

Pyramid Lake Junior/Senior High School (PLJSHS)

Annual/New Student Application for Enrollment Forms.

It is imperative that PLJSHS has the most up to date information for contacting parents/guardians and emergency contacts. Having this packet completed and the required documents on file assists with funding through Indian Education Equalization Program (ISEP) which is managed by the Bureau of Indian Education (BIE). All new and current students must complete this packet every school year your student is in attendance at PLJSHS.

New students please be aware:

1. PLJSHS endeavors to make the best decisions for current and future students and Pyramid Lake Jr/Sr High School desires to meet the need of every potential student, while keeping the needs and educational interests of current students at the forefront of each decision.
2. **All students** must complete a registration packet.
3. Pyramid Lake Jr/Sr High School will request a copy of all prior school information for review before rendering an enrollment decision.
4. School Administration and the school counselor will review records (including cumulative files when available) and registration packet for academic performance, behavior, attendance history, and school discipline (BOE 4.01 Enrollment).
5. New students will be contacted within 15 working days of receiving the application for enrollment forms as to the status of enrollment.

All high school student athletes will need to complete physical and the on-line Register My Athlete (RMA) forms before practicing.

In addition to a completed packet please provide the following documents (we will make copies and return all original documentation):

_____ Birth Certificate

_____ Social Security Card

_____ Immunization Records

_____ Tribal Enrollment Card or Certificate of Indian Blood (CIB)

_____ Guardian papers if you are not listed as natural parent on Birth Certificate (Only notarized legal documents are accepted).

Please contact PLJSHS registrar at 1-775-574-1016 for questions and assistance about this form.

Pyramid Lake Jr./Sr. High School

OFFICIAL NOTICE of UNIFORM POLICY

DRESS CODE

Pyramid Lake Jr./Sr. High School (PLJSHS) has adopted a uniform code of dress that includes a standardized uniform. The uniform is to be worn at school during school hours, school events, during school sponsored transportation, and anytime you are representing PLJSHS.

There may be days when Administration will allow clothing other than the school uniform. Those days will be announced by the Administration for events including field trips, game days, dances, or dress-up days. **Wearing clothing other than the designated school uniform on days that have not been approved by administration will constitute a dress code violation and appropriate progressive consequences.** It is expected that students will come to school clean, well groomed, wearing the school uniform.

The uniform consists of the following:

- Tops- the top is maroon with the official school emblem. These tops are issued by the school and consist of short/long sleeve t-shirts, polo, and ¼ zip and crew neck sweat shirts.
- Bottoms – Khaki, black or grey in color and can include pants, capris, shorts and skirts minimum length, 4" above the knee for shorts and skirts.
- Shoes - Proper footwear at all times. No house slippers.
- **Once in school Non-uniform, items must be placed in the locker.**
- An "undershirt" maybe worn under the uniform shirt. This undershirt must be white, grey, maroon, or black in color. The undershirt needs to be tucked in at the waist with no undershirt showing between the uniform top and the uniform bottom.
- If a long sleeve shirt is worn under a short sleeve uniform no symbols, letters or graphics are allowed to be revealed on the long sleeve shirt.

Unacceptable Attire:

1. Trench, oversized coats, leg warmers, open-back dresses, tank tops, crop tops, transparent/bare-midriff apparel, torn or un-hemmed clothes, apparel with inappropriate logos, phrases or pictures are not allowed. Any clothing that is considered bizarre, illicit, or sexually suggestive (i.e., showing cleavage) in the eyes of the Administration is not acceptable. Pants may not be oversized, side seam split, or have unfinished hems. The "baggy" or "sagging" styles will not be tolerated.
2. Bandanas, (sweat or sports related) scarves, blankets, headbands, hairnets, hoods/hoodies, hats or any like adornment are expressly forbidden on campus during hours and at school-related activities. No sunglasses may be worn in the building or in the classroom. No wallet chains. No graffiti or explicit/questionable patches on backpacks.

Dress Code Violations and Consequences:

It is the right and responsibility of the Administration and faculty to regulate against un-becoming and inappropriate fads or fashions. Dress code violations are determined according to the judgment of the Faculty and Administration. It must be understood that when individuals do not comply with the dress code, all faculty members have not only the right, but also the obligation to refer the student to the Administration. Students will be checked throughout the school day for dress code violations.

It is the responsibility of the Administration and faculty to enforce the PLJSHS's Uniform Dress Code as directed by the BOE. If a student is found to be habitually violating the Uniform Dress

Code, the student will face serious disciplinary action, which could result in suspension or disenrollment from PLJSHS.

Because of safety concerns, the administration may restrict certain articles of clothing, jewelry, and/or footwear from being worn or brought to school. This could be done either on a temporary or permanent basis in order to protect students and staff. The Principal/Assistant Principal shall retain the authority to grant exceptions to the school dress policy for special occasions, athletics, and/or special conditions.

