



Enclosed is a student application for enrollment at the Ojibwa Indian School. Please complete ALL of the requested information. It is ABSOLUTELY NECESSARY to have the following documents included with the application. *Incomplete applications will be returned; this will delay the student's acceptance with our school.*

For **NEW STUDENTS** we will need the following:

- 2024-2025 enrollment application
- Degree of Indian Blood Certification (copy)
- Birth Certificate (copy)
- Up-to-date Immunizations
- Acceptable Use of Technology Agreement
- Custody Order (copy), where applicable. If you are not the legal parent of the student, we require an order showing you have legal guardianship. Only PARENTS or LEGAL guardians (accompanied by the custody order) shall sign the application.

For **RE-ENROLLMENT** we will need the following:

- 2024-2025 enrollment application
- Up-to-date immunizations
- Acceptable Use of Technology Agreement

If you have any questions or need further information, please call us at 701-477-3108, ext. 104, or email ashley.parisien@ojibwa.k12.nd.us.

Thank you,

Ashley M. Parisien
OIS Business Technician/Registrar



United States Department of the Interior
Bureau of Indian Education
OJIBWA INDIAN SCHOOL
Belcourt, ND 58316
(701)477-3108 FAX: (701)477-6039

REGISTRATION FORM 2024-2025

Office Use Only		
Immunizations Yes <input type="checkbox"/> No <input type="checkbox"/>	School	
Birth Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	Entry Date	
State ID#	Student ID	
Teacher	Sent for Records	
IA	MT	Transfer from

STUDENT INFORMATION			
Student Name: Last: First: MI:		Have you ever attended Ojibwa Indian School? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what grade _____	
Preferred Name:	Date of Birth:	Age:	Gender M / F
Current Grade Enrolled In:	Home/Cell Phone Number ()		
Language Spoken at Home:	Has your child ever received ELL service? Yes <input type="checkbox"/> No <input type="checkbox"/> Where: _____		
Student Lives with (Please Check Only One): <input type="checkbox"/> Both Parents <input type="checkbox"/> Parents Share Custody <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other Guardian: _____			
Ethnicity: Is this Student Hispanic/Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Race (Please check only one): <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander			
Street Address:		Mailing Address: (If Different):	
City, State, Zip:		City, State, Zip:	
Does this Student have a current <u>Individual Education Plan (IEP)</u> through Special Education? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Primary Disability: _____			
Does this Student have a <u>504 Accommodation Plan</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this student currently expelled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PARENT/GUARDIAN INFORMATION			
Father	Mother	Other Guardian	
Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:	Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:	Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:	
Name	Name	Name	
Street Address	Street Address	Street Address	
Mailing Address (If Different)	Mailing Address (If Different)	Mailing Address (If Different)	
City, State, Zip	City, State, Zip	City, State, Zip	
Home Phone Number ()	Home Phone Number ()	Home Phone Number ()	
Cell Phone Number ()	Cell Phone Number ()	Cell Phone Number ()	
Work Phone Number ()	Work Phone Number ()	Work Phone Number ()	
Employer:	Employer:	Employer:	
Email:	Email:	Email:	
EMERGENCY INFORMATION (Other Than Parent)			
Emergency Contact	Relationship to Student:	Daytime Phone Number: () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Emergency Contact	Relationship to Student:	Daytime Phone Number: () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Emergency Contact	Relationship to Student:	Daytime Phone Number: () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	

MEDICAL INFORMATION

In the case of a medical emergency and I cannot be reached, I give my child's doctor or any attending physician permission to administer treatment. Yes ☐ No ☐ Physician's Name: _____ Preferred Medical Facility: _____

Is child covered by health insurance? Yes ☐ No ☐ If YES, please check which one: ☐ BCBS ☐ Medicaid ☐ Other
If NO, are you interested in receiving information on obtaining health insurance for your child? Yes ☐ No ☐

Health Information (check ALL that apply)

- ☐ Vision problems ☐ Hearing problems ☐ Stomach or intestinal problems ☐ Heart problems ☐ Wheelchair
☐ Bleeding problems ☐ Seizures/Epilepsy ☐ Diabetes ☐ Insulin Dependent ☐ Asthma or other respiratory problems
☐ Life threatening allergies: _____
☐ Non-life threatening allergies: _____
☐ Other medical condition(s) that the school should be aware of: _____

