



Susanville Indian Rancheria Education Center

745 Joaquin Street, Susanville, CA 96130

530-316-1865

2019-2020 Academic Year Enrollment Packet

Susanville Indian Rancheria Education Center
School Year Registration Form

Students' Full Names: 1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____

YOUR Email _____

We WILL NOT spam you - This is for important notices/holidays/changes and events that occur. If we have your email ADDRESS you will receive the information without it being lost in the shuffle of your child's backpack.

Parent/ Guardian Name and Mailing Address: _____

School Information. Please reference children by the number they are in the above list.

	SCHOOL	TEACHER	GRADE	AGE	ROOM#
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____

Are any of these children in Special Needs Classes? If so, what kind of special need?

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____

MEDICAL RELEASE AND EMERGENCY INFORMATION

Student name _____

Please supply ALL of the following information and attach a copy of your insurance card:

Medical Insurance Co.: _____ Group #: _____

Policy #: _____ Preferred Physician: _____

List ALL medications taken on a regular basis, dosages and times: _____

Date of last tetanus shot: _____

Physical Limitations (Asthma, diabetes, allergies, behaviors to be aware of, etc.) and/or special instructions: _____

In the event of an emergency I give permission to the Rancheria and its staff to seek medical attention for my child. Furthermore, I give permission to have medical personnel provide necessary treatment to my child in my absence.

Printed name: _____

Signature: _____ Date: _____

Permission for the administration of First Aid by Education Center Personnel

Student's full name: _____

Parent/Guardian's name: _____ PHONE #: _____

Emergency Contact: _____

Anticipated reactions to medications, if any: _____

In the event that your child should need FIRST AID attention, SIREC can offer the following in our facility, to be administered ONLY with your written permission:

- Hydrogen Peroxide
- Triple Antibiotic Ointment
- 200 mg Ibuprofen (list child's weight)
- Allergy Antihistamine (25 mg) (Benadryl)
- 80 mg Children's Chewable Acetaminophen (list child's weight)
- Eye Drops

I _____ certify that I am the parent or legal guardian of the student named herein and I have read the above information. Medications that are not marked will not be administered to the student listed above.

The staff at the Susanville Indian Rancheria Education Center has my permission to administer these products if needed. I understand the Education Center is not legally obliged to administer medication to any student and I therefore agree to hold the Susanville Indian Rancheria Education Center and its employees harmless from any and all liability resulting from the administration of the medication in the manner directed.

Parent/Guardian Signature

Date

Emergency Contact Information

1st Emergency contact: _____

Address: _____

Phone Number(s): _____

2nd Emergency contact: _____

Address: _____

Phone Number(s): _____

3rd Emergency contact: _____

Address: _____

Phone Number(s): _____

Please list all people that you authorize to pick up your child:

Name: _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

STUDENT TRANSPORTATION

May your child(ren) walk home after Center?	Yes	No
May your child(ren) walk from school to the Center?	Yes	No
Does your child(ren) need a ride home?	Yes	No

List the primary address designated to drop off your child(ren) after Center. The primary drop-off address is where your children will be dropped off unless you contact the Education Director in writing or by phone in advance. If the primary address resident is not home your children will be dropped off at the alternative address.

PRIMARY ADDRESS:

Name of resident at primary drop-off address: _____

Primary Address: _____

Home Phone: _____ Cell: _____

ALTERNATE ADDRESS:

Name of resident at alternate address resident: _____

Alternate Address: _____

Home Phone: _____ Cell: _____

VAN RULES

Please go over these with your children

- No children under 4' 9" or under 8 years of age will be allowed to ride in the front seat unless there are no other available seats in the van.
- All rules of conduct for the Center are to be followed and appropriate consequences may be applied.
- No climbing over the seats.
- Seatbelts will be used appropriately whenever the van is in gear or in motion.
- No moving the head rests on seats.
- No damage of the van or other Center property will be tolerated.
- Do not slam the van doors.
- No food or drink in the van.
- Keep voices at a low and respectful level.
- No running in front of the van when you are being picked up or dropped off.
- No climbing in or out of the windows.
- No yelling out the windows or at people outside the van.

