

**Susanville Indian Rancheria Education Center**

**Enrollment Packet**

Registration Check List: 2021-2022

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**PLEASE SIGN AND COMPLETE THIS ENTIRE PACKET, INCOMPLETE PACKETS WITH MISSING INFORMATION WILL RESULT IN AN ENROLLMENT DELAY. WE ASK THAT YOU ALSO READ OVER THE RULES AND REGULATIONS OF OUR CENTER WITH YOUR CHILDREN**.

**THE EDUCATION CENTER WILL BE STARTING ON AUGUST 19, 2021**

Hello Parents,

I am so glad that you are completing this packet to have your child enrolled in the Susanville Indian Rancheria Education Center. I just wanted you to be aware of some changes to the program due to COVID-19.

For parents picking their children up from the center, we ask that you ring the doorbell and wait for one of our staff to meet you at the door with your child. We are requesting parents to be patient as we are trying to minimize the spread of COVID-19 with limiting who can enter the center.

Before any child enters the center or van, they will be screened for their temperature and overall health. If your child has a temperature over 100.9 degrees Fahrenheit, your child will be sent home immediately.

We will be mirroring the same requirements and procedures that the schools will be implementing. Students will be required to wear masks or a face shield when they enter the center or when they are on the van. We have been working hard on trying to create a healthy, safe place for our students.

We will be requiring all parents to maintain up to date telephone numbers, email addresses and emergency contact numbers on file at the Education Department. Failure to keep updated information may affect your child’s enrollment in the program.

Please complete this enrollment packet completely. Any information that is not provided will delay your child’s enrollment in the program. We will not be able to transport your child until **all** documents have been received. If you turn your packet in after school starts, it could take up to 48 hours to process your application and to have your child start the program.

This year we will be providing assistance at the schools. We will transport McKinley and Meadow View students home following the end of school. Upon arrival, students will receive a snack and assistance with their schoolwork. For students who do not have any schoolwork, they will read or be given an enrichment activity. The Education center will be open for students Monday thru Friday 1:30 pm - 5 pm. Parents are expected to pick their children up no later than 5 pm.

Susanville Indian Rancheria Education Center

2021-2022 School Year

Registration Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSID\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Statewide Student IDentifier assigned to all K-12 students in California public schools. **Required** for enrollment at SIREC

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*We WILL NOT spam you – this is for important notices/Holidays/changes and events that occur \*\***

**School Information:**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Room #: \_\_\_

Special needs classes: 1) **Yes** OR **No**

If yes, what disability/ies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*PLEASE PROVIDE IEP PAPERWORK\*\*

Will you serve on the Parent Advisory Committee (PAC)? Yes No

What day and times are you available for meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My children have my permission to participate in the activities of the Susanville Indian Rancheria Education Center and to abide by the Rules of Conduct and regulations as approved by the Susanville Indian Rancheria Education Center Staff and Parents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Passwords:**

Please provide logins and passwords to your child’s school accounts/portal:

Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Login:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Password:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2021-2022 School Year

MEDICAL RELEASE AUTHORIZATION FORM

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that an emergency arises during the program, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment or x-ray examinations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the fastest way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student(s) may be given.

***Allergies: YES: \_\_\_ NO: \_\_\_***

**If YES, to what:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Emergency Contacts

**1st** Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd** Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd** Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: Date:

2021-2022 School Year

STUDENT TRANSPORTATION FORM

SIREC vans will pick up students at Meadow View and McKinley to transport to the Education center.

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

1. Can your child walk home from Center?Yes No
2. Does your child need a ride home? Yes No

**List the primary address designated to drop off your children after Center, Monday − Friday. 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. Students will be only be dropped off in Susanville or on the upper Rancheria.**

**Primary address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of primary address resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of alternative address resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List restricted people that are not allowed to be in contact with your child. Court documentation will need to be provided. Any identifiable information on restricted people would be helpful to center staff.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUSANVILLE SCHOOL DISTRICT**

**CONSENT TO RELEASE STUDENT RECORDS**

**Name of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with Education Code section 49075; I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby consent to

release of the identified student records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the

Susanville School District to:

**Name**: Susanville Indian Rancheria Education Center

**Address**: 745 Joaquin Street, Susanville, CA 96130

**Telephone**: (530) 316-1865 or (530) 316-1866

I hereby consent to the release of the following records:

**YES** **NO** **Cumulative File records**

**YES** **NO** **Student Discipline records**

**YES** **NO** **Health records**

**YES** **NO** **Special Education records**

**YES** **NO** **Test Results (Statewide Tests, Placement Tests, etc.)**

**YES** **NO** **SSID (Statewide Student Identifiers)**

**YES** **NO** **May attend Parent/Teacher Conferences with or without Parent present**

**YES** **NO** **IEP Records**

Any and all information with regard to 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.