Student requires Epi-pen at school? Yes ☐ No ☐ Student requires rescue inhaler at school? Yes ☐ No ☐

Student requires emergency medication (such as Diastat) at school to control seizures? Yes ☐ No ☐

Student needs to take daily medication(s) at school? Yes ☐ No ☐ If yes, please list: _____

Does student have (or has had in the past) an Individualized Health Plan? Yes ☐ No ☐

☐ **No known health problems**

OTHER INFORMATION

Where is your child/family currently living? The information below is confidential and assists the district in determining eligibility of services for the students under the McKinney-Vento Act. Please check the appropriate box:

- ☐ Single family permanent residence (house, apt, condo, trailer house, etc.)
☐ Doubled-Up (sharing housing with another family/individual due to economic hardship or temporary waiting for housing)
☐ Living in a temporary residence while building or purchasing a home
☐ Unsheltered (car/Campsite)
☐ Motel/Hotel ☐ Foster Home
☐ In a shelter or transitional housing program
☐ Other: _____

Child(ren) ages birth to 21 living in home other than parent/guardian

Name	Date of Birth	Relationship to You	Name of School (if enrolled)

TO BE COMPLETED BY PARENT / GUARDIAN

Throughout the year, your child will have the opportunity to take field trips with the class to various points of interest in the area. You will be notified of each trip a few days before the excursion. By signing below, I give Ojibwa Indian School permission for my child _____ to accompany his/her class on field trips sponsored by the school during the school year.

Parent/Guardian Signature _____

My relationship to the student is:

☐ Parent ☐ Legal Guardian (Documentation Needed) ☐ Person having lawful Court Order (Order Needed) ☐ Other _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

STUDENTS ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: Ojibwa Indian School		
Type	Funding:	
Day School (X)	Pub. Law 100-297 Grant	()
Boarding School ()	Pub. Law 93-938 Contract	()
Peripheral Dormitory ()	BIA operated	(X)
1. IDENTIFICATION		
Name of Student: _____		
<div style="display: flex; justify-content: space-between;"><div>Last</div><div>First</div><div>Middle</div></div>		
Address: P.O. Box _____ Street: _____		
City: _____ State: _____ Zip Code: _____		
Miles from home to school: _____		
Date of Birth: / / _____ Place of Birth: _____		
Sex: Male () Female () Verified by: _____		
Tribal Affiliation: _____ Degree Indian: _____		
Enrollment Number: _____ Home Agency: _____		
Dominant Language spoken in the home: _____		
(1) (2)		
2. FAMILY INFORMATION		
Father:		Mother:
Address: _____		Address: _____
Tribal Affiliation: _____		Tribal Affiliation: _____
Home Agency: _____		Home Agency: _____
Enrollment Number: _____		Enrollment Number: _____
Living: () Deceased: ()		Living: () Deceased: ()
Occupation: (optional) _____		Occupation: (optional) _____
Employer: _____		Employer: _____
Home: () Work: ()		Home: () Work: ()
Emergency: _____		Emergency: _____
Other: (specify) _____		Other: (specify) _____

Legal Guardian: Address: Tribal Affiliation Home Agency: Enrollment Number: Occupation: (optional) Employer:	Other: (group home, etc) Address: Phone: Student Lives with: Home Phone: Work Phone: Emergency: Other: (specify)							
3. SCHOOL(S) PREVIOUSLY ATTENDED:								
School Name: Address: City / State / Zip	Dates: Attended: Reasons for Leaving:	Grades: Completed:						
School Name: Address: City / State / Zip	Dates: Attended: Reasons for Leaving:	Grades: Completed:						
School Name: Address: City / State / Zip	Dates: Attended: Reasons for Leaving:	Grades: Completed:						
I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.								
Signature of the Parent / Legal Guardian / Adult Student		Date:						
Day School Enrollment: <table style="width: 100%;"> <tr> <td style="width: 40%;">Approved:</td> <td style="width: 40%;">Not Approved:</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Principal</td> <td>Date:</td> </tr> </table>			Approved:	Not Approved:			Principal	Date:
Approved:	Not Approved:							
	Principal	Date:						

Ojibwa Indian School
Student Records Request

2024-2025 School Year

RECORDS FOR THE FOLLOWING STUDENT ARE TO BE RELEASED TO:

Ojibwa Indian School
PO Box 600
Belcourt ND 58316
Attention: Ashley Parisien
Email: Ashley.parisien@ojibwa.k12.nd.us
Fax: 701-477-6039

