



**Applications are due by July 1st
for upcoming school year**

**APPLICATION FOR ENROLLMENT
ST. JOSEPH'S INDIAN SCHOOL
ADMISSIONS OFFICE
PO Box 89 Chamberlain, SD 57325
Telephone: (605) 234-3465 Fax: (605) 234-3483
Complete online at: sjiskids.org/application**

Thank you for your interest in St. Joseph's Indian School. Admission to SJIS is based on the number of spaces available in the classrooms and in the homes by grade level and by gender. Consideration is given to the applicant's academic abilities, character, and the contribution made to his/her previous school communities. The admission committee also seeks evidence of independence, community involvement and concern for others.

*Please note: **Incomplete application packets will not be reviewed.**
Falsification or withholding any information in this application will be grounds for non-acceptance or immediate dismissal of your child.*

Both natural parents of a child will be considered legal guardians of that child. The school must be notified of any special arrangements concerning the legal guardianship of a child. Any pertinent legal documents regarding guardianship must be provided for the child's school file.

A complete application consists of the following:

Complete Application Packet

- ☐ Student Application Form
- ☐ Health History Form and Medical Release
- ☐ Release of School Records Form
- ☐ Address Description Form
- ☐ HIPAA Form
- ☐ Notice of Privacy Practices

Submit Required Documentation

The following records are requirements of the Division of Education and Accreditation and St. Joseph's Indian School and need to accompany this application:

- ☐ A state certified copy of the child's birth certificate
- ☐ A copy of the child's social security card
- ☐ A copy of immunization (**St. Joseph's Indian School requires students to be up to date with State of South Dakota minimum required age appropriate immunizations in accordance with South Dakota codified law 13-28-7.1)**)

Mail to: Julie Lepkowski, PO Box 89, St. Joseph's Indian School, Chamberlain, SD 57325

Supplemental Documentation

- ☐ A copy of the latest report card and standardized test scores
- ☐ A copy of the IEP (when applicable)
- ☐ A copy of Medicaid card
- ☐ Certificate of Indian Blood
- ☐ Legal Custody Form/Custody Document/Court Order (if applicable)



St. Joseph's Indian School ADMISSIONS APPLICATION

ADMINISTRATIVE USE ONLY

Grade: _____

Date Received: _____

APPLICANT INFORMATION

Nickname: _____

Name: _____
(Last) (First) (Middle)

Tribe: _____ Tribal Enrollment Number: _____

Birthdate: _____ Birthplace: _____ Sex: _____

Social Security #: _____ Grade Applying For: _____

Address: _____
P.O. Box City State Zip

Physical Address City State Zip

Telephone: _____
Home Work Cell

Legal Guardian: _____ Address: _____

Email address: _____

Mother's Maiden Name: _____ Father's Name: _____

Mother's Place of Birth: _____ Father's Place of Birth: _____

Birthdate: _____ Birthdate: _____

Employment: (Name and Phone number) _____

List names/relationship of family who attended or currently attend SJIS: _____

List those living in the home and relationship to student: _____

How did you hear about SJIS? ☐ At my school ☐ Family ☐ Friends ☐ Alumni
☐ Visits to SJIS ☐ Radio ☐ Newspaper ☐ Facebook/Social Media ☐ Other

RELIGION

Religion:		
<u>Baptism</u>	<u>First Communion</u>	<u>Confirmation</u>
Date:		
Church:		
Address:		

Schools previously attended:

School Name	Address	Dates	Grades
School Name	Address	Dates	Grades
School Name	Address	Dates	Grades
School Name	Address	Dates	Grades
School Name	Address	Dates	Grades

Reason for leaving: _____

Did student miss 15 or more 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 _____

Has student participated in Special Education Program? Yes () No ()

Was the student held back in any grade? Yes () No () What grade(s): _____

What, if any, behavior problems in school has student experienced? _____

Social Information

1. Is student a ward of the court? Yes () No () If yes, a copy of the court order must be submitted.

2. Has student ever been arrested? Yes () No () If yes, what was/were the violation(s)? _____

3. Has student ever been in jail or a detention center? Yes () No () If yes, how many times? _____

4. Does student have a probation officer? Yes () No ()

Name _____

County _____

Phone _____

5. Has student ever received counseling? Yes () No ()

Name _____

Phone _____

6. DSS Involvement? Yes () No () if yes, please explain: _____

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that St. Joseph's Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of application.**

I understand that additional information may be requested to complete my student's records. Such as: School records, counseling records, and behavior records.