DISCIPLINARY ACTIONS FOR THE VAN RULES WILL BE THE SAME AS FOR THE REGULAR CODE OF CONDUCT AND THE CHILD MAY BE REQUIRED TO GO HOME.

Parent Signature _____

Date _____

CONSENT TO RELEASE STUDENT RECORDS

Student Name: _____

Parent/Guardian Name: _____

In accordance with Education Code section 49075 § _____, hereby consent to release of the identified student's academic records from Susanville School District to the Susanville Indian Rancheria Education Center, Chris LaMarr, Director, 745 Joaquin Street, Susanville, CA 96130; Phone number 530-316-1865. I hereby release the following records and privileges:

Cumulative File records

Student Discipline records

Health records

Special Education records

Test results (Statewide, Placement, etc.)

SSID (Statewide Student Identifiers)

May attend Parent/Teacher conferences with or without the Parent present

Any and all information regarding the above records may be released except as specifically provided here _____

This authorization shall be effective immediately and shall remain in effect for one year from the date of signature.

Parent/Guardian Signature: _____ Date: _____

NOTE: If this release is not signed we will not be able to check your child(ren)'s grades or reading scores. We will also not be able to speak with teachers regarding areas where the student needs improvement.

Student Rules of Conduct

Rules have been divided into 3 categories – major, minor and ZERO tolerance. While participating in activities or tutoring at the Center students must adhere to SIREC policy regarding student rules of conduct.

MAJOR OFFENSES:

1. Fighting/ Rough Housing
 2. Throwing things at a person
 3. Theft
 4. Profanity
 5. Defiance/Disrespect
 6. Misuse of SIR facilities and or equipment and supplies
 7. Leaving the center without permission – Students may not walk home without written parental permission and having checked out with Center personnel.
-

DISCIPLINARY ACTIONS FOR MAJOR OFFENSES:

First Incident: Warning and Parent/Guardian Conference with Education Director

Second Incident: One-week suspension

Third Incident: Expulsion

MINOR OFFENSES:

1. Touching others' personal property
 2. Nonviolent/Non-abusive rough housing
 3. Name calling or 'putting down' others
 4. Throwing food or objects
 5. Loud or disruptive behavior
-

DISCIPLINARY ACTION FOR MINOR OFFENSES:

First Incident: Warning by staff

Second Incident: Parent/Guardian Notification

Third Incident: Parent/Guardian Conference – Student will not be allowed to return until the conference is made.

Fourth Incident: 1 week suspension with additional week for each further offense

ZERO TOLERANCE- AUTOMATIC EXPULSION

1. Illegal drug use, either street drugs, over-the-counter or prescription
 2. Commercial tobacco products
 3. Weapons
-

All activities other than those covered by this enrollment packet require special permission slips to be signed and received by SIR staff before departure from the Center. Students without permission slips signed by a parent or legal guardian will not be allowed to participate.

I have read and understand the Student Rules of Conduct and Plan of Action for disruptive students. I will be respectful and abide by this agreement.

Student Signature

Date

Parent/Guardian Signature

Date

PARENT CODE OF CONDUCT CONTRACT

We are committed to providing a friendly, safe and welcoming environment for all students, parents and staff. Therefore, this page will serve as a contract between the parents/guardians and the staff regarding professional conduct when addressing any member of the SIREC in person, over the phone or via social networking.

Upon signing this form, the parent has agreed that all communications will be conducted in a professional manner. The following rules will be followed at all times:

Under no circumstances will any derogatory or defamatory language and/or expressed opinions regarding the SIR, SIREC or its staff and/or its practices to be networked on any social media site in any way, by any parent, guardian, relative or any other person. This includes friends speaking on one's behalf. Should this occur, the parent will be removed from the PAC (if applicable) and their children will be immediately disenrolled from the program.

There will be no yelling or disrespectful conversation between parents and staff either over the phone, via email or in person. All concerns must be addressed calmly and with respect. Any other behaviors will jeopardize one's children's position in our education program.

If this contract is not signed and respected by the parent/guardian, the application will be considered incomplete and the children will not be enrolled in the program until it has been signed.

