

**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) \_\_\_\_\_  
\_\_\_\_\_

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.**

\_\_\_\_\_  
**PARENT / GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



**TO WHOM IT MAY CONCERN:**

I am requesting the records of \_\_\_\_\_  
Student Name Grade

\_\_\_\_\_ to the Bug-O-Nay-Ge-Shig School.  
Date of Birth

**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 dependant upon approval by Admissions Team, after we review the records.**

Please include the following items in the records:

1. Free School meal Notice (if any)
2. Health Records -Immunizations
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 person Requesting**      **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

**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, kids 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:

**1<sup>st</sup> offense - loss of internet privileges for 2 weeks. 2<sup>rd</sup> 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 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 2016-2017**

***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***  
*(Student Name)*  
***travel to the 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 School 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: \_\_\_\_\_



BUG O NAY GE SHIG  
SCHOOL CANCELLATIONS AND EARLY CLOSINGS

Instant calls will be sent out via phone lines. It is important that parents keep the school informed of phone number changes.

The following radio and television stations will be used when school is cancelled or closing early.

Only radio stations and instant calls will be used when the school is closing early, due to weather, unforeseen events, etc...

Bemidji area radio stations

KB 101.1  
KLLZ 99.1  
KBUN 1450 am  
KKZY 95.5  
KKBJ 1360 am  
MIX 103.7  
KOJB 90.1

Grand Rapids radio stations

KAXE 91.7  
KMFY 96.9  
KOZY 1320 am

Instant calls, television and radio stations will be used for school closings or late starts the night before or the early morning of an event.

Television stations:

WCCO TV Channel 4 and WCCO radio 830

KMSP - FOX 9 – MyFOX9.com and My29

KSAX – TV

KSTP – TV and KSTP.COM

KARE – Channel 11 & kare11.com

WDIO – TV