

WESTSIDE ELEMENTARY SCHOOL

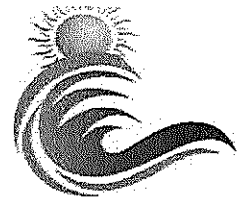
Physical Address: 320 West Walnut Street
Sisseton, SD 57262

Phone: (605) 698-7613 ext.1 Fax: (605) 698-7404

school website: <https://www.sisseton.k12.sd.us/domain/9>

<https://www.facebook.com/sissetonelementary/>

office email: sissetonelemoffice@k12.sd.us



Well Prepared ~ Always Safe ~ Value Respect ~ Eager to Learn

MISSION We provide an education for all learners to be inspired and empowered for life

VISION: Our vision is to challenge and engage students to reach their highest achievement in education through the help of kind and caring teachers.

Enrollment Procedure for your Child to Attend Westside Elementary

1. Visit the Sisseton School District Administration Office and complete the initial enrollment forms.
2. The enclosed registration forms are to be completed and submitted to the Westside School Office.

Forms provided: Request of Record Form

Health & Emergency Medical Management Release Policy

Electronic Files/Communication Device Policy

Title VI 506 Indian Student Eligibility Certification

Parent Portal Form

FERPA Policy

3. Return completed paperwork to Westside Elementary-choose one of the following:
 - Scan and e-mail: sissetonelemoffice@k12.sd.us
 - Fax: (605) 698-7404
 - Mail: 516 8th Ave West, Sisseton, SD 57262
 - Drop off at the office during posted office hours or
 - Call (605) 698-7613 ext. 1 to schedule a time to drop paperwork off at the school office
4. Bring copies of: **Certified Birth Certificate & Immunization Records.**
5. **Preschool and Kindergarten students** will not be able to start school until all Immunizations are up to date and a copy of the Immunization Record and Birth Certificate are on file. **To be eligible to attend Preschool students need to be age 4 by August and Kindergarten students need to be age 5 ON or BEFORE 9-1-2020**

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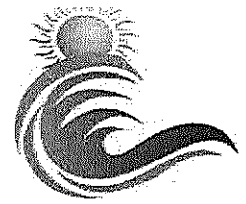
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Registration/Enrollment Paperwork Directions/Checklist

1. _____ **District Registration Form** – available at Sisseton School District Administration Office. This form gives the school contact information for your family.
2. _____ **Free/Reduced Meal Application** - available at Sisseton School District Administration Office. Depending on your income and household size you may qualify for free or reduced price. If you already receive Food Stamps/ EBT/ or Tribal Commodities Assistance in the State of South Dakota, you do not need to complete this form.
3. _____ **Request of Records form**- complete and **sign** this form - Student records from the previous school are required to be on file prior to the student starting school.
4. _____ **Health & Emergency Medical Management Release Policy** – This form provides the nurse with specific health and medication information for your child and provide adequate care while your child is at school.
5. _____ **Electronic Files/Communication and/or Device Policy** - The first section of the form gives your child permission to use school technology equipment, internet access. The second section is optional. It gives the school permission to use the student’s photo and name on school social media sites for school related awards, programs, or sharing school news. If you do not give permission, please write **NO** across it.
6. _____ **Title VI ED 506 Indian Student Eligibility Certification Form** – Any student that is an enrolled member or has a parent or grandparent that is an enrolled member of a tribe is eligible to participate. This program assists with home-to-school support.
7. _____ **Parent Portal** – This form will sign you up to have access to your child’s contact and academic information through the school website. It also allows you to make meal account payments.
8. _____ **FERPA Policy** – Please read this information and follow the directions should you choose this.

**Other documents required before the student is eligible to be considered to start school are a copy of:*

_____ **Certified Birth Certificate**

_____ **Updated Immunization Record**

Thank you and Welcome to Westside Elementary School

Any questions please contact the school office

Email: sissetonelemoffice@k12.sd.us or Phone: (605) 698-7613 ext. 1

What Happens Next-When will my child start school? When all paperwork above is received and verified, the school office will contact you to schedule a phone conference and/or face-to-face meeting. At this meeting a start date, school procedures and your child’s teacher will be discussed with you. In addition, any further questions for your child to start school will be addressed.

