

Student Name: _____ Expected Start Date ____/____/____

UTTC STUDENT (Priority)
UTTC Staff

A COMPLETED REGISTRATION PACKET WITH SIGNED FORMS MUST BE COMPLETED PRIOR TO ANY STUDENT(S) ATTENDING THE FIRST DAY OF CLASS. THE FOLLOWING PAPERS MUST BE COMPLETED BEFORE LEAVING THE OFFICE.

When registering for enrollment parents/guardians must fill out 1 application per student. If you have multiple students registering we can help assist you. Here is a checklist to ensure all forms are completed.

- Student Registration Form
- Allergy Information/Emergency Contact Information
- Request for Cumulative & Confidential Education Records
- Field Trip Consent/Publication Consent
- Student Residency Questionnaire
- Library Registration Card
- Home Language Survey
- Technology Policy
- Back Pack Program

The following documents are requirements by the TJES and the Bureau of Indian Education, therefore must be turned in with registration packet to be considered complete.

- Birth Certificate
- Degree of Indian Blood
- Immunization Record
- Custody Documentation (If Applicable)
- UTTC/Class Schedule



THEODORE JAMERSON ELEMENTARY SCHOOL
Student Registration Form

STUDENT INFORMATION:

LAST: _____ FIRST: _____ MIDDLE: _____

PREFERRED NAME _____ DATE OF BIRTH: _____

GRADE STUDENT WILL BE ENTERING: _____

PARENT INFORMATION:

ON/OFF CAMPUS ADDRESS INFORMATION

_____ UTTC STUDENT

_____ UTTC STAFF

PARENT/GUARDIAN:

CHOOSE (MOTHER/FATHER/GUARDIAN)

LAST NAME: _____ FIRST NAME: _____ MI: _____

DATE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

CAMPUS BOX #: _____ UTTC HOUSE #: _____

PHONE: _____

MAILING ADDRESS: _____

STATE: _____ ZIP: _____ E-MAIL: _____

OTHER PARENT/GUARDIAN
Choose (MOTHER/FATHER/GUARDIAN)

LAST NAME: _____ FIRST NAME: _____ MI: _____

DATE OF BIRTH _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

CAMPUS BOX #: _____ UTTC HOUSE #: _____

PHONE: _____

MAILING ADDRESS: _____

STATE: _____ ZIP: _____ E-MAIL: _____

****IF ADDRESS CHANGES AT ANY TIME DURING THE SCHOOL YEAR IT IS THE PARENT/GUARDIANS RESPONSIBILITY TO INFORM TJES AS SOON AS POSSIBLE.***

PLEASE LIST OTHER STUDENTS ATTENDING TJES

NAME: _____ GRADE _____

NAME: _____ GRADE _____

OTHER CHILDREN LIVING IN THE HOME

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

****PLEASE PROVIDE SCHOOL WITH COPY OF ALL CUSTODY PAPER TRIBAL and or STATE.***

PREVIOUS SCHOOL:

NAME OF THE LAST SCHOOL ATTENDED:

From: _____ To: _____

Did the student participate in Title I: Yes / No

Did the child receive special education services: Yes / No

Did the child have a 504 plan: Yes / No

Did the child participate in the gifted/talented program: Yes / No

TRIBAL ENROLLMENT: (Need Degree of Blood Quantum)

NAME OF CHILD: _____

ENROLLMENT NUMBER: _____

NAME OF TRIBE OR BAND FOR WHICH THE ABOVE CHILD CLAIMS MEMBERSHIP:

IF THE CHILD IS A DESCENDENT OF A PARENT WHO IS ENROLLED, PROVIDE INFORMATION AND DOCUMENTS.

PARENT: _____

NAME OR TRIBE OR BAND FOR WHICH THE PARENT IS CLAIMING MEMBERSHIP:

TRANSPORTATION

**TJES provides transportation to students who reside near designated bus stops. It will be parent/guardian responsibility to get students to and from designated bus stops at scheduled times. No exceptions.*

IF STUDENT LIVES IN THE BISMARCK AREA FILL OUT THIS SECTION. NO MANDAN BUS.

PHYSICAL ADDRESS _____

Riding the bus is a privilege, all students Bismarck bus riders and parents will be provided with the bus rules. Failure to follow bus rules can result in losing bus privileges.

