



FLANDREAU INDIAN SCHOOL

1132 N. Crescent St., Flandreau, SD 57028
(605) 997-3773 Ext. 2121



APPLICATION FOR ADMISSION

2026 - 2027

Dear Parents:

Thank you for your interest in Flandreau Indian School as a potential choice to educate your student. The admissions application checklist is to be used as a guide to provide the information the school needs to review your students' application.

The deadline for submitting applications is: **08/31/2026**. **Only applications accompanied with required documents will be date-stamped and reviewed for admissions.** Required documents are listed at the bottom half of page 2. **Please only send copies of your Certificate of Indian Blood, Birth Certificate, Social Security Card and Medical Insurance Cards.** *Keep your originals for your files.*

The following decisions are possible: **1. ACCEPTED**
 2. DENIED

These items are the most difficult to obtain and will hold up the process of your application:

- **COPY** of Certified Degree of Indian Blood (**Tribal Membership Cards are not accepted**)
- Contact your current school's registrar to get an official transcript and achievement test scores.
- **Physical Exam is REQUIRED for all new and reapplying students and must be completed after MAY 1, 2025 (see pages 29-30).**
- Students interested in participating in competitive athletics may be required to complete an application for hardship for SDHSAA. Application for hardship **does not** guarantee eligibility. Eligibility is determined solely by the SDHSAA. (See attached Sports Eligibility Checklist).

FIRST DAY OF SCHOOL – Wednesday, August 19th, 2026

TRAVEL ARRANGEMENTS WILL BE MADE BY THE FLANDREAU INDIAN SCHOOL AT OUR EXPENSE. IF YOU DO NOT TRAVEL WHEN IT IS PROVIDED FOR YOUR STUDENT(S), YOU WILL BE RESPONSIBLE FOR YOUR OWN TRANSPORTATION TO SCHOOL.

~ONLY COMPLETE APPLICATIONS WILL BE REVIEWED~

WHEN THE APPLICATION IS COMPLETED, PLEASE MAIL OR FAX TO:

Flandreau Indian School
Attn: Applications/Registrar
1132 N Crescent St.
Flandreau, SD 57028

Fax: 605-997-2601

To send by email or for questions, please call: 605-997-3773, Ext. 2142

School Year
2026 - 2027

FLANDREAU INDIAN SCHOOL

FLANDREAU, SOUTH DAKOTA
ADMISSIONS APPLICATION CHECKLIST

Received:

Thank you for applying to the Flandreau Indian School. We have provided a check-off list to ensure you are sending in a complete application. The admissions committee **WILL NOT** review incomplete applications.

Contents with a (*) MUST BE SIGNED

Page #	Contents	Complete
1	Letter to Parents	
2	Admissions Application Check List	
3-4	*Student Enrollment Application	
5	*Criteria for Boarding Schools / additional information	
6	FIS Student and Family Language Survey	
7	*The Family Educational Rights and Privacy Act (FERPA)	
8-9	BIE McKinney-Vento Form	
10	*No Child Left Behind Act of 2002	
11	*Individual Education Programs (Provide copy of IEP)	
12	*Gifted and Talented Program	
13	Parental Consent Form	
14-15	SDHSAA Health History Form – <i>Both forms must be filled out by Medical Provider</i> SDHSAA Physical Evaluation – <i>date of physical must be within the last 6 months</i> <i>Please request recent copy of H&P with current medication list from provider if able</i> MUST BE COMPLETED BEFORE APPLICATION WILL BE CONSIDERED COMPLETE	

The following documents are required before the application can be processed:

- Copy of State Issued Birth Certificate
- Copy of Certificate of Indian Blood (CIB) – *Tribal membership cards are NOT accepted*
- Copy of Social Security Card
- Copy of medical insurance card (front and back) – if student is covered by private insurance
- Copy of Official/Unofficial transcript and achievement test scores
- SDHSAA Health & Physical Form
- Immunization Record/ Proof of two (2) MMR Vaccines (most current)
- 8th Grade Final Report Card – 9th Grade Only

