Name ________________________

APPLICATION FOR ENROLLMENT
ST. JOSEPH'S INDIAN SCHOOL

ADMISSIONS
P.O. BOX 89
CHAMBERLAIN, SOUTH DAKOTA 57325
(605) 234-3465
FAX: (605) 234-3483

Thank you for considering St. Joseph's Indian School. St. Joseph's provides a wide range of services that include education, counseling, family group living, and spiritual growth opportunities. We are accredited by the State of South Dakota and by the Council on Accreditation.

The mission of St. Joseph's is to provide a supporting and nurturing environment that will help meet the child's needs at this time in their life. The child's culture and heritage are respected and our services and activities are sensitive to Native American values.

At St. Joseph's children are given opportunities to experience success. We believe in each child and have high expectations for academic achievement and expect hard work in school studies. As well, we expect each student to contribute to the family-like atmosphere in the homes. Our experience has shown that students feel much better about themselves when they achieve well in school and make positive contributions in the home. Appropriate expectations help children gain self-confidence and grow in their abilities.

If you feel St. Joseph's Indian School would benefit your child, please complete this Application for Enrollment. There is an ongoing waiting list for admission, and unfortunately, not all who apply can be admitted. When an opening becomes available, a team of staff members reviews all prospective applicants. You will be notified as to the status of your application. Again, thank you for your interest in St. Joseph's Indian School.

Mission Statement

St. Joseph's Indian School, an apostolate of the Congregation of the Priests of the Sacred Heart, partners with Native American children and families to educate for life – mind, body, heart and spirit.

Name ________________________

St. Joseph's Indian School
ADMISSIONS OFFICE
PO Box 89 Chamberlain, SD 57325
Telephone: (605) 234-3465 Fax: (605) 234-3483 www.stjo.org

Thank you for your interest in St. Joseph's Indian School. Admission to SJIS is based on the number of spaces available in the classrooms and in the homes by grade level and by gender. Consideration is given to the applicant's academic abilities, character, and the contribution made to his/her previous school communities. The admission committee also seeks evidence of independence, community involvement and concern for others.

ALL forms must be completed (entirely) and returned to be considered for enrollment. A complete application consists of the following:

Complete Application Packet

- Student Application Form
- Health History Form and Medical Release
- Release of School Records Form
- Address Description Form
- HIPAA Form
- Notice of Privacy Practices

Submit Required Documentation

The following records are requirements of the Division of Education and Accreditation and St. Joseph's Indian School and need to accompany this application:

- **A state certified copy of the child's birth certificate**
- **A copy of the child's social security card**
- **A copy of immunization and medical records**
  A copy of the latest report card and standardized test scores
- **A copy of the IEP (when applicable)**
- **A copy of Medicaid card**
- **Certificate of Indian Blood**
- **Legal Custody Form/Custody Document/Court Order (if applicable)**

Please note: Incomplete application packets will not be reviewed.

Falsification or withholding any information in this application will be grounds for non-acceptance or immediate dismissal of your child.

Both natural parents of a child will be considered legal guardians of that child. The school must be notified of any special arrangements concerning the legal guardianship of a child. Any pertinent legal documents regarding guardianship must be provided for the child's school file.

Name ___________________________

St. Joseph's Indian School
ADMISSIONS APPLICATION

ADMINISTRATIVE USE ONLY
Grade: ___________________
Date Received: ____________

APPLICANT INFORMATION

Nickname: ____________________________

Name: ____
(Last) (First) (Middle)

Tribe: ______________________ Tribal Enrollment Number: ______________________

Birthdate: ______________________ Birthplace: ________________ Sex: __________

Social Security #: ______________________ Grade Applying For: ______________________

Address: ____
Street Address or P.O. Box City State Zip

Telephone: ____
Home Work Cell

Legal Guardian: ______________________________ Address: ______________________

Email address: ____

Mother's Maiden Name: ______________________ Father's Name: ______________________
Mother's Place of Birth: ______________________ Father's Place of Birth: ______________
Birthdate: ______________________ Birthdate: ______________________
Employment: (Name and Phone number) ____
____

List names/relationship of family who attended or currently attend SJIS: ______________
____

List those living in the home and relationship to student: ______________________
____
____