I request a copy of this authorization: YesNo

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Susanville Indian Rancheria Education Center**

**Student Rules of Conduct**

**(Rules have been divided in to 3 categories – major, minor & ZERO tolerance)**

While participating in activities or tutoring at the Center, students must adhere to SIREC Policy regarding Student Rules of Conduct. Depending on the severity of the incident students may be moved to a higher level of disciplinary action.

**MAJOR OFFENSES**

1. Fighting, Hitting, Kicking, Pushing, Biting – Leaving any injury
2. Spitting
3. Unwelcomed touching
4. Throwing of food or objects in a violent manner
5. Theft
6. Profane abusive language or gestures
7. Defiance/Disrespect, lying to or about staff or others (spreading rumors), **repetitive continuous** talking back.
8. Misuse of Susanville Indian Rancheria Education Center facilities, equipment, property or vehicles to destruction or malfunction will be dealt with as a disciplinary problem and financial responsibility will fall on the parents or guardians of the student(s) involved in the incident. Any incident that puts the safety of the student and/or others in jeopardy.
9. Students will not be allowed to walk home after tutoring or activities **without written**

**permission** from parent or guardian. If student has permission to walk, they are not allowed to leave without clearance from a tutor.

**DISCIPLINARY ACTIONS FOR MAJOR OFFENSES**

* First Incident: Parent/Guardian Conference (Student will not be allowed to return until conference is made)
* Second Incident: Student will be suspended for 1 to 3 days
* Third incident: One-week suspension
* Fourth Incident: Expulsion

**MINOR OFFENSES**

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

**MINOR OFFENSES (Continued)**

1. No food, drinks or candy brought from home
2. There will be mutual respect shown at all times during presentations, field trips, explanations or assignments. No loud, disruptive behavior when someone is speaking to the group or when another student is giving a presentation or doing homework. Staff works with students in small groups and on a one-on-one basis much of the time, (especially with homework) and it is important that all students cooperate.

**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: One-week suspension, with additional week added for each offense thereafter.

**ZERO TOLERANCE AUTOMATIC EXPULSION**

**\*\*\* No drugs, alcohol, commercial tobacco products, or weapons will be allowed at or around the Center or activities sponsored by SIREC. THIS IS A ZERO TOLERANCE RULE, STUDENTS WHO BREAK THIS RULE WILL BE**

**EXPELLED IMMEDIATELY NO EXCEPTIONS. \*\*\***

All school activities other than regularly scheduled activities and tutoring will require special permission slips to be given to SIREC staff before departure. **Students without permission slips signed by a parent or guardian will not be allowed to participate in the activity.**

I have read and understand the Student Rules of Conduct and Plan of Action for disruptive students. I will be respectful and follow the rules.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Susanville Indian Rancheria Education Center**

**Van Rules**

**(Please read these to your Children)**

* No children under 4’9” or under 8 years of age are 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.
* No climbing over the seats.
* Put your seatbelts on until the van comes to a complete stop.
* No messing with the head rests on the seats.
* No breaking the van’s property
* No slamming the van doors.
* No food or drink in the van
* Keep voices at a low level
* No running in front of the van when you are being picked up
* No climbing out of the windows
* No yelling out of the windows
* For students to ride the van they must be productive at the center for at least 15 minutes before leaving.