Will need the following if these pertain to the student:

- Current IEP for students requiring Special Education services
- PO Reports/Recommendation (if on probation)
- Treatment discharge summaries, aftercare, and counseling records or program plan

- **COURT APPOINTED PARENT OR LEGAL GUARDIAN MUST PROVIDE LEGAL DOCUMENTATION.** Applications signed by the student as parent or legal guardian will not be accepted, even if the student is 18 years of age or older.
- **MUST** have an **emergency contact & Email address** listed for the application to be complete.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED – ALL FORMS MUST BE FILLED OUT COMPLETELY

WHEN THE APPLICATION IS COMPELTED, PLEASE MAIL OR FAX TO:

Flandreau Indian School
Attn: Applications/Registrar
1132 N Crescent St.
Flandreau, SD 57028

Fax: 605-997-2601

To send by email or for questions, please call: 605-997-3773, Ext. 2142

Bureau of Indian Education Student Enrollment Application

ENROLLMENT INFORMATION

Name of School: <i>Flandreau Indian School 1132 N Crescent St. Flandreau, SD 57028</i>	Grade Applying for (<i>final determination dependent on prior credit earned</i>): <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 1.2em;"> 9 10 11 12 </div>
Semester Applying For: <div style="display: flex; justify-content: space-around; font-weight: bold;"> Fall (AUG) Spring (JAN) </div>	Student will be a: <div style="display: flex; justify-content: space-around; font-weight: bold;"> Dorm Student Day Student </div>

STUDENT INFORMATION

SOCIAL SECURITY NUMBER _____ - _____ - _____

Full Name: _____
Last First Middle

MAILING Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Student Email: _____ Student Cell Phone: _____

Date of Birth: _____ **Gender:** _____ Male _____ Female _____ Other _____

Tribal Affiliation: _____ Degree Indian: _____

Enrollment Number: _____ Home Agency: _____

Student attended FIS previously: YES _____ NO _____ If yes, please list dates:

Sibling(s) attending FIS presently or previously: _____

PARENT OR LEGAL GUARDIAN INFORMATION

(WHO STUDENT LIVES WITH OR IS AUTHORIZED TO HAVE INFORMATION)

FATHER: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Email: _____

Tribal Affiliation: _____

Has legal custody of student: YES _____ NO _____ Lives with Student: YES _____ NO _____

Enrollment, grades, behavior, attendance and medical can be discussed with this person: YES _____ NO _____

MOTHER: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Email: _____

Tribal Affiliation: _____

Has legal custody of student: YES _____ NO _____ Lives with Student: YES _____ NO _____

Enrollment, grades, behavior, attendance and medical can be discussed with this person: YES _____ NO _____

EMERGENCY CONTACT INFORMATION (person who does not reside with the student)

Contact 1: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Email: _____

Contact 2: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Email: _____

LEGAL CUSTODY INFORMATION

Legal Guardian Information (if not parent listed above): *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 not list himself/herself as guardian even if he/she is 18 years of age or older.*

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Email: _____

Do **BOTH** parents listed on page 1 have legal physical custody of the student? YES NO *If NO, please provide documentation*
Is student a ward of the court or in state/tribal custody? YES NO *if YES, please provide documentation*
Is there a restraining order in place? YES NO *if YES, please provide documentation*

TRIBAL EDUCATION OFFICE

Education Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Work: (_____) _____ - _____ Email: _____

SIGNATURE

I am legally responsible for this student and hereby apply for his/her admission to the Flandreau Indian School. I understand that the Flandreau Indian School may request additional information before the student is admitted. I understand that if any of the above information changes during my student's enrollment at the Flandreau Indian School, I am required to provide accurate and updated information and/ or documentation (if applicable).

Parent/Guardian
(Signature) _____ **Date** ____ / ____ / ____

CRITERIA FOR BOARDING SCHOOL

Favorable action is recommended upon this application because this case confers to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reasons, a social summary should accompany this application.