I (parent/legal guardian) _____

Of _____

Agree to the terms above and fully understand the consequences should they not be upheld.

Signature _____

Date _____

Due to a recurring problem of 'missing assignments' over the years we have decided to request permission from parents to look in back packs, folders and binders when a student states they have no homework.

Due to this very possibly being seen as an invasion of privacy we will only do this if you, the parent or guardian grant permission for us to do so. By signing this document you are allowing us to look through your child's school belongings for the sole purpose of making sure their assignments are being completed and, hopefully, turned in.

Although we cannot guarantee that every assignment your child is given will be turned in we sincerely believe that in most cases this will help children improve their over-all grades.

If you do not agree to this procedure simply mark the 'no' box and do not sign the form. Thank you for your cooperation.

YES, you have my permission to search my child(ren)'s school belongings.

Parent Signature _____ Date: _____

NO, please do not search my child(ren)'s school belongings. Such matters will be dealt with by only me.

Parent Signature _____ Date: _____

SUSANVILLE INDIAN RANCHERIA EDUCATION CENTER

Computers/Internet Contract

- I will only play approved games on SIR computers
- I will get adult/tutor permission BEFORE I am logged onto the internet.
- I will only use the internet for approved purposes (homework research or an educational game).
- I will properly cite any material I take from the internet.
- I will never give out personal information such as my home address, telephone number, name, age or location.
- I will tell an adult/tutor immediately if I come across any information or pictures that make me uncomfortable.
- I will NEVER enter a site that states: "You must be 18 to enter."
- I WILL only use email with permission of a tutor/adult.
- I WILL NOT access any social networking websites (Facebook, My Space, Twitter, etc.) without permission
- I WILL NOT download any material from the Internet onto the computer or any portable storage device or upload anything to the internet without adult/tutor specific permission to do so.
- I WILL NOT click on a popup banner or sign.

Consequences for Breaking this Contract:

Suspension and/or revocation of either or both internet and computer access.

Parent/Guardian Signature

Date

Student Signature

Date

Computers/Internet Contract

-
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-

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Suspension and/or revocation of either or both internet and computer access.

Parent/Guardian Signature

Date

Student Signature

Date

SUSANVILLE INDIAN RANCHERIA EDUCATION CENTER

Parental Consent for Photography, Media and Website

Photography: During the course of the Susanville Indian Rancheria Education Program there may be occasions when photographs of your child may be taken by staff of Susanville Indian Rancheria Education center. Your authorization to use phot(s) of your child in SIR publications (brochures, annual reports, newsletters, etc.) is requested. Only a student's first name may appear in these publications.

Please Initial: _____ Yes _____ No

Media Coverage: From time to time the media may cover the Susanville Indian Rancheria Education Center or its events. If you have concerns about your child participating in media coverage at the SIREC, (being photographed, videotaped or interviewed), it is important that we know your wishes. Media coverage would include the use of your child's name.

Please Initial: _____ Yes _____ No

Websites: (Use of student photographs/personal information) The SIREC website, (www.sirnsn.gov/education). This tool is used to help the community learn more about our Education Center and allows us to highlight student achievements and school or Education Center activities. Anyone with the internet can access these pages from virtually anywhere in the world. Student photos are sometimes posted on the division's website to showcase particular events or activities. Identification of students in photos is by first name only. Photos of large groups, or action photos, where students cannot be identified, may be posted without parental permission.

Please Initial: _____ Yes _____ No

Signing this form will be deemed as consent for the Susanville Indian Rancheria Education Center to allow your child to participate only as specified above for the Summer Cultural program of 2018. Should circumstances change during the course of the program please notify the Susanville Indian Rancheria Education Center immediately.

Parent/Guardian Signature

Date

Student Signature

Date

MUST SUBMIT VERIFICATION OF NATIVE AMERICAN DESCENT

Acceptable Verification is any of the following:

-
- Enrollment Card
 - CDIB Card
 - BIA Document
 - If enrolled with the Susanville Indian Rancheria you must obtain documents from the enrollment clerk.
-

OR

Please mark if applicable:

 Student's tribal documentation is on file at the Education Center.