Student Signature _____

Parent/Legal Guardian Signature _____

PARENT OR LEGAL GUARDIAN & STUDENT MUST SIGN FORM

SOCIAL SUMMARY

We want to partner with you as parent(s)/guardian(s) throughout your child's enrollment. This includes openly communicating about your child's social and educational growth. Therefore, please complete the following questions. Your answers will be handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. Why would you like for your child to attend St. Joe's? (Please check all that apply)

- | | | |
|--------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Faith | <input type="checkbox"/> Friends | <input type="checkbox"/> Family members attended |
| <input type="checkbox"/> Education | <input type="checkbox"/> Better Opportunities | <input type="checkbox"/> Family is homeless |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Structure/Stability | <input type="checkbox"/> Child wants to come |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Get away from bullying | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Other _____ | | |

2. Briefly tell us about your child. How do you as a parent/guardian feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is attending St. Joseph's Indian School? Include the following:

- **Child's strengths:**

- **What can staff expect from your child when making requests?**
:

- **How will your child react to consequences/discipline?**

- **How does he/she express their feelings?**

- **Does he/she help with chores/have responsibilities? If yes, please describe.**

3. Please list your child's interests, talents, or special abilities.

- 4. Does your child have any specific problems that you think school personnel should know about so they can be prepared to help in the best way they can?**
- 5. Children living away from home benefit from regular, reassuring contact with their families. It helps ease homesickness and reminds them they are loved and supported. What is the best way for us to stay in touch with you about your child? Are certain days of the week or times of day better for you?**
- 6. We know that time with family is important, and we support strong family connections. However, missing school or arriving late can impact your child's learning and classroom success. How do you plan to support your child's regular attendance at school? What would you do if your child asked to miss class or return late after time at home?**
- 7. Sometimes children have mental health issues. In working together, it is helpful for us to have detailed information:**
- (a) Has your child ever attempted or talked about self-harm/cutting? Yes () No () If yes, please explain.
- (b) Has your child ever attempted or talked about suicide? Yes () No () If yes, please explain.
- (c) Has your child ever been the victim of child abuse? Yes () No () If yes, please explain.
- (d) Has your child ever witnessed domestic violence? Yes () No () If yes, please explain.
- (e) Has your child been exposed to drug/alcohol use? Yes () No () If Yes, please explain.
- (f) What experiences has your child had with loss? Please describe nature of loss and how was this addressed?

HEALTH HISTORY FORM

1. Was the child's birth: Normal____ Full term ____ Premature ____ How many weeks at birth? ____

Were any substances used during the pregnancy: Cigarettes: ____Alcohol: ____Drugs: ____Chemicals: ____

Was prenatal care provided? _____ Was postnatal care provided? _____

Were there any injuries during the pregnancy Yes () No () If yes, please explain_____

Were there any developmental concerns with the child? Yes () No () If yes, please explain, _____

2. Is your child allergic to any medicines or food? Yes () No ()

If yes, please list:_____

3. What medication is your child currently taking?

Name of medicine	Dosage/amount	Reason taking	When started (year/child's age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Does your child have vision problems/wear glasses or contacts? Yes () No ()

