



United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
RIVERSIDE INDIAN SCHOOL
101 RIVERSIDE DRIVE
ANADARKO, OKLAHOMA 73005
(405) 247-6670
FAX (405) 247-5529

Application for Admission

Dear Parents:

Thank you for selecting Riverside Indian School as your choice to educate your child. This is a responsibility the Riverside Indian School Faculty and Staff take seriously. The check-off list can be used as a guide for completing this application. The Admissions committee will review and notify each applicant by mail or phone as to the status of his or her application.

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

Make sure ALL necessary copies of documents are attached. Completed applications will be accepted throughout the year; however, applications will be reviewed on a first-come-first served bases and space availability.

Travel will be provided each semester for students attending Riverside Indian School; any withdrawals or emergency travel will be the responsibility of the parent or guardian.

Sincerely,

Tony L. Dearman, Principal
Riverside Indian School

Riverside Indian School
101 Riverside Drive
Anadarko, OK 73005
 Admission Application Check-List

Student:	School Year:
Grade:	Last School Attended:
Date:	School Phone Number:

Student Enrollment Application

1	Cover Letter from Registrar's Office
2	Check-off List
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16	Internet Use Policy
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19	Language Survey
20	Memorandum
21	School Reference Form, Teacher or Principal's Reference Form MUST BE mailed or faxed from previous school.
22	Indian Health Services Information

RIVERSIDE INDIAN SCHOOL WILL ALSO NEED YOUR CHILDS:

- ✓ **Immunization Record**
- ✓ **Copy of CDIB and Proof of Tribal Membership**
- ✓ **Copy of Birth Certificate**
- ✓ **Copy of Social Security Card (Needed for Medical Records)**
- ✓ **Transcripts of Grades**
- ✓ **Copy of Health/Medical Insurance Card (If Covered)**
- ✓ **Court appointed Parent or Legal Guardian **MUST** provide legal documentation**
- ✓ **Tribal Resolution to attend Riverside Indian School**

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

United States Department of the Interior
Bureau of Indian Affairs
Student Enrollment Application
For Bureau Funded Schools and Federal Boarding Schools
2009-2010

ENROLLMENT INFORMATION

Name of School: <i>Riverside Indian School</i> <i>101 Riverside Drive Anadarko, OK 73005</i>	Student will be a: Day Student Dorm Student
Term Applying For: Fall Spring	Grade Apply for: _____
Directions to Students Home:	

STUDENT INFORMATION

Full Name: _____ Date: _____

Address: _____ City: _____ State ____ Zip Code: _____

Phone: _____ Contact Phone: _____ Age: _____

Date of Birth: _____ Social Security #: _____ Place of Birth: _____

Do you live with: Mother Father Legal Guardian Other Sex: Male Female

Tribal Affiliation: _____ Degree of Indian Blood: _____

Hospital or Clinic Used: _____ Chart Number: _____

Tribal Agency: _____ Enrollment Number: _____

Religious Affiliation (Optional): _____

Dominant Language Spoken in the Home: _____

PARENT OF LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

Father's Name: _____ Tribal Affiliation: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Fathers Home Phone: _____ Father's Work Phone: _____

Mother's Name: _____ Tribal Affiliation: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Mother's Home Phone: _____ Mother's Work Phone: _____

Legal Guardian (If not Parent): _____

If you are the court appointed custodial Parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may or may not list himself/herself as a guardian even if he/she is 18 years of age or older:

Address: _____ City: _____ State: ____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Address: _____ City: _____ State ____ Zip Code: _____
Phone: _____ Work Phone: _____

SCHOOLS PREVIOUSLY ATTENDED

School Name: _____ Grade Completed: _____
Address: _____ City: _____ State ____ Zip Code: _____
Date Attended: _____ Reason for Leaving: _____
Student Participated in Special Education Program: Yes No
Student Participated in Gifted and Talented Program: Yes No
School Name: _____ Grade Completed: _____
Address: _____ City: _____ State ____ Zip Code: _____
Date Attended: _____ Reason for Leaving: _____
Student Participated in Special Education Program: Yes No
Student Participated in Gifted and Talented Program: Yes No

STUDENT CHECK OUT INFORMATION (MUST BE 21 OR OLDER)

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

I am legally responsible for this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted.