**Disciplinary Action:**

* First Incident: Warning by Staff
* Second Incident: Parent Guardian Notification by phone or in person
* Third Incident: Parent-Teacher conference with 1-3 day transportation suspension.
* Fourth Incident: One-week suspension
* Fifth Incident: Transportation permanently suspended for the remainder of the year.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Susanville Indian Rancheria Education Center**

**Computer/Internet Contract**

* **I will use the computers for Educational purposes only**
* The only games I’m allowed to play are through my portal at school or educational games on the desktop
* I will get an adult/tutors permission **before** I log on to the Internet
* I will only use the internet for 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 right away if I come across any information or pictures that make me feel uncomfortable
* I will NEVER enter a site that sates “you must be 18 to enter”
* I **will not** check my email nor send email
* I **will not** access any social networking websites (FaceBook, MySpace, Twitter, etc.)
* I **will not** access any music or video websites (YouTube, iTunes, etc.)
* I **will not** use any instant messenger (Yahoo, MSN, AOL, etc.)
* 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/tutors specific directions to do so
* I **will not** click on a popup banner or sign

**If this contract is broken the consequences will be:**

* Suspension and or/revocation of internet access
* Suspension and or/revocation of computer access

Parent/Guardian Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Susanville Indian Rancheria Education Center**

**PARENT Contract**

**PARENT CODE OF CONDUCT - CONTRACT**

We are committed to providing a friendly, safe and welcoming environment for students, parents and staff. Therefore, this page will serve as a contract between the parent and the staff regarding professional conduct when addressing any member of the SIREC in person, over the phone, or in regards to 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 circumstance will we tolerate any derogatory or defamatory language and/ or opinions regarding the SIR, SIREC, and staff or its practices to be networked on any social media site in any way, by any parent, relative or otherwise. This includes close friends speaking on your 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 over the phone, email or in person. All concerns must be addressed calmly and respectfully. Such behaviors will jeopardize your child’s position in our education program.

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

I (parent) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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

(Signature & Date)

**Susanville Indian Rancheria Education Center**

**Parental Consent Form**

**Photography, Media and Websites**

**Photography**

During the school year there are occasions when photographs of your child may be taken by staff of Susanville Indian Rancheria Education Center. Your authorization to use photo(s) of your child in SIR publications (brochures, annual reports, newsletters, etc.) is requested. Only a student’s first name will appear in these publications.

**Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_**

**Media coverage**

From time to time the media may cover events or activities at the Susanville Indian Rancheria Education Center. Whether or not you have concerns about your child participating in media coverage at the Susanville Indian Rancheria Education Center (being photographed, videotaped, or interviewed) it is important that we know your wishes. Media coverage would include the use of your child’s name.

**Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_**

**Websites**

(Use of student photographs/personal information)

The Susanville Indian Rancheria Education Center website (*www.sir-nsn.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 is able to 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.

**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 2021-2022 school year. Should circumstances change during the year, please notify the Susanville Indian Rancheria Education Center immediately.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Susanville Indian Rancheria Education Center

735 Joaquin Street

Susanville, CA 96130

530-252-1652 or 530-252-1651

**PERMISSION FOR THE ADMINISTRATION OF COVID-19 SCREENING**

**& FIRST AID BY EDUCATION CENTER PERSONNEL**

1. Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Anticipated reactions to the medications, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to your child making entrance to the Education Center your child’s temperature will be taken. If your child has a temperature over 100.4 degrees Fahrenheit, your child will be sent home and will need to be picked up immediately from the center.

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 permission:

(Please mark all that apply)

□ **Hydrogen Peroxide**

**□ Rubbing Alcohol**

**□ Triple Antibiotic Ointment**

**□ Hydrocortisone Cream**

**□ 200 mg. Ibuprofen (list child’s weight)\_\_\_\_\_\_\_\_**

**□ Allergy Antihistamine (25 mg)  
□ 80 mg. Children’s Chewable Acetaminophen (list child’s weight)\_\_\_\_\_\_\_\_\_**

**□ Pure Aid Anti-Itch Eye Drops**

**□ Auto Injector Epinephrine (Must be provided by parent)** Ed Code 49423

1. 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.
2. 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 obligated 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.**

Signature of Parent or Guardian Date

Must submit verification of Native American descent

even if your child is a returning student

**Submit a copy of the following:**

* Enrollment Card
* CDIB Card
* BIA Document
* If enrolled with the Susanville Indian Rancheria you must obtain documents from the Enrollment Clerk.

Attachment A: Native American Verification

**Re: Backpack Search**

Dear Parents;

Due to a mass majority of “missing assignments” over the years, we have decided to request permission from parents to look in back packs, folders and binders this school year when a student states they have no homework.

This may be perceived 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 belonging 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 believe that in most cases this will help children with 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.

Thank you

\_\_\_\_\_ YES, you have my permission to search my child’s school belongings.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_NO, please do not search my children’s belongings.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Attachment B: Backpack search