



# United States Department of the Interior

BUREAU OF INDIAN AFFAIRS

FLANDREAU INDIAN SCHOOL  
FLANDREAU, SOUTH DAKOTA 57028

IN REPLY REFER TO:

June 2010

Dear Parent/Guardian/Student:

Welcome to the Flandreau Indian School. We are looking forward to an outstanding year of achievement for our students with many activities to interest everyone. I would like to take this opportunity to reiterate some rules and policies at the Flandreau Indian School, which effect both students and parents.

Flandreau Indian School strives to teach our students how to develop healthy lifestyles which will aid them now and in the future. In following this philosophy we have a "NO TOBACCO" policy which applies to **all** students **regardless of age**, on and off campus. The staff has been requested to confiscate any tobacco products (chewing tobacco, cigarettes, etc.), lighters, or matches that any student has in his or her possession. I have asked that the staff be consistent in enforcing this policy starting as soon as each student boards the bus.

Flandreau Indian School takes pride in stressing the importance of good nutrition. We provide good nutritional meals three times a day along with nutritional evening snacks in the hopes of helping our students develop a healthy lifestyle, which will aid them now and in the years to come. We encourage you to influence your student to eat 3 meals a day at our cafeteria. In keeping with this conviction, we will continue to monitor the amount of junk food available to our students and instead make more nutritional snacks obtainable for them to curb those after school and late night appetites. We are a part of a Federally Funded Special Nutrition Program for children.

We continually endeavor to provide a safe and healthy environment for our students by teaching good nutrition and hygiene, how to live drug and alcohol free and by providing smoke-free surroundings for all students. Through education and counseling we hope to teach our students how to live for many healthy years to come.

The Flandreau Indian School maintains a student bank that is operated and governed by students under the supervision of a bank sponsor. This banking operation provides a means of safeguarding student activity funds as well as personal funds. Students make deposits and withdrawals under procedures very similar to those in commercial banks. The bank provides instruction and guidance in the budgeting of personal funds in an attempt to teach the value of money in a modern society.

It is desirable that all students be provided with some spending money from home on a regular basis, but not large amounts unless needed for a specific purpose such as clothing, graduation or prom expenses. Twenty dollars is the amount allowable for spending per day that does not need to be accounted for by the student. If a student needs additional money, he or she may use a budget slip. If a student should have a large sum of money, it is recommended that it not be sent to school but be placed in a savings account at home where it may earn interest. If you wish to have more than \$100 available to your student, please send it by wire directly to FIS student bank. If you have any questions you may contact the Student Banker at 1-800-942-1647 or (605) 997-3773 ext. 2119.

TAKE PRIDE<sup>®</sup>  
IN AMERICA 

Please **DO NOT SEND CASH!** The safest method is to send a money order made out to your student. All monies sent to students should be mailed using the following address: Flandreau Indian School; Attn: Student Bank; 1132 N. Crescent St., Flandreau, SD 57028.

**Due to policy changes, personal checks will not be cashed at the Student Bank.** Only Bank Drafts, Cashier Checks, Money Orders and US Treasury Checks may be cashed at the student bank.

The Flandreau Indian School provides many things for the convenience of students. Each dormitory provides linens, towels, irons and laundry detergent. There is a laundry room on each floor in the dormitories for students to use. If you send your student any clothing or other personal items, we ask that you **mark** everything with the student's name. If you send valuable items, such as stereos, cell phones, televisions, cameras, MP3s, iPods, etc., write down the make, model and serial number for the dormitory staff to keep on file and make sure the item is marked with the students name on it also. **Remember**, students are responsible for their own belongings. INVENTORY SHEET is included and must be complete before coming to FIS.

Aerosols are **not** allowed in the dormitories. They will be disposed of immediately. Please send only non-alcohol, non-aerosol hairspray, deodorant, or products. Credit stores are available in both dormitories where students have the opportunity to work hours in the dormitory to purchase personal hygiene products (soap, shampoo, toothpaste, etc.).

Students may be contacted at **1-800-942-1647 #2 for Boy's dorm (ext. 2124) or, #3 Girl's dorm (ext. 2111) between 8:00am-4:30pm Monday-Friday or (605) 997-2698 (boy's dorm), or (605) 997-2629 (girl's dorm).** Student phone calls are limited to three minutes.

