



Choctaw Nation of Oklahoma

Jones Academy

909 Jones Academy Road • Hartshorne, OK 74547
(888) 767-2518 • Fax (918) 297-2364

Gary Batton

Chief

Jack Austin, Jr.

Assistant Chief

Faith ♦ Family ♦ Culture

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You will also need to submit the following documents as part of our admission process.

- ✓ **COPY OF CDIB CARD/MEMBERSHIP**
- ✓ **BIRTH CERTIFICATE (state certified copy only)**
- ✓ **COPY OF SOCIAL SECURITY CARD (if none, please apply)**
- ✓ **COPY OF IMMUNIZATION RECORD (up to date)**
- ✓ **REPORT CARD/SCHOOL TRANSCRIPT**
- ✓ **COPY OF CURRENT IEP (Individualized Education Plan) AND CURRENT TESTING (if applicable)**
- ✓ **CURRENT INSURANCE OR MEDICAID CARD (Application)**
- ✓ **CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION**
- ✓ **CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)**
- ✓ **DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)**

Dear Parent/Guardian,

We are asking that this application for admission to Jones Academy be completed and returned to Jones Academy as soon as you are able. We will review it and a decision will be made by the admissions committee. You will receive notification of the decision and if your child is accepted, an enrollment packet will be sent from Jones Academy to be completed and sent back.

We need pages eight and nine notarized. Notary Publics may be found at the local bank, tribal offices, public schools, municipal offices, and/or courthouse.

Thank you for your interest in enrolling your child in Jones Academy.

Jones Academy
909 Jones Academy Rd.
Hartshorne, OK 74547

Patrick Moore, Jr., Superintendent

Rev. 01/19

JONES ACADEMY
Student Enrollment Application
Peripheral Dormitory Grant School

School Year 20

STUDENT INFORMATION

Full Name _____ Grade Applying For: _____
Address: _____ City: _____ State: _____ Zip: _____
Student's Cell Phone: _____ Age of Student: _____
Date of Birth: _____ Place of Birth: _____
Social Security #: _____ Sex: Male _____ Female _____
Tribal Affiliation: _____ Degree of Indian Blood: _____
Home Agency: _____ Enrollment Number: _____
Do you live with: Mother _____ Father _____ Legal Guardian _____ Other (Specify) _____
Dominant Language
Spoken in Home _____

PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

Father's Name: _____	Mother's Name: _____
Tribal Affiliation: _____	Tribal Affiliation: _____
_____ Address: _____	_____ Address: _____
_____	_____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____
Home Phone: _____	Home Phone: _____
E-mail address: _____	E-mail address: _____
Father's Work Phone: _____	Mother's Work Phone: _____
Work Place: _____	Work Place: _____
Legal Guardian(s) if not Parent: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Tribal Affiliation: _____	Home Agency: _____
Cell Phone: _____	Home Phone: _____
E-mail address: _____	
Work Phone: _____	Work Place: _____

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as a guardian even if he/she is 18 years of age or older.

EMERGENCY CONTACT INFORMATION – Other than Legal Guardian	
Name: _____	Relationship: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Work Place: _____
Work Phone: _____	E-mail address: _____

NAME OF BROTHERS AND SISTERS	
Please name:	
1.	_____ male _____ female _____ DOB _____
2.	_____ male _____ female _____ DOB _____
3.	_____ male _____ female _____ DOB _____
4.	_____ male _____ female _____ DOB _____

I am the custodial parent or legal guardian of this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted. **Failure to provide inclusive and accurate information could result in refusal of admission.**

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

SCHOOLS PREVIOUSLY ATTENDED

SCHOOL NAME: _____ Grade Completed: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax Number: _____

Date Attended: _____ Reason for Leaving: _____

Student Participated in Special Education Program: Yes _____ No _____

Student Participated in Gifted and Talented Program: Yes _____ No _____

SCHOOL NAME: _____ Grade Completed: _____

Address: _____ City: _____ State _____ Zip Code: _____

Phone: _____ Fax Number: _____

Date Attended: _____ Reason for Leaving: _____

Student Participated in Special Education Program: Yes _____ No _____

Student Participated in Gifted and Talented Program: Yes _____ No _____



Jones Academy

909 Jones Academy Road • Hartshorne, OK 74547

FERPA Authorization

Release of Student Records

Pursuant to the Family Education Rights and Privacy Act of 1974, as amended.

Instructions:

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their education records. Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Jones Academy registrar allowing the release of their education records to specified third parties. While this form authorizes Jones Academy to obtain and/or release education records, it does not require or obligate Jones Academy to do so. Jones Academy reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Mail to: Jones Academy (address above) Attn: Registrar

LAST NAME OF STUDENT	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

Please enter the name of the individuals to whom the authorization is provided. You may enter more than one name. Enter only ONE name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access to education records may be provided:	
_____	_____
Name(s) of person(s) to whom access to records may be provided	Date
_____	_____
Name(s) of person(s) to whom access to records may be provided	Date

Authorization:

I hereby authorize Jones Academy of the Choctaw Nation of Oklahoma to obtain and/or disclose my educational record(s) including but not limited to personally identifiable information contained in my records. Initials _____

Name of Educational Organization	
Student's Signature	Date
Parent or Guardian Signature (if under 18 years of age)	Date

Authorization:

I hereby authorize _____ to disclose my educational record(s) to Jones Academy of the Choctaw Nation of Oklahoma. (Name of Educational Institution) Initials _____

Student's Signature	Date
Parent or Guardian Signature (if under 18 years of age)	Date

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to Jones Academy of the Choctaw Nation of Oklahoma. Initials _____

_____	_____
-------	-------

Student's Signature Date	
Parent or Guardian Signature (if under 18 years of age)	Date

Note: Forms will not be accepted without a signature.

This information is released subject to the confidentiality provisions of appropriate federal laws and Choctaw Nation of Oklahoma regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.

SOCIAL INFORMATION

STUDENT'S NAME: _____

1. State your reason for wanting your child to attend Jones Academy at this time.

2. Does your child want to come? Yes _____ No _____

3. What are 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. Do you agree to leave the child in school and only check the child out on non-school days? Yes _____ No _____

6. Did the student miss 10 or more days of school in the last year? Yes _____ No _____

7. Has the student ever been suspended? Yes _____ No _____ Expelled? Yes _____ No _____
 If yes, give date and reason for disciplinary action: _____

8. Does student have an IEP? Yes _____ No _____ If yes, please submit the latest.

9. Is student a ward of the court? Yes _____ No _____ If yes, a copy of the court order must be submitted.

10. Has student ever been arrested? Yes _____ No _____ I choose not to answer _____
 If yes, what was/were the violation(s)? _____

11. Has student ever been detained? Yes _____ No _____ I choose not to answer _____

12. Does student have a probation officer? Yes _____ No _____ Name: _____
 County: _____ Phone: _____

13. Has student used or abused alcohol, tobacco, and/or drugs? Yes _____ No _____ I choose not to answer _____
 If yes, what is substance of choice? _____

14. To your knowledge, has student practiced self-harm (cutting, burning, etc.)? Yes _____ No _____

15. Is student receiving therapeutic support services? Yes _____ No _____ I choose not to answer _____

Name of counselor or clinic: _____

Phone: _____

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

Signature of Parent/Guardian

Date

Behavioral Health Survey

Students Name: _____ Grade: _____ Age: _____

- Motivation Drop in grades Anxiety Stress Social problems
- Hyperactivity Withdrawn Drug/Alcohol Homesick Anger Grief Fear Sadness
- Depression Peer relationship Family Difficulties Bullying Other: _____

What difficulties do you feel your child has experienced within the last 3-6 months (check all that apply above and please explain below):

Is your child currently seeing a counselor or has seen a counselor within the last 3-6 months? (please list counselor's name, facility, how long and what they are seeing the counselor for)

Has your child experienced any changes in their life within the past 3-6 months? YES NO If yes, please explain:

Family: _____

Social: _____

School: _____

What attempts have been made to help your child overcome these life difficulties?