Signature of Parent/Legal Guardian: _____ Date: _____

Failure to provide inclusive and accurate information could result in immediate dismissal.

TRAVEL STATEMENT

Travel will be provided each semester for students attending RIS; any withdrawals or emergency travel other than specified above will be the responsibility of the parent or guardian. Also, list any siblings that are attending and will travel together.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Signature of Parent/Legal Guardian: _____ Date: _____

LEGAL CUSTODY FORM

Is child currently under ICW or State custody? Yes No

If yes, please provide a copy of custody documents.

I, _____, have legal custody of
(Print Parent/Guardian)

_____ as set forth by
(Print Student Name)

Birth

Divorce Decree

Tribal Court

Please attach a copy of one of the above name documents and return with application.

Is there a restraining order in place? Yes No

If yes, please give name of person _____

Parent/Guardian Signature: _____

Please complete the PATIENT IDENTIFICATION Section at the bottom in order to update our records. Your Social Security Number is not required.

If you are unsure of how to answer any of the following questions, please ask the dental staff for help.

Are you a registered patient at this clinic? Yes No

Are you registered at other clinics? Yes No

What is the reason for your visit to the dental clinic? _____

What is the name of your medical doctor? _____

What is the date of your last physical examination? _____

Has there been any change in your general health this past year? Yes No

List any medication (pills or drugs) you are currently taking: _____

Please check:		Yes	or	No	Have you ever had the following?		Yes	or	No
1.	Do you have a toothache now?	<input type="checkbox"/>		<input type="checkbox"/>	12.	Hepatitis	<input type="checkbox"/>		<input type="checkbox"/>
2.	Have you received medical care in the past two years?	<input type="checkbox"/>		<input type="checkbox"/>	13.	Heart murmur	<input type="checkbox"/>		<input type="checkbox"/>
3.	Have you ever been hospitalized?	<input type="checkbox"/>		<input type="checkbox"/>	14.	Heart attack	<input type="checkbox"/>		<input type="checkbox"/>
4.	Have you taken medication in the last two (2) months?	<input type="checkbox"/>		<input type="checkbox"/>	15.	High blood pressure	<input type="checkbox"/>		<input type="checkbox"/>
5.	Are you allergic to or made sick by any medicine such as penicillin, aspirin, or codeine?	<input type="checkbox"/>		<input type="checkbox"/>	16.	Rheumatic fever	<input type="checkbox"/>		<input type="checkbox"/>
6.	Have you ever had a bleeding problem that needed medical treatment?	<input type="checkbox"/>		<input type="checkbox"/>	17.	Heart valve or pacemaker	<input type="checkbox"/>		<input type="checkbox"/>
7.	Do you have chest pains?	<input type="checkbox"/>		<input type="checkbox"/>	18.	Artificial joint	<input type="checkbox"/>		<input type="checkbox"/>
8.	Do you use alcohol or other drugs?	<input type="checkbox"/>		<input type="checkbox"/>	19.	Anemia	<input type="checkbox"/>		<input type="checkbox"/>
	If yes, do you want to quit?	<input type="checkbox"/>		<input type="checkbox"/>	20.	Stroke	<input type="checkbox"/>		<input type="checkbox"/>
9.	Do you use tobacco products?	<input type="checkbox"/>		<input type="checkbox"/>	21.	Ulcers	<input type="checkbox"/>		<input type="checkbox"/>
	If yes, do you want to quit?	<input type="checkbox"/>		<input type="checkbox"/>	22.	TB or lung disease	<input type="checkbox"/>		<input type="checkbox"/>
10.	Do you have reason to believe you have been exposed to AIDS or HIV?	<input type="checkbox"/>		<input type="checkbox"/>	23.	Asthma	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	24.	Sinus trouble	<input type="checkbox"/>		<input type="checkbox"/>
11.	Do you or does anyone in your family have diabetes?	<input type="checkbox"/>		<input type="checkbox"/>	25.	Cancer or tumors	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	26.	Epilepsy or seizures	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	27.	Arthritis / rheumatism	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	28.	Blood transfusions	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	29.	Sexually Transmitted	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	30.	Kidney problems	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	31.	Liver problems	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	32.	Nervous or mental disorders	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<i>FEMALES ONLY - Are you:</i>				
		<input type="checkbox"/>		<input type="checkbox"/>	1.	Pregnant?	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	2.	Taking birth control pills?	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	3.	Currently nursing?	<input type="checkbox"/>		<input type="checkbox"/>