THE CHECK OUT POLICY HAS BEEN CHANGED-READ CLOSELY-This comes directly from Department of Interior/Office. In order for any student to be checked out of the dorm, they must have **written** permission from their **legal guardian** ("Check Out Form" enclosed). Also, in order for your student to participate in certain activities the enclosed "Permission Slip for Activities" must be filled out.

The following individuals may be contacted concerning the areas listed: 1-800-942-1647

Academic concerns:	Dean Dauphinais
9 <sup>th</sup> & 10 <sup>th</sup> grade counselor:	Mrs. Zonya Franklin
11 <sup>th</sup> & 12 <sup>th</sup> grade counselor	Mr. Derek Bursheim
Registrar:	Ms. Rhea Strutz
Dormitory concerns:	Student Services Director
Student Bank:	Mrs. Lillian Goodeagle
Religious Coordinator:	Mrs. Emily Pieper
Travel Coordinator	Ms. Bess Courmoyer

School starts on Wednesday, September 1st, 2010. Busses will be picking up students on Tuesday, August 31st, 2010. All students should be on campus by Tuesday, August 31st, so they will be ready for school on Wednesday morning. **Students can arrive after 1:00pm on Tuesday.**

The following is a schedule of school holidays and bus information:

September 6	Labor Day	No School
October 11	Native American Day (Columbus Day)	No School
November 11	Veteran's Day	No School
November 25	Thanksgiving	No School
December 16	Busses out for Christmas Holiday	
December 17-Jan. 3	Christmas Vacation	No School



January 3	Busses pick up students	No School
January 4	Classes Resume	
January 17	Martin Luther King's Birthday	No School
February 21	Presidents Day	No School
May 17	Graduation-Last Day of School	

Enclosed is the bus questionnaire. Please return as soon as possible if you are planning on attending the 2010-2011 school year. You must contact Bess Cournoyer at Homeliving 605-997-3773 x 2195 to set up travel for your student. We encourage the students who have to fly to call us as soon as possible (ASAP).

Flandreau Indian School does not have a scheduled Thanksgiving or Easter break. The last day of school will be on May 17th, 2011, with graduation commencement being held that morning. Busses will depart after graduation to return students to their homes for the summer. Families are welcome and encouraged to attend the graduation ceremony of their student.

Enjoy the rest of your summer and be ready to come to Flandreau with enthusiasm and energy for a wonderful school year! Have a safe trip. I am looking forward to your arrival.

Sincerely,



Betty Belkham  
Chief School Administrator

Enclosures

**CLOTHING & PROPERTY LIST**  
**Flandreau Indian School**

*Return in  
 Homeliving  
 envelope*

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Clothing Item	Total Number Student Has	What Mark Did You Use	Where Is The Mark Located	Property Item	Serial Number	What Mark Did You Use	Where Is The Mark Located
Jeans				Camera			
Sweats				Stereo			
Slacks				CDS:			
Shorts				Blankets:			
T-Shirts				Quilts:			
Shirts (button)				Lamps:			
Sweaters				Electric Fans			
Sweatshirts (Hoodies)				Musical Instrument			
Jackets				MP3 Player			
Pajamas				IPODS			
Socks				Cell Phone			
Underwears				TV			
Boxers				DVD Player			
Bras				Play Station			
Panties				XBox			
Robes				Controllers			
Caps or Hats				Games:			
Belts							
Shoes							
Slippers							
Sandals (Flip Flops)							
Boots							
Regalia							
Luggage							

\*\*\*\*\*

Student's Name \_\_\_\_\_ Male/Female

**Media/Audio/Visual Release**

The Flandreau Indian School photographs, videotapes, and/or records students and their participation in activities for publication in the FIS Newsletter – “Native Whispers”, yearbook, local and tribal newspapers, periodicals and other media groups, and brochures and flyers for promotional purposes in the local and home communities of FIS students.

Permission is hereby granted for the Flandreau Indian School, and/or persons acting for or through FIS, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, sound recordings, and school work assignments/projects of the above named student, for use in materials the Flandreau Indian School may create. YES NO

Additional comments/instructions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**RETURN IN THE HOMELIVING ENVELOPE**

FLANDREAU INDIAN SCHOOL  
FLANDREAU, SOUTH DAKOTA  
2010-2011  
PERMISSION SLIP FOR ACTIVITIES

\_\_\_\_\_  
Student's name (please print)                      Date of birth                      M/F

Please place an (X) in front of the activities that you are allowing your student to participate in. \*Signature on this form by parent/guardian indicates full responsibility is taken by the parents in case of accident or injury to their student while he/she participates in supervised on and off campus activities related to the clubs. Activities may include Native American religious or cultural activities.

