BUG O NAY GE SHIG SCHOOL
CHECK LIST FOR ENROLLMENT

• COMPLETE REGISTRATION PACKET
• COMPLETE SCHOOL LUNCH FORM
• COPY OF CERTIFIED BIRTH CERTIFICATE
• UPDATED IMMUNIZATION RECORDS
• PROOF OF TRIBAL ENROLLMENT
  (if available)
• RECORDS FROM PREVIOUS SCHOOL
  (school requests this information)
• EARLY CHILDHOOD SCREENING
  (new kindergarten students)

Students will be admitted upon admissions team review. All of the above information is required. Only completed registration packets will go before the admissions team. If you have any questions, please contact the Bug O Nay Ge Shig School at 218.665.3000. Miigwech!
BUG-O-NAY-GE-SHIG SCHOOL
REGISTRATION FORM

Students Name: ____________________________

LAST FIRST MIDDLE

Date of Birth: ________________ Present Age: ________ (Circle one) Male Female

Ethnicity (Circle one): Amer. Indian Asian Hispanic Black White Other: ________

Mailing Address:
Rural Route/P.O. Box City State Zip Code Apt/Fire #

Directions to Home: (Physical Address) ________________________________

__________________________________________ Relationship: 

Parent/Guardian’s Name: ____________________________ Relationship: 

Home Phone# ________________ Cell # ________________ Work # __________________

Email ___________________________________________ What is the best way to contact you? ________________

IN CASE OF EMERGENCY CALL: ____________________________________________ Relationship: 

Telephone# ______________________ Cell# ______________________ Work # __________________

PLEASE NOTIFY THE SCHOOL IF THE ABOVE INFORMATION SHOULD CHANGE

Has your child attended school here before? ________________ What Grade? ________________

What School did your child attend last? ________________________________

Address of School ____________________________________________ Phone # ________________

Grade completed _____ Grade child is currently in: _____ School district child currently lives in: ________

My child received Special Education Services: LD: ____ EBD: ____ SPEECH: ____ MMI: ____ Other: ________

My child is Tribal Enrolled: ________ Tribal Agency: _______________________ Blood Quantum: ________

Father’s Name: ____________________________ Mother’s Maiden Name: ________________________

I HAVE READ AND UNDERSTAND THE SCHOOL HANDBOOK RULES AND POLICIES AND AGREE TO DO MY BEST TO SEE THAT MY CHILD FOLLOWS THEM.

__________________________________________ DATE

PARENT / GUARDIAN SIGNATURE
TO WHOM IT MAY CONCERN:

I am requesting the records of  

_____________________________  
Student Name  

_____________________________  
Grade

_____________________________  
Date of Birth

to the Bug-O-Nay-Ge-Shig School.

Please send the records to:
Bug-O-Nay-Ge-Shig School
15353 Silver Eagle Drive NW
Bena, Minnesota 56626

Or Fax Information to: 1-218-665-3024.
This child is not yet accepted into our school, acceptance is dependent upon approval of the Admissions Team after records are reviewed.

Please include the following items in the records:

1. Free School meal Notice (if any)
2. Immunizations – shot record
3. Special Education Records
4. MARSS Number
5. Grades (Please include past years)
6. Standardized Test Scores
7. Copy of Birth Certificate (if on file)
8. Attendance Records
9. Discipline

The undersigned hereby authorizes the release of his/her child’s records

________________________________________  
Parent/Guardian Signature / Date  

________________________________________  
Signature of Student over 18 / Date

________________________________________  
Name and address of School your child attended before registering here

________________________________________  
Signature and Title of staff person Requesting  

Date
U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child __________________________________________ Date of Birth ___________ Grade _____
(As shown on school enrollment records)
Name of School __________________________________________

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: ________________________
(Individual named must be a descendent in the first or second generation)
The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: ______________________________________

The Tribe or Band is (select only one):
_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) __________________________________________ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) __________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name __________________________________ Address __________________________________
City __________________________________ State _______ Zip Code ________

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian __________________________________________ Signature __________________________
Address __________________________________ City __________________________ State _____ Zip Code ________
Email Address __________________________________________ Date __________________________
BUG O NAY GE SHIG SCHOOL
15353 SILVER EAGLE DRIVE, NW
BENA, MN 56626
(218) 665-3000
FAX (218) 665-3024
1-800-265-5576

INDIAN STUDENT CERTIFICATION
Complete top section only

ALL INFORMATION BEING REQUESTED IS VOLUNTARY. HOWEVER, FAILURE TO
FULLY COMPLETE THE STUDENT/PARENT INFORMATION MAY RESULT IN DELAYS IN
PROCESSING THIS CERTIFICATION OR MAKE IT IMPOSSIBLE TO PROCESS.

