



# Lower Brule Day School

P.O.Box 245, 229 BIA Route 10  
Phone: 605-815-5371 Fax: 1-605-838-0352

Lance Witte, Superintendent  
605-815-5371

Logan Moeller, MS/HS Principal  
605-815-5375

George Erdhal, Elem. Principal  
605-815-5376

## Lower Brule MS/HS School Student Application

Print Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Current Grade: 6th      7th      8th      9th      10th      11th      12th (Circle One)

Degree of Indian Blood \_\_\_\_\_ Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ ( ) Living ( ) Deceased

Degree of Indian Blood \_\_\_\_\_ Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

Living with child? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Living ( ) Deceased

Degree of Indian Blood \_\_\_\_\_ Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

Living with child? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, who does the child reside with? \_\_\_\_\_

Legal Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address *if different from home* \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Medical Information

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

(Only fill out if student has to take during school hours)

\_\_\_\_\_  
Any other medical information you would like to provide.

\_\_\_\_\_  
Previous School Information

\_\_\_\_\_  
School Last Attended

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

Who can check your student out? (Must be 21 years old)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students Documents Needed Check List

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Tribal Enrollment

\_\_\_\_\_ Legal Guardianship

\_\_\_\_\_ Immunizations

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.

X \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Parent/Legal Guardian)

**Lower Brule Day School**  
P.O. Box 245, 229 BIA Route 10  
Lower Brule, SD 57548  
Phone: 605-815-5371 Fax: 1-833-734-1159



Lance Witte, Superintendent  
605-815-5371

Logan Moeller, MS/HS Principal  
605-815-5375

Wendy Kroupa, Elem. Principal  
605-815-5376

Lower Brule Schools Medical Form

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

I (we), \_\_\_\_\_ give consent for the Lower Brule School to arrange for or to provide the following health services for this child:

1. Health Including medical examinations, routine laboratory studies. X-ray procedures, and skin tests.
2. Dental care including examinations, preventive use of fluorides, and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and / or from another health facility for these services.
6. Eye Examinations
7. Immunizations for KG and 6<sup>th</sup> grade, Covid Test, Flu Vaccinations, SDHSAA Sports Physicals, and Covid Vaccination.

\_\_\_\_\_ I hereby give consent for all the above services.

Exceptions or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Updated Household Information

Head of Household \_\_\_\_\_

Dependents in the household \_\_\_\_\_

Name of Dependents

Relationship to HOH

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: \_\_\_\_\_



**Lower Brule Day School**  
P.O. Box 245, 229 BIA Route 10  
Lower Brule, SD 57548  
Phone: 605-815-5370 Fax: 833-734-1159

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605/815-5370

Logan Moeller, HS Principal  
605/815-5375

Wendy Kroupa, ES Principal  
605/815-5376

## **BIE Home Language Survey**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Federal Code: 25: CFR 32.3**

*"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."*

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

*"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."*

**School Mission Statement:**

*The Lower Brule Schools, guided by the Wolakota values fulfilled by the Kul Wicasa Oyate, provides a safe and inclusive environment where students learn and succeed by engaging students through the best educational practices.*

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any questions unanswered. If you have any questions, you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

**Additional Information (Optional)**

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**School Official Verification** \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

**\*\*\* Please Note: SOME items in this template can be modified to represent the specific needs of LEAs in efforts to gain knowledge of student EL status better. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

BIE Sample Form HLS, Revised July 2021

Lower Brule Schools  
Talented & Gifted Program

Initial Parental Consent for Participation  
&  
Parental Approval to Place and to Serve

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Area of Referral: \_\_\_\_\_

*Gifted learners are "Students, children, or youth who give evidence of high achievement capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who need services and activities not ordinarily provided by the school in order to fully develop those capabilities."*

*Gifted education programming is a coordinated and comprehensive structure of informal and formal services provided on a continuing basis intended to effectively nurture gifted learners.*

This is to certify that I \_\_\_\_\_, do hereby give my consent  
(Parent/Guardian Signature)

for \_\_\_\_\_, Grade \_\_\_\_\_ to participate in Lower  
(Student Name)

Brule Schools Talented and Gifted Program (TAG). This includes, but is not limited to, nomination, assessment, evaluation, and collection of data. If selected to TAG, I give my approval for my student to be placed and provided continued gifted and talented services. As a parent, I have the right to access, to inspect, to question, to obtain copies of all relevant documentation pertaining to my student's file and to remove my child from the program upon written request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date