\_\_\_\_\_ WEIGHT TRAINING

\_\_\_\_\_ SWEAT LODGE/NATIVE AMERICAN CHURCH  
(TRADITIONAL) CEREMONIES

\_\_\_\_\_ POW-WOW/NATIVE AMERICAN OR CULTURAL  
ACTIVITIES.

\_\_\_\_\_ CHRISTIAN CHURCH SERVICE/RELIGIOUSACTIVITY  
If yes, please list church of choice. \_\_\_\_\_

\_\_\_\_\_  
PARENT/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**RETURN IN THE HOMELIVING ENVELOPE**



**FLANDREAU INDIAN SCHOOL  
STUDENT CONTRACT-DORMITORY**

I, \_\_\_\_\_, student at Flandreau Indian School, agree to work with and help other students to keep the dormitory clean and looking like a nice place to live. To accomplish this, I will do the following:

1. Clean my room according to the requirements of receiving an "excellent" or "satisfactory" room inspection score.
2. Do all assigned details to the best of my ability.
3. If I cannot help clean the dormitory, do assigned details inside or outside the dormitory, I will make a written request to the dormitory supervisor to be relieved of the cleaning duties.
4. If my request for relief is denied, I will continue to do my part to fulfill this agreement.
5. I will not vandalize the place where I live here at the Flandreau Indian School.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dormitory Supervisor

\_\_\_\_\_  
Date

**RETURN IN THE HOMELIVING ENVELOPE**

FLANDREAU INDIAN SCHOOL  
STUDENT CHECK OUT FORM

DATE \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

I give permission for my student to leave the Flandreau Indian School campus on weekdays from 5p-9p and weekends, starting Friday at 5pm and back no later than 9pm Sunday. **Holiday checkouts will require separate written permission.** Homeliving Fax#: 605-997-2287

NAME OF IMMEDIATE FAMILY MEMBERS/GUARDIANS:  
Mother, father, legal guardian, sister, brother, grandfather,  
grandmother, aunt or uncle \_\_\_\_\_

RELATIONSHIP & AGE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIMITATIONS: (be specific) \_\_\_\_\_ WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

Any student who is habitually absent from school without legal excuse will be considered truant and may have a complaint filed in state court as a child in need of supervision "CHINS" as defined by **SDCL 26-8B-2 (1)**. In addition, complaints may be filed against any individual(s) for violating SDCL 26-9-1 and SDCL 13-27-11. **SDCL 26-9-1** "Contributing to abuse, neglect, or delinquency or causing a child to become a child in need of supervision" and; **SDCL 13-27-11** "Failure to send a child to school."

Any teacher, school official or citizen may file a truancy complaint before a circuit court judge, against any person having control of a child of compulsory school age who is not attending school or whose attendance is irregular.

**INDIVIDUALS RETURNING STUDENTS LATE WITHOUT GOOD REASON WILL BE TAKEN OFF THE STUDENT CHECKOUT LIST.**

**THE SCHOOL RESERVES THE RIGHT TO DENY A STUDENT BEING CHECKED OUT WHEN IT IS DETERMINED TO BE IN THE BEST INTEREST OF THE STUDENT.**

**Authorized person(s) must be 25 years of age; drivers must carry a valid driver's license and valid car insurance. Students may not be checked out unless written permission is on file in the dormitory.**

**CHECKOUTS MUST BE APPROVED THREE (3) DAYS PRIOR TO CHECKOUT. EVERY STUDENT MUST HAVE THIS APPROVED FORM ON FILE BEFORE THEY CAN BE CHECKED OUT. NO PHONE CALLS or EMAILS WILL BE ACCEPTED.** Staff members can be put down as authorized persons provided they have one year of employment or more.