STUDENT INFORMATION:

Name of Student __________________________ Date of Birth ________________
Tribal Enrollment no. ____________________ Tribe __________________________
Degree of Indian Blood __________________ Tribe(s) ______________________

PARENT INFORMATION:

Father’s Name ___________________________ Date of Birth ________________
Tribal Enrollment no. ____________________ Tribe __________________________ Degree ________________

Mother’s Maiden Name ____________________ Date of Birth ________________
Tribal Enrollment no. ____________________ Tribe __________________________ Degree ________________

Parent Signature: _______________________

CERTIFICATION

Based on available records and information, I certify that the above named student is:

(   ) 1. An Enrolled member of the __________________________ Tribe.
Enrollment number __________________________

(   ) 2. Eligible for enrollment with __________________________ Tribe.
(Enrollment pending Tribal action).

(   ) 3. Not Eligible for enrollment, but is _______degree Indian blood descendant
of __________________________ Tribe(s).
   (Document is on file)

Signature of Tribal Official/Enrollment _______________________________ Date ________________
DATE: May 1, 2019

TO: Parents / Guardians

FROM: Alvin Nason, School Nurse

RE: Kindergarten and New Student Registration – Immunization Requirements

All Kindergarten and new students enrolling for the 2019-2020 year will be required to have their immunization records on file at school. This is in compliance with the Minnesota Immunization Law Statute 123.80.

The Nurse will review all student records before school starts. If they do not have this record on file, they will remain at home until documentation can be provided.

Immunizations need to be up-to-date and complete. Any questions on requirements, please call Alvin Nason at (218) 665-3000 or 1-800-265-5576 ext. 2144.
Bug-O-Nay-Ge Shig School Minor Consent Form
for Indian Health Services and the tribal clinic in Bena

Student Name ____________________ Birthdate ____________________

Student SSN ____________________ Grade ____________________

I (WE) ____________________ parent(s) ___ legal guardian ___ other ___

Assume responsibility for the care of the child above, hereby give consent to the Bug-O-Nay-Ge-Shig School personnel to provide or arrange for the following health services for this child. This contract will remain in effect for one-year from date of signature or until cancelled by parent/guardian. A copy of this contract will be provided to Indian Health Services.

ALLERGIES: please list: ____________________________________

___ I give school / clinic staff permission to administer the following medications as appropriate: ____________________________________________

___ Tylenol for headache, minor pain, or fever
___ Cough syrup / drops for persistent cough
___ Maalox for upset stomach
___ Hydrocortisone cream / calamine lotion for rash

___ I (we) give the school bus driver permission to transport any medication home if prescribed

___ I (we) give permission to school staff to transport my child to and from health facilities for needed services.
Bug-O-Nay-Ge-Shig School Minor Consent Form
For Indian Health Services and the tribal clinic in Bena
(Page 2)

Please check the following services you want your child to receive:

__1. Physical examinations including laboratory tests, and screening for Tuberculosis
__2. Routine medical care
__3. Urgent care for accidents or illnesses (an ambulance will be called for true emergencies even if not checked every attempt will be made to contact you)
__4. All necessary immunizations (a separate form will be sent if our records show a need for them)
__5. Routine dental including exams, x-rays, cleaning & fluoride treatments, and dental sealants
__6. Routine eye examinations including dilations and prescriptive eye wear when indicated
__7. Chemical use assessments
__8. Mental health referrals
__9. Social services / case management

Signed ________________________________ Date ________________
Home phone ___________________ Work Phone ___________________
Cell phone ____________ Emergency contact ________________

Please read carefully, fill out, sign, date and return this form as soon as possible. We cannot care for your child without a current consent (excluding emergencies) every attempt will be made to contact you at the time of service. Please update phone number if they change. It is very important to have current phone numbers in the event of an emergency. Thank you for your help.
BUG O NAY GE SHIG  SCHOOL
FIELD TRIP PERMISSION SLIP
School Year 2019-2020

Boozhoo Parents/Guardians:

Throughout the school year, we will be taking our students on field trips. You will receive information about each field trip as they occur, but you will not be required to sign a permission slip each time. This form will be kept in your students file for the current school year only. Please sign below.

-------------------------------------------------------------------------------------------------------------------------------------

____ Yes, my child, ___________________________, may travel to events off-campus throughout the school year.

____ No, my child, ___________________________, cannot attend off-campus events.

__________________________________  _______________________
(Parent/Guardian Signature)            (Date)
Bug-O-Nay-Ge-Shig School

Multi-Media Release Form

Parent or Guardian: ____________________________________________

Address: ____________________________________________________________________________________

Telephone: ___________________________ Email: ______________________________________________________

Names of Children:

1. _______________________________________________________________________________________
2. _______________________________________________________________________________________
3. _______________________________________________________________________________________
4. _______________________________________________________________________________________
5. _______________________________________________________________________________________

The Bug-O-Nay-Ge-Shig often has the opportunity to take photographs, produce video tapes, and use other forms for media production tools to record the activities of students and culture. The use of multi-media production of students, including photographs and videos, are at times published in the school newspaper, posted on the school website, and are recorded on tapes and compact discs for the purpose of promoting the school, native culture and various learning experiences.