What do you believe will help your child in overcoming these difficulties?

Has your child ever expressed thoughts of hurting themselves or someone else? YES NO If yes, please explain:

Are you or have you ever been afraid of your child?) YES NO If yes, please explain:

Do you as a parent/guardian have any concerns that are not mentioned above? {} YES {} NO

If yes, please explain:

What is your relationship to the student: _____ Please
provide a good contact number that you can be reached at: _____ Custodial
parent/legal guardian, please print and sign name below:

PRINT: _____

SIGN: _____

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 _____,
(Name of Student) who
is my _____
(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 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.

By: _____
(Parent/Legal Custodian signature)

Date: _____

STATE OF _____)
) SS:
)

COUNTY OF _____

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this ____ day of _____, 20__, personally appeared _____ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any)

My commission number is: _____

(Title and Rank)

My commission expires: _____

**POWER OF ATTORNEY
TO DELEGATE PARENTAL OR LEGAL AUTHORITY OVER CHILD**

I, _____, certify that I am the custodial parent or legal custodian of the following minor child: _____ (full legal name), born the ____ day of _____ (month), _____ (year).

I designate the Choctaw Nation of Oklahoma c/o Jones Academy, on behalf of which the authority granted herein may be exercised by the superintendent of Jones Academy or his/her designee, as the attorney-in-fact of the minor child named above. Jones Academy is located at 909 Jones Academy Rd., Hartshorne, OK 74547. The telephone number is 888-767-2518.

I delegate to the attorney-in-fact (Jones Academy Representative) all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school, to provide educational services, to apply for any educational, financial, or social benefit for the child and to agree to any terms necessary to secure such benefit, to inspect and obtain copies of education and medical records and other records concerning the child, the right to schedule or consent to school activities and other functions concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment (including but not limited to routine or emergency care, drug/alcohol treatment, administration of inoculations or other preventive treatments, and mental or behavioral health treatment) and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

Additionally, I hereby authorize, and delegate to the attorney-in-fact (Jones Academy Representative) the authority to authorize and receive, the disclosure and exchange of any information Jones Academy deems reasonable or necessary for medical, dental, behavioral health, drug/alcohol treatment of the child. This information may be shared between healthcare providers, insurance companies, health professionals, and Jones Academy. I further authorize Jones Academy to disclose or exchange any financial or other information about me and/or the minor child in connection with the application for, or other means of securing, educational, financial, medical, or social benefits for the minor child.

This document is effective for a period not to exceed one year, beginning the school year August _____ to August _____. I reserve the right to revoke this authority at any time. The attorney-in-fact (Jones Academy Representative) may elect to cease to serve as attorney-in-fact at any time and for any reason, and in such case, the attorney-in-fact will send written notice to me.

By: _____
(Parent/Legal Custodian signature)

Date:

_____))
STATE OF _____) SS:
_____))
COUNTY OF _____)
ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this ____ day of _____, 20__, personally appeared _____ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any)

My commission number is _____

(Title and Rank)

My commission expires: _____

I hereby accept my designation as attorney-in-fact (Jones Academy Representative) for _____, a minor child as specified in this power of attorney.

(Attorney-in-fact signature) Jones Academy Representative

Date: _____

STATE OF OKLAHOMA)
) SS:
COUNTY OF _____)

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this ____ day of _____, 20__, personally appeared _____ the attorney-in-fact (Jones Academy Representative), to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any)

My commission number is: _____

(Title and Rank)

My commission expires: _____

Health History Assessment

Jones Academy Student:

Last Name	First Name	Middle Name
Date of Birth	Sex	Grade

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY.