If a student is checked out, they must be accompanied by the person who checked them out. They cannot be downtown by themselves or driving around without the person who checked them out.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

**RETURN IN THE HOMELIVING ENVELOPE**





Flandreau Indian School  
 Permission Slip for Riding Club Activities

2010 - 2011

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Participation in Flandreau Indian School's Riding Club is a privilege which may be revoked at any time. Upon joining the Riding Club, a student's riding skills will be evaluated by a Riding Club instructor. This student evaluation will be updated on a school term basis. Rules for riding are as follows:

1. You must SIGN IN on the daily Riding Club sign-in sheet before you even get close to a horse.
2. You must CHECK IN with both the adult present and at least one wrangler for name authorization.
3. Horse assignments will only be made by Riding Club instructors.
4. Equipment assignments will be made by Riding Club instructors.
5. You must inspect your equipment and, if any equipment appears faulty, you must promptly inform one of the Riding Club instructors.
6. NO RUNNING around the horses.
7. NO YELLING OR SCREAMING around the horses.
8. You must ask for assistance whenever you have a question about riding.
9. Stay in designated areas.
10. LISTEN TO INSTRUCTIONS.
11. No riding doubles.
12. No off-campus riding without an instructor's signature next to your name on the daily sign-in sheet. You must consult with an instructor on any trail/path/location where you plan to ride and so note that location on the sign-in sheet along with the time you are expected to return.

The Flandreau Indian School Riding Club expects students to act responsibly. Members of the Riding Club will also be expected to assist in maintaining equipment, grooming horses, feeding horses, cleaning and maintaining stables, and other equine activities. Separately, club members may participate in fund raising activities within the school and within the local community. Past activities have included snow-shoveling, holding Indian taco sales, helping with bake sales, gathering wood, assisting community residents in both yard and home maintenance.

It is our intention to teach our students about Native American traditions and culture associated with horses. If you have any questions about the Flandreau Indian School Riding Club, please contact Darrel Decoteau, or one of our Riding Club instructors, at (605) 997-3773.

To be completed by Flandreau Indian School, Riding Club Instructors:

Student Name:		Date
Instructor Name:		
Detailed Description of Student's Riding Skills:		
Possible Horse Assignments:		



Please print

Student's Name:	Date of Birth:	Grade:
Parent(s) or Guardian's Name(s):	Phone Numbers: ( ) - - home ( ) - - work ( ) - - other	
Street Address: City, State, Zip Code		
Child's Doctor or Health Clinic: Address:	Phone Number: ( ) - -	
1 <sup>st</sup> Emergency Contact Name:	Phone Numbers: ( ) - - ( ) - -	
Relationship to Student:		
2 <sup>nd</sup> Emergency Contact Name:	Phone Numbers: ( ) - - ( ) - -	
Relationship to Student:		

Authorization for Emergency Medical Treatment: In case of a medical emergency concerning my child, at a time when I or my designated emergency contacts cannot be notified, I authorize school officials to consent to any necessary medical treatment including, but not limited to, anesthetic, X-ray examination, medical or surgical diagnosis, treatment, or hospital care. I agree to assume all financial responsibility for medical treatment to my child.  
 \_\_\_\_\_ [parent signature] \_\_\_\_\_ [date]

There are inherent risks involved when participating in Riding Club activities including:

- (a) Risk of property damage, permanent injury, or death to persons on or around horses or other animals;
- (b) The unpredictability of the animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals;
- (c) Known or unknown hazards such as surface and subsurface conditions - the Flandreau Indian School Riding Club does not guarantee the surface of any riding areas;
- (d) Collisions with other animals or objects including, but not limited to, fences, chutes, or barrels;
- (e) The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal;
- (f) Any risk set forth in South Dakota Codified Laws §§ 42-11-1 through 42-11-5, a copy of which is attached.

PARENT: I am the legal guardian for \_\_\_\_\_ [student's full name]. I understand and assume the risk to my child of permanent injury, death, or property damage as a result of my child participating in Flandreau Indian School's Riding Club. I have read these risks and knowingly and voluntarily give permission for my child's participation in the Riding Club. On behalf of myself and my minor child, I agree not to bring any legal action against the United States, the Bureau of Indian Affairs, Flandreau Indian School, or any of their employees or agents, for any property damage, injury, or death arising out of Riding Club or rodeo activities. I hereby give permission for my child to participate in the following Flandreau Indian School Riding Club activities [Please initial each of the activities in which you will allow your student to participate]:

\_\_\_\_\_ On-Campus Horseback Riding.

\_\_\_\_\_ Off-Campus Horseback Riding (student must also be permitted to participate in on-campus horseback riding).

