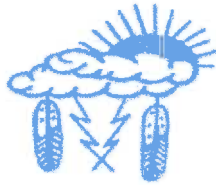


BUG O NAY GE SHIG SCHOOL CHECK LIST FOR ENROLLMENT

- 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!



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 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:

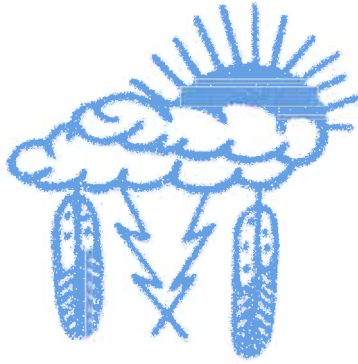
() 1. An Enrolled member of the _____ Tribe.
Enrollment number _____

() 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
(Student Name)
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

Section A	Section B
<input type="checkbox"/> In a Shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a Motel, car or campsite <input type="checkbox"/> With friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in Section A do not apply
<p><i>Continue:</i> if you checked a box in Section A, complete #2 and the remainder of this form</p>	<p><i>Stop:</i> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel</p>

2. The student lives with:

- | | |
|--|---|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friend(s) or other adult(s) alone with no adults
<input type="checkbox"/> 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 _____