Do you have any disease, condition, or problem not listed? Yes No (if yes, specify) _____

Do you have concerns about receiving dental treatment? Yes No (if yes, specify) _____

IMPORTANT!

These answers I have given are true to the best of my knowledge. I am indicating my consent for routine dental procedures such as x-rays, cleaning, fillings, - crowns, and local anesthesia by signing below.

Patient or Parental Consent	(Signature) _____	(Date) _____
Dentist	(Signature) _____	(Date) _____

NOTES: (For dental staff use) _____

Tobacco Use Status- 1 2 3 4 5 L M H

PATIENT IDENTIFICATION:	PROVIDER REVIEW	
	Date	(Initials)
Name: _____ Health Record No. _____	_____	_____
Date of Birth: _____ Soc. Sec. No. (optional) _____	_____	_____
Community where you live _____	_____	_____
Phone No: Home (____) _____ Work (____) _____	_____	_____
Mail Address: _____	_____	_____
City _____ State: _____ Zip Code: _____	_____	_____

PARENTAL CONSENT FORM

1. FIELD TRIPS

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Riverside Indian School Administration.

I (we) understand the student will be properly chaperoned and all precautions will be taken to insure his/her safety.

2. COMPETITIVE SPORTS

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Riverside Indian School.

3. PHOTOGRAPH RELEASE

I (we) hereby grant permission to the Riverside Indian School and Bureau of Indian Education Oklahoma Area Education Office for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Riverside Indian School or Bureau of Indian Education Oklahoma Area Education Office. This includes Riverside web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

Signature of Parent/Legal Guardian

Date

HEALTH INSURANCE INFORMATION

Is your child covered under health insurance provided by a Private, Tribal, State, Federal, or Local Health Insurance Provider? Yes No

Name of Provider: _____ Card Number: _____

Tribal Health Care Provider: _____ Card Number: _____

DHS Card Number: _____

Title-19 or Child Health Insurance Program Card Number: _____

Please provide a copy of your child's health insurance card.

SCHOOL CHECKOUT POLICY

STUDENTS NAME: _____

At the beginning of each year, the parents/guardians of Riverside Indian School students are required to sign an acknowledgment of rules for attendance, check-outs and weekend passes for their children. The following policy will be understood and signed by the parent/guardian:

1. Student check-outs from school or dormitory will be limited to parents/guardians, or to a specific designated second degree (Grandparent, Uncle, Aunt) adult relative whose name will be on file. PERMISSION NOTES WILL BE ACCEPTED AT R.I.S. ADMINISTRATION'S DISCRETION.
2. Second or third party overnight check-outs will be authorized only with the agreement of parents of both parties and R.I.S. Administration. In case of students being checked-out to responsible adults, that too must be arranged in advanced, and an agreement must be signed by the parent/guardian, responsible adult, and School Superintendent, or designee. Check-out forms will be provided by the school. Faxes must be received in a timely manner in advance of the check-out.
3. Students that fail to show up on Monday after the weekend will not be allowed to check-out for a period of one week to a maximum of one month.
4. Students may be checked-out through the school offices, the S.S.D. Office, or with the designated Duty Officer.
5. Students who miss ten (10) consecutive days of school will be dropped from the enrollment.
6. Students who are on campus restriction may only be checked out by the legal guardian.
7. All check-outs are subject to final approval by the School Administration.