PRINCIPAL: Dr. April Moen: april.moen@k12.sd.us
Elementary Secretary: Mrs. Jill Schmidt: jill.schmidt@k12.sd.us

PRINCIPAL SECRETARY: Mrs. Becky Steen: becky.steen@k12.sd.us
Meal Program/Office Paraprofessional: Mrs. Sarah Gamber: sarah.gamber@k12.sd.us

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REQUEST FOR STUDENT RECORDS

Student Full Name: _____ DOB: ____/____/____ Grade: _____

Has the Child ever been retained YES / NO If yes, which grade: _____.

Previous School Attended: _____

Address: _____

Phone: _____ Fax: _____

Date last attended: _____

Parent /Guardian Signature: _____

Parent/Guardian PRINTED name: _____

"It is not necessary for parents to sign a release when records are being passed from public school to public school" Note: Federal Registrar, Thursday, June 17th, 1976 Part II HEW-Privacy Rights to Parents and Students. Final Rule of Education Records (Vol 41, #118-24673)

The above student is requesting enrollment in the Sisseton School District at Westside Elementary School. Please send the following information for our use:

- ✓ Certified Birth Certificate
- ✓ Immunization Records
- ✓ Transcripts
- ✓ Attendance Records
- ✓ Behavioral Reports
- ✓ Standardized Test Results
- ✓ Grade Levels completed or retained
- ✓ Names of all schools attended with enrollment / drop dates
- ✓ Assessment Data for Reading & Math

If Applicable:

- ✓ Special Education Records (IEP, Psychological, Speech, OT, PT, Evaluations)
- ✓ 504 Plan
- ✓ Health Plan, Medications, Special Diet Plan
- ✓ Limited English Proficiency
- ✓ Social Work, Foster Care, Guidance Counselor, records
- ✓ Court Orders, Custody Orders, Legal Name Changes,

Thank you for your prompt attention to this matter.

School Official Signature: _____ Date: _____

For Westside Staff Use:

Date Request sent: _____ Date Records Received: _____

Date of Enrollment/Start Date: _____

SISSETON SCHOOL DISTRICT 54-2

Health & Emergency Medical Release Form

Please complete each section thoroughly, sign and date.

Student's Name: _____ Sex: F M
Last First

Birthdate: _____ **Age:** _____ **Grade Level** _____ **Address** _____
MM/DD/YY

Allergies: Does your child have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list: _____

Does your child require an Epinephrine Pen for this allergy? Yes No

Health Conditions: Has your child, currently or in the past, been diagnosed with any of the following health conditions (Check all that apply):

<u>Asthma</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Epilepsy/Seizure Disorder</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Vision/Hearing Problems</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Diabetes</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Frequent/Migraine Headaches</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Chronic Ear Infections</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heart Problems</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Attention Deficit-Hyperactivity</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, please explain: _____

List any other health condition(s) not listed above: _____

List any *medication(s)* currently taken by your child: _____

***In the event that a student needs medication during school, the parents/guardians must contact the school nurse/personnel to complete required protocol. See medication policy.**

Name of Child's Physician _____ Address _____

Name of Child's Dentist _____ Address _____

In case of emergency, take my child to the following hospital:

Person authorized to pick up my child and/or to contact in case of an illness or an emergency (other than parents):

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

EMERGENCY RELEASE

If, in the judgment of any responsible person employed by Sisseton School, the student named above needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any medical personnel or school representative. I do hereby agree to indemnify and hold harmless The Sisseton School and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent/Guardian

Date

According to SD Law SDCL 13-28-7.1 and 13-27-3.1 all students enrolling in a South Dakota School are required to present a copy of their

IMMUNIZATION RECORD AND CERTIFIED BIRTH CERTIFICATE.