Check all applicable criteria (At least one must be checked):

EDUCATIONAL FACTORS	SOCIAL FACTORS
Federal/Public Schools near student home:	In his/her family environment, the student:
_____ grade level not offered	_____ was rejected or neglected
_____ are severely overcrowded	_____ does not receive adequate parental supervision
_____ exceeds 1 ½ mile walking distance to school or bus route	_____ well-being was imperiled due to family
_____ does not offer special vocational/preparatory	_____ have behavioral problems been too difficult for
_____ training necessary for gainful employment	_____ home, school, and/or local resources
_____ does not offer adequate provisions to meet academic	_____ has a sibling(s) or other close relatives enrolled
_____ deficiencies or linguistic/cultural differences	_____ at FIS who would be adversely affected by separation.
_____ receiving school offers special program needed by student	

EDUCATIONAL INFORMATION

Previously School: _____

Previous School Contact Number: _____

Reason for Leaving: _____

Did student miss fifteen (15) or ore days in the last school year? YES _____ NO _____

Has student ever been suspended? YES _____ NO _____ Expelled? YES _____ NO _____

If YES, date and reason MUST be given: _____

Will your student participate in sports at Flandreau Indian School? YES _____ NO _____

MUST BE PRESENT ON CAMPUS THE FIRST DAY OF SCHOOL OR WILL NOT BE ELIGIBLE TO PLAY SPORTS FOR FORTY-FIVE (45) DAYS. NO EXCEPTIONS.

SOCIAL INFORMATION

Is student a ward of the court? YES _____ NO _____ *If yes, a copy of the court order must be submitted.*

Has student ever been arrested? YES _____ NO _____

If yes, what was/were the violation(s)? _____

Has student ever been in jail or a detention center? YES _____ NO _____ If yes, how many times? _____

Is student currently on probation? YES NO *if YES, please provide documentation*

Probation Officer: _____

Address: _____ City: _____ State: _____ Zip: _____

Work: (_____) _____ - _____ Email: _____

Does Student have a case worker? YES NO *if yes, please provide documentation*

Case Worker: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Work: (_____) _____ - _____ Email: _____

FIS STUDENT AND FAMILY LANGUAGE SURVEY

Student Name: _____ Grade: _____

Date of Birth: _____ Gender: Male Female

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Select all of the races that apply to the student:

____ Native American ____ Caucasian ____ Hispanic ____ Asian
____ Native Hawaiian/Pacific Islander

Registered Tribal Member of: _____

Other Tribe(s): _____

What was the student's first language? _____

Is a language other than English used in the home? ____ Yes ____ No

If so, what language? _____

Does the student speak any language other than English? ____ Yes ____ No

If so, what language and at what level? Language: _____

____ Beginning, few words and phrases ____ Intermediate, conversational

____ Advanced, comprehends commonly used terms ____ Fluent

If a second language is not spoken in the home, has the student been exposed to a second language by a family member? If so, how would you describe the student's exposure to the language? Consistent, occasional, rare? Please describe below:

What relation is this family member who exposes the student to a language other than English? (grandparent, great-grandparent, aunt, uncle, etc.)

Did your child attend a language immersion school prior to this year? If so, where and for how long? What language?

Can you provide any additional information about your child's second language skills?

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Flandreau Indian School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Flandreau Indian School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Flandreau Indian School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook; Honor roll or other recognition lists; Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings - unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want Flandreau Indian School disclose directory information from your child's education records without your prior written consent, you must notify the school in writing. Flandreau Indian School designated the following information as directory information:

- Student's name, address, telephone listing, Photograph, Date and place of birth, Electronic mail address.
- Participating in officially recognized activities and sports, weight and height of member of athletic teams
- Degrees, honors, and awards received, Major field of study
- Dates of attendance, Grade level, the most recent educational agency or institution attended

If there are questions about your or your student's (18 or older) rights under FERPA, you may contact the office at Flandreau Indian School.

If you do not wish directory information about your student to be disclosed, please indicate on the attached form and return that form to the Flandreau Indian School.