HEALTH INFORMATION

ALLERGY INFORMATION

DOES YOUR CHILD HAVE AN ALLERGY: YES / NO

IF YES WHAT IS THE ALLERGY: _____

MEDICATIONS TAKEN: _____

IF ALLERGIC REACTION OCCURS AT SCHOOL, WHAT STEPS SHOULD BE FOLLOWED:

HEALTH CONDITIONS

DOES YOUR CHILD HAVE ANY OTHER HEALTH CONDITIONS TJES NEEDS TO BE AWARE OF:

YES / NO

MEDICATIONS TO BE TAKE AT SCHOOL: YES / NO

PLEASE LIST NAMES OF MEDICATION, PRIMARY CARE PROVIDER, CLINIC NAME AND PHONE NUMBERS

TO: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT (MUST BE THE BISMARCK/MANDAN AREA):

NAME: _____ RELATIONSHIP: _____ (Other than Parent Or Guardian)

PHONE#: _____ PHYSICAL ADDRESS: _____

IN CASE OF AN EMERGENCY & PARENT/GUARDIAN CANNOT BE REACHED, MY PRIMARY DOCTOR OR ANY ATTENDING PHYSIAN HAS MY PERMISSION TO ADMINISTER MEDICAL TREATMENT.

SIGNATURE REQUIRED:

_____ DATE: _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO CHECK MY CHILD OUT OR PICK THEM UP FROM SCHOOL: (ONLY THOSE ON THE LIST WILL BE ALLOWED TO PICK UP YOUR CHILD)

1. NAMES: _____ RELATIONSHIP TO CHILD _____
PHONE NUMBER _____

2. NAMES: _____ RELATIONSHIP TO CHILD _____
PHONE NUMBER _____

3. NAMES: _____ RELATIONSHIP TO CHILD _____
PHONE NUMBER _____

ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:

I AM LEGALLY RESPONSIBLE FOR THE ABOVE STUDENT & HERBY APPLY FOR HIS/HER ADMISSION TO TJES. I UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUESTED BEFORE ADMISSION IS GRANTED.

PARENT SIGNATURE: _____ DATE:

_____ In accordance with 5 CFR 1320.5(b)

1076-0122 Data Elements for Student

Enrollment in Bureau-Funded School



UNITED TRIBES®
TECHNICAL COLLEGE

THEODORE JAMERSON ELEMENTARY SCHOOL

Transcript Request

STUDENT

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL _____

DATE OF BIRTH _____ CURRENT GRADE _____

NAME OF PREVIOUS SCHOOL _____

PHONE NUMBER OF PREVIOUS SCHOOL : _____

FAX NO. OF PREVIOUS SCHOOL: _____

The following information is requested:

TRANSCRIPTS OF GRADES AND CREDITS

ATTENDANCE INFORMATION

IMMUNIZATION RECORD

BEHAVIOR REPORT

SPED Information: Student Referral, Pre-Referral Information, Signed Parental Consent for Placement Form, Consent to Evaluate Form, Most Current Psychological Evaluation, Most Current Academic Testing, Assessment Plan, Evaluation Team Summary Report, Most Current Prior IEP Meeting Notice, Current IEP

Authorization:

I, the undersigned, authorize the release of the information shown above.

Signature of Parent Or Relationship Intake Date Enroll Date Authorized School Personnel

Parental permission is no longer required when records are requested by authorized school personnel (Family and Education Act).

Parent/Guardian Name Printed: _____ DATE: _____

Parent/Guardian Signature: _____



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THEODORE JAMERSON ELEMENTARY SCHOOL

FIELD TRIP CONSENT

DATE _____

I (Parent/Guardian) _____ give permission for my
child _____ in grade _____, to participate in all school activities
which involve trips from the school grounds, provided such trips are under supervision of a teacher,
instructor, or principal, except those instances where I have notified the school in writing.

Parent/Guardian Signature _____

THEODORE JAMERSON ELEMENTARY SCHOOL

STUDENT RESIDENCY QUESTIONNAIRE 3315 UNIVERSITY DR BISMARCK
ND 58504 (701) 530-0677 (One form per student)

NAME OF STUDENT

LAST _____ FIRST _____ MI _____

NAME OF SCHOOL: _____ CURRENT GRADE: _____

DATE OF BIRTH ____/____/____

___ MALE ___ FEMALE

Information to the following questions will determine the services the student may be eligible to receive according to the McKinney-Vento Act 42 U.S.C. 11435.