I have read and understand the listed rules as stated above:

Signature of Parent/Guardian

Date

_____ I do not wish to have my child checked-out

The following adult second degree relative(s) are authorized to check-out my child: (Please Print)

SOCIAL SUMMARY

The enrollment of your child in a federal government boarding school should be a shared and continuous responsibility with you as parent(s) and/or guardian(s) or responsible relative-particularly, in reference to your child's social and educational development while he/she is in attendance at a boarding school. Therefore, we seek your cooperation in the completion of the following questions with your answers being handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. In your own words, state your reason for wanting your child to attend boarding school at this time.
2. Briefly tell us about your child: How do you as a parent/guardian see and feel about him/her? What kind of behavior and attitude do you believe can be expected from your child while he/she is in boarding school?
3. Describe what you believe to be your child's interests, talents, or special abilities.
4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
5. With the knowledge that the boarding school will provide room and board for nine (9) months for your child, will you be able to provide school clothing and miscellaneous spending money on a regular basis?
6. Children living away from their families crave and need constant contact with their parents to reassure themselves that everything is okay at home and their parents care about them. Would you share with us how often you feel you will be writing letters, telephoning, visiting at the school, or having your child visit at home?
7. Home visits during the year may be beneficial to your child, however, when he/she overstays his leave or drops out of school; it hurts your child's educational development and interferes with the school program. In most cases, the decision to overstay leave or drop school 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.

Have you discussed these questions and answers with your child? Yes No

STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of the Riverside Indian School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon are not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; or (b) damage to private property; unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students will be liable for all unauthorized charges made to government telephones as well as charges made from pay telephones.

"I fully understand the foregoing 'Code of Conduct' and if accepted as a student at Riverside Indian School, I agree to abide by the rules."

Date: _____ Student Signature: _____

"I, the parent/guardian, have read the foregoing rules and will encourage our child to abide by the prescribed 'Code of Conduct', further I agree to cooperate in resolving any disciplinary problems that may involve our child."

Date: _____ Parent Signature: _____

**Riverside Indian School
SPECIAL PROGRAM FORM**

Student Name: _____

EDUCATIONAL INFORMATION:

1. List all schools student attended in the last year: _____
2. Did the student miss 15 or more days in the last year? Yes No
3. Has the student ever been suspended? Yes No Expelled? Yes No
If yes, date and reason must be given: _____
4. Had student ever received extra help in school? Yes No
If yes, please check one of the following? Tutoring Special Education G &T

MEDICAL INFORMATION:

1. Does student have any medical problems which might interfere with school attendance and/or needs medical care while in school? Yes No If yes, please list.
2. List any medication taken regularly: _____
3. Is the student allergic to any type of medication: _____
4. Does student wear glasses or contacts? Yes No Examination needed? Yes No
5. Hearing and/or ear problems? Yes No If yes, please explain: _____

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 or therapy? Yes No
Name: _____
County: _____
Phone: _____

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 Riverside Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of application or immediate dismissal.**

Student Signature

Signature of Parent/Guardian

STUDENT POLICIES

The staff of Riverside Indian School wants to provide a positive learning environment for our students. Our major concerns are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

SEARCH AND CONFISCATION POLICY

Riverside Indian School, in their desire to provide for health, safety, and general welfare of the students with whom they are entrusted will conduct periodic random searches for illicit drugs, alcohol, and weapons. The search may include all personal items and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found. Student's eighteen years old or older who are found to be in possession of illegal items may be turned over to the local law enforcement authorities.

GANG BEHAVIORAL POLICY

Riverside Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the education process. Riverside Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing and behavior)
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or the health and safety of students and staff may be in jeopardy

At the discretion of Riverside Indian School authorities, a violation of the personal appearance and/or behavioral policy may result in the student being required to sign a "Gang Contract" promising to not engage in gang behavior. A violation of such contract may potentially result in disciplinary action up to and including a recommendation for expulsion.

HEADPHONES

Headphone players are not to be used in class or on off-campus activities unless approved by the teacher or staff. Violation of this rule will result in the confiscation of your player.