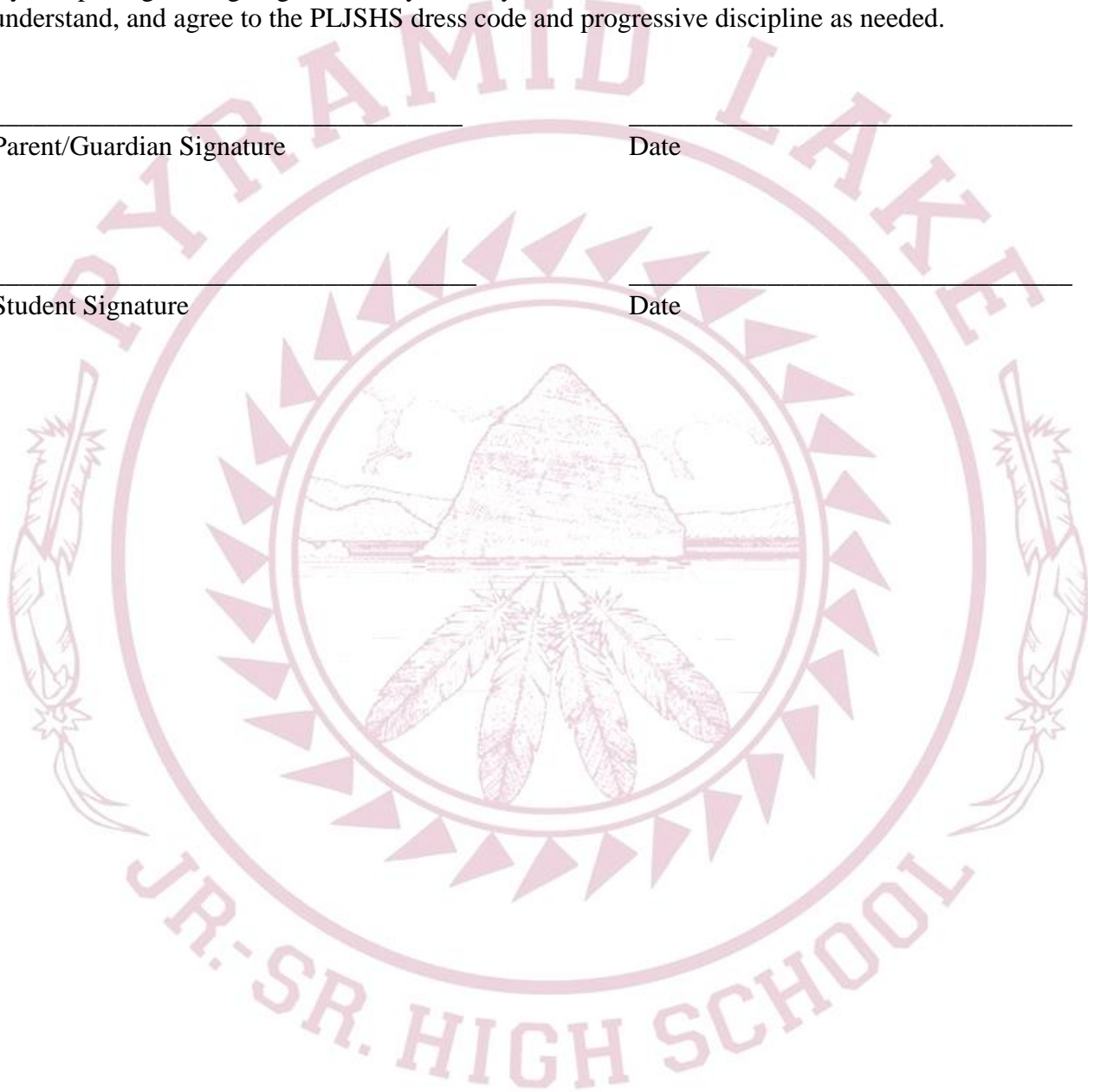
By completing and signing this form you and your PLJSHS student have read, discussed, understand, and agree to the PLJSHS dress code and progressive discipline as needed.

Parent/Guardian Signature

Date

Student Signature

Date



Pyramid Lake Jr./Sr. High School Student/Parent Technology Use Agreement

Pyramid Lake Jr./Sr. High School's (PLJSHS) Acceptable Use Policy (AUP) prevents unauthorized access and other unlawful activities by users online, prevents unauthorized disclosure of sensitive information, and complies with the Children's Internet Protection Act (CIPA). PLJSHS will use technology protection measures to block or filter, to a practical extent, access to any material which PLJSHS, in its sole discretion, believe to be unlawful, obscene, pornographic, and/or harmful to minors over the network.

Pyramid Lake reserves the right to monitor users' online activities and to access, review, copy, and/or store, delete any electronic communication or files and disclose them to other appropriate entities as PLJSHS deems necessary. Educators may use the Internet during class directed group demonstrations with or without parent consent. Users should have no expectation of privacy regarding their use of PLJSHS property, network and/or internet access, files, and/or email.