How did you hear about SJIS? ___At my school ___Family ___Friends ___Alumni
___Visits to SJIS ___Radio ___Newspaper ___Facebook/Social Media ___Other

RELIGION

Religion: **Baptism**	**First Communion**	**Confirmation**
Date:		
Church:		
Address:		

Name ________________________

Schools previously attended:

____
School Name Address Dates Grades

____
School Name Address Dates Grades

____
School Name Address Dates Grades

____
School Name Address Dates Grades

____
School Name Address Dates Grades

Reason for leaving: ____

Did student miss 15 or more days in the last school year? Yes ( ) No ( )

Has student ever been suspended? Yes ( ) No ( ) Expelled? Yes ( ) No ( )
If yes, date and reason must be given ____

Has student participated in Special Education Program? Yes ( ) No ( )

Was the student held back in any grade? Yes ( ) No ( ) What grade(s): ______________________

What, if any, behavior problems in school has student experienced? ______________________

____

Social Information

1. Is student a ward of the court? Yes ( ) No ( ) If yes, a copy of the court order must be submitted.
2. Has student ever been arrested? Yes ( ) No ( ) If yes, what was/were the violation(s)?__________________
____
3. Has student ever been in jail or a detention center? Yes ( ) No ( ) If yes, how many times?______________
4. Does student have a probation officer? Yes ( ) No ( )
   Name____
   County____
   Phone____
5. Has student ever received counseling? Yes ( ) No ( )
   Name____
   Phone____
6. DSS Involvement? Yes ( ) No ( ) if yes, please explain: ________________________________
____

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that St. Joseph's Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of application.**

I understand that additional information may be requested to complete my student's records. Such as: School records, counseling records, and behavior records.

____
Student Signature Parent/Legal Guardian Signature

PARENT OR LEGAL GUARDIAN & STUDENT MUST SIGN FORM

Name ________________________

SOCIAL SUMMARY

We want to partner with you as parent(s)/guardian(s) throughout your child's enrollment. This includes openly communicating about your child's social and educational growth. Therefore, please complete the following questions. Your answers will be handled in a confidential manner. <u>Please continue on another sheet of paper if more space is needed.</u>

1. **Why would you like for your child to attend St. Joe's? (Please check all that apply)**

___ Faith	**___ Friends**	**___ Family members attended**
___ Education	**___ Better Opportunities**	**___ Family is homeless**
___ Safety	**___ Structure/Stability**	**___ Child wants to come**
___ Culture	**___ Get away from bullying**	**___ Independence**

___ Other ____

2. **Briefly tell us about your child. How do you as a parent/guardian feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is attending St. Joseph's Indian School? Include the following:**

   - **Child's strengths**:

   - **What can staff expect from your child when making requests?**
     :

   - **How will your child react to consequences/discipline?**

   - **How does he/she express their feelings?**

   - **Does he/she help with chores/have responsibilities? If yes, please describe.**

3. **Please list your child's interests, talents, or special abilities**.

Name ________________________

4. Does your child have any specific problems that you think school personnel should know about so they can be prepared to help in the best way they can?

5. Children living away from their families crave and need constant contact with their parents to reassure themselves everything is okay at home and their parents care about them (this also helps with homesickness). Please share with us how to best contact you, what time of day/which days are better, times when it is not good to contact you, etc. Are phone call best, or e-mail or messaging?

6. Home visits during the year may be beneficial to your child, however, when he/she misses school, it hurts your child's educational development and interferes with the school program. In most cases, the decision to miss school or get back late from checkout, is made by the child and not the parent. We are interested in your reaction to this type of situation and would like to know how you, the parent, can help avoid having this happen to your child.

7. Sometimes children have mental health issues. In working together, it is helpful for us to have detailed information:

(a) Has your child ever attempted or talked about self- harm/cutting? Yes ( ) No ( ) If yes, please explain.

(b) Has your child ever attempted or talked about suicide? Yes ( ) No ( ) If yes, please explain.

(c) Has your child ever been the victim of child abuse? Yes ( ) No ( ) If yes, please explain.

(d) Has your child ever witnessed domestic violence? Yes ( ) No ( ) If yes, please explain.

(e) Has your child been exposed to drug/alcohol use? Yes ( ) No ( ) If Yes, please explain.