Student Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

RECORDS TO BE RELEASED FROM:

School Name: _____

Address: _____

City, State, & Zip Code: _____

Phone Number: _____

Fax Number: _____

Please mail, email, or fax the following information to the attention of the Registrar:

- ☐ Birth Certificate
- ☐ Tribal Enrollment
- ☐ Immunization Records
- ☐ Legal Documents regarding Custody
- ☐ Transcripts – Attendance Records
- ☐ Psychological Records /Multi-Factored Evaluations
- ☐ Withdrawal Grades
- ☐ English as a Second Language
- ☐ Individualized Education Plan (IEP)
- ☐ Cumulative Records
- ☐ 504 Plan and all related special education forms
- ☐ Standardized Testing Scores
- ☐ Grades 2nd -8th sports physicals
- ☐ Other pertinent info, i.e. suspension/expulsion, etc.

Parent or School Official Signature: _____

Date: _____

TRANSPORTATION CONDUCT EXPECTATIONS

TO TRANSPORT ALL STUDENTS, A VERY PRECIOUS CARGO, IN A SAFE, QUIET, AND ENJOYABLE MANNER TO AND FROM SCHOOL AND SCHOOL RELATED ACTIVITIES.

* * * * *

Students shall be required to conduct themselves in a manner consistent with established standards for classroom behavior. Incidents of student misconduct will be documented by the bus driver/aide. The driver, transportation director or administrative assistant will inform the parent of the misconduct either by telephone or a discipline report form, and request their cooperation in correcting the student's behavior. Students who become a serious disciplinary problem on the bus may have their riding privilege suspended indefinitely by the transportation director. In such cases, the parents for the student involved become responsible for the students transportation to and from school.

BE RESPECTFUL

- a. Be courteous to the driver and supervisors on the bus.
- b. Respect older and younger students alike.
- c. Carry on conversations quietly.
- d. Refrain from physical contact with others.
- e. Use school appropriate language.
- f. Respect the bus. Do not litter.

BE SAFE

- a. Keep your hands to yourself. Please refrain from physical contact with others.
- b. Use the handrail when needed.
- c. Remain seated at all times when the bus is moving.
- d. Keep all body parts inside the bus at all times.

BE RESPONSIBLE

- a. Be at your designated bus stop on time.
- b. Sit in your assigned seat.
- c. Ride only your assigned bus.
- d. Board and disembark from your assigned bus at the selected destination



BUS REGISTRATION FORM SY-2024-2025

Office Use Only	
Received Date:	Bus # AM:
School Start Date:	Bus # PM:

STUDENT INFORMATION	
Student Name	Last: _____ First: _____
School Attending	
Grade	
Student Name	Last: _____ First: _____
School Attending	
Grade	
Student Name	Last: _____ First: _____
School Attending	
Grade	
<i>**Please attach separate sheet for more students</i>	
ADDRESS INFORMATION FOR TRANSPORT	
AM Pick Up Address	
PM Drop Off Address	
Transportation Needs	<u>Please Circle One:</u> AM Only PM Only BOTH
PARENT / LEGAL GUARDIAN INFORMATION	
Name	
Mailing Address	
Cell Phone Number	
Email Address (used for alerts)	
Special Needs / Instructions	

*** NO Bus Changes after 2:00 p.m.

Contact Transportation Department at (701)477-3108 ext. 254 with any questions

Parent / Legal Guardian Signature: _____ Date: _____

Home Language Survey

2024-2025 - SY

Student Name: _____

Student's Grade: _____

Student's School: _____

The U.S. Office of Civil Rights requires that schools identify possible English Language Learner students during enrollment. This Home Language Survey will be used as a tool to determine if your child is eligible for language support services (ELL). If a language other than English is used by you or your child and your child meets the Limited English Proficient definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) are spoken at home?

What language(s) do you use the most to speak to your child?

What language(s) does your child use the most at home?

What language(s) did your child learn when he/she first began to talk?

List other language(s) that your child has used with a grandparent or caretaker:

***If you answered 'English' to all of the above questions, please stop and turn to page 2. If available, in what language would you prefer to receive information from the school?**

Has your child ever been in an English as a Second Language (ESL or ELL) Program?

Yes No

If your child has gone to school outside of the United States:

In which country or countries did your child go to school?

Which language or languages did your child learn in school?