CELL PHONES

Due to disruption of the educational process cell phones will not be allowed during school hours. Cell phones that are seen during school hours will be confiscated. Confiscated cell phones may be sent home.

My signature below indicates that I have been informed of this policy, not that I agree with it.

Parent/Guardian

Date

Student Date

Date

MEMORANDUM

If your student is a member of a federally recognized tribe located in Oklahoma, Kansas, Texas, New Mexico, or Colorado, you DO NOT need a tribal letter granting permission for tribal members to attend Riverside Indian School.

If your student is NOT a member of one of the following tribes, Riverside Indian School will need a tribal letter granting permission for tribal members to attend Riverside Indian School. An example of a tribal letter is attached on the following page.

- Assiniboine and Sioux Tribes of the Fort Peck Res.
- Blackfeet Tribe
- Burns Paiute Tribe
- Cheyenne River Sioux Tribe
- Colorado River Indian Tribe
- Confederated Tribes of Warm Springs
- Confederated Tribes & Bands of Yakama Nation I
- Crow Tribe
- Fort Belknap Indian Community ·
- Fort McDowell Indian Community
- Gila River Indian Community ‘
- Havasupai Tribe
- Ho-Chunk Nation
- Hualapai Tribe
- Klamath Tribes
- Mandan, Hidatsa, and Arikara Nation
- Mississippi Band of Choctaw Indians
- Omaha Tribe of Nebraska
- Navajo Tribe
- Ponca Tribe of Nebraska
- Red Lake Band of Chippewa Indians
- Rosebud Sioux Tribe `
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute Tribe
- Seminole Tribe of Florida
- Shoshone—Bannock Tribe
- Sisseton-Wahpeton Oyate
- Standing Rock Sioux Tribe
- The Chippewa Cee Tribe of Rocky Boy’s Res.
- The Oglala Sioux Tribe
- The Passamaquoddy Tribe
- The Tohono O’Odham Nation
- Ute Indian Tribe
- White Mountain Apache Tribe
- Winnebago Tribes of Nebraska

SAMPLE LETTER

Date:

Riverside Indian School
101 Riverside Drive
Anadarko, OK 73005

Re: Letter of Authorization

To Admission staff:

The _____ Tribe, in compliance with Public Law 107-110 (No Child Left Behind), gives authorization for tribally enrolled students to attend any Bureau of Indian Affairs funded school outside of the student's geographic attendance boundaries, therefore allowing the Bureau funded school to receive reimbursement for transportation related cost for these students to attend from outside of the approved attendance area of the school.

Sincerely,

President/Chairman

_____ Tribe



Riverside Indian School Acceptable Use Policy



Internet and network access is provided to the students and staff at Riverside Indian School. Education is the primary function of Riverside Indian School. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in the ACP. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges.

Network Etiquette-Users are expected to abide by the general accepted rules of network etiquette. These include but are not limit to the following.

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal personal addresses, credit card numbers, and phone numbers.
- Illegal activities are strictly forbidden
- Electronic mail is not guaranteed to be private. People who operate the system do have the access to all mail. Message relating to or in support of, illegal activities may be reported to the authorities. Do not use the network in such a way that others' use of the network would be disrupted.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords.
- Shall not damage computers, computer systems or computer networks, which includes altering software components of a computer or system.
- Transmitting or intentional receipt of hate mail, harassment, and other antisocial behaviors are prohibited on the network.
- Shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Shall not conduct any kind of personal business transaction.
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Agree not to use the chat rooms.
- Agree not to send chain letters.
- Students shall not send, receive or check personal E-mail, except before or after school.

Computer Lab usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of students is responsible for monitoring and overseeing their network and internet activity.
- No food or drinks in the Computer Labs.
- Teachers are expected to have lesson plans before students use the internet, which includes pre-researching sites that are used.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- And/or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.



Riverside Indian School Technology Compact

Student Agreement



User's Full Name (please print) _____

I understand and will abide by the terms and conditions for the Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

User's Signature _____

Date _____

PARENT OR GUARDIAN AGREEMENT

(Completion of this section is required for students under the age of 18.)