(f) What experiences has your child had with loss? Please describe nature of loss and how was this addressed?

Name ________________________

HEALTH HISTORY FORM

1. Was the child's birth: Normal____ Full term ____ Premature ____ How many weeks at birth? ____

Were any substances used during the pregnancy: Cigarettes: ____Alcohol: ____Drugs: ___Chemicals: ____

Was prenatal care provided? ______ Was postnatal care provided? _____

Were there any injuries during the pregnancy Yes ( ) No ( ) If yes, please explain____________
____

Were there any developmental concerns with the child? Yes ( ) No ( ) If yes, please explain,
____

2. Is your child allergic to any medicines or food? Yes ( ) No ( )
If yes, please list:____

3. What medication is your child currently taking?

Name of medicine	Dosage/amount	Reason taking	When started (year/child's age)
____________________	_____________	_____________________	________________
____________________	_____________	_____________________	________________
____________________	_____________	_____________________	________________

4. Does your child have vision problems/wear glasses or contacts? Yes ( ) No ( )
   Name of Clinic: ____

5. Does your child have regular dental checkups? Yes ( ) No ( )
   Name of Clinic: ____

6. Has your child (girls only) begun her menstrual/moon cycle? Yes ( ) No ( )
   If yes, age when started ____

7. Has your child had any in-patient or out-patient treatment for alcohol or drugs? Yes ( ) No ( )

Age	Name of Treatment Facility	How Long did treatment last?
__________	______________________________	______________________________
__________	______________________________	______________________________

8. Has your child ever had any of the following health problems? If yes, at what age?

	Yes	No	Age		Yes	No	Age
ADHD/learning disability	____	____	____	Hepatitis (liver disease)	____	____	____
Alcohol/drug use	____	____	____	Low iron (anemia)	____	____	____
Allergies/hay fever	____	____	____	Mononucleosis (mono)	____	____	____
Asthma	____	____	____	MRSA	____	____	____
Bladder/kidney infections	____	____	____	Pneumonia/RSV	____	____	____
Blood disorders	____	____	____	Rash/Skin Concern	____	____	____
Cancer	____	____	____	Scoliosis (curved spine)	____	____	____
Chicken pox	____	____	____	Seizures/epilepsy	____	____	____
Cutting/self-injury	____	____	____	Severe acne	____	____	____
Depression	____	____	____	Stomach problems	____	____	____
Diabetes	____	____	____	Suicide attempts	____	____	____
Eating disorder	____	____	____	Tuberculosis	____	____	____
Eczema	____	____	____	Wetting/Soiling/constipation	____	____	_____
Heart Murmur/defect	____	____	____	Other:________________________________			

Name ________________________

9. Has your child had any of the following surgeries?

	Yes	No	Age	Extra Information
Anesthesia for Surgery	____	____	____	Any problems with anesthesia? ________________________
Appendectomy (Appendix removed)	____	____	____	
Bones broken and repaired	____	____	____	What area (arm, leg, elbow, hand)? ______________________
Brain Surgery	____	____	____	
Ear tubes	____	____	____	Both ears, right ear, or left ear? ________________________
Hernia	____	____	____	What area (groin, belly button, stomach)? _________________
Stomach Surgery	____	____	____	
Tonsils & Adenoids	____	____	____	
Other: __________________	____	____	____	

10. Has your child had any other serious injury, illness, surgery, or hospitalization **NOT** included in the above?
Yes ( ) No ( ) If yes, please describe: ____
____

11. Have there been any changes in your child's health during the past 12 months? Yes ( ) No ( )
If yes, please describe: ____
____

12. Sometimes (not always) health concerns are passed from one generation to the next. Have you or any of your child's blood relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following concerns?