Terms and Conditions of Use:

- 1) **Privileges** – The use of PLJSHS computer is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.
 - Inappropriate sites will initially be identified by Information Technology.
 - Access to technology may be revoked for inappropriate use.
 - Criminal actions may be pursued for illegal use of technology.
- 2) **Responsibilities** - Technology (including the use of the Internet) can be an exciting adventure for students. However, they must be responsible to:
 - Report to an appropriate adult (parent, teacher, or administrator) any inappropriate use of the Internet or any destruction of District property;
 - Take care of their accounts.
 - Do not let anyone else know your password.
 - Any monetary costs incurred from misuse of equipment is covered by parent/guardian.
- 3) **Network Etiquette** - Students are expected to abide by the federally accepted rules of network etiquette. These include (but are not limited to) the following:
 - Use appropriate language. Do not swear, use vulgarities, or any inappropriate images;
 - Do not use the Internet, e-mail, or District's network to engage in any illegal or inappropriate uses (such as to bully another student, sexually harass another student, make any racial remarks, violating copyright laws, etc.);
 - Do not attempt to bypass blocked Internet sites. If you feel a site has been blocked that you should be allowed to view, contact your teacher;
 - Do not use the network in such a way that you would disrupt the use of the network by other users (i.e. downloading video or music, without the express consent)
 - Do not print multiple copies of any document unless expressly requested by a teacher or administrator.
 - Do not tamper with the District's network;

- Do not connect any devices into the computer without the consent of your teacher and then only under the direct supervision of your teacher. (This includes CD roms, flash drives, iPods, PDAs, etc.)
- Do not modify or tamper with the school's computer hardware or software;
- Do not knowingly introduce malicious code (viruses, Spyware, Trojan Horses, etc.);
- Do not download, install, or run any program unless specifically instructed by a teacher and only under that teacher's supervision;
- Do not reveal your personal address, phone numbers, social security number or school site;
- Never log on under another person's name;
- Never let anyone know your password.

☐ I have ***read and allow*** my student to use the Internet at school.

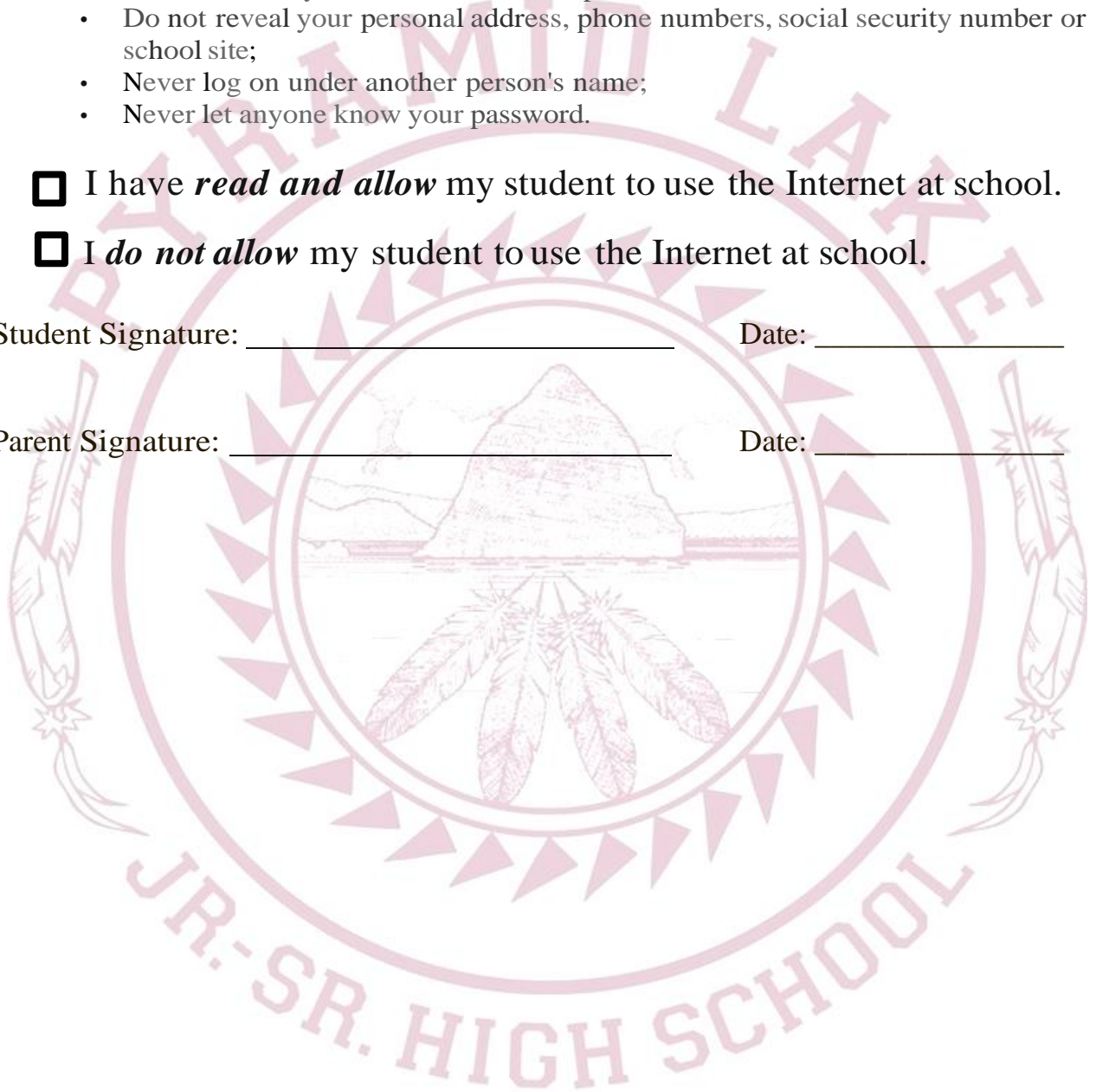
☐ I ***do not allow*** my student to use the Internet at school.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____