As the parent or guardian of this student, I have read the terms and conditions for Internet access. I understand that this access is designed for education purposes and that Riverside Indian School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Riverside Indian School to restrict access to all controversial materials, and I will not hold Riverside Indian School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct. (A form must be signed for each child attending Riverside Indian School)

Signature of Parent or Guardian _____

Date _____

Riverside Indian School – Special Programs
Permission Form

We provide several programs at Riverside Indian School to assist students with special abilities, interests, and needs to enjoy the full benefit of attending school. Three of these programs are: Gifted and Talented Education (GATE), the Bilingual Education Program (BEP), and Special Education (SPED) require parental permission in order to assess and provide services for students. Below you will find a brief description of these programs and a signature line for each. If you would like for your student to be considered for screening (and possible placement) in any or all of these programs, then you should sign the appropriate line(s). This form must be returned with your student's application.

Please print the name of your student here: _____

Gifted and Talented Education (GATE)

This program provides advanced classes (some at the collegiate level with college credit) and specialized learning opportunities for students identified with special academic skill, artistic ability, leadership potential and cultural awareness.

I, _____, give my permission for my student to be screened and/or
(Sign your name)
observed by the Gifted and Talented Education Committee. Date: _____

Bilingual Education Program (BEP)

The Bilingual Education Program (BEP) provides tutors who assist students in English, Social Studies, and other subjects during school day and in the evening. Students identified for this program typically know one or more Indigenous or Tribal Languages and English. We currently offer classes in Cheyenne and Arapaho and Choctaw for interested students; we hope to offer classes in other languages in the near future. The goals of the program include preserving languages our students already know and improving their proficiency in all aspects of English.

I, _____, give my permission for my student to be screened and/or
(Sign your name)
observed by the Bilingual Education Program Committee Date: _____

Special Education (SPED)

The Special Education Program at Riverside Indian School is designed to assist students with special needs in order to allow them to be successful in school. Students with difficulty in a variety of areas may receive assistance through special classes, out-of-class tutoring, learning contracts, and other methods. The staff members in charge of this program have special training in assisting students with learning and behavior disabilities. You will be asked to make suggestions for all aspects of providing services in this program and in the other programs noted above.

I, _____, give permission for my student to be evaluated by the
(Sign your name)
Special Education Program Committee, initially for: academic achievement, intellectual development, vision/hearing, perceptual, vocational and behavior assistance. Date: _____

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction

Caddo
County

B001
District

Riverside Indian School
School

HOME LANGUAGE SURVEY
GRADES EC-12

(Please Keep Form on File Within the District)

Please Print All Information Except Signature

Name of student: _____

Date of Birth: _____ Grade: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Telephone Number: _____

Parent's/Guardian's Address: _____

To Be Completed by Parent of Guardian

1. Is a language other than English used in your home?
Yes No
If yes, please check one of the following:
More often Less Often

2. What is the language?

*If necessary this form may be converted to another language (i.e., Spanish, Vietnamese, etc).

Signature of Parent or Guardian

Date

**PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH
THE APPLICATION**

NOTE:

**THE SCHOOL REFERENCE FORM MUST BE MAILED
DIRECTLY TO**

Riverside Indian School.

(Reference forms returned by the student will not be accepted).

School Reference Form
To be completed by a Teacher, Principal or Counselor

Student's Name: _____

The above student has applied for admission to Riverside Indian School. Please complete the following and **return it directly to the school**. (Reference forms returned by the student will not be accepted).

1. How long have you known the student? _____
2. What discipline and attendance problems, if any, have you encountered with the student?

3. Has student ever been suspended? Yes No

4. Has student ever been expelled? Yes No

If yes, explained: _____

5. What is student's Cumulative Grade Point Average? _____

6. How is student's classroom behavior?

Comments:

Name (Please Print): _____

School: _____ Phone: _____

Counselor's Signature: _____ Date: _____

We appreciate your time completing this form.

Sincerely,
RIS Admission Committee

Riverside Indian School
101 Riverside Drive
Anadarko, OK 73005

Phone: 405/247-6670 Fax: 405/247-5529