1. Does student wear glasses, contacts or protective eyewear? List what student will be wearing while at Jones:

2. Is student being treated by a doctor now? _____ If Yes, please explain: _____
3. Name of clinic(s) or private practices student has previously been seen, please include phone number:

4. Has the student ever had any serious illness or been hospitalized? _____ If Yes, please explain:

5. Has student had any medical treatments, tests, or surgeries? _____ If Yes, please explain:

6. Has the student ever had any of the following conditions?

	Yes	No		Yes	No		Yes	No
1. Respiratory disease			11. Anemia			20. Arthritis		
2. Heart problems or disease			12. Asthma			21. Epilepsy (seizures)		
3. Heart murmur			13. Allergies/sinus			22. STD's (sexually transmitted disease)		
4. High blood pressure			14. Tuberculosis			23. Kidney disorders		
5. Stroke			15. Hepatitis			24. Circulation problems		
6. Rheumatic fever			16. Jaundice			25. Skin disorders		
7. Diabetes (type 1 or 2)			17. Liver disease			26. Stomach disorders		
8. High cholesterol			18. Anxiety			27. Acid Reflux (heartburn)		
9. Bladder problems			19. Depression			28. Thyroid Problems		
10. Bed wetting			20. Have an EpiPen			29. Concussion(s)		

IF YOU ANSWERED YES to any of the ABOVE questions please provide the date or age of the student and additional information (when, where, etc.) on the second page of this assessment.

7. Any family member(s) or relative die of heart related problems or sudden death before age 50? Who/Why? _____
8. Is student allergic to any drug or medicine of any kind, like penicillin, codeine, Novocain, lidocaine, etc.? _____ If Yes, please list the drug, medication, etc. student had a reaction to and what type of reaction:

_____ Was student prescribed an EpiPen because of this incident? _____
9. Is student allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? _____ If Yes, please list the food, insect, etc. student had a reaction to and what type of reaction:

_____ Was student prescribed an EpiPen because of this incident? _____
10. Has student ever had excessive bleeding that required treatment? _____ If Yes, please explain: _____
11. Has student ever had a blood transfusion or blood products? _____ If Yes, please explain: _____

12. Does the student have any wounds or injuries that heal slowly or have other complications? _____ If Yes, please explain:

13. Any joint replacements? _____ If Yes, please explain:

14. Does student have any artificial limbs or eye lens implants? _____ If Yes, please explain:

15. Has the student ever fainted or been unconscious? _____ If Yes, please explain:

16. Is student on any special diet at this time? _____ If Yes, please explain:

17. Does the student have any disease, condition, or problem that you think the doctor or dentist should know about? _____ If Yes, please explain: _____

18. Student have any trouble associated with dental treatment? _____ If Yes, please explain:

19. Does the student worry excessively? _____ Has the student received any psychiatric treatment? _____
Explain _____

20. Has the student had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? _____
Explain _____

21. Is the student taking any medications (including over-the-counter, herbal, etc.)? List ALL medications, dosage, and time(s) when medication is given:

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____

Time(s) given: _____ Reason medication is given: _____

22. Any other health information or explanation of health history, please list here:

Signature of Parent or Guardian _____ Date _____

CONSENT AND RELEASE FOR EXTRA CURRICULAR ACTIVITIES, COMPETITIVE SPORTS, AND FIELD TRIPS

Student's Name: _____

Parent/Guardian Name: _____

By signing this form, I warrant that I am the custodial parent or legal guardian of the named student and that I have the legal authority to sign this document.

I (we) hereby grant permission/authorization for my child to participate in any organized Hartshorne Public School or Jones Academy Elementary School/Residential Program sponsored **extra-curricular activity, competitive sports, and field trips** as approved by Jones Academy administration. This includes all transportation necessary to facilitate my child's participation in the extracurricular activity. I (we) understand, agree not to hold the Hartshorne Public Schools or Jones Academy liable in the event of an accident.

I understand and agree that certain extra-curricular activities, **competitive sports, and field trips** may present a risk of injury or other bodily harm and, on behalf of myself and my child, I assume all risk and responsibility for this risk. I represent that I am familiar with the extra-curricular activities offered and that I am familiar with my child's mental and physical limitations, if any. I further represent that my child has no mental or physical limitations that would preclude his/her participation in extra-curricular activities, except as may be specifically identified by me in this document.