Everall Fox
Chief School Administrator

David Flammond
Acting Assistant Principal

Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having legal rights might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

_____ I do not want any Directory Information regarding _____
Student Name - Nothing will be disclosed without written permission

OR

I do not want the following directory information regarding my student _____
Disclosed without my permission: *Student Name*

CHECK ALL THAT APPLY:

1. _____ **Student's Name**
2. _____ **Participation in officially recognized activities and sports**
3. _____ **Address**
4. _____ **Telephone listing**
5. _____ **Weight and height of members of athletic teams**
6. _____ **Electronic mail address (e-mail)**
7. _____ **Photograph**
8. _____ **Degrees, honors, and awards received**
9. _____ **Date and place of birth**
10. _____ **Major field of study**
11. _____ **Dates of attendance**
12. _____ **Grade level**

I am the parent/ legal guardian of: _____

I am an eligible student (18 years of age or older): _____

(Signature) _____

Date ____/____/____



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

School: _____ Date: _____

Student Name: _____ • Male • Female • Non-binary

Last School attended: _____ Current Grade: _____ Birth Date: _____

Address of where the student slept last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Main Contact Phone Number: _____ Email, if available: _____

Is the student's address a temporary living arrangement? • Yes • No

Note: If you checked "No," you may STOP here. Thank you.

If temporary, is this living arrangement due to loss of housing or economic hardship? • Yes • No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- In a **hotel/motel** (Name of hotel/motel): _____
- In a **shelter** or transitional housing program (name of shelter or program): _____
- In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
 - In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

Last Name	First Name	Grade	School

The undersigned certifies that the information provided above is accurate.

Signature of Person Providing Information:

Date:



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

Parent Legal Guardian/Caregiver Unaccompanied Student (Circle one)

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency: _____

Name

Phone contact

Relationship to student

For School Use Only

Note: Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

- Doubled-up: _____ Sheltered: _____
 Hotel/Motel: _____ Unsheltered: _____

1) Unaccompanied youth: Yes No

2) Transportation needed: Yes No

Select all that apply: Special Education English Learner Migrant

Resources and Services

Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

- McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals, fees waived)
 Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)
 School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: _____ Date: _____

NO CHILD LEFT BEHIND ACT OF 2002

Everall Fox*Chief School Administrator***David Flammond***Acting Assistant Principal***“No Child Left Behind Act of 2002”**

Parents,

The "No Child Left Behind Act of 2002", SEC.9528, Armed Forces Recruiter Access to Student and Student Recruiting Information, provides for schools to provide, on request made by military recruiters or an institution of higher education, access to secondary school student names, addresses, and telephone listings. As a school, we are required to comply with this law. You as a parent, however, have the right to request that the school not release that information to these agencies. If you wish to not have your child's information released, please indicate below. If you have any questions about the "No Child Left Behind Act of 2002" please contact Flandreau Indian School.

_____ YES, I do wish to have my child's information released.

_____ NO, I do not wish to have my child's information released.

Parent/Guardian

(Signature) _____ Date ____ / ____ / ____

INDIVIDUAL EDUCATION PROGRAMS

- Student is receiving services in Special Education: YES ____ NO ____
- Student is currently on a 504 Plan: YES ____ NO ____
- Student is in Gifted and Talented: YES ____ NO ____
- Student is Language English Proficient (LEP): YES ____ NO ____

Child Find – The Flandreau Indian School believes in providing an appropriate education for all children and is conducting its annual Special Education and Section 504 “Child Find” search to identify and evaluate children, under the age 21, who may not be receiving an appropriate education. Flandreau Indian Schools principal(s) and special education staff are the designated contact persons for any individual who would like to refer a child for additional educational services. Any person who knows of a child who may need additional educational services or has unmet educational needs may give the child’s name to either the building principal(s), Special Education staff, or they may call the school administrative office at (605) 997-3773 to make a referral. After obtaining parental consent, the school will conduct an evaluation of the child’s needs, at no cost, and hold a meeting with the child’s parents or guardian to discuss appropriate educational planning for the child.

Superintendent Everall Fox also stressed that parents or the child’s guardians are not expected to diagnose a child’s educational needs before they ask for help. The superintendent emphasized it is the philosophy of the school district to ensure that every child, regardless of their disability, has an opportunity to receive an appropriate education.