\_\_\_\_\_ Rodeo Activities which may include, but is not limited to, the student's participation in off-campus pow-wow events at which Native American religious or other cultural activities may occur (student must also be permitted to participate in both on-campus and off-campus horseback riding).

\_\_\_\_\_ [parent or legal guardian signature] \_\_\_\_\_ [date]

STUDENT: I assume the risk of permanent injury, death, or property damage as a result of my participation in the Flandreau Indian School Riding Club. Furthermore, I understand that Flandreau Indian School, its teachers, employees, and agents reserve the right to terminate my participation in the Riding Club for any reason, including, but not limited to, failure to behave or act in accordance with instructions, directions, or safety rules.

\_\_\_\_\_ [student signature] \_\_\_\_\_ [date]

Return in Homeliving envelope



May 2010

### CELLULAR PHONE/PERSONAL ENTERTAINMENT DEVICICE POLICY

Cellular phones and personal entertainment devices, such as but not limited to CD players, radios, cassette players, video games, portable DVD players, and other personal music devices are not to be used during the school day and after 10:30pm. These items must be off, put away and unavailable during school hours.

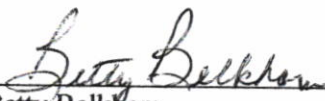
The school will encourage students to utilize school or personal computers for education purposes during their time at Flandreau Indian School. However, the school will closely monitor all internet activity. Any student who visits an inappropriate site will be subject to discipline action.

Violators of this rule will have their items confiscated and the student subject to disciplinary consequences. The first violation of this rule will result in the phone or device being held by the staff member for two (2) weeks and the student will receive a major. After the second violation, the phone or device will be held by the dorm parent for the remainder of the school year and the student will be placed on school probation. Depending on the seriousness of the situation, the student may be subject to a hearing for suspension or expulsion.

Any student who is found to be using their cell phone for the purpose of making a contact to obtain drugs or alcohol to be delivered to any student on the campus of the Flandreau Indian School or to be dropped off in the vicinity of the Flandreau Indian School will have the phone confiscated and the student may be subject to a hearing for suspension or expulsion.

Any student who is using their cell phone inappropriately to create or facilitate any type of disturbance or to promote violent behavior, will have the phone confiscated and may be subject to a hearing.

The items listed above must be registered with the dorm staff on the valuables list in case of theft or loss. The school will require students not to loan these items to anyone else. Any item that is loaned to another student and is used to violate the policy of the Flandreau Indian School in any way is subject to confiscation and both students will be subject to disciplinary action.

  
\_\_\_\_\_  
Betty Belkham  
Chief School Administrator

5-20-10  
Date

  
\_\_\_\_\_  
Jesse John Alim  
School Board Chairman

5-20-10  
Date

Revised: May, 2010  
August, 2008  
May, 2007  
March, 2006  
Original: February, 2006

*Keep for your records*

**PARENT/STUDENT CELLULAR PHONE USE POLICY**

I AGREE TO THE TERMS OF THIS CELLULAR PHONE POLICY FOR THE  
2010~2011 SCHOOL YEAR:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

*Return to HomeLiving*

## TRAVEL INFORMATION

Bess Cournoyer—Travel Clerk  
1-800-942-1647 or 605-997-3773 ext. 2195  
Home Living Fax: 605-997-2287

Travel is provided:

- Home to School
- Christmas Break
- School to Home for Summer Break

Any requests regarding travel/checkouts **must be done in writing.**

Notify me **no less than 3 days in advance** if you need travel assistance with transporting your student to the Sioux Falls airport or bus station.

If a student is on home leave due to a funeral, a **copy of the obituary/memorial** must be provided to the Home Living office upon returning to school.

Call the school and **update addresses and phone numbers** when changes occur-Provide a “message” phone if necessary. Please update this information with our school Registrar-Rhea Strutz ext. 2114.

Thank You.