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- ❖ **Monitoring attendance.**
- ❖ **Ensuring that homework is completed.**
- ❖ **Monitoring amount of television children watch.**
- ❖ **Participating, as appropriate, in decisions relating to my child's education.**
- ❖ **Promoting positive use of my child's extracurricular time.**
- ❖ **Staying informed about my child's education and communicating with the school by promptly reading all notices from the school received by my child or by mail and responding, as appropriate.**
- ❖ **Gain access to my NASIS parent portal to regularly monitor my child's grades on a regular basis.**

I, as a student, will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically, I will:

- ❖ **Come to school ready to learn and work hard.**
- ❖ **Bring necessary materials, completed assignments and homework.**
- ❖ **Know and follow all school and class expectations.**
- ❖ **Ask for help when I need it.**
- ❖ **Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.**
- ❖ **Limit my TV watching and video game time and instead study or read every day after school.**
- ❖ **Respect the school, my classmates, all staff and families.**
- ❖ **I will be SAFE, RESPECTFUL, and RESPONSIBLE every day.**

Parent / Guardian Signature:_____ Date:_____

Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school for publicity, promotional, and /or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damage.

_____ **Yes, I give consent for Ojibwa Indian School to photograph my child for school purposes and/or at school events.**

_____ **No, I do not authorize Ojibwa Indian School to photograph for my child for any event.**

Parent / Guardian Signature:_____ Date:_____ School Year_____

2024-2025 – SY

This form also asks for information used by other programs to help your student in school. You are not required to answer these questions, but if you circle yes or no for questions 1-4, your student may qualify for additional services.

Refugee Student:

NDDPI applies for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left his/her home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

1. Would your child be considered a newly arrived refugee student? Yes ☐ No ☐

Immigrant Student:

Immigrant students are mentioned specifically in the LEP definition and may qualify for LEP services. Additionally, students who have attended schools in the U.S. for three years or less may qualify for additional services.

2. Would your child be considered an immigrant student? Yes ☐ No ☐

If yes, please fill in the country _____ and U.S. entry date (mm/dd/yy) ____/____/____ (For refugee students, this is the country that you originally fled, not the country that you lived in most recently.)

Native American or Alaska Native Student:

Native American and Alaska Native students are mentioned specifically in the LEP definition and may qualify for LEP services.

3. Would your child be considered a Native American or Alaska Native student? Yes ☐ No ☐

Migrant Student:

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and, in the last three years, has moved from one school district to another in order to work (temporary or seasonal) in agricultural activities.

4. Would your child be considered a migrant student? Yes ☐ No ☐

If yes, what is the date that you moved to this area? (mm/dd/yy) _____/_____/_____

Ojibwa Indian School
PO Box 600 – Belcourt, ND 58316
Phone: 701-477-3108 ext. 109
Fax: 701-477-6039
SCHOOL YEAR: 2024-2025

The school nurse would like your permission to give emergency care and over the counter medication if any, when necessary. Which may consist of; Tylenol, Tums, Cough Syrup, Sudafed, and Motrin.

Does your child have any medical conditions or health concerns that the nurse should be aware of such as:

Asthma _____ ADD/ADHD _____ Diabetes _____ Eczema _____

Poor Vision _____ Poor Hearing _____ High Blood Pressure _____

Allergies _____

Is your child currently taking medication for any condition listed above? If so, what the name of the medication, how much, and how often?

Medication _____ Dosage _____ Time _____

Child Name _____ Grade _____

Parent Names _____

Work Number _____ Home Number _____ Cell Number _____

To assist us with accurate record keeping, we need phone numbers and emergency contacts (as many numbers as you feel necessary, if unable to locate you).

In case of an emergency or illness, we may contact, list name and numbers in order of the first contact person.

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

In case of an emergency and we are unable to locate contacts. I give my permission to transport my child to the Belcourt Hospital and be given medical services deemed necessary by the doctor.

Parent/Guardian _____

Ojibwa Indian School
PO Box 600 – Belcourt, ND 58316 Phone: 701-
477-3108 ext. 109
Fax: 701-477-6039

SCHOOL YEAR: 2024-2025

School Screening, Fluoride Varnish, Dental Sealant Consent (IHS-972 08/2016)

Dear Parent/Guardian:

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride Varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.)