Minimum Immunization requirements are:

1. Four or more doses of DPT Vaccine with at least one dose given after age 4.
2. Three or more doses of Polio Vaccine with at least one dose given after age 4.
3. Two doses of Measles, Mumps & Rubella given after the age of 1.
4. Two Varicella Vaccine or history of having the Chicken Pox.

KINDERGARTEN STUDENTS must provide the above information to the school prior to the first day of attendance or they **WILL BE** sent home.

Students transferring from another school must have these immunizations completed and a copy on file at the school within **30 Days** or your child will not be allowed to remain in school. They **WILL BE** sent home.

I understand the above information and will provide the school with the required documents within the **specified time** or my child will not be allowed to attend Sisseton Public School.

Signature of Parent/Guardian

Date

Sisseton School District
EFCD [Electronic File(s), Communication(s), and or Device(s)] Policy

Electronic file(s), communication(s), and or device(s) (EFCD) are critical 21st century tools. The intent of the use of these school-sponsored tools is for the education of our students. Any utilization of these school-sponsored tools shall be considered a privilege. Therefore, all school-sponsored EFCD must be used responsibly with respect and in accordance with the goals of Sisseton School District #54-2 (SSD#54-2). All terms, conditions, and restrictions governing use of school-sponsored EFCD will follow the rules set forth in this policy.

Employees, students, and visitors are **encouraged** to use electronic files, communications, and devices (i.e. computer, e-mail, text messages, and the Internet) for educational purposes only, to further the educational goals and objectives of SSD#54-2. The intent of the use of district EFCD tools is for the general education of our students and day to day operations of our District, not for personal or private use, not for personal business unrelated to employment or education. The intent of allowing personal EFCD usage is to enhance personal (one to one) research and educational goals or objectives.

1. Scope

This policy applies to all forms of school-sponsored electronic file(s), communication(s), and or device(s).

This policy applies to all electronic device(s). This includes but is not limited to SSD#54-2 owned desktop computers, laptops, palm devices, cell phones, personal digital assistants, radios, servers, badge access units, and cameras.

This policy applies to, but is not limited to, the creation, storage, transmission, carrying, and or transportation of electronic file(s) and or communication(s) using school owned devices. This policy applies to all systems and subsystems. This includes but is not limited to login accounts, payroll, purchase orders, grade book, student information system, email, cellular access, internet and network access, wireless access, electronic signs, video surveillance, keyless door entry, school paging, district telephone, cellular phone, heating/cooling, parent notification, and social network sites.

This policy governs more than employee, student, and or visitor use of computers at SSD#54-2; but also the...

- accessing of or use of devices owned by SSD#54-2 operated at any location
- SSD#54-2 systems or subsystems from any location
- use on SSD#54-2 premises, in SSD#54-2 vehicles, and or at SSD#54-2 sponsored events
- use of personal devices on campus in such a manner which causes or threatens to cause a substantial and material disruption at school or interferes with the rights of student(s) to be secure or in a manner determined to be harassment or bullying.

2. General Expectations of End Users

Employees, students, and visitor(s), are to act knowledgeably in a responsible, ethical, professional, and legal manner. Each individual shall be wholly and totally responsible for their usage and possession of any and all school-owned or maintained EFCDs.

This policy applies to virtual as well as physical visitors.

Important critical EFCDs are often communicated via email, paging, phone calls, text messaging, electronic bulletin board, badge swiping, video surveillance, etc.. It shall be expected that all employees regularly check school-owned devices for SSD#54-2 communications. In addition to fulfilling educational and role-oriented tasks, every employee, student, and or visitor shall be required and expected to help maintain the overall security

and integrity of our systems by reporting any misuse, malfunction, and or security-related issues to the appropriate building office.

3. Defense Against Threats

By connecting our educational entity to the internet, SSD#54-2's objective is (but the District cannot guarantee) system availability, data integrity and privacy, user authentication and transaction non-repudiation across all school-owned systems and services, across all school-owned devices, across all school-owned communications, for all employees, students, and or visitors. SSD#54-2 will attempt to protect employees, students, and visitors against the threat of external infiltration by those who have an adversarial goal of obtaining, manipulating, or destroying critical information, or destroying our critical learning environment.