*Keep for your records*





2010-11

**Flandreau Santee Sioux Tribal Health Clinic**  
**Patient Data Sheet**

Chart No: \_\_\_\_\_  
 Tribal Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Other Names: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
 Membership in what Tribe? \_\_\_\_\_ Agency: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address/Phone Number: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Next of Kin/Guardian (If same as Emergency Contact, please write same): \_\_\_\_\_

Do you have a tooth ache now?	Y	N	Do you have or have you had?		
Have you received medical care in the past two years?	Y	N	High Blood Pressure	Y	N
Have you ever been hospitalized?	Y	N	Heart Murmur	Y	N
What for?			Heart Attack	Y	N
When?			Heart Valve or Pacemaker	Y	N
List any medications you have taken in the past two months:			Rheumatic Fever	Y	N
			Congenital Heart Defect	Y	N
			Heart Surgery	Y	N
			Artificial Joint	Y	N
Are you allergic to or made sick by any medication? Which?	Y	N	Surgical Implants	Y	N
			Stroke	Y	N
			Hepatitis/Liver Disease	Y	N
Have you ever had a bleeding problem that needed medical treatment?	Y	N	Kidney Disease	Y	N
Do you have chest pains?	Y	N	Diabetes	Y	N
Have you had a weight gain or loss of 10% or more in the last year?	Y	N	Asthma	Y	N
Do you use alcohol or drugs?	Y	N	Tuberculosis	Y	N
Do you use tobacco products?	Y	N	Sinus Trouble	Y	N
Cigarettes Smokeless Both			Arthritis/Rheumatism	Y	N
Would you like to quit?	Y	N	Cancer or tumors	Y	N
Do you have a reason to believe you have been exposed to AIDS?	Y	N	Blood Transfusions	Y	N
Do you have AIDS or are you HIV positive?	Y	N	Venereal Disease	Y	N
Are you sexually active?	Y	N	Anemia	Y	N
Women: Are you pregnant?	Y	N	Ulcers	Y	N
Not sure/possible	Y	N	Thyroid Disease	Y	N
Birth Control "pills or shot"	Y	N	Nervousness/Depression/ADHD	Y	N
Last Menstrual Period:			Any other disease/illness not stated above:		

These answers are true to the best of my knowledge. I hereby give my informed consent for myself/my child (17 years of age or below) to receive treatment necessary, including extractions, x-rays, fillings, or local anesthesia.

Patient/Parent Signature \_\_\_\_\_

\*Return-Nurse Envelope Date \_\_\_\_\_

2010-11

Flandreau Santee Sioux Tribal Health Clinic  
701 West Broad Ave., Flandreau, SD 57028  
Phone: 605-997-2642



## Insurance/Medication Assistance Information

Failure to complete the following will result in unpaid medical bills that are your responsibility

Is the student covered by Medicaid?  Yes  No

If yes, Medicaid Number \_\_\_\_\_

Is your Medicaid a Managed Care Program?  Yes  No

If yes, who is the students primary provider? \_\_\_\_\_

Does the student have prescription coverage through a private insurance?  Yes  No

If yes, name of insurance company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Release of Information:** I authorize the release of any medical or other information necessary to process any claims for myself and/or dependents. I also authorize payment of Medical benefits to the *Flandreau Santee Sioux Tribal Health Clinic* for physician and supplier services. I also authorize the release of insurance information to providers in the event of receiving an outside referral by a physician of the *Flandreau Santee Sioux Tribal Health Clinic*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please make a copy of your insurance card (front and back) and attach it to this form.**

**Thank You!!**

\* Return in Nurse Envelope



**Parent/Guardian Consent for Vaccinations - 2010-11**

STUDENT Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

~ We recommend that your child receive their shots prior to starting school when getting a school or sports physical. Make sure a copy of the immunization record is sent to the school ~

**If this Consent Form is not returned to the FIS school nurse the vaccine(s) will be administered if the student is in need of missing a vaccine.**

**Directions:** Please make a check on the left or right side – indicating whether or not you give consent for your child to receive the following vaccines while he/she is attending the Flandreau Indian School. Vaccines will NOT BE REPEATED if the child has already received the vaccine or has finished the series at another school or clinic.

I **DO** want my child to receive these vaccine(s) **if they need them**  
OR if they need one **to complete a series:**

I **DO NOT** want my child to receive these vaccine(s), even if they need them to complete a series:

**YES**

**NO**

\_\_\_\_\_ **MMR** (the state requires 2 shots prior to starting kindergarten) \_\_\_\_\_

\_\_\_\_\_ **Hepatitis B** (series of 3 shots – many students arrive at school needing to complete the series) \_\_\_\_\_

\_\_\_\_\_ **Seasonal Influenza** (will include H1N1 in ONE shot – given in the Fall) \_\_\_\_\_

\_\_\_\_\_ **Meningitis / Meningococcal** (1 shot that is recommended for those living in residential school settings) \_\_\_\_\_