Name of Clinic: _____

5. Does your child have regular dental checkups? Yes () No ()

Name of Clinic: _____

6. Has your child (girls only) begun her menstrual/moon cycle? Yes () No ()

If yes, age when started _____

7. Has your child had any in-patient or out-patient treatment for alcohol or drugs? Yes () No ()

Age	Name of Treatment Facility	How Long did treatment last?
_____	_____	_____
_____	_____	_____

8. Has your child ever had any of the following health problems? If yes, at what age?

	Yes	No	Age		Yes	No	Age
ADHD/learning disability	_____	_____	_____	Hepatitis (liver disease)	_____	_____	_____
Alcohol/drug use	_____	_____	_____	Low iron (anemia)	_____	_____	_____
Allergies/hay fever	_____	_____	_____	Mononucleosis (mono)	_____	_____	_____
Asthma	_____	_____	_____	MRSA	_____	_____	_____
Bladder/kidney infections	_____	_____	_____	Pneumonia/RSV	_____	_____	_____
Blood disorders	_____	_____	_____	Rash/Skin Concern	_____	_____	_____
Cancer	_____	_____	_____	Scoliosis (curved spine)	_____	_____	_____
Chicken pox	_____	_____	_____	Seizures/epilepsy	_____	_____	_____
Cutting/self-injury	_____	_____	_____	Severe acne	_____	_____	_____
Depression	_____	_____	_____	Stomach problems	_____	_____	_____
Diabetes	_____	_____	_____	Suicide attempts	_____	_____	_____
Eating disorder	_____	_____	_____	Tuberculosis	_____	_____	_____
Eczema	_____	_____	_____	Wetting/Soiling/constipation	_____	_____	_____
Heart Murmur/defect	_____	_____	_____	Other: _____	_____	_____	_____

9. Has your child had any of the following surgeries?

	Yes	No	Age	Extra Information
Anesthesia for Surgery	_____	_____	_____	Any problems with anesthesia? _____
Appendectomy (Appendix removed)	_____	_____	_____	
Bones broken and repaired	_____	_____	_____	What area (arm, leg, elbow, hand)? _____
Brain Surgery	_____	_____	_____	
Ear tubes	_____	_____	_____	Both ears, right ear, or left ear? _____
Hernia	_____	_____	_____	What area (groin, belly button, stomach)? _____
Stomach Surgery	_____	_____	_____	
Tonsils & Adenoids	_____	_____	_____	
Other: _____	_____	_____	_____	

10. Has your child had any other serious injury, illness, surgery, or hospitalization **NOT** included in the above?

Yes () No () If yes, please describe: _____

11. Have there been any changes in your child's health during the past 12 months? Yes () No ()

If yes, please describe: _____

12. Sometimes (not always) health concerns are passed from one generation to the next. Have you or any of your child's blood relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following concerns?

	Yes	No	Unsure	Age when started (if known)	Relationship to child
Anesthesia-surgery issues					
Allergies/asthma					
Cancer (type _____)					
Depression					
Diabetes					
Drinking problem/alcoholism					
Drug addiction					
Heart condition					
High blood pressure					
Kidney disease					
Mental health					
Seizures/epilepsy					
Smoking					
Suicide					

13. In the past year, have there been any of the following changes in the child's family? (check all that apply):

_____ Marriage	_____ Separation	_____ Divorce	_____ Births
_____ Serious Illness	_____ Deaths	_____ Incarceration	_____ Loss of job
_____ A new school	_____ Move	_____ Other: _____	

Parent/Guardian Concerns

14. Please review the topics listed below. Check if you have a concern about your child

<input type="checkbox"/> Physical problems	<input type="checkbox"/> Drug use	<input type="checkbox"/> School grades/absences/dropout
<input type="checkbox"/> Physical development	<input type="checkbox"/> Weight	<input type="checkbox"/> Smoking cigarettes/chewing tobacco
<input type="checkbox"/> Change of appetite	<input type="checkbox"/> Depression	<input type="checkbox"/> Amount of physical activity
<input type="checkbox"/> Sleep patterns	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Relationships with parents and family
<input type="checkbox"/> Diet/nutrition	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexually transmitted diseases (STD's)
<input type="checkbox"/> Guns/weapons	<input type="checkbox"/> Dating/parties	<input type="checkbox"/> Self-image or self-worth
<input type="checkbox"/> Emotional development	<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Unprotected sex
<input type="checkbox"/> Lying/stealing/vandalism	<input type="checkbox"/> Sexual behavior	<input type="checkbox"/> Excessive moodiness or rebellion
<input type="checkbox"/> Choice of friends	<input type="checkbox"/> Work/job	<input type="checkbox"/> Sexual identity (homosexual/bisexual)
<input type="checkbox"/> Violence/gangs	<input type="checkbox"/> Other _____	

15. What is it about your child that makes you proud of him/her?

16. What seems to be the greatest challenge for your child?

☐ St. Joseph's Indian School has my permission to use photos of my child for fundraising, academic and athletic purposes.

☐ I understand that attendance at weekly Mass is an expectation upon enrollment/admission to St. Joseph's Indian School.

☐ I have answered all the questions to the best of my knowledge and ability.

Parent/Guardian signature

Date

Notes or Additional Comments:

Name _____



MEDICAL RELEASE

Date Information
Desired by:

Student Name: _____ Date of Birth: _____

Address (including City/State/Zip): _____

Phone Number: _____

Release Medical Information From:

Provider/Facility Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Release Medical Information To:

Name/Facility:

St. Joseph's Indian School
PO Box 89
1301 N. Main St.
Chamberlain, SD 57325

Phone:

Julie Lepkowski
605-234-3465
E-mail: julie.lepkowski@stjo.org

Purpose of Release:

☐ School Admissions

☐ Other _____

Information to be Released:

Release Format:

Paper

CD/DVD

Release Method:

Mail

Pick Up

Fax

E-mail

Service Dates: From: **Birth**

To: **Present**

☐ Clinic Progress Notes

☐ Discharge Summary

☐ Lab Reports

☒ Psychological Evals/Assmts

☐ Hospital Progress Notes

☐ EKG/Cardiology Reports

☐ Radiology Reports

☒ Immunization Records

☐ History & Physical

☐ Pathology Reports

☐ Radiology Images

☒ All Records

☐ Consultation Notes

☐ Operative Reports

☐ Substance Abuse Evals/Assmts

☒ Mental/Behavioral Health

☐ ER Records

☐ Other _____

Records

I understand that I may revoke this authorization at any time by sending a written notice to St. Joseph's Indian School. If this authorization has not been submitted, it will terminate one year from the date of my signature or at the end of the summer program.

I hereby authorize the above facility/provider to disclose medical information concerning the above named patient to the party identified in the section titled "Release Information To." I understand that the information to be released may include information regarding mental health, alcohol and drug usage, and HIV-related information. I understand that once the information is disclosed, it may be subject to re-disclosure by the recipient and may no longer be protected. I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits.

This authorization will expire one year from the date of signing unless I indicate an event or earlier date here: _____

Parent/Guardian Signature (state relationship to student)

Date

Parent/Guardian Signature (state relationship to student)

Date

I/We understand collection of this information does not mean that my/our child has been admitted to St. Joseph's Indian School, but only that admission is being considered.

Name _____



RELEASE FORM FOR SCHOOL RECORDS

Name of School Last Attended: _____

Address: _____
Street/PO Box

City

State

Zip Code

Phone: _____ FAX: _____

STUDENT: _____ GRADE: _____
Last First Middle

☒ Cumulative records

☒ Immunization/health records

☒ Transcript/report card/checkout grades

☒ Attendance

☒ Disciplinary records

☒ Standardized tests

☒ Special education records

☒ Copies of birth certificate, social security card

Please send the above information to:

Julie Lepkowski, Admissions Coordinator
St. Joseph's Indian School
PO Box 89
Chamberlain, SD 57325
FAX: 605-234-3483
E-MAIL: julie.lepkowski@stjo.org

As the parent/guardian of the above named child, I grant my permission for the school listed above to release information to St. Joseph's Indian School, Chamberlain, SD; for the purpose of determining if my child should be admitted to St. Joseph's Indian School. I understand that this release is valid until it is revoked in writing by me. I also understand that the collection of this information does not mean my child has been admitted to St. Joseph's Indian School, but only that admission is being considered.