Records request

Attention: School Registrar Pre-Acceptance Date: _____

Student Name: _____

Grade: _____

Date of Birth: _____

_____ The student named above has applied for **POSSIBLE** enrollment at PLJSHS.*
Please FAX the following as soon as possible:

_____ Transcript _____ Plausible withdraw grades _____ All behavior records
_____ Birth Certificate _____ Immunization Records _____ State test results
_____ Attendance Records (Past and Current Years)

*** Please note the above student is applying to be enrolled and has not been approved by administration at PLJSHS. The information requested is part of the criteria for being accepted.**

If the student named above is approved a separate fax request for all records will be sent at a later date.

****Has your child ever received Special Education services?** _____ Yes _____ No

Is your child currently or recently been suspended or expelled? _____ Yes _____ No

If yes, name of school _____

Are you the legal Guardian of this student? _____ Yes _____ No

Guardianship papers are **REQUIRED** if you are not listed as natural parent on Birth Certificate

Print Guardian Name

Contact Number

Student Physical Address

Signature of Parent/Guardian

Relationship to Student

Former School Attended: _____

School Mailing Address: _____

Telephone: _____ Fax: _____

Former School's registrar's email address _____



Records request

Attention: School Registrar **Accepted** Date: _____

Student Name: _____

Grade: _____

Date of Birth: _____

_____ The student listed above has been **approved** for enrollment at PLJSHS.

Please mail all records including the following:

____ Cumulative Folder

____ Special Education Records and IEP

____ Health Folder

____ Other _____

*** Please note the above student is applying to be enrolled and has not been approved by administration at PLJSHS. The information requested is part of the criteria for being accepted.**

If the student named above is approved a separate fax request for all records will be sent at a later date.

****Has your child ever received Special Education services?** ____ Yes ____ No

Is your child currently or recently been suspended or expelled? ____ Yes ____ No

If yes, name of school _____

Are you the legal Guardian of this student? ____ Yes ____ No

Guardianship papers are **REQUIRED** if you are not listed as natural parent on Birth Certificate

Print Guardian Name

Contact Number

Student Physical Address

Signature of Parent/Guardian

Relationship to Student

Former School Attended: _____

School Mailing Address: _____

Telephone: _____ Fax: _____

Former School's registrar's email address _____



Records request

Attention: **Tribal Enrollment Office**

Date: _____

Student Name: _____

Grade: _____

Date of Birth: _____

I _____ give permission for Pyramid Lake Junior Senior High School to retrieve copies of the following documents for my student named above.

Please fax a copy of the following records to:

Fax # 1-775-574-1037

Attn: Registrar

____ Birth Certificate

____ Social Security card

____ Tribal ID

____ Descendancy Papers

Print Guardian Name

Contact Number

Student Physical Address

Signature of Parent/Guardian

Relationship to Student

Pyramid Lake Jr./Sr. High School

Special Education Records Questionnaire

It is very important that all of the students that are enrolled at Pyramid Lake Jr./Sr. High School get the best education that is available to them. In order for your child to get the help and attention that he/she needs, we here at Pyramid Lake Jr./Sr. High School need to know if your child has ever, in the past received any Special Education services. If your child has attended any of the following classes or any other special needs classes, please check all that apply:

☐ Special Education Classes

Location: _____ Year: _____

☐ Resource Classes

Location: _____ Year: _____

☐ Speech Classes

Location: _____ Year: _____

☐ Other

Location: _____ Year: _____

The above information is true and accurate to the best of my knowledge.

Parent/ Guardian Signature

PRINTED Name

Date

Telephone Number

File

SPED File

PYRAMID LAKE JR./SR. HIGH SCHOOL
Student Information/Emergency Contact Information

NASIS #: _____

DATE: _____

STUDENT'S

<u>First Name</u>	<u>Middle Name (Initial)</u>	<u>Last Name</u>	<u>Gender</u>	<u>DOB</u>
<u>Physical Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Social Security Card #</u>	<u>Birth City, State, Country</u>	

ETHNICITY: ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO

RACE: ☐ NATIVE AMERICAN INDIAN/ALASKAN ☐ BLACK OR AFRICAN AMERICAN ☐ ASIAN
☐ WHITE ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER

IS THE STUDENT AN ENROLLED MEMBER OF A TRIBE? ☐ YES ☐ NO

NAME OF TRIBE _____ ENROLLMENT # _____ CENSUS # _____

NOTE: TO RESTRICT NATURAL PARENT'S ACCESS TO CHILD AND/OR CHILD'S RECORDS, THIS SCHOOL MUST HAVE A CURRENT COPY OF TERMINATION OF PARENTAL RIGHTS, OR SPECIFIC LEGAL CUSTODY AGREEMENT ON FILE.