\_\_\_\_\_ **Hepatitis A** ( 2 shots can prevent an acute outbreak of the illness) \_\_\_\_\_

\_\_\_\_\_ **Td or Tdap – tetanus/diphtheria/pertussis** (1 shot given every 5-10 yrs to those age 14 through adulthood if indicated for an open or dirty wound) \_\_\_\_\_

If you checked "NO" to any vaccine being given, please indicate why you chose this answer:

\_\_\_\_\_ Medical Exemption (my child has had a previous bad reaction to the **shot**): \_\_\_\_\_

\_\_\_\_\_ Religious Exemption (my religious beliefs prevents my child from receiving the shot)

\_\_\_\_\_ Philosophical / Moral Exemption

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**X RETURN completed form in the NURSE ENVELOPE**

5/2008-KAP



## FIS – NEW - Student Health Services

Student health care needs are assessed by:

- FIS School Nurse – initial assessment.
- Flandreau Santee Sioux Tribal Clinic (FSST) - for further evaluation.

These services are free to the student as long as the services are provided within the tribal clinic.

If a student is referred for health services outside the tribal clinic the Contract Health Service (CHS) Departmentt guidelines/regulations are followed and CHS requirements must be met.

### **ENCLOSED Forms to complete:**

#### **1) FSST Patient Data Sheet – for FSST Clinic (updated EVERY year)**

- Must be completed by the Parent / Guardian – in FULL
- This form is **NECESSARY** for registering the student at the FSST Clinic.
- Contains personal & important Medical History – known by the parent/guardian.

This form is NOT the same as the FIS physical form or sports physical form.

**\*\*\*Failure to return this form may cause a delay in the student receiving medical services\*\*\***

#### **2) FSST Insurance Information Form – for FSST Clinic**

- ❖ Complete the Insurance information.
- ❖ Insurance information will be forwarded to the FSST Clinic or other facilities.

**Attach a copy of the FRONT & BACK of any private, tribal or state insurance card**

**\*\*\*Failure to do this may result in "Self-Pay" status for CHS services\*\*\***

If you CANNOT send a **copy of the insurance card** at the time of this mailing – then:

- Mail one to the Attention of:  
School Nurse / Home Living Dept  
1132 N. Crescent Street, Flandreau, SD 57028
- Or Fax one to the Attention of: School Nurse – **FAX #605-997-2287**

- 3) Consent for Vaccines** – read carefully and complete the form. If you check "YES" it means that a vaccine will ONLY be given, after reviewing the immunization record, and it is still needed.

### **Complete & Return the following forms in the "NURSE" Envelope provided:**

- ✓ 1. FSST Patient Data Sheet
- ✓ 2. Insurance Form

**\*\*\*Attach a copy of Front & Back of any Insurance Card(s) - for medical, dental, vision.**

- ✓ 3. Consent for Vaccinations

If you have any questions or information for the FIS School Nurse – leave a message on the phone at: **1-800-942-1647 ext. 2168**. Leave your name, ph #, a short message & the student's name.

5/2010

Parent Copy

ABERDEEN AREA PROTOCOL/PROCESS  
BIA Boarding School Students at Wahpeton and Flandreau  
Effective October 1, 2003

The CHS Program at Sisseton or Flandreau will be responsible for the coordination of the student's CHS referral needs and process. A team approach is needed between the Boarding School, CHS Program and home service unit.

Student is seen at the local service unit/tribal facility and requires a CHS referral or there is an emergency need after clinic hours, weekends or holidays:

- Emergency Need for all Students for after clinic hours, weekends or holiday care:
  - Boarding School CHS care coordinator must notify/call-in to the service unit CHS Program by the next working day with:
    - Patient Name and Date of Birth
    - When & Where the care was received
    - What was the emergency need

**CHS ELIGIBLE FROM AN ABERDEEN AREA CHS PROGRAM**

The service unit CHS Program will notify the home service unit CHS program with a faxed copy of the referral paperwork or emergency call-in information.

- The home service unit CHS program will:
  - Review the CHS information provided, identify a priority and make a determination of payment or denial:
    - Pay – issue a purchase order
    - Not Pay – issue a denial
  - Student's home service unit will notify the Aberdeen Service Unit/Tribal facility of the decision to continue or stop the referral.