In an overall defense strategy, each individual student, teacher, staff, and visitor shall be responsible for their actions, their devices, and all associated EFCDS (ie transmitted, received, stored, in possession, etc.).

With regard to protecting employees, students, and visitors against the possible threat of internal violation(s) by another employee, student, and or visitor with an intentional or unintentional goal of obtaining, manipulation or destroying critical information or destroying our critical learning environment, or illegally sharing copyrighted materials, all employees, students, and visitors shall comply with all SSD#54-2 policies and with expected standards of professional and personal courtesy and conduct.

4. Authorized-only Access

Employees, students, and visitors agree to access SSD#54-2 systems and services by permission. Permission may be controlled through a series of authorizations including but not limited to network authentication; computer to domain authentication, group policy, employee's or student's domain login account, account passwords, and with expected standards of professional and personal courtesy and conduct. Any uncertainty regarding permission shall be clarified prior to use.

Every employee and student shall be required to sign an EFCDS Usage Agreement prior to bringing or using any school-owned EFCDS. The responsibility of each employee, student, and or visitor shall include the protection of the confidentiality of their authorizations (i.e. keys, badges, accounts, passwords). On a case by case basis, temporary access may be requested of, and granted by District administration. Possible reasons for this may include:

1. Federal, State, or on-site contractors
2. Software and/or hardware support agencies

5. Right to Monitor

With regards to any and all EFCDS, SSD#54-2 grants no offer of, nor rights to, privacy related to use of school-owned EFCDS.

All electronic transmission systems and services used at SSD#54-2 are owned by the State or District, and are therefore their property. This entitles SSD#54-2 to reserve the right to monitor any and all information passing through or stored in its systems. Internet traffic may be analyzed or e-mail messages may be read during the normal course of managing the internet systems and services, or while ascertaining whether this EFCDS Policy or any other District Policy or law is being violated.

Back-up copies of e-mail messages do exist, despite end-user deletion.

6. Internet Safety, Information Disclosure, Confidentiality, and Harassment

Each individual employee, student, and or visitor using school-owned devices shall be considered bound to comply with all District, County, State, and Federal laws including, but not limited to the Family Educational Rights and Privacy Act (FERPA), Health Information Portability and Accountability Act (HIPPA), Title IX (Sexual harassment), Title XVII Children's Internet Protection Act (CIPA), S.D. Codified Laws (§ 22-19A-1 § 49-31-31) and all SSD#54-2 policies.

SSD#54-2's primary duty, and thus the duty of each individual employee, student, and visitor, shall be to provide for and maintain a safe and secure learning environment for the entirety of all employees, students, and visitors, both physically and virtually. Within this duty,

1. No employees, students, and/or shall access, create, bring onsite, or transport pornographic or other inappropriate, non-educational materials, specifically including, but not limited to, any such materials as may be prohibited by local, county, state and federal laws.
2. All students must obtain written parental permission for use of school-owned/provided EFCD. This signed parental permission EFCD form must be returned to the School and placed on file prior to any student use of school-owned/provided EFCD. Parent(s) and legal guardian(s) have the right to revoke their signed EFCD permission.
3. The use of school-owned/provided by students at school or at school activities is subject to school employee supervision and monitoring for the purpose of educational 21st century skill development have the right to deny any and all EFCD during their time of instruction, transportation, and or supervision of any individual or group of students.

All use of school-owned/provided EFCDs, stored or in transit, may be manually or automatically scanned, monitored, reviewed, and or otherwise supervised during any or all times for the purposes of ensuring system availability, data integrity and privacy, user authentication, transaction non-repudiation, policy compliance, and or ensuring a conducive educational environment.

7. Inappropriate Use

EFCDs shall not be used for purposes that could be reasonably expected to cause excessive strain on systems. Individual use of EFCDs will not interfere with others' use and enjoyment of the same educational environment. Neither employee, student, nor visitor owned devices will be used in conjunction with the broadcast, delivery and or presentation of classroom curriculum where student(s) are, or could reasonably be assumed to be, in attendance.