<u>Father/Male Guardian's Name</u>		Have parental rights been revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you must supply official documentation.	
<u>Physical Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone #</u>	<u>Cell #</u>	<u>Work #</u>	<u>Email Address</u>
<u>Mother/Female Guardian's Name</u>		Have parental rights been revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you must supply official documentation.	
<u>Physical Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone #</u>	<u>Cell #</u>	<u>Work #</u>	<u>Email Address</u>

EMERGENCY CONTACT INFORMATION - IDENTIFICATION MAY BE REQUIRED WHEN CHECKING OUT A STUDENT. PLEASE PROVIDE NAMES OF PEOPLE TO WHOM WE MAY RELEASE YOUR CHILD, OR ACCESS PERMISSION FOR TREATMENT, AND/OR DISCIPLINARY ACTION

<u>Emergency Contact Name</u>	<u>Contact's phone #</u>	<u>Relationship to Student</u>
<u>Emergency Contact Name</u>	<u>Contact's phone #</u>	<u>Relationship to Student</u>
<u>Emergency Contact Name</u>	<u>Contact's phone #</u>	<u>Relationship to Student</u>

CHECKOUT LIST- *IDENTIFICATION IS REQUIRED WHEN CHECKING OUT A STUDENT

<u>Emergency Contact Name</u>	<u>Contact's phone #</u>	<u>Relationship to Student</u>
<u>Emergency Contact Name</u>	<u>Contact's phone #</u>	<u>Relationship to Student</u>

PARENT/GUARDIAN SIGNATURE

DATE



ATTENTION!
PARENTS/GUARDIANS!

This is notification that Video surveillance equipment, with audio, is installed and in use on all Pyramid Lake Jr./Sr. High School buses, hallways and classrooms.



Pyramid Lake Jr./Sr. High School

Driving a school bus requires constant attention, excellent driving skills, and a total understanding of all bus driving rules and regulations. The bus drivers have full responsibility and authority for the safety of all students assigned to the bus from the time they board until they arrive at their destination. In order to accomplish their assignment, the following basic riding rules have been established by the PLJSHS.

SCHOOL BUS RULES OF CONDUCT

SAFETY is the primary reason for our school bus Rules of Conduct. Students and parents/guardians understand the lives and safety of all students may depend on their conduct and strict observance of school bus rules. The student shall not engage in any behavior or action that would interfere with the safety of the bus or the safety of any of the passengers on the bus.

Students shall not chew gum, drink, eat, play music or use tobacco on the bus.

Students shall not bring onto the bus animals, drugs, glass containers, large instruments, alcohol, radios, weapons, or wear cleats/spikes or any other items which could interfere with passenger safety.

Students are to keep all parts of the body inside of the bus at all times and not throw any items in or out of the bus window. Students are not permitted to open windows without the bus driver's permission.

Students shall go to their seats and remain seated at all times, keep their hands to themselves and monitor their possessions, refrain from any movement that would interfere with passenger safety.

Students must be at their bus stop five (5) minutes before the scheduled departure time of the bus. Bus schedules are planned with sufficient time for pupil loading at each stop. Students who miss the bus MUST provide their own transportation as buses cannot wait upon nor return to pick up thereafter. During inclement weather/traffic buses could run from 5 to 10 minutes late.

Parents/guardians of any student who damage school property or the property of other students will be financially responsible for the damages. All student behavior, while getting on or off the bus or while waiting at the bus stop, must be orderly and is subject to school consequences.

Whenever it is necessary for students to cross any road after getting off the bus, the crossing must be done according to the directions of the bus driver. Students shall never cross behind the bus and shall stay away from the bus as it departs.

SAFETY-OUR COOPERATIVE GOAL

Pyramid Lake Jr./Sr. High School is concerned with transporting students safely to and from school in an efficient manner while minimizing the length of time students must be on the bus and at the bus stop. Due to the bus schedule and the many responsibilities of the bus driver, parents/guardians wanting to talk to the bus driver are to contact the school.

Drivers will drive safely and encourage good student conduct on the bus so they may devote their attention to driving. Students are responsible for their own conduct on the bus, which will insure his/her own safety and the safety of others on the bus and the road.

Parents are requested to discuss safety and good behavior on the bus with their children, and support the efforts of the bus driver and the school to insure bus safety. The combined efforts and cooperation of parents/guardians, school personnel, and students are essential in maintaining a safe and efficient transportation program.

Your cooperation is appreciated.

Students may not change pick up and drop off points/buses unless pre-approved by the parent/guardian.

A written note from the parent/guardian must be submitted to the office before 12:00 pm.

Phone calls will not be accepted for any bus changes.

MISCONDUCT REPORTS

PLJSHS has adopted a **progressive discipline approach** to assist in the transportation of students in all high school vehicles. The following courses of action are considered as a minimum for those students who do not follow our School Bus Rules of Conduct:

- The driver will notify the student of the infraction and complete the Misconduct Report. The Principal/Assistant Principal will meet with the bus driver and student. After the disposition of the case, copies will be distributed to the bus driver, parent/guardian(s), and student(s).
- The first Misconduct Report may result in a warning from the bus driver/Principal/Assistant Principal. A student may be suspended or denied transportation, depending upon the severity of the circumstances.
- The second Misconduct Report may result in suspension from the bus for a period up to five (5) days, and a parent/guardian conference **will** be required.
- The third and subsequent Misconduct Report will result in permanent suspension of transportation privileges on all school buses and vehicles.