*Please contact the school that last implemented your child's IEP and have them forward the Special Education Records to the Flandreau Indian School.
This is extremely important
 It will assist the staff in planning an appropriate program for your student.*

SIGNATURE

I am legally responsible for this student and hereby understand that additional information may be requested by the Exceptional Education Department concerning my child's Individual Education Program or 504 Plan.

Parent/Guardian
(Signature) _____ **Date** ____ / ____ / ____

The Flandreau Indian School, in cooperation with the Bureau of Indian Education (BIE) funded schools, will ensure that a free and appropriate education and a full educational opportunity is provided in the least restrictive environment to all children with disabilities, grades 9 through 12.



Gifted and Talented Questionnaire

Student Name: _____ Grade: _____ Date: _____

Student's Teacher: _____ School: _____

Circle who filled out form:

Teacher Parent Student Other: _____

Check the following items as best describes your child or student as you see him/her:

	Occasionally	Often	Most Often
1. Has advance vocabulary, uses unusual words for his /her age.			
2. Knows a lot more about some topics than do other children his/her age.			
3. Has quick recall of information; immediately remembers facts, series of numbers, words from songs or plays, or parts of conversations heard earlier).			
4. Is observant; never misses anything; knows what is going on around him/her.			
5. Has lots of ideas to share.			
6. Has different ways of solving problems.			
7. Wants to know how and why.			
8. Asks a lot of questions about a variety of subjects.			
9. Makes up stories or plays and has ideas that are unique.			
10. Likes to plan and organize activities.			
11. Works well with others.			
12. Has a sense of humor.			
13. Often likes to play or work on his or her own.			
14. Often get engrossed in projects.			
15. Shows strong abilities in; Circle: art, writing, crafts, music, acting, sports, other _____			
16. Shows leadership abilities			
17. Shows imagination, originality, creativity.			
18. Likes to play organized games (football, soccer, baseball) and is good at them.			
19. Sets high standards for himself/herself.			
20. Understands things well enough to teach others. (e.g. teaches others how to do things; explains things so others can understand; explains areas of interest to adults)			
Please circle the area(s) in which you think the individual is gifted/talented: <div style="text-align: center; margin-top: 10px;"> Language Arts Math Science Social Studies Creativity Leadership Art Music Dance Drama </div>			

PARENTAL CONSENT FORM

Initial Each Box for Consent	Activity
	<p>FIELD TRIPS – I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Flandreau Indian School Administration. I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.</p>
	<p>COMPETATIVE SPORTS – I (we) hereby grant permission for the above-named student to participate in the competitive sports sponsored by the Flandreau Indian School</p>
	<p>AUDIO / VISUAL RELEASE – I (we) hereby grant permission to the Flandreau Indian School and the Bureau of Indian Education, for use of the above student’s photograph and name for public information or exhibit purposes and deemed appropriate by representatives of the Flandreau Indian School or Bureau of Indian Education. This included Flandreau Indian School Yearbooks, announcements, web page internet displays, and local newspapers for promotional purposes in the community.</p>
	<p>HEALTH EDUCATIONAL EVENTS – I (we) hereby grant permission for the above-named student to participate in opportunities such as, local health fair events sponsored by the Flandreau Indian School and/or the Flandreau Santee Sioux Tribal Health Center.</p>
	<p>R-RATED MOVIE – During this school year at Flandreau Indian School, we may choose to use films as learning tools. As part of your child’s educational experience in learning about history, politics, economics, and culture in Social Studies, it would be helpful for him/her to see some selections from historically based movies and/or other films related to the curriculum. Some of the films we will be showing may be R-rated, although they will be appropriate and relevant to the learning process. (Example: Flags of our Fathers, Windtalkers, Killer of the Flower Moon, etc.) <i>All movies shown will have a follow-up assignment and a discussion.</i></p>

SPECIAL PERMISSIONS –

Initial each activity that your student has permission to participate in while attending the Flandreau Indian School:

SWEAT LODGE –

- All students who use the sweat lodge must have written permission from their legal guardian. These signed slips must be on file in the Home Living office. This will eliminate any students or staff from proselytizing a student without permission, and restrain those with physical conditions such as asthma, high blood pressure, etc. from using the sweat lodge.
- The Sweat Lodge is for the Flandreau Indian School community only. This includes students and staff. The Flandreau Indian School cannot be responsible for anyone than the students and staff of the Flandreau Indian School.