Student's Name: _____

Date of Birth: _____ Grade/Teacher: _____

Parents Name & Phone Number: _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent/Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

_____ I **DO NOT** want my child to participate in the program.

_____ I **DO NOT** want my child to have a fluoride varnish application.

_____ I **DO NOT** want my child to have sealants placed.

Note: All procedures rendered at these visits are billable to Medicaid and third-party insurance as authorized in the Indian Health Care Improvement Act.

Acceptable Use of Technology Agreement for Students

Students in Turtle Mountain Community Schools (Belcourt School District) must develop the research, information fluency, and technology skills that will allow them to be successful in this digital world, as well as the skills necessary to live safely and ethically. Computer access and access to the Internet, digital communication and collaboration tools, and online learning spaces are critical to teaching these skills. The guidelines set forth in this document are based on the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), and the *Guidelines for Acceptable Use of Technology by Students* to promote safe, legal, and ethical use of technology in the District.

Failure to adhere to district policies, procedures, and guidelines for the use of district technology resources may result in revocation or restriction of access privileges and / or disciplinary action as defined in the *Student Handbook, Policy FF-AR?*. In addition to the district's standard consequences for misbehavior, any network misuse or illegal activities may result in contact with the student's parent/guardian, or if a violation of law has occurred, contact with law enforcement authorities.

I will:

- ☐ Follow all Belcourt School District and classroom policies, procedures and guidelines when using technology.
- ☐ Use all Belcourt School District technology resources to create files and projects for school related work, research, and college and career planning.
- ☐ Keep my usernames and passwords private.
- ☐ Treat others with respect and use appropriate language in all of my electronic interactions with others.
- ☐ Immediately tell a teacher or other adult staff member if I receive an electronic comment or communication that makes me feel uncomfortable, or if I accidentally access inappropriate materials, pictures, video, or websites.
- ☐ Respect the work and intellectual property rights of others, and I will not intentionally copy, damage, or delete another user's work. I will properly cite my sources when I use someone's information, pictures, media, or other work in my own projects and assignments.
- ☐ Respect the privacy of others. I will limit all in-school photography, video and audio recording to educational use. I understand that this applies to both district technology resources and my personal electronic devices.

Student Initials: _____ Parent/Guardian Initials: _____

I will not:

- ☐ Use Belcourt School District technology resources to find, create, or send information to spread lies or misinformation; or harass, harm, or bully others.
- ☐ Use technology to gain unauthorized or inappropriate access to Belcourt School District technology resources.
- ☐ Use, retrieve, store, or send improper language, pictures, or other digital content.
- ☐ Use Belcourt School District technology resources or my personal electronic device to cheat. I will not get or give answers to tests; search for and / or copy answers or information on the Internet or other electronic resources contained on or in any technology resource or device; copy and submit someone else's information or assignment as my own; or conduct other similar forms of electronic cheating.
- ☐ Access inappropriate or blocked resources using personal Wi-Fi accounts, 3G/4G, anonymous proxy sites, or by any other manner while on district property during school hours.
- ☐ Share or post any personally identifiable information about others or myself that could help someone locate or contact others or me. This includes such things as e-mail address, full name, home or school address, phone number, parent's or guardian's names, and school name.

Student Initials: _____ Parent/Guardian Initials: _____

I understand:

- ☐ Use of Belcourt School District technology resources, including networks, computers or mobile devices, and the Internet is a privilege, which may be denied, revoked, or restricted at any time for misuse or abusive conduct.
- ☐ Belcourt School District reserves all rights to control its technology resources and may monitor or restrict a user's technology resources. Belcourt School District may search any computer, mobile device, or electronic storage device that is assigned to a user or used on any district computer or network; and retrieve, alter, and delete any data created, received, or maintained by any user using district technology resources.
- ☐ Use of the district technology resources is at my own risk; the system is provided on an "as is, as available" basis; and the Belcourt School District is not responsible for any loss, damage, or unavailability of data stored on the system regardless of the cause.
- ☐ Online learning spaces and communication and collaboration tools should be treated as a classroom space, and language and behavior that is not appropriate in the physical classroom is not appropriate in online spaces, no matter what time of day those spaces are accessed.

- ☐ Assignments in online learning spaces are just like any other assignment in school, and students are expected to follow all policies and procedures in the *Student Behavior Handbook*, including all policies related to cheating, plagiarism, and acceptable use of technology.
- ☐ Personal electronic devices are at an increased risk of being stolen, misplaced, or damaged, and the Belcourt School District is not responsible for any damage or theft of personal property.
- ☐ Use of personal electronic devices during the school day should be limited to legitimate educational purposes.
- ☐ I may be subject to disciplinary action for using technology in violation of district policies, procedures, guidelines, or the *Student Behavior Handbook*.