Note: Any uncertainty about appropriate vs. inappropriate use should be resolved prior to use by checking with the user's teacher, supervisor, or tech staff.

If the District determines that an employee, or student has violated this EFCD policy, he/she could be subjected to discipline, including reduced or eliminated Internet or school owned/sponsored EFCD privileges and/or discipline up to and including an employee's dismissal or a student's expulsion. Visitor use of school owned/sponsored Internet or other EFCD privileges may be reduced or eliminated and visitors may be denied access to school property.

Authorized access will be terminated when the employee, student, or visitor terminates their association with SSD#54-2, unless other arrangements are made. All EFCDs associated with SSD#54-2 shall be returned to and remain the property of SSD#54-2. SSD#54-2 shall be under no obligation to store or forward the contents of an individual's school owned/provided EFCDs, including e-mail inbox/outbox/contacts, after the terms of their association has ceased.

Annual EFCD [Electronic File(s), Communication(s), and or Device(s)] Usage Agreement

User's Full Name (please print) _____

Home Address _____

Home Telephone _____ Work Telephone _____

I am: ___ Employee ___ Student ___ Other

I have read, understand and will abide by the Electronic File(s), Communication(s), and or Device(s) Policy. I further understand that any violation of these regulations the policy may result in disciplinary action and may constitute a criminal offense. Should I commit any violation of this agreement, my access privileges may be revoked, and I may be subject to appropriate legal/disciplinary action.

As a student, any violation of the policy may be considered disobedience and defiance of the authority of school personnel and may result in disciplinary action to include suspension or expulsion.

As a School District employee, any violation of the policy may result in disciplinary action as deemed appropriate by the District administration.

Employee, Student, Visitor Signature

Date

Parent or Guardian (If user is under the age of eighteen (18), a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Electronic File(s), Communication(s), and or Device(s) Policy. I understand that school-owned/provided EFCD's are for educational purposes, and Sisseton School District 54-2 has taken reasonable precautions to eliminate controversial materials. I will not hold the District responsible for inappropriate EFCDs acquired by my child intentionally or unintentionally.

Parent's or Guardian's Name (please print) _____

Parent's/Guardian's Signature _____ Date _____

Sisseton School District
Photo/Information Release Form

I, _____, as parent/guardian of the student _____ do hereby give my permission to the Sisseton School District to use my child's photograph / or name in official school publications including activity programs, the school newspaper, school yearbook, official social media accounts and the school website.

I do hereby release the Sisseton School District and persons acting on its behalf of any harm that may occur after the use of said photograph / or name. Accordingly, the Sisseton School District agrees to use any photographs / or name only in the manner described in the above statement.

Parent or Guardian Signature _____ Date _____

Students Signature _____ Date _____

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

Sisseton School District 54-2	NEPN Code: JOA-E(1)

**STUDENT DIRECTORY INFORMATION
NOTICE**

The *Family Educational Rights and Privacy Act (FERPA)*, a Federal law, requires that the District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the District may disclose designated "directory information" without written consent, unless you have informed the District that prior written consent is required before disclosing the directory information. The primary purpose of directory information is to allow the District to include this type of information from your child's education records in certain school publications.

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, guardian's or eligible student'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 the District to provide military recruiters, upon request, with the names, addresses and telephone listings of the students unless parents or guardians have advised the District that they do not want their student's information disclosed without their prior written consent.

If you do not want the District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within thirty (30) days of the beginning of the school year or, if enrolling after the beginning of the school year, within thirty (30) days of enrollment. The District has designated the following information as directory information:

1. Student's name;
2. Address;
3. Telephone listing;
4. Name(s) of Parent(s)
5. Photograph;
6. Date and place of birth;
7. Dates of attendance;
8. Grade level;
9. Participation (including video) in officially recognized activities and sports;
10. Weight and height of members of athletic teams;
11. Degrees, honors, and awards received;
12. The most recent educational agency or institution attended.

Adopted: 12/11/17 Revised: 12/11/17 Reviewed:
