____	Thyroid trouble	_____	_____	High blood pressure
_____	_____	Diabetes	_____	_____	Venereal disease	_____	_____	Diarrhea
_____	_____	Pneumonia	_____	_____	Emotional trouble	_____	_____	Constipation
_____	_____	Weight loss	_____	_____	Frequent headaches	_____	_____	Kidney trouble
_____	_____	Skin disease	_____	_____	Stroke/paralysis	_____	_____	Fainting/loss of consciousness
_____	_____	Ear problems	_____	_____	Tuberculosis	_____	_____	Stomach/intestinal trouble (ulcer)
_____	_____	Heart murmur	_____	_____	Jaundice/hepatitis			
_____	_____	Chicken pox	_____	_____	Nose bleeds			

Comment on **YES** answers: _____

Is your child currently being treated for any **medical problems**? If so, describe: _____

Does your child take **medications** regularly? If so, what kind: _____

Does your child have any **allergies** (medication, food, etc.). Please list: _____

(Parents/Legal Guardian must provide a doctor's slip if their child is not to receive milk/milk products due to an allergy)

Please give name and address of the **hospital/clinic** where your child's **medical records** are located: _____

LOCAL PARENTS: FOR THOSE TIMES WHEN YOU ARE NOT AT HOME, PLEASE LIST NAME, ADDRESS, AND PHONE NUMBER OF PERSON(S) WHO WILL TAKE CARE OF YOUR CHILD IF HE/SHE BECOMES ILL DURING SCHOOL HOURS: _____

Medicaid Number _____ (attach copy of Medicaid Card)

Personal Insurance _____

(Policy holder's name and number, company name and address. Attach a copy of insurance card)

DENTAL SECTION:

Does your child have any teeth bothering him/her at this time? _____

Does your child bleed for a long time when cut or when teeth have been removed? _____

What services would you like the Dental Clinic to provide for your child? _____

CONSENT FOR TREATMENT: I HEREBY GIVE CONSENT FOR MY CHILD TO RECEIVE ANY DENTAL TREATMENT CONSIDERED NECESSARY, INCLUDING EXTRACTIONS, X-RAYS, FILLINGS, LOCAL ANESTHESIA AND NITROUS OXIDE ANALGESIA.

SIGNATURE: _____ DATE: _____



MARTY INDIAN SCHOOL

Box 187 MARTY, SOUTH DAKOTA 57361 605-384-5432 FAX #: 605-384-5933

MARTY INDIAN SCHOOL TRANSPORTATION FORM

Student(s) Name(s): _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Numbers: Home: _____

Cellular _____

Work _____

Physical 911 Address: _____

(No P. O. Box numbers)

In case of inclement weather, early dismissals, etc., where will your alternate drop off be located: (No P. O. Box numbers)

Alternate Drop Off Physical 911 Address: _____

Please keep in mind that buses will no longer pull into any driveway. Student(s) must be waiting at the end of the driveway. Bus drivers have a 5 minute wait at each residence.

**RETURN THIS FORM TO MIS TRANSPORTATION OR BUILDING
SECRETARY**



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COUNSELING PROGRAM DATA

CONFIDENTIAL

Information disclosed below will be used to help determine whether a student would benefit from an academic counseling program, substance abuse intervention program, or residential counseling program.

My Student, _____, would benefit from participation in a counseling program for the following reason(s):

- ☐ Poor school attendance
- ☐ Poor school performance (failing grades, lack of motivations, etc)
- ☐ Has behavior problems in school beyond occasional rule infraction
- ☐ Often has difficulty in getting along with peers
- ☐ Is unhappy and discontented most of the time
- ☐ Has difficulty in controlling his/her temper
- ☐ Substance abuse history: drinking, inhalant abuse, marijuana, etc.
- ☐ Has been involved with infractions of the law

☐ Is or has been on probation; probation officer name and address:

☐ Is presently under the care of a social worker (State, Tribal, BIA, IHS, etc.) name & address:

☐ Is presently receiving counseling services at _____

☐ Has been in a group home or rehabilitation center at:

☐ Has an "After Care Plan" from _____

☐ Has participated before in a residential or other intensive counseling program at :

☐ Will need help/support in adjusting to dormitory life

☐ None of the above apply to my child

Is there anything specific you would like addressed in your child's counseling program?

Parent/Guardian: _____ Date: _____



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605-384-5432

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PARENTAL PERMISSION FORM

OFF-CAMPUS ACTIVITIES:

My child, _____, has permission to attend and participate in off-campus activities under the auspices of Marty Indian School. Activities may include, but are not limited to, academic, social, counseling, athletic and recreational activities (i.e., class field trips, end-of-the-year trips).

Parent/Legal Guardian Signature

Date

RELIGIOUS CEREMONIES:

My child, _____, has permission to participate in sweat ceremonies and/or other religious ceremonies approved by MARTY INDIAN SCHOOL.

Parent/Legal Guardian Signature

Date

Religious preference: _____



MARTY INDIAN SCHOOL

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The Marty Indian School Compact **REQUIRED FOR ALL STUDENTS**

Title I requires all schools to have a Parent/School Compact. This is an agreement to share in the responsibility for children's education. The Compact promotes a partnership between parents and schools to improve students' learning opportunities.

As a student....

I PROMISE TO...

- attend school regularly
- work hard to do my best in class and schoolwork
- help to keep my school safe and clean
- ask for help when I need it
- respect and cooperate with other students & adults
- be drug and alcohol free

My personal promise to Marty Indian School is:

I NEED...

- > teachers and school staff who care about me
- > people who believe I can learn
- > schools that are safe
- > respect for my culture and me as an individual
- > a family and community that support me
- > time with caring adults

Student Signature:

Grade: _____

As a parent/guardian...

I PROMISE TO...

- have high expectations for my child as an individual
- help my child remain drug and alcohol free
- help my child attend school and be on time
- find a quiet place for school work and make sure work is done
- help my child learn to resolve conflicts in positive ways
- communicate and work with teachers and school staff to support and challenge my child
- respect school staff and the cultural differences of others
- participate in MIS Parent/Teachers Organization

I NEED...

- > teachers and support staff who respect my role as a parent/caring adult
- > clear and frequent communication with school
- > respect for my culture, and me and my children as individuals
- > a community that supports families

My personal promise to Marty Indian School:

Parent/Guardian Signature:

As a staff person... (teacher, support staff or administrator)

I PROMISE TO...

- show that I care about all students
- have high expectations for myself, students and other staff
- communicate and work with families to support student's learning
- provide a safe environment for learning and living
- respect the cultural differences of students and their families
- abide by the school drug and alcohol policy

I NEED...

- > students who are ready and willing to learn
- > respect and support from students, families, other staff and administration
- > assistance from staff and administration in removing barriers which prevent me from doing my best for students
- > respect and support from the community

Teachers, Support Staff or Administrator



MARTY INDIAN SCHOOL

Box 187

MARTY, SOUTH DAKOTA 57361

605-384-5432

Fax #: 605-384-5933

MARTY INDIAN SCHOOL PARENTAL PERMISSION FORM

REQUIRED FOR ALL DAY AND DORM STUDENTS

_____ HAS MY PERMISSION TO CHECK OUT OF THE
Student's Name

SCHOOL AND/OR DORMITORY WITH THE FOLLOWING PERSONS:

All persons must be 21 years of age or older and are subject to final approval by Marty Indian School.

	NAME	RELATIONSHIP	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Parent/Legal Guardian

Date



MARTY INDIAN SCHOOL

Box 187 MARTY, SOUTH DAKOTA 57361 605-384-5432 FAX #: 605-384-5933

K - 12 Marty Indian School Acceptable Use Policy

Dear Students and Parents/Guardians:

We are please to announce that access to the school-wide network, as well as the Internet, will be available to those students and employees in our school who qualify. To qualify, students and their parents/guardian must read, sign and return this "Acceptable Use Policy".

The staff of Marty Indian School strongly believes in the educational value of technology and recognizes its potential to support the curriculum and student learning. We will make every effort to provide quality experiences using these resources; however, inappropriate use is strictly prohibited.