Student Initials: _____ Parent/Guardian Initials: _____

By signing below, I agree to follow Turtle Mountain Community Schools Acceptable User Policy. I understand my use of Belcourt School District technology resources is a privilege and requires proper online behavior.

Student Name (Please Print): _____ Student ID#: _____

Student Signature: _____ Date: _____

Parent/Guardian Notice and Permission Filter

Belcourt School District provides students with access to various technology resources, including a wide range of educational resources through the Internet. The District uses content filtering technology in compliance with the Children's Internet Protection Act (CIPA) on all school computers with Internet access to protect against unacceptable web content. However, because no web filtering technology is 100% safe, the District makes every effort to monitor online activity.

Home Access and Monitoring

Outside of school, parents/guardians bear responsibility for providing guidance on Internet use, just as they do with other information sources such as television, radio, movies, and other possibly offensive media. Parents/guardians are responsible for monitoring their child's use of the Internet and access to district technology resources, including online learning spaces, collaboration tools, and educational resources.

Parent and Guardian Rights

Parents/guardians have the right at any time to review the contents of their child's electronic and e-mail files. In the event that a parent/guardian has a serious concern regarding their child's safety and wishes to review their child's electronic files, they must submit their request in writing to the school principal. The request must include the student's name, identification number, school name, a list of files or accounts, and the reason for requesting a copy of their child's files. The building principal will work with the Information Technology Department to obtain copies of the files.

Parents/guardians also have the right to request termination of their child's computer and account access. Parents/guardians should be aware that their decision to limit or eliminate access to technology resources will significantly affect their child's ability to work collaboratively on projects and assignments, and will hamper the development of skills necessary to live and work in this increasingly digital world.

Parents/guardians who wish to terminate their child's access to district technology resources must complete the *K-12 Technology Opt-Out Form* and submit the form to the main office of their child's school. The Opt-Out will remain in effect for one school year. A separate form must be completed for each child and must be submitted each school year. To get a copy of the *K-12 Technology Opt-Out Form*, contact the school or find it on-line at <http://it.spps.org/policies>. If parent/guardian does not submit the *K-12 Technology Opt-Out Form*, the District will assume that permission has been granted for the student to access the Internet, electronic resources, and online learning spaces.

By signing below, I acknowledge that I have reviewed the acceptable use guidelines, and I give permission for my child to use district technology resources and access the Internet.

Parent / Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



Parent/Student Computer Equipment Sign-out Form

This form assigns primary responsibility for Ojibwa Indian Schools equipment to the borrower. The borrower will be responsible for taking the necessary precautions to protect the equipment and to store it in a manner that provides adequate protection when it is not in use, thus not subjecting the equipment to possible theft or damage.

If it is determined that loss or damage is a result of negligence, the borrower may be held financially responsible for the repair or replacement of the equipment. Should a ChromeBook need replacing for any reason the serial number will change.

Serial # _____

Student's Name (Please Print) _____

Parent's Name (Please Print) _____

Item Description: ChromeBook

1. The borrower will be responsible for returning the ChromeBook and all accessories in like condition as received (i.e. ChromeBook and charging cable).
2. Students are not permitted to place any ornamental stickers on the ChromeBook. Screensavers and desktops images are expected to display appropriate content.
3. Students must take responsibility for having their ChromeBook prepared for class, which includes a charged battery.
4. Equipment cannot be loaned or transferred to a third party.
5. The borrower cannot modify the equipment in any way without written approval of the district.
6. Students are not to lend their ChromeBook to friends and/or family under any circumstances. No student may take another student's ChromeBook. Students are not to touch, use or alter another person's ChromeBook in any manner.
7. The borrower will make the equipment available at any time as requested by the district.
8. If loss or damage to the equipment/property occurs and determination is made that the loss or damage is a result of negligence, the borrower may be held financially responsible for the repair or replacement of the item(s). Reimbursement to the Ojibwa Indian Schools by the borrower who checked the equipment out should be at the fair market value of the equipment/property at the time of loss or damage.

I have read the above information and agree to the terms and conditions herein contained.

Parent Signature _____ Date _____

Student Signature _____ Date _____