Student currently lives with:

- Both parents
- Mother only
- Father only
- Other (List with who and relationship) _____ Phone number _____

Print name of parent(s) legal guardians(s): _____ Phone number _____

Signature of parent/legal guardian:

_____ Date: _____

1. Is this student's home address a temporary living arrangement?(Will it be less than 6 months)

2. Is this a temporary living arrangement due to a loss of housing or economic hardship?

3. Is this student in a temporary foster care placement or awaiting foster care?

4. As a student, are you living with someone other than your parent or legal guardian?

Where is this student currently living? (Check box)

- In a motel
- Transitional Housing
- In a shelter
- With more than one family in a house or apartment
- Other
- In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____

I hereby verify that all information on this form is true and correct to the best of my knowledge.

Print full name: _____

Signature: _____ Date: _____

THEODORE JAMERSON ELEMENTARY SCHOOL

Central Dakota Library Network Library Card Registration

Student Name: _____ DATE OF BIRTH _____ Grade _____

Parent/Guardian: _____

Current Phone Number: _____

PARENT/GAURDIAN E-mail address _____

Students are responsible for the care and return of books that they check out. I understand that any fines for the lost or damaged books need to be paid to the library. Failure to pay will result in a hold placed on the parent's transcript, or the amount will be deducted from the parent's check.

Signature of Student: _____

Signature of Parent: _____

THEODORE JAMERSON ELEMENTARY SCHOOL

Home Language Survey/Limited English Proficiency Identification

Only one form per household is necessary if you have more than one student enrolled in school**

Name of Student(s):

1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____
4. _____ Grade _____

Dear Parent/Guardian Please provide the information on this form. This information is needed to provide a program that will acknowledge the presence and use of Tribal and other languages in an effort to increase English speaking, writing, and listening abilities of the students.

Is a language other than English spoken in the home by parents or guardians? ____ Yes ____ No

If Yes, what language? _____

Did your child learn another language before learning English? ____ Yes ____ No

If Yes, what language? _____

Does your child now speak a language other than English? ____ Yes ____ No

If Yes, what language is spoken most often while your child is away from home? _____

If your child does not speak a language other than English, has the child been closely associated with family members (Grandparents, Uncles, Aunts, etc.) or playing with children who speak another language? ____ Yes ____ No

If Yes, what language? _____

Please identify the type of situations, activities, and events in which the Tribal Language is spoken within your community and or home.

Signature of Parent/Guardian: _____

Thank you for completing this Survey!!!

TJES

THEODORE JAMERSON ELEMENTARY SCHOOL

Technology/Acceptable Use Policy

Efforts are taken to protect students from inappropriate materials, however it is impossible to completely protect students from material that is not consistent with TJES goals. Students will use the Internet for educational purposes, such as doing research, learning activities, developing projects, and disseminating information.

The following rules and consequences are implemented to maximize the educational opportunities available to your child while minimizing the risk of inappropriate use. The use of technology and the Internet is a privilege, not a right. This privilege may be withdrawn if it not used responsibly. Please refer to the Social Media Policy in the Family Handbook that is provided to you and discuss the following rules with your child. These rules will also be discussed in your child's classroom.

Rules of Responsible Technology Behavior

1. Respect the rights of others.
2. Do not interfere with anyone's use of technology.
3. Do not access anyone's computer/profile without his or her permission.
4. Use appropriate language.
5. Use technology for educational purposes only.
6. Be a responsible Internet citizen. You are not allowed to send or collect obscene, abusive, or threatening material or activities supporting racism or sexism.
7. Help others be responsible citizens. If you see anything or anyone that does not follow these rules, immediately tell the teacher or other adult who is supervising you.
8. Always use the Internet under the supervision of a teacher or other school staff person.
9. NEVER give the address, phone number, or last name of yourself or other students or staff.
10. Keep your password secure. Do not share your password with others. Do not allow others to use your account. Do not use other people's password or account.
11. Refer to the TJES/UTTC Social Media Policy, local, state and federal laws.
12. Use of school technology for commercial, profit-making activities is prohibited.
13. Use TJES e-mails and Google Drive responsibly.
14. NEVER download unauthorized material or any material without permission from your teacher.

Responsibility of Parent or Guardians:

Initial each box.

- I understand the use of technology is for educational purposes.
- I understand it is impossible for TJES to completely restrict access to controversial or inappropriate materials.
- I will not hold TJES responsible for material acquired on the Internet.
- I will report any misuse to the teacher or principal.
- I give my permission for my child to have supervised access to the Internet.
- I understand that if my child does not follow the rules, school &/or legal action may be taken.