	Yes	No	Unsure	Age when started (if known)	Relationship to child
Anesthesia-surgery issues					
Allergies/asthma					
Cancer (type______________)					
Depression					
Diabetes					
Drinking problem/alcoholism					
Drug addiction					
Heart condition					
High blood pressure					
Kidney disease					
Mental health					
Seizures/epilepsy					
Smoking					
Suicide					

13. In the past year, have there been any of the following changes in the child's family? (check all that apply):

____Marriage ____Separation ____Divorce ____Births
____Serious Illness ____Deaths ____Incarceration ____Loss of job
____A new school ____Move ____Other:_________________________

Name ________________________

Parent/Guardian Concerns

14. Please review the topics listed below. Check if you have a concern about your child

____Physical problems	____Drug use	____School grades/absences/dropout
____Physical development	____Weight	____Smoking cigarettes/chewing tobacco
____Change of appetite	____Depression	____Amount of physical activity
____Sleep patterns	____HIV/AIDS	____Relationships with parents and family
____Diet/nutrition	____Pregnancy	____Sexually transmitted diseases (STD's)
____Guns/weapons	____Dating/parties	____Self-image or self-worth
____Emotional development	____Alcohol use	____Unprotected sex
____Lying/stealing/vandalism	____Sexual behavior	____Excessive moodiness or rebellion
____Choice of friends	____Work/job	____Sexual identity (homosexual/bisexual)
____Violence/gangs	____Other________________________________	

15. What is it about your child that makes you proud of him/her?

____

____

16. What seems to be the greatest challenge for your child?

____

____

☐ St. Joseph's Indian School has my permission to use photos of my child for fundraising, academic and athletic purposes.

☐ I understand that attendance at weekly Mass is an expectation upon enrollment/admission to St. Joseph's Indian School.

☐ I have answered all the questions to the best of my knowledge and ability.

______________________________________ ______________________________________
Parent/Guardian signature Date

Notes or Additional Comments:

Name ________________________________

MEDICAL RELEASE Date Information Desired by:	Student Name: ______________________ Date of Birth: __________________ Address (including City/State/Zip): ______________________________ Phone Number: ______________________________

Release Medical Information From:

Provider/Facility Name:

____

Address:

____

City/State/Zip:

____

Phone:

____

Release Medical Information To:

Name/Facility:
St. Joseph's Indian School
PO Box 89
1301 N. Main St.
Chamberlain, SD 57325
Phone:
Julie Lepkowski
605-234-3465
E-mail: julie.lepkowski@stjo.org

Purpose of Release:

☐ School Admissions
☐ Other ____________________________________

Information to be Released:

Release Format: Paper CD/DVD **Release Method:** Mail Pick Up Fax E-mail

Service Dates: From: **Birth** To: **Present**

☐ Clinic Progress Notes	☐ Discharge Summary	☐ Lab Reports	☑ Psychological Evals/Assmts
☐ Hospital Progress Notes	☐ EKG/Cardiology Reports	☐ Radiology Reports	☑ Immunization Records
☐ History & Physical	☐ Pathology Reports	☐ Radiology Images	☑ All Records
☐ Consultation Notes	☐ Operative Reports	☐ Substance Abuse Evals/Assmts	☑ Mental/Behavioral Health Records
☐ ER Records	☐ Other ______________________		

I understand that I may revoke this authorization at any time by sending a written notice to St. Joseph's Indian School. If this authorization has not been submitted, it will terminate one year from the date of my signature or at the end of the summer program.

I hereby authorize the above facility/provider to disclose medical information concerning the above named patient to the party identified in the section titled "Release Information To." I understand that the information to be released may include information regarding mental health, alcohol and drug usage, and HIV-related information. I understand that once the information is disclosed, it may be subject to re-disclosure by the recipient and may no longer be protected. I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits.
This authorization will expire one year from the date of signing unless I indicate an event or earlier date here:______________________________

____

Parent/Guardian Signature (state relationship to student) Date

____

Parent/Guardian Signature (state relationship to student) Date

I/We understand collection of this information does not mean that my/our child has been admitted to St. Joseph's Indian School, but only that admission is being considered.

Name ________________________________

RELEASE FORM FOR SCHOOL RECORDS

Name of School Last Attended: ____

Address: ____
Street/PO Box

____
City State Zip Code

Phone: ___________________________________ FAX: ____

STUDENT: ____GRADE: ______________
Last First Middle

__**X**___ Cumulative records

__**X**___ Transcript/report card/checkout grades

__**X**___ Disciplinary records

__**X**___ Special education records

__X___ Immunization/health records

__**X**___ Attendance

__**X**___ Standardized tests

__**X**___ Copies of birth certificate, social security card

Please send the above information to:

Julie Lepkowski, Admissions Coordinator
St. Joseph's Indian School
PO Box 89
Chamberlain, SD 57325
FAX: 605-234-3483
E-MAIL: julie.lepkowski@stjo.org

As the parent/guardian of the above named child, I grant my permission for the school listed above to release information to St. Joseph's Indian School, Chamberlain, SD; for the purpose of determining if my child should be admitted to St. Joseph's Indian School. I understand that this release is valid until it is revoked in writing by me. I also understand that the collection of this information does not mean my child has been admitted to St. Joseph's Indian School, but only that admission is being considered.