Flandreau Indian School recognized that the students pursuing their education on this campus are not own sons and daughters. Every effort will be made to avoid any negative incidences that would offset the positive nature of the sweat lodge.

****for complete information, please see the FIS-02-01 Sweat Lodge Policy in the FIS Policy Index****

_____ **YES, my student may participate in Sweat Lodge ceremonies**

SIGNATURE

Parent/Guardian

(Signature) _____ **Date** ____/____/____

SDHSAA HEALTH HISTORY FORM - To be completed (with parent/guardian if student is under 18) in years when a physical exam is given, prior to the exam.

Name: _____

Date of Birth: _____

Date of Exam: _____

Sports: _____

List all past and current medical conditions:	
Have you ever had surgery? If Yes, list all procedures:	
List all prescriptions, over-the-counter meds or supplements you currently take:	
Do you have any allergies? If Yes, Please list them here:	

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)

	Not At All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes

**ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR"
& EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:**

GENERAL QUESTIONS	Yes	No	BONE AND JOINT QUESTIONS, CONTINUED:	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?			15. Do you have a bone, muscle, ligament or joint injury that bothers you?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			MEDICAL QUESTIONS		
3. Do you have any ongoing medical issues or recent illnesses?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
HEART HEALTH QUESTIONS ABOUT YOU			17. Are you missing a kidney, an eye, a testicle, your spleen or any other organ?		
4. Have you ever passed out or nearly passed out during or after exercise?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
5. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
7. Has a doctor ever told you that you have any heart problems?			21. Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
8. Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)			22. Have you ever become ill while exercising in the heat?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			23. Do you or does someone in your family have sickle cell trait or disease?		
10. Have you ever had a seizure?			24. Have you ever had, or do you have any problems with your eyes or vision?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			25. Do you worry about your weight?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)			26. Are you trying to, or has anyone recommended that you gain or lose weight?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CVPT)?			27. Are you on a special diet, or do you avoid certain types of foods or food groups?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			28. Have you ever had an eating disorder?		
BONE AND JOINT QUESTIONS			29. Have you ever had COVID-19?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?			FEMALES ONLY		
			30. Have you ever had a menstrual period?		
			31. How old were you when you had your first period?		
			32. When was your most recent period?		
			33. How many periods have you had in the past 12 months?		

CERTIFICATION OF HEALTH: I hereby state that, to the best of my knowledge, my answers on this form are complete and correct:

Signature of Athlete: _____

Signature of parent/guardian (if under 18): _____

Date: _____

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SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: _____ Date of Birth: _____

Date of Exam: _____ Annual/Biennial/Triennial: _____

Physician Reminders:

1. Consider additional questions on more sensitive issues:

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, vaping, chewing tobacco, snuff or dip?
- Over the past 30 days, have you used chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seatbelt or helmet?

2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

EXAMINATION		
Height:	Weight:	BP:
Pulse:	Vision: R 20/ L 20/	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose and throat - Pupils equal & Hearing		
Lymph Nodes		
Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen - Liver/Spleen, masses		
Skin - HSV, Lesions, Staph, MRSA, etc.		
Neurological		
MUSCULOSKELETAL	Normal	Abnormal Findings
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional		
<ul style="list-style-type: none"> • Double-leg squat test, single-leg squat test, box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

Sports Participation Recommended for (Mark One):

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of: _____
- Medically eligible for certain sports (list here): _____
- Not medically eligible pending further evaluation: _____
- Not medically eligible for any sports: _____

Name of Examiner: _____

Signature of Examiner: _____

Date of Exam: _____

Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.

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