Suspension of transportation privileges does not excuse a student from school attendance as required by Compulsory Education Laws of the State of Nevada (NRS 392.140).

Bus Route: _____

Stop: _____

Bus Driver: _____

To: Parents/Guardians:

Please complete the form below and return to the office. Without completion of this form your PLJSHS student will not be able to ride PLJSHS buses or vehicles.

By completing and signing this form you and your PLJSHS student have read, discussed, understand, and agree to the rules of conduct and the progressive discipline approach.

Student's information:

<u>First Name</u>	<u>Middle Name (Initial)</u>	<u>Last Name</u>	<u>DOB</u>
<u>Physical Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone #</u>	<u>Cell Phone #</u>		

Emergency Contact's information:

<u>First Name</u>	<u>Middle Name (Initial)</u>	<u>Last Name</u>
<u>Home Phone #</u>	<u>Cell Phone #</u>	

Parent/Guardian Signature

Date

Student Signature

Date

Disorderly conduct and or persistent refusal to obey the authority of the bus driver will be sufficient reason for a student to be denied transportation provided by PLJSHS. Suspension of transportation privileges does not excuse a student from school attendance as required by Compulsory Education Laws of the State of Nevada (NRS 392.140).

For Transportation Department use

Bus Route: _____

Stop: _____

Bus Driver: _____

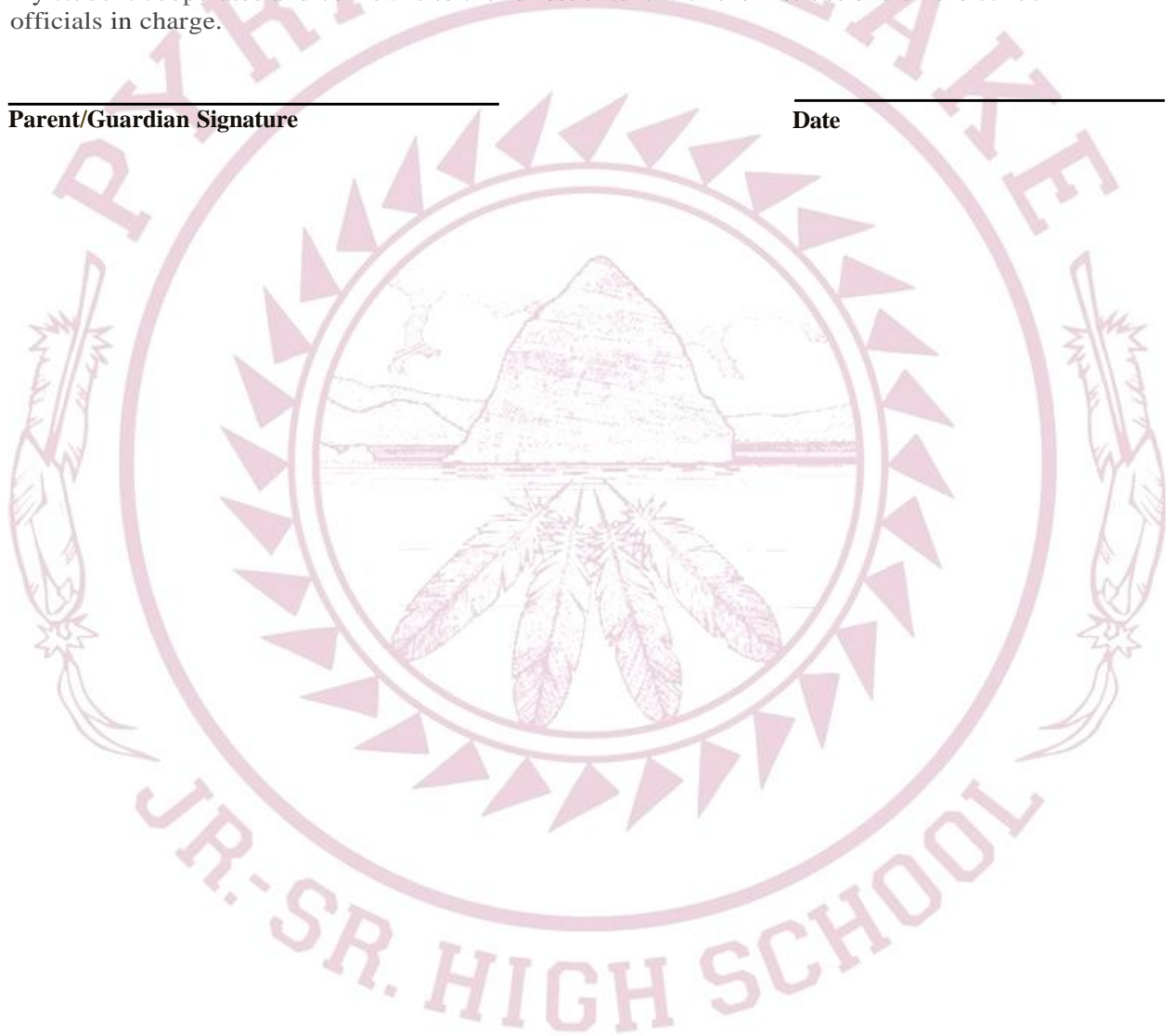
PYRAMID LAKE JR./SR. HIGH SCHOOL FIELD TRIP CONSENT FORM

I hereby give consent and authorization for the following student:

to attend any field/activity trips to be scheduled throughout the school year. I hereby express relieve, indemnify, save and hold harmless Pyramid Lake Jr. /Sr. High School (PLJSHS), the Pyramid Lake Board of Education (PLBOE) and all other agents or employees thereof from and against all liability or claims arising from said student's acts, omissions, or conduct while on said trip. I further understand that it is my responsibility of advising my student of the risks, which are known or should be known, on such trips. I further agree to assume the responsibility of seeing that my student cooperates and conforms to the fullest extent with the instructions of the school officials in charge.

Parent/Guardian Signature

Date



Pyramid Lake Jr./Sr. High School
PRIVATE TRANSPORTATION RELEASE FORM

Transportation is to be used only within the immediate local area/s in which the student is located (i.e. Reno-Sparks, metro area, Fallon, Hungry Valley, and the Pyramid Lake Reservation (Nixon, Sutcliffe, Wadsworth).

I acknowledge that I am the lawful parent/legal guardian of _____, a student, currently participating in a Pyramid Lake Jr./Sr. High School sponsored activity or activities that may include, but are not limited to field trips, mentor programs, emergency medical, athletics, band, curricular and other extra-curricular activities for PYRAMID LAKE JR/SR. HIGH SCHOOL.

It is my understanding that as a party of the above-referenced activity or activities the student referenced herein will attend numerous practices, rehearsals, meetings, games, and other related activities (hereafter collectively referred to as "events") for which Pyramid Lake Jr./Sr. High School may or may not provide transportation. I hereby assume full responsibility and obligations for the private transport of said student both to and from assume such events to the extent Pyramid Lake Jr./Sr. High School does not provide transportation, or I and/or my child chose not to use District Transportation when provided, whether such events are currently scheduled, or are scheduled at some future time.

In consideration of the rights afforded herein, I HEREBY RELEASE AND FOREVER DISCHARGE THE PYRAMID LAKE JR/SR HIGH SCHOOL, ITS INSURERS, AGENTS, EMPLOYEES, REPRESENTATIVES, AND ASSIGNS FROM ANY AND ALL CAUSES OR ACTIONS, CLAIMS, DEMANDS OR EXPENSES IN ANYWAY CONNECTED WITH, OR ARISING FROM PRIVATE TRANSPORTATION OF MY STUDENT, _____ TO AND FROM ALL EVENTS REFERRED TO ABOVE.

I understand that I may rescind this release by providing the appropriate Pyramid Lake Jr./Sr. High School District Personnel with a written retraction, and that such retractions will be effective for only those future events specifically referenced in the retraction and shall not be effective as to any prior transportation's.

I hereby represent and warrant that in signing this release, I have been fully advised and represented by legal counsel of my own selection, or that I have had a full opportunity to do so, that I am fully familiar with all circumstances and incident hereto, that in executing this release, I rely wholly upon my own judgment and the advice of counsel of my own independent selection, or that I waived the right to rely on such advice, and that I have been in no way influenced in making this release by any representative or servant of the Pyramid Lake Jr./Sr. High School.

Parent/Guardian Signature

Date

PYRAMID LAKE JR./SR. HIGH SCHOOL

Medical & Insurance Form

Pyramid Lake High School will NOT act in the capacity of Parent/Guardian for ROUTINE medical/dental appointments, nor will the school provide transportation.

The Parent/Guardian will need to arrange for student check-out and arrange for private transportation to and from the facility.

Parent/Guardian consent is hereby given to Pyramid Lake Jr./Sr. High School to provide the following services to my student, _____, during the current school year.

- EMERGENCY CARE for accident or illness needing immediate attention.
- TRANSPORTATION to and from the Pyramid Lake Health Care Center or to any other Health facility for EMERGENCY Medical/Dental treatment. If not a current patient, you will be required to fill out forms provided by Pyramid Lake Health Clinic.

SPECIAL INSTRUCTIONS: Any special medical information that the school staff will need to know

I understand that, **ONLY** in the case of an **EMERGENCY**, personnel of Pyramid Lake Jr./Sr. High School shall be authorized, by my signature below, to act on my behalf should I not be able to be in attendance at the time of emergency treatment.

Signature of Parent/Guardian _____ Date _____

Name of Medical Insurance Company

Name of Dental Insurance Company

SCHOOL COUNSELOR REFERRAL

Please check if applicable:

☐ I would like to speak with a member of the school counseling staff, so that they will be aware of potentially significant traumatic events this student has experienced (loss of a loved one, other tragedy, etc.).

Parent/Guardian Signature

Date

Student Signature

Date

I am available on _____ during the week.

☐ AM

☐ PM

Pyramid Lake Jr./Sr. High School

CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian:

During the current school year, your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- ▶ Used as a demonstration project/activity in education workshops/classes/conferences
- ▶ Used as a sample project/activity on CD's created by PLJSHS for use in education workshops and student classrooms
- ▶ Posted on the school web pages on the Internet
- ▶ Submitted as samples to program publishers or as contest entries to sponsors
- ▶ Appear on videotape made during a student presentation of their project, or in broadcasts or videotapes demonstrating computer multimedia in general
- ▶ Videotaped to appear in a school related program to be used by a local television station or school/county project
- ▶ Used in a printed publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Web.