**CHS eligible from another Area and is a CHS referral or an emergency need after clinical hours, weekends or holidays:**

Service Unit CHS Program will contact the home service unit CHS program and ask if they will be willing to pay for the referral care.

- A decision will be made by the home service unit CHS program
  - To pay – they will issue a purchase order
  - Not to pay – Service Unit (Sisseton or Flandreau) will issue the purchase order or denial

**Not CHS eligible: Permanent residence is off the reservation/CHSDA and is a CHS referral or there is an emergency need after clinical hours, weekends or holidays:**

There will be NO CHANGE. Sisseton Service Unit CHS Program and the Flandreau Tribal CHS Program will make a decision for payment.

- To pay – issue a purchase order
- Not to pay – issue a denial

Parent Copy



## Boarding School Students

### IMPORTANT INFORMATION, PLEASE READ!!!

Dear Parents:

Please read the enclosed flier regarding students attending boarding schools. If you have any questions please do not hesitate to contact me by phone or mail.

Elizabeth Shortman, Contract Health Services  
Marsha Schlueter, Contract Health Services  
Flandreau Santee Sioux Tribal Health Clinic  
Office of Contract Health Services  
701 West Broad Ave.  
Flandreau, SD 57028

Phone: 1-605-997-2642 ext 1108 & 1109  
Fax: 1-605-997-2574

- *The information enclosed may hinder payment of medical services received by your child.*

*Currently, Students whose permanent residence IS NOT within the Aberdeen Area, (North Dakota, South Dakota, Iowa, and Nebraska), are not affected by this requirement.*

Acronyms for enclosed flier:

CHS – Contract Health Services

CHSDA – Contract Health Services Delivery Area





## United States Department of the Interior

BUREAU OF INDIAN EDUCATION  
Washington, D.C. 20240

IN REPLY REFER TO:

MEMORANDUM

APR 13 2010

To: All Education Line Officers

From: *for* Deputy Director, School Operations *Maureen Lesky*

Subject: Student Check-out Procedures

Each Bureau of Indian Education (BIE) operated boarding school and peripheral dormitory shall publish and distribute to all staff, parents and students a school or student handbook. Such handbook shall be reviewed and updated once a year and will have a section on checking out students. **At a minimum**, the handbook shall contain the following requirements for checking out students:

- Only immediate family members can check-out students. Immediate family is defined as a mother, father, legal guardian, sister, brother, grandparent, aunt, or uncle.
- School personnel will not be allowed to check a student(s) out overnight, unless they are the parent of the student.
- Check-outs during the academic day by school personnel shall be restricted to sanctioned school activities only.
- All check-outs must conclude by curfew unless pre-approved by staff in charge at the time of check-out.
- Students wishing to have check-out privileges must have an original written permission document signed by the parent or legal guardian stating that the school is released of any liability associated with the check-out.
- Parents or legal guardians may designate, in writing, family members who are authorized to check-out their child overnight.
- Check-out requests via telephone will not be approved, except in situations where a family emergency involving a serious illness or death of an immediate family member are involved.
- All students authorized for check-out are expected to return to the school campus at the specified time of return, as stated in their approved check-out request.

*Keep for your records*

- When there is evidence that the welfare of the student is at risk, the school reserves the right to refuse or cancel the check-out.
- If a conflict arises concerning the student check-out process, the School Supervisor or acting designee reserves the right to revoke any check-out privileges.
- Student(s) must be in good academic standing in order to be checked out when they will be absent for class. The only exception to this would be in an emergency situation.
- Any student, regardless of age, shall not be authorized to check themselves out and no check-out may be approved to an adult less than 25 years of age. This applies to all parties, including family members.
- Students may not be checked out until any applicable restriction is served. Exceptions, prompted in the case of an emergency, must be approved by the school administration.
- In the event of local emergencies, i.e., natural disasters, fire or threatening weather conditions, any previously approved check-outs may be cancelled without prior notice.
- Students involved in inappropriate activity while in check-out status may have their check-out cancelled and will face disciplinary action upon their return to the campus.

At each BIE operated school and peripheral dormitory, the principal shall review the school's handbook annually during the month of August, and shall train all staff in the content of the handbook and review the procedures contained herein prior to September. Each year, the principal shall notify the Deputy Director, annually, by September 1 that the handbook is in place, being implemented, and that training has been provided.

cc: Deputy Director, School Operations  
Associate Deputy Directors – East, Navajo and West