____
SIGNATURE OF ADMISSIONS COORDINATOR **DATE**

____
PRINT NAME OF PARENT OR GUARDIAN DATE

____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), June 17, 1976, it is no longer necessary to obtain consent to release records. It states that school officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

Name ________________________

ST. JOSEPH'S INDIAN SCHOOL
ADDRESS DESCRIPTION

Parent(s)/Guardian(s) please provide as much information as possible.

Physical address (not mailing):

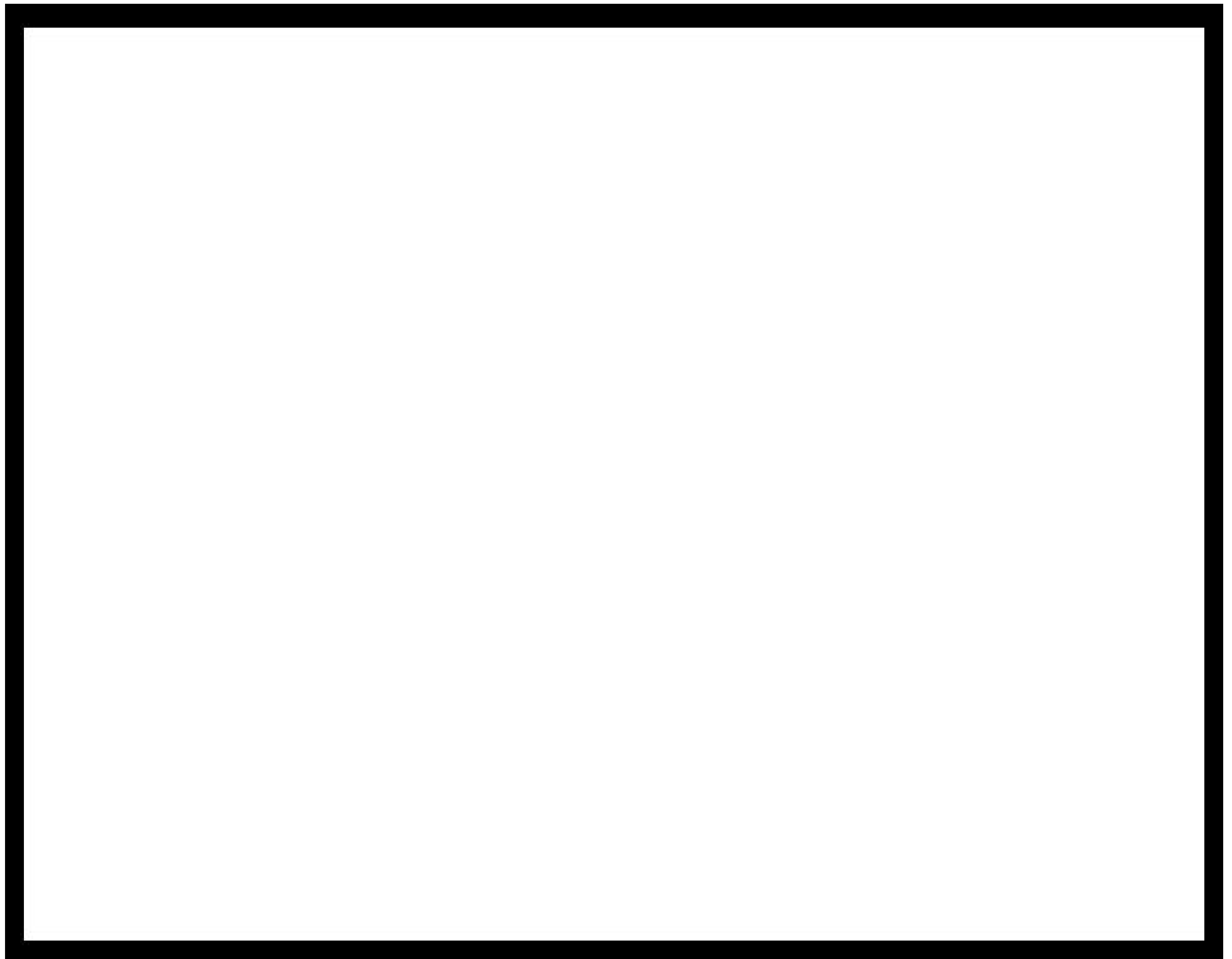
____

Physical description (mile marker, house number, house color, landmark, lane, etc.):

____

____

Please provide a detailed drawing of the location of your home.



Name ________________________

Notice of Privacy Practices

Acknowledgement of Receiving Notice

I have received a copy of the Notice of Privacy Practices for St. Joseph's Indian School.

Child/ren's Name: (please print)	Date of Birth:
____	____________________
____	____________________
____	____________________
____	____________________
____	____________________
____	____________________

____ ____________________
Parent/Guardian Signature Date

____ ___________________
Parent/Guardian Signature Date3

Name ________________________

St. Joseph's Indian School
Notice of Privacy Practices

This notice describes how you and your family members' health information may be used or disclosed and how you can get access to this information. Please review it carefully.

St. Joseph's Indian School is required to provide you with a Notice of Privacy Practices, explaining your rights and our duties concerning your medical information. We reserve the right to change our privacy practices, provided such changes are permitted by applicable law. Should such changes in our Privacy Practices be made, you will be notified.

Our Pledge to You:
We understand that medical information is personal and we are committed to protecting medical information about you. A record of the care and services you receive is maintained in order to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain in the Dehon Family Services and Health Care Center. We are required by law to:

- Keep private any medical information about you.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the HIPAA requirements that came into effect April 14, 2003.

Uses and Disclosures of Your Health Information:
1. In some circumstances we are permitted or required to use or disclose your protected health information. The circumstances include:
   a. Treatment: We may use or disclose your protected health information for the purpose of providing, or allowing others to provide treatment to you. This includes emergency procedures.
