

INDIAN BOARD OF EDUCATION  
for the  
PIERRE INDIAN LEARNING CENTER



Enclosed is a student application for admission to the Pierre Indian Learning Center. Please complete ALL of the requested information. It is ABSOLUTELY NECESSARY to have the following documents included with the application. **Incomplete applications will be returned; this will delay the student's acceptance.**

- ✓ Copy of last report card showing student passed or was retained (**report card must be included with this application**)
- ✓ **Copy of most recent IEP (Individualized Education Plan), if applicable** (**must be included with this application**)
- ✓ Social Summary (if your child has received specialized counseling, a report of services must be submitted with application)
- ✓ Degree of Indian Blood Certification (copy)
- ✓ Birth certificate (copy)
- ✓ Social Security Card (copy)
- ✓ Custody Order (copy), where applicable. If you are not the legal parent of the student, we require an Order showing you have legal guardianship. Only parents or **LEGAL** guardians (accompanied by the Custody Order) shall sign the application
- ✓ Complete medical information requested on health section of application
- ✓ **Medical Physical must be included with the application**
- ✓ **Medicaid card (copy) or personal insurance information which includes the name and complete address of the insurance company and your policy number (copy). We require all students to be covered either by Medicaid, CHIPS or personal insurance**
- ✓ **Any student with a history of psychiatric hospitalization or who is on medication(s) must submit full reports from the physician/psychologist and/or hospital before the application will be considered.**

**All current medical, dental and vision needs must be completed and on file before the student arrives on campus.**

**Students permanently released during the school year will not be accepted for re-admission at a future date.**

If you have any questions or need further information, please call us at (605) 224-8661, ext. 110.  
Renee Bear Stops, Registrar

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Signature of Parent/Legal Guardian

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Date

INDIAN BOARD OF EDUCATION  
for the  
**PIERRE INDIAN LEARNING CENTER**

Cheyenne River Sioux Tribe  
Crow Creek Sioux Tribe  
Flandreau-Santee Sioux Tribe  
Lower Brule Sioux Tribe  
Oglala Lakota Nation  
Omaha Tribe of Nebraska  
Rosebud Sioux Tribe  
Santee Sioux Tribe of Nebraska



Sisseton-Wahpeton Oyate  
Spirit Lake Nation  
Standing Rock Sioux Tribe  
Mandan, Hidatsa & Arikara Nation  
Turtle Mountain Band of Chippewa Indians  
Winnebago Tribe of Nebraska  
Yankton Sioux Tribe

**STUDENT ENROLLMENT APPLICATION**

**IDENTIFICATION**

Social Security Number \_\_\_\_\_  
(required)

Student Name \_\_\_\_\_  
Last First Middle

Address: P.O. Box \_\_\_\_\_ Street \_\_\_\_\_  
(Physical location is required)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_ Sex: Male ( ) Female ( )

Tribal Affiliation \_\_\_\_\_ Degree of Indian Blood \_\_\_\_\_

Enrollment Number \_\_\_\_\_ Home Agency \_\_\_\_\_

Religious Affiliation (optional) \_\_\_\_\_

## FAMILY AND BACKGROUND INFORMATION

Father: \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Living ( ) Deceased ( )

Occupation (optional): \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Emergency \_\_\_\_\_

Other (specify) \_\_\_\_\_

Mother: \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Living ( ) Deceased ( )

Occupation (optional): \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Emergency \_\_\_\_\_

Other (specify) \_\_\_\_\_

**(This section must be completed; if legal guardian is not parent(s), a copy of the Custody Order is required)**

**LEGAL GUARDIAN:** \_\_\_\_\_

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

\_\_\_\_\_ Telephone: Home \_\_\_\_\_

Occupation: (optional) \_\_\_\_\_ Work \_\_\_\_\_

Employer: \_\_\_\_\_ Emergency \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## PREVIOUS SCHOOL ATTENDED

School Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Will be

Attended \_\_\_\_\_ in Grade \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

School: Public \_\_\_\_\_ Reservation \_\_\_\_\_

Student participated in Special Education: Yes ( ) No ( )

I am legally responsible for this student and hereby apply for his/her admission to this school and understand that additional information may be requested by the school before the student is enrolled. I agree to the release of medical, psychological and education records (defined as *any information used to make a decision regarding special education for my child*) with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above. If there are no specific educational needs for these records, the records will be destroyed or returned to the parents upon written request.