SIGNATURE OF ADMISSIONS COORDINATOR

DATE

PRINT NAME OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), June 17, 1976, it is no longer necessary to obtain consent to release records. It states that school officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

ST. JOSEPH'S INDIAN SCHOOL ADDRESS DESCRIPTION

Parent(s)/Guardian(s) please provide as much information as possible.

Physical address (not mailing):

Physical description (mile marker, house number, house color, landmark, lane, etc.):

Please provide a detailed drawing of the location of your home if possible.





Notice of Privacy Practices

Acknowledgement of Receiving Notice

I have received a copy of the Notice of Privacy Practices for St. Joseph's Indian School.

Child/ren's Name: (please print)

Date of Birth:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date3



St. Joseph's Indian School Notice of Privacy Practices

This notice explains how we protect your and your family's health information, how it may be used or shared, and how you can access it. Please take a few moments to review it.

Why You're Receiving This Notice

St. Joseph's Indian School is required by law to give you this Notice of Privacy Practices. It explains your rights and our responsibilities when it comes to your health information.

Our Commitment to Your Privacy

We understand that medical information is personal and we are committed to keeping your health information safe. A record of the care and services you receive is maintained in order to ensure quality care and to comply with legal requirements. This Notice applies to records maintained in the Dehon Health and Family Services Center. By law, we are required to:

- Keep your medical information private
- Provide you with this Notice of Privacy Practices
- Follow the HIPAA privacy rules that began on April 14, 2003

Uses and Disclosures of Your Information:

1. In some circumstances we are permitted or required to use or disclose your protected health information. The circumstances include:
 - a. Treatment – To provide you with medical care or services, including emergency care
 - b. Health Care Operations – To run and improve our health care services
 - c. Legal Requirements – When required by law, including:
 - Public health reporting
 - Law enforcement purposes, including abuse and neglect reporting
 - A court order or other legal mandate

Your Rights Regarding Your Health Information

1. To see or get a copy of your health records. (Some exceptions apply.) To inquire please contact the Dehon Health Care staff. You may be charged a fee for copying and mailing.
2. To request limits on how your health information is used or shared. A written request must be submitted and will be reviewed but we may not always be able to approve it.
3. To ask for a list of who we've shared your health information with over the past three years. Some types of disclosures are excluded by law.
4. To request a correction to your health records. Requests must be submitted in writing. Your request could be denied if the record was not created by the Health Center, if it is not part of the medical information maintained by the Health Center, or if the record is already accurate.

Our Responsibility to You

We are required to:

1. Maintain the privacy of your protected health information.
2. Provide you with this notice and follow its terms.
3. Inform you of any major changes to our privacy practices.

Questions or Concerns If you have any questions about this notice or your rights, please contact:

Dehon Health Center

St. Joseph's Indian School

PO Box 89

Chamberlain, SD 57325 Phone: (605)-234-3321

If you are concerned that your privacy rights may have been violated, or you disagree with a decision made about access to your records, you may contact the CEO.

Jennifer Renner-Meyer

PO Box 89, Chamberlain, SD 57325

Phone: (605) 234-3410

You may also file a complaint with the Federal Office for Civil Rights:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue SW, Room 509F HHH Building

Washington, DC 20201

Phone: 1-800-368-1019

Under no circumstances will you be penalized or retaliated against for filing a complaint.

Mission Statement

St. Joseph's Indian School, an apostolate of the Congregation of the Priests of the Sacred Heart, partners with Native American children and families to educate for life – mind, body, heart and spirit.