Please sign the release below and return this sheet to the school office. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

Release Form

_____ I/We **DO** give permission for _____'s work or image/photograph to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

_____ I/We **DO NOT** give permission for _____'s or image/photograph be used as described above.

Student Name _____ **Grade** _____

Parent/Guardian Name. _____

Address _____

Parent Phone Number _____

Parent/Guardian Email _____

Signature of Parent/Guardian _____ **Date** _____

STUDENT HEALTH INVENTORY

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following:

Student's		Date:
<u>Last Name</u>	<u>Middle Name/Initial</u>	<u>First Name</u>
<u>Mother's Name</u>	<u>Mother's contact #</u>	<u>Mother's email</u>
<u>Father's Name</u>	<u>Father's contact #</u>	<u>Father's email</u>
<u>Date of Last Physical:</u>	<u>Dr. Name</u>	<u>Insurance Carrier</u>
<u>Date of last Dental exam:</u>	<u>Dr. Name</u>	<u>Insurance Member #</u>
<u>Date of last eye exam:</u>	<u>Dr. Name</u>	

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?

Allergies _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Anorexia/Bulimia _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Asthma _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Blood Disorder _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Cancer _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Depression _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Diabetes _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Insulin _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Ear Infections _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of last infection: _____
Epilepsy or Seizures _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of last seizure: _____
Heart Condition _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Insect/Bee Sting Allergy _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Local Reaction <input type="checkbox"/> General Reaction
Kidney Disease _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Migraines _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____

HAS YOUR CHILD HAD?

Serious Illness _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Serious Injury _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Surgery (Operations) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify type & date: _____

DOES YOUR CHILD HAVE:

Trouble Seeing Close Work _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Wear Glasses _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Trouble seeing at distance _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Wear Contacts _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Trouble Hearing _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Wear Hearing Aide _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Will your child need to take medication during school hours?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Does your child have any medical or physical restrictions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Does your child have a condition which prevents participation in regular P.E.?			
Running, push-ups, contact sports, etc.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____
Does he/she take daily medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify: _____

Pyramid Lake Board of Education requires DOCTOR and PARENT permission for taking medication at school. Please obtain this form from the front office staff.

From time to time, a student will request for Tylenol or Ibuprofen for a headache.

Initial in the appropriate area(s) of which medication your child can be given:

Tylenol ☐No ☐Yes Initials_____ Ibuprofen No☐ Yes☐ Initials_____ Menstrual Medicine No☐ Yes☐
Initials_____

No initials will be construed as your student not being able to take any of the above.

*Medications will be limited and monitored weekly.



Pyramid Lake Jr./Sr. High
School Home Language Survey
2023-2024 School Year

Student Name:

Grade:

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered and answer as accurately as possible.

1. Which language did your child learn when they first began to talk?
2. Which language does your child most frequently speak at home?
3. Which language do you (the parents/guardians) use more often when speaking with your child?
4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

Additional Information (Optional):

Please sign and date this form in the spaces provided below, then return this form to your child's school.
Thank you for your cooperation.

Signature of Parent/Guardian _____ **Date** _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions, your child will be recommended for screening.

Federal Code: 25: CFR 32.3

"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."

School Mission Statement:

"Pyramid Lake Jr/Sr. High School values high quality education for every student by honoring culture, college, and career."

School Official Verification _____

Date _____

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

School: _____ Date: _____

Student Name: _____ ☐ Male ☐ Female ☐
Non-binary

Last School attended: _____ Current Grade: _____

Birth Date: _____

Address of where the student slept last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Main Contact Phone Number: _____ Email if available: _____

Is the student's address a temporary living arrangement? ☐ Yes ☐ No

Note: If you checked "No," you may STOP here. Thank you.

If temporary, is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- ☐ **Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason
(Ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- ☐ In a **hotel/motel** (Name of hotel/motel): _____
- ☐ In a **shelter** or transitional housing program (name of shelter or program): _____
- ☐ In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
- In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- ☐ With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

Last Name	First Name	Grade	School

The undersigned certifies that the information provided above is accurate.

Signature of Person Providing Information

Date

Parent/Legal Guardian/Caregiver/Unaccompanied Student (Circle one)

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency:

Name

Phone contact

Relationship to student

For School Use Only

Note: Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

☐ Doubled-up: _____ ☐ Sheltered: _____

☐ Hotel/Motel: _____ ☐ Unsheltered: _____

1) Unaccompanied youth: ☐ Yes ☐ No

2) Transportation needed: ☐ Yes ☐ No

Select all that apply: ☐ Special Education ☐ English Learner ☐ Migrant

Resources and Services

Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

☐ McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals/fees waived)

☐ Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)

☐ School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: _____ **Date:** _____

The undersigned certifies that the information provided above is accurate.

Signature of Person Providing Information

Date

Parent/Legal Guardian/Caregiver/Unaccompanied Student (Circle one)

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency:

Name

Phone contact

Relationship to student