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

\_\_\_\_\_  
Date

## ***PERMISSION SLIP***

**Students who are permanently released during the school year will not be accepted for re-admission at a future date. I/we have read and understand this action and hereby agree that this student will remain at the Pierre Indian Learning Center until the completion of the school term.**

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby authorize the following persons to **temporarily**  
Print name of parent/legal guardian  
**check out my child** \_\_\_\_\_. (Please include your name(s) on the list.)  
Print student's name

**Must be at least 18 years of age (proof required) to check out students. PILC staff members may not check students out for anything other than school/church activities.**

### **NON OVERNIGHT LIST**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **OVERNIGHT LIST**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **PLEASE CHECK APPLICABLE BOX:**

I/we grant the **Pierre Indian Learning Center** permission to utilize the above-referenced student's photographs, writings or illustrations for information and educational purposes only.

( ) Yes ( ) No

I/we give permission for the above-named student to participate in on/off campus sporting events and other extra-curricular activities conducted/represented and supervised by staff members of the **Pierre Indian Learning Center**.

( ) Yes ( ) No

I/we give permission for the above-named student to participate in **Sweat Ceremonies** at the **Pierre Indian Learning Center**.

( ) Yes ( ) No

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

\_\_\_\_\_  
Date

***Students will be allowed to make their own decisions concerning haircuts, trims or permanents  
unless we receive written instructions from parents/guardians stating otherwise***

# ***GIFTED AND TALENTED PROGRAM***

## **Parent Consent – Assessment/Evaluation**

This is to certify that I consent for my child, \_\_\_\_\_ to be evaluated,  
(Print Student's Name)  
tested and data collected, to determine whether he/she is eligible for special services as provided by the Gifted and Talented Program. These evaluations are performed by persons with special training to evaluate and identify student needs. I also give permission for my child to participate in the Gifted and Talented Program, if qualified. As, a parent, I have the right to access, to inspect, to question, to obtain copies of all relevant documentation pertaining to my student's file and to remove my child from the program upon written request.

\_\_\_\_\_ **I consent to have my child individually evaluated**

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

\_\_\_\_\_  
Date

\_\_\_\_\_ **I do not consent to have my child individually evaluated**

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

\_\_\_\_\_  
Date

*It is the mission of Pierre Indian Learning Center, in partnership with parents and communities, to empower each child to achieve his or her fullest potential to become a lifelong learner and responsible citizen. We are committed to foster high expectations and promote positive attitudes to achieve equity and excellence in a safe and nurturing environment.*

**Community, Parents, Schools, and Students  
Partners in Each Child's Education · Success for All**

**As a parent/guardian, I will strive to: \_\_\_\_\_ (Parent/Guardian Signature)**

- Believe my child can learn;
- Show respect and support for my child, the staff, and the school;
- Explain to my child the importance of doing his/her best;
- Encourage my child to complete all homework assignments;
- Attend parent-teacher conferences when possible;
- Support the school in developing positive behaviors in my child;
- Talk with my child about his or her school and dormitory activities; and
- Encourage my child to read at home and apply all their learning to daily life.

**As a student, I will strive to: \_\_\_\_\_ (Student Signature)**

- Believe that I can learn;
- Show respect for myself, my school, and other people;
- Always try to do my best in my work and my behavior;
- Work cooperatively with students and staff;
- Obey the student expectations in the classroom and throughout the school; and
- Come to school prepared with my homework and supplies.

**As a teacher I will strive to: \_\_\_\_\_ (Teacher's Signature)**

- Believe that each child can learn;
- Respect and value the uniqueness of each child and his or her family;
- Provide an environment that promotes active learning;
- Enforce student expectations in the classroom and throughout the school in a fair and consistent manner;
- Assist each child in achieving the essential academic learning requirements;
- Document ongoing assessment of each child's academic progress;
- Maintain open lines of communication with students and parents;
- Seek ways to involve parents in the school program; and
- Demonstrate professional behavior and a positive attitude.

**As a dormitory staff, I will strive to: \_\_\_\_\_ (Residential Staff Signature)**

- Communicate and work with families to enhance students' learning.
- Respect the cultural differences of students and their families.
- Continue efforts to develop professionally.
- Provide a safe, pleasant, and caring atmosphere.
- Provide resources to help all children be successful in their school experience.
- Maintain high expectations for myself, students, and other staff.
- Assist students in the development of a sense of personal and civic responsibility.
- Help students learn to resolve conflicts in an appropriate and positive manner.

***Members of the Pierre Indian Learning Center educational community, together as partners in your child's education, uphold the intent of this compact.***

***Student Residency Questionnaire***  
***Pierre Indian Learning Center***

This questionnaire is intended to address a child's eligibility for services provided and required by the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student. Please check any statement that applies to your child's residency.

1. Presently, where is the student living
  - ☐ In a shelter
  - ☐ With more than one family in a house or apartment
  - ☐ In a motel, car or campsite
  - ☐ With friends or family members other than parent/guardian
  - ☐ None of the above choices apply to my child
  
2. The student lives with
  - ☐ One parent mother/father (circle one)
  - ☐ Two parents
  - ☐ One parent and another adult
  - ☐ A relative, friend or other adult
  - ☐ Alone with no adult
  - ☐ An adult that is not parent or the legal guardian

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

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

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

**Pierre Indian Learning Center  
Cell Phone and Electronics Program**

In the past, the Pierre Indian Learning Center has forbidden students to bring cell phones or Mp3 players/iPods to campus for fear of loss, damage, or theft. After much consideration, administration has drafted the following pilot program policy regarding these items:

1. In an effort to improve communication between parents/families and students attending the PILC, students will be permitted to bring cell phones with them to campus. Upon arrival at the dorms, students will be required to check their cell phones in, where the items will be kept secure in a locked room on each wing. Students will be permitted to “check out” their phones at a specified time each evening to make phone calls/answer texts, etc. Parents will be informed via letter of the time on each wing when cell phones may be checked out by students. Cell phones may NOT be brought to school during the academic day. Phones must be clearly labeled with the child’s name.
2. Students will be permitted to bring their personal Mp3 players/iPods/iPads to campus. These items will need to be labeled with the child’s name. Students may NOT bring these items to school during the academic day, and will only be permitted to use them during non-instructional time in the residential department.
3. The PILC assumes NO LIABILITY for the theft, loss, or misuse of these items (e.g. a student allows another child to use his cell phone, using the student’s prepaid minutes).
4. The PILC will not replace any student cell phone or Mp3 player/iPod/iPad. It is the responsibility of the student to manage the devices properly and according to the regulations established on each wing.

I acknowledge that I have read and agree to the Pierre Indian Learning Center cell phone and electronics policy. Should I choose to send electronic devices to the PILC campus with my child, I understand that the PILC assumes no liability for these items. I also understand that should my child violate these policies, he or she may lose electronics privileges temporarily or in severe cases the items may be sent home to the parents/guardian.

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Signature of Parent/Legal Guardian

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Date



## ***TEMPORARY RELEASE PROCEDURE***

### **ACADEMIC POLICY:**

Consistent and punctual attendance is required of students each and every day while enrolled at the Pierre Indian Learning Center.

- **NO STUDENTS MAY BE CHECKED OUT DURING THE SCHOOL DAY FROM 8:00 AM UNTIL 3:30 PM.**

### **RESIDENTIAL POLICY:**

- No student may be checked out between the hours of 8:30pm to 7:30am.
- Students are to be returned to the dormitory by 8:30 pm Sunday through Thursday.  
AND by 9:45 pm Friday and Saturday.

### **WEEKEND POLICY:**

- Students may be checked out overnight on weekends or non-school days by individuals authorized on the student's check-out sheet for overnight check-out.
- When checking out a student overnight, please indicate when the student will be returned to the PILC campus.
- Overnight checkouts may NOT take place Monday through Thursday, unless there is no school.
- Students may NOT be checked out overnight on a Friday until after 3:30 pm.
- Students who are checked out overnight MUST be returned to the dormitory by 8:30pm.

**All gates will be locked at 8:45pm. No one will be admitted after that time.**

My signature indicates that I have read and understand this procedure.

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

\_\_\_\_\_  
Date

## ***RELEASE/TRANSFER OF EDUCATIONAL RECORD(S) FORM***

**RELEASE TO**                    **PIERRE INDIAN LEARNING CENTER**  
3001 E Sully Avenue  
Pierre, SD 57501-4419  
Phone: (605)224-8661 or Fax: (605)224-8465

**REQUESTED FROM**

\_\_\_\_\_  
(Previous School Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City/State/Zip)

**STUDENT'S NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_

- \_\_\_ General Education (report card)
- \_\_\_ Special Education (include the following for Special Education records:  
Referral/Parental Permission to test – Parental Consent for Placement-Educational Testing –  
I.E.P. – Team Notes – Psychological Evaluations (Clinical or otherwise) – other relevant information  
you may have.

This is to certify that I do hereby agree to the release of medical, psychological and education records (defined as any information used to make a decision regarding special education for my child) with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above. If there are no specific educational needs for these records, the records will be destroyed or returned to parents upon written request.

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

The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.

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