   b. Health Care Operations: We may use your protected health information in the course of the day-to-day operation of the health center.
   c. Legal Requirements: We may use your protected health information when required by law, including:
      - Public health purposes
      - Law enforcement purposes, including abuse and neglect reporting
      - When legally mandated to do so

Your Rights:
1. To Access and Copy Health Information: You have a right to inspect and copy your protected health information (excluding psychotherapy information, information regarding abuse and neglect reporting and/or certain information that we are legally bound to retain). To arrange access, please contact the Dehon Health Care staff. If you request copies, you will be charged a fee for copying and mailing. Note: The organization can deny access in some circumstances if access would be determined to be harmful to you, or contrary to other legal mandates.
2. To Request Restrictions: You have a right to request restriction on the use and disclosure of your protected health information. A written request must be submitted and will be considered, but the Dehon Health Care can deny the request.
3. To an Accounting of Disclosures: You have a right to an accounting of any disclosures of your protected health information, made over a three year period. Exceptions would include cases of abuse/neglect reporting, disclosures made prior to April 14, 2003, disclosures deemed to be harmful to you, and in the case of legal mandates.

Name ________________________

4. To amend records: You have the right to request that we amend your protected health record. Requests must be submitted in writing. Your request could be denied if the record was not created by the Health Center, if it is not part of the medical information maintained by the Health Center, or if we determine that the record is accurate.

Our Duties:

1. We are required to maintain the privacy of your protected health information and to provide you with this notice.
2. We are required to abide by this notice and reserve the right to change the terms within this notice. Any material changes will be made available to you.

Questions/Complaints:

Please direct any questions to Dehon Health Care, located at St. Joseph's Indian School, PO Box 89, Chamberlain, SD 57325.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision made about access to your records, you may contact the President (listed below).

Finally, you may send a written complaint to:
U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue SW
Room 509F HHH Building
Washington, DC 20201
Or call 1-800-368-1019

Under no circumstances will you be penalized or retaliated against for filing a complaint.

President
Mike Tyrell
PO Box 89
Chamberlain, SD 57325
(605) 234-3410