The use of technology and in particular the Internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges and/or disciplinary action by school officials. A student's activities while using the Internet in this school must be in support of education and research (not recreation), and be consistent with the educational objectives of the Marty Indian School. The following actions (which are not inclusive) constitute unacceptable use of the Internet, whether that use is initiated from school or any other site:

- Use of copyrighted materials obtained on the Internet without permission;
- Using the Internet at school for non-school related activities;
- Changing any computer file that does not belong to the user;
- Using the Internet illegally in ways that violate federal, state or local laws statutes;
- Using the Internet to access inappropriate materials, text files, or files dangerous to the network;
- Knowingly giving one's password to others or using another person's password;
- Attempting to gain access to another's resources, programs, or data;
- Vandalizing any files, software, equipment, or any portion of the school-wide network.

STUDENT AGREEMENT: As a user, I understand and will abide by the guidelines contained in this document, I agree to use the Internet at school for school related needs only, I also agree to report any abuse of technology to a school official.

Student Name _____

Date _____ Student Signature _____

PARENT/GUARDIAN AGREEMENT: As a parent or guardian of this student, I have read this document and understand that access to the school-wide network and the Internet is designed for educational purposes only. I understand that it is impossible for Marty Indian School to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the network.

Please check one:

_____ I give my permission to Marty Indian School to permit my child access to the school wide network and the Internet.

_____ I deny my permission to Marty Indian School to permit my child access to the school-wide network and the Internet.

Parent/Guardian Name _____

Date _____ Parent/Guardian Signature _____

RESIDENTIAL STUDENTS DORMITORY ITEMS LIST

Boarding students will need to bring the following items:

1. Approximately six (6) sets each of school, leisure, athletic, clothing and shoes. Also shower shoes.
2. Two (2) sets of twin size sheets, pillows, pillowcases, blanket, comforter, towels, washcloths, clothes hangers and laundry basket.
3. Toiletries such as toothpaste, toothbrush, shampoo, conditioner, comb/hair brush, hand and facial (bath) soap.
4. Footlocker to store valuables. One (1) key is to be turned in at the Dorm Staff Office.
5. Optional items: Fan, rug, appropriate posters, mirror, tape for posters, etc.
6. The dorm will provide sanitary articles (feminine), laundry detergent and bleach on a needed basis.
7. All medication must be turned in at the Dorm Office upon checking into the dorm.
8. Appliances are not allowed. (i.e., TV, DVD player, game monitors and games, microwave, refrigerator, popcorn popper, etc.

A completed personal property form must be submitted to the Dorm Office.

**MARK ALL PERSONAL BELONGINGS AND RECORD THE SERIAL NUMBERS OF
STEREOS, CAMERAS, CD PLAYERS, ETC.**

**MARTY INDIAN SCHOOL IS NOT RESPONSIBLE FOR LOST, LOANED OR
STOLEN ITEMS!**



MARTY INDIAN SCHOOL

Box 187 MARTY, SOUTH DAKOTA 57361 605-384-5432 FAX #: 605-384-5933

DORMITORY APPLICATION

Student Name: _____

Date of Birth: _____

Grade: _____

PARENT/LEGAL GUARDIAN: _____

Address: _____

Phone (Work) _____

(Home) _____

(Cell) _____

I am requesting my child be considered for acceptance into the dormitory for the following reason(s):

- _____ 1. I feel my child would benefit from the Intense Residential Guidance (IRG) Program which provides individual counseling, group counseling, and special activities for students who have problems adjusting to school and/or peers.
- _____ 2. My child is exhibiting attendance problems and/or academic deficiencies.
- _____ 3. Dormitory sponsored activities would socially benefit my child.
- _____ 4. I am a single parent who works and I am on-call evenings and/or weekends.
- _____ 5. Both parents in the household work and are on-call evenings and/or weekends.
- _____ 6. My child has siblings or other close relatives who dorm and would be adversely affected by separation.
- _____ 7. Other reasons (please specify) _____