- Inappropriate use is defined as using the Internet in any way that is contrary to school policy, local, state and federal law.
- If your child violates any rules, he/she may be subject to any one or all of the following consequences:
 - Suspension from class
 - Suspension from school
 - Loss of computer privileges
 - Recommendation for expulsion

ONLINE/PUBLICATION CONSENT

TJES operates a website and publishes newsletters. Student art work/writing/photo/video may be considered for publication. This may include publication on the Internet as part of our school’s web page or other media during this school year. No student’s full name, home address, telephone number, or e-mail will be published on the TJES Web pages. Group student photos can be published showing students working on projects and other activities. First names can be published with those photos. Additionally, the Bureau of Indian Education may request pictures, articles and/or artwork of TJES students to use.

Date_____

Student_____

_____ I do give permission

_____ I do not give permission

Parent/Guardian Signature_____

TECHNOLOGY AGREEMENT STUDENT AND PARENT/GUARDIAN

I understand the rules of using technology at school. I agree to the TJES rules and consequences of technology use. If I feel uncomfortable with any information I see, I will immediately tell the teacher or the adult who is in charge.

Student Name (Please Print)_____

Student Signature:_____

Date:_____

Parent/Guardian Name Printed:_____

Parent/Guardian Signature:_____

Date:_____

THEODORE JAMERSON ELEMENTARY SCHOOL

FAMILY HANDBOOK/POLICY SIGNATURE PAGE

My child and I have received the Family Handbook and Policies. We understand the rules, policies, consequences, and expectations. By signing this document we are committed to helping our child be successful in school and understand each policy listed below:

Parent Policy

Bullying Policy

Attendance Policy

Stay in School Project

Safe Touch Policy

Wellness Policy

Fire drill, Lockdown, Shelter in Place Policy

McKinney-Vento

Acceptable Use Policy

CLASS PARTIES (treats must be delivered to the TJES office and staff will distribute to the appropriate classroom. Birthday party invitations cannot be distributed during school hours by students or parents. (8 AM To 3:15 PM)

Parent/GUARDIAN Name _____

Parent/GUARDIAN Signature_____

Student Name _____

Student Signature_____

Date_____

THEODORE JAMERSON ELEMENTARY SCHOOL

Backpack Program

Theodore Jamerson Elementary School participates in the community backpack program. Community Action and United way provide food bags to participating schools. Bags are distributed bi-weekly to students/families in need. Community Action bags contain bread and other easy-to-eat essentials. United Way bags contain after school snacks. If your family is in need please check which bags your child/family would like. You can call TJES at any time to remove your child from the list.

**Please sign only one child to be responsible for your families' bag.*

I would like my child (please print first and last name) _____ to receive a United Way food bag.

I would like my child (please print first and last name) _____ to receive a Community Action food bag.

We, (please print first and last name) _____ **do not** wish to receive a food bag at this time.



Theodore Jamerson Elementary School Bus Policy

Riding the Bus is a Privilege Not a Right

Bus Rules-Passengers must:

- Remain seated at all times.
- Keep head, hands, and legs in the vehicle at all times.
- Never throw objects from the vehicle.
- Never shout to pedestrians or occupants in other vehicles.
- Never be loud or boisterous.
- Wait for the bus to come to a complete stop before getting up to leave the bus.
- Never touch emergency exits equipment, unless there is an emergency.
- Be on time or you will be left.

Bus Route:

- TJES provides transportation to students who live near the designated bus stop.
- Bus stops are determined on a yearly basis.
- Passengers are picked up and returned only at bus stops-No exceptions.
- Bus times are set.
- Bus times may change depending on weather and road conditions.
- *In case of inclement weather listen to local TV/radio and TJESIUTTC website.*

Late Bus Pass:

Students need a pass before riding the late bus.

Parent Responsibility:

- Get their child to the bus stop on time.
- Arrived at stop 5 minutes before arrival time. Safety of child from bus stop to home.
- Teach child appropriate bus behavior.
- Liable for damages if child defaces vehicle in any way.
- Must notify school by 2:30 pm with any changes.

Bus infractions include but not limited to:

Pushing, littering, shouting, insubordination, assault, vandalism, promiscuous behavior, harassment of a student, fighting, tripping, weapons, profane language, threatening to other student, or driver/rider, possession of tobacco/Alcohol or other drugs.

1st Offence: Written report to the principal and parent. Principal meets with student. Bus privileges may be suspended up to 3 days.

2nd Offence: Written report to the principal and parent, principal meet with student and parent. May result in a suspension of bus privileges for up to 5 days

3rd Offence: Written report to the principal and parent, may result in loss of bus privileges for the remainder of the school year.

Parents have the right to appeal the above consequence to the TJES School Board.

I HAVE RECEIVED, REVIEWED AND AGREE TO THIS BUS POLICY.

Parent/Guardian Signature

Date

Student Name

Bus Stop