The Bug-O-Nay-Ge-Shig School Administration would like to continue to use various photographs and recording of the students, as well as any other forms of multi-media production tools without any liability or obligation to the student. When possible the student’s name will be used to identify the individual in pictures and printed material.

I, __________________________ (parent/guardian), hereby give the Bug-O-Nay-Ge-Shig school permission, and therefore allow that my children’s pictures and written material, as well as my picture, to appear in any multi-media productions produced by the Bug-O-Nay-Ge-Shig School or any other visiting multi-media production groups that visit our school, such as newspapers and television stations without any liability or obligation to the student. Please sign this Multi-media acceptance form.

Signature: ________________________________ Date: __________

Print Name: ________________________________ Date: __________
INTERNET / COMPUTER USAGE CONSENT AND WAIVER

Students
(Please Sign this form and return to the school)

By signing this Consent and Waiver form, I ____________________________ (print student name here) agree to abide by the following rules, regulations, and restrictions. I have read, and I understand the material in this Acceptable Use Contract.

By signing this form, I agree to the following terms:

- The Bug-O-Nay-Ge-Shig School is currently running a web filter called surf control. Surf control categorizes websites based on content. The student filter is setup to Block all web sites, categorized and non categorized web sites. Then the filter allows access to specific categories like education, kid’s sites, government, politics, news, finance & investment, job search, Health & Medicine. The following internet categories are prohibited and not allowed by the filter: Chat, Email, Drugs / Alcohol, Gambling, Games, Sexually explicit / Adult material, violence, cults, weapons, profanity, and sexually explicit or profane song lyrics.

- The technology committee must approve software that is brought into the Bug-O-Nay-Ge-Shig School. Therefore, I will not install software (including games and downloads from the internet) on any computer unless it has been approved.

- Students do not have access to print. Teachers will print all student work.

- Teachers must approve all CD’s or DVD movies before they are played.

- I am the only person that knows my password. I will not give out my password and I will log off of the computer when I am finished using it.

- I will not use the Bug-O-Nay-Ge-Shig School Network to view, search for, or possess illegal, obscene, or otherwise prohibited materials. I will not use the Bug-O-Nay-Ge-Shig School Network to transmit threatening, obscene, illegal, or harassing materials or messages.

- It is assumed that information and resources accessible via the Bug-O-Nay-Ge-Shig School Network are private to the individuals and organizations that hold the rights to these resources and information, unless specifically stated otherwise by the owners or holders of these rights. Therefore, I will not use the Bug-O-Nay-Ge-Shig School Network to access information or resources unless the owners or holders of the rights to these resources or information have granted permission to do.

Failure to abide by these rules will result in the following:

1st offense - loss of internet privileges for 2 weeks. 2nd offense - permanent loss of internet privileges. Students that continue to misuse computer system will be subject to In School Suspension and will not be allowed to use any computer at the Bug-O-Nay-Ge-Shig School.

I have been advised that the Bug-O-Nay-Ge-Shig School does not have control of any information on the Internet. Some sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive. In addition, the Bug-O-Nay-Ge-Shig School makes no warranties with respect to Internet access, and it specifically assumes no responsibilities for: The content of any advice or information received from a source outside the District, or any charges incurred as a result of seeing or accepting such advice; and any costs, liability or damages caused by the way the user chooses to use his/her Internet access.

Student Name ____________________________ Signature ____________________________ Date __________

Parent / Guardian ____________________________ Signature ____________________________ Date __________
Bug O Nay Ge Shig School
Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? Check one box

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In a Shelter</td>
<td>☐ Choices in Section A do not apply</td>
</tr>
<tr>
<td>☐ With more than one family in a house or apartment</td>
<td></td>
</tr>
<tr>
<td>☐ In a Motel, car or campsite</td>
<td></td>
</tr>
<tr>
<td>☐ With friends or family members (other than parent/guardian)</td>
<td></td>
</tr>
<tr>
<td><strong>Continue:</strong> If you checked a box in Section A, complete #2 and the remainder of this form</td>
<td><strong>Stop:</strong> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel</td>
</tr>
</tbody>
</table>

2. The student lives with:

☐ 1 parent  ☐ a relative, friend(s) or other adult(s)
☐ 2 parents  ☐ alone with no adults
☐ 1 parent & another adult  ☐ an adult that is not the parent or the legal guardian

School: ____________________________________________

Name of Student: ___________________________ Male ____ Female ____

Date of Birth ____ / ____ / ____  Age: ____ Social Security # ____________

(if appropriate)

Name of Parent(s) / Legal Guardian(s) _________________________________________

Address: ___________________________ Zip _______ Phone _______________________

Signature of Parent/Legal Guardian ___________________________ Date ______________

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of School Contact Person who may know of the family's situation:

_________________________________________________________ Date Faxed ______________