The list of approved activities, **competitive sports, and field trips** at Jones Academy/Hartshorne Public School include, but are not limited to:

- | | | | |
|------------------------------------|--------------|----------|-------------------|
| Archery | Ropes Course | Swimming | Weight-Lifting |
| Livestock Shows | Tae Kwon Do | Crossfit | Theme/Water Parks |
| PACE 5K/10K and half marathon runs | | | |

- | | | | | |
|----------|------------|----------|----------|-------|
| Football | Basketball | Baseball | Softball | Track |
|----------|------------|----------|----------|-------|

Weight lifting

Marching band

Stickball

Soccer

Museums

Seasonal, agricultural, spiritual, cultural, excursions

Pow-wows

FFA/FCCLA/KTC conferences

Archeological sites

College tours

Aquariums, Planetariums

Youth Camps

If there is an activity or program I do not wish for my child to participate in, I have disclosed it below. If my child has any physical or mental limitations pertaining to these activities, I have recorded them below:

Child may NOT participate in:

Physical or mental limitations:

I agree to **HOLD THE CHOCTAW NATION OF OKLAHOMA** and its employees, elected officials, agents, and representatives (“Choctaw Indemnified Parties”) **HARMLESS FROM, AND FOREVER WAIVE AND RELEASE** the Choctaw Indemnified Parties, from and against all injuries, loss, liability, damage or cost that may arise from my child’s participation in extracurricular activities **EVEN IF CAUSED BY THE NEGLIGENCE OF THE CHOCTAW NATION OF OKLAHOMA**. Additionally, I **AGREE TO INDEMNIFY THE CHOCTAW INDEMNIFIED PARTIES** from and against all injuries, loss, liability, damage, or cost they may incur due to my child’s participation in extracurricular activities. I intend that the waivers and releases and indemnities in this document to be construed as broadly and all-inclusively as permitted under the laws of both the State of Oklahoma and the Choctaw Nation of Oklahoma. If any portion of this document is held to be invalid, the remainder of the document will be given full force and effect. **I UNDERSTAND THAT THIS IS A RELEASE OF ALL CLAIMS AGAINST THE CHOCTAW NATION OF OKLAHOMA AND ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS, AND REPRESENTATIVES.**

Parent/Guardian Signature

Date

PERMISSIONS

CULTURAL

I give permission for my child to attend spiritual services on and/or off campus.

Yes

No

Parent or Legal Guardian

Date

I give permission for my child to attend on and/or off campus spiritual activities.

Yes

No

Parent or Legal Guardian

Date

HAIRCUTS

I give permission for my child to get regularly scheduled haircuts.

Yes

No

Parent or Legal Guardian

Date

AUTHORIZATION TO INITIATE DETENTION ORDER

(To be completed by parent or guardian)

Date: _____

I, _____ being the real parent/guardian of

_____, hereby give Jones Academy staff authorization/responsibility to initiate proceeding for Detention Order, Missing Persons Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or; any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Staff.

The permission is given so that my child may be located and returned to a safe environment as soon as possible.

Signature of Parent or Guardian

Date

DESCRIPTION OF CHILD (To be completed by Parent or Guardian.)

PLEASE PRINT

Name: _____ Sex: _____

Nickname: _____ SS #: _____

Height: _____ Weight _____ Hair color _____ Hair length _____

Eye color: _____ Tattoos: _____ Scars: _____

Remarks/Details: _____

CONSENT FOR SEARCH

I, _____, give consent to Jones Academy staff to search
Parent/Guardian's Name

_____, his/her room, and/or personal belongings if there is
Student's Name

reasonable belief that the student has an illegal substance, weapon, or an item that is considered a danger to him/her or someone else. I understand that periodically on a random basis a drug dog may be used to search the campus area (including students' rooms) for illegal drugs.

Parent/Guardian

_____ Date

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974 and the Paper work Reduction Act (44 U.S.C. 3501, et seq)

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95561

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in strictest confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a student's eligibility to enroll in bureau operated or bureau funded schools. Response to this request is mandatory in order to obtain a benefit.

Use of Social Security Number

The request for a social security number is voluntary. If supplied, it will be used as one identifier in the Bureau's management information system's student enrollment system.

Estimated Burden Statement

Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076-AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: OIRA_DOCKET@omb.eop.gov.

