Coeur d'Alene Tribal School

2020-21 Returning Student Application

Completed Form Return Information
By Mail: PO Box 338 DeSmet, ID 83824 • By Fax: (208) 686-5080 • Email: ccasaus@tribalschool.org

Date: _____

Student Name:

_____
(Last) (Middle) (First)

Sex: _____ Age: _____Date of Birth: _____Grade Entering_____

Parent / Guardian Name: _____

Physical Address**:** _____ City: _____ State: _____ Zip: _____

Mailing Address**:** _____ City: _____ State: ____ Zip: _____

Phone Numbers/Email Cell: _____ Work: _____

Home: _____ Email: _____

In addition to the above named parent / guardian the following individuals are authorized to pick up this student from school:

_____ _____

_____ _____

The following individuals are NOT Allowed to pick up this student from school
(please provide documentation from Courts, etc. if natural parent's name is listed):

_____ _____

Emergency Contact Name: _____ Phone: _____

Healthcare Information Student Name: _____

Allergies, Medications: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

In the event of an emergency I,_____ , hereby authorize the Coeur d'Alene Tribal School Staff to act for me, according to his/her judgment, in obtaining proper medical treatment for my child by a qualified physician or primary care provider. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment as needed.

Parent/Guardian Signature _____Date _____

Other Consents

In order to assist in providing a high quality education for your student, the Tribal School will be conducting vision, hearing, height/weight, and diabetes screenings during the academic year. The School will also be collaborating with the Marimn Medical Center in conducting dental screening for the students. I give the school consent to do the above screenings:

☐ Yes ☐ No

I give the school consent to provide / administer the following over the counter medications if needed: Tylenol, Advil, Aspirin, Benadryl, Cough Drops, and Antacid tablets:

☐ Yes ☐ No

Yes, my child has permission to attend all field trips:

☐ Yes ☐ No

I give the Coeur d'Alene Tribal School Staff and affiliates permission for photos and/ or videos to be taken of my child or my family for classroom, training, and promotional purposes:

☐ Yes ☐ No

Religion classes are taught bi-weekly by grade levels.
I give permission for my child to participate in religion classes:

☐ Yes ☐ No

Being a student at the Tribal School, all students must take Coeur d'Alene Language.
I understand that my child will be learning Coeur d'Alene Tribal Language:

☐ Yes

Being a student at the Tribal School, all students must take part in Culture Days.
I understand that my child will be participating in culture activities:

☐ Yes

Parent/ Guardian Signature: _____ Date: _____

Transportation / Bus Student Name: _____

The Coeur d'Alene Tribal School provides bus transportation on regular school days for our students. Having a ride to and from school is a privilege and not a right. If your child does not follow the bus rules they may have consequences, which could include loss of bus privileges for a day, multiple days, weeks, or a month.

1. Do not reach out any open window - keep all body parts inside the bus at all times
2. No bullying
3. No throwing items in the bus or out of the bus
4. Listen to the bus driver
5. No eating / drinking / chewing gum on the bus
6. Stay in your seat until you have reached your stop

The bus drivers have the authority to suspend a student from the bus. If they do so, they will inform the parent/ guardian in person or over the phone immediately and communicate that information to Tribal School Administration as well. A meeting between Parent/ Bus Driver/ Administration may need to take place before the student regains bus privileges.

Parent/ Guardian Name: _____

Signature: _____ Date: _____

Medical Information Release Form

Student's Full Legal Name: _____

D.O.B: _____

Information to be released from: _____
(Please Print Provider or Clinic Name)

Address of Provider / Clinic: _____

City: _____ State: _____ Zip: _____

Information to be released:

☐ Immunization Information

☐ Medication information for school medication administration

☐ Other: _____

Parent, Guardian, or Legal Representative's Name:

_____

Signature: _____ Date: _____

This release is valid for the school year of 20_____ - 20_____

Please send the requested information to the address / fax # at the bottom of this page, or email ccasaus@tribalschool.org