



**THEODORE JAMERSON ELEMENTARY SCHOOL
DAY/GRANT SCHOOL
STUDENT REGISTRATION FORM**

TODAY'S DATE: _____ GRADE: _____

TJES STUDENT INFORMATION:

NAME: LAST: _____ FIRST: _____ MIDDLE: _____

SEX: _____ M _____ F AGE: _____ BIRTHDATE: _____

DOMINANT LANGUAGE SPOKEN BY STUDENT _____

ADDRESS INFORMATION:

CAMPUS BOX #: _____ UTTC HOUSE #: _____

PHONE #: _____ Only TEXT _____

MAILING ADDRESS: _____

STATE: _____ ZIP: _____ E-MAIL: _____

TRIBAL AFFILIATION:

(CHILD): _____ AGENCY: _____

_____ CHILD NOT ENROLLED IN A TRIBE. (Please explain) _____

PREVIOUS SCHOOL:

NAME OF THE LAST SCHOOL ATTENDED: _____

From: _____ To: _____

DID THE STUDENT PARTICIPATE IN:

TITLE I: _____ EXCEPTIONAL EDUCATION: _____ GIFTED/TALENTED: _____

PARENT INFORMATION:

___ UTTC STUDENT ___ UTTC STAFF ___ BISMARCK/MANDAN COMMUNITY MEMBER

PARENT/GUARDIAN:

Last Name: _____ First Name: _____ Middle: _____ Date of Birth: _____

Campus Box #: _____ UTTC House #: _____ Phone #: _____

Mailing address: _____

State: _____ Zip: _____ e-mail: _____

PARENT/GUARDIAN:

Last Name: _____ First Name: _____ Middle: _____ Date of Birth: _____

Campus Box #: _____ UTTC House #: _____ Phone #: _____

Mailing address: _____

State: _____ Zip: _____ e-mail: _____

PLEASE PROVIDE SCHOOL WITH COPY OF ALL CUSTODY PAPER TRIBAL and or STATE.

OTHER CHILD (REN) IN FAMILY: NAME (S), AGE, GRADE, SEX:

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO CHECK MY CHILD OUT OR PICK THEM UP FROM SCHOOL: (ONLY THOSE ON THE LIST WILL BE ALLOWED TO PICK UP YOUR CHILD)

ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:

I AM LEGALLY RESPONSIBLE FOR THE ABOVE STUDENT & HERBY APPLY FOR HIS/HER ADMISSION TO TJES. I UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUESTED BEFORE ADMISSION IS GRANTED.

PARENT SIGNATURE: _____ DATE: _____

In accordance with 5 CFR 1320.5(b)

1076-0122 Data Elements for Student

Enrollment in Bureau-Funded School



HEALTH INFORMATION

Student Name: _____

Current Grade: _____

Parent Phone Number: _____
(Please keep School updated with most current phone number)

E-mail Address: _____

ALLERGY INFORMATION

DOES YOUR CHILD HAVE AN ALLERGY: YES _____ NO _____

IF YES WHAT IS THE ALLERGY:

IF ALLERGIC REACTION OCCURS AT SCHOOL, WHAT STEPS SHOULD BE FOLLOWED:

CLASS/BIRTHDAY

Class and Birthday Party treats must be delivered to the TJES office and the office staff will distribute to the appropriate classroom.

Birthday party invitations cannot be distributed during school hours by students or parents. (8 AM To 3:15 PM)



EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT (MUST BE THE BISMARCK/MANDAN AREA):

NAME: _____ RELATIONSHIP: _____
(Other than Parent Or Guardian)

PHONE#: _____ ADDRESS: _____

IN CASE OF AN EMERGENCY & PARENT/GUARDIAN CANNOT BE REACHED, MY PRIMARY DOCTOR OR ANY ATTENDING PHYSIAN HAS MY PERMISSION TO ADMINISTER MEDICAL TREATMENT.

SIGNATURE REQUIRED:



Theodore Jamerson Elementary School
Transcript Request

Attention: Records	
Name of School: _____	Send or Fax Records To: Theodore Jamerson Elementary School 3315 University Drive Bismarck, ND 58504 Tel. (701) 530-0677 Fax: (701) 530-0601
Address: _____ _____	
Telephone: _____	
Fax: _____	

STUDENT NAME: _____ BIRTHDATE: _____

Sex: _____ Last Grade: _____ Last School Year: _____

The following information is Requested:

- Transcripts of grades and credits
- Immunization, Health, Certificate of Indian Blood,
- Attendance Information
- SPED Information: Student Referral, Pre-Referral Information, Signed Parental Consent for Placement Form, Consent to Evaluate Form, Most Current Psychological Evaluation, Most Current Academic Testing, Assessment Plan, Evaluation Team Summary Report, Most Current Prior IEP Meeting Notice, Current IEP

Authorization:

I, the undersigned, authorize the release of the information shown above.

Signature of Parent Or Relationship Intake Date Enroll Date
Authorized School Personnel

Parental permission is not longer required when records are requested by authorized school personnel (Family and Education Act).



THEODORE JAMERSON ELEMENTARY SCHOOL

FIELD TRIP CONSENT

DATE _____

I give permission for _____, my child, to participate in all school activities which involve trips from the school grounds, provided such trips are under supervision of a teacher, instructor, or principal, except those instances where I have notified the school in writing.

Parent/Guardian Signature _____

PUBLICATION CONSENT

Date _____

Student _____

TJES operates a website and publishes newsletters. Pictures, articles and/or artwork of TJES students, staff and families may be utilized for these purposes. I also know that on occasion the BIE may request pictures, articles and/or artwork of TJES students to use.

_____ I do give permission

_____ I do not give permission

Parent/Guardian Signature _____



Theodore Jamerson Elementary School
Student Residency Questionnaire
3315 University Dr
Bismarck ND 58504
(701) 530-0677

* Please use one form per student.

NAME OF STUDENT _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ **GRADE:** _____

BIRTH DATE: ____/____/____ **AGE:** ____
MONTH DAY YEAR

SEX: ___ MALE ___ FEMALE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement?
___ Yes ___ No

2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ___ Yes
___ No

3. Is this student in a temporary foster care placement or awaiting foster care?
___ Yes ___ No

4. As a student, are you living with someone other than your parent or legal guardian?
___ Yes ___ No

Where is this student currently living? (check box)

- In a motel Transitional Housing
 In a shelter Other
 With more than one family in a house or apartment
 In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____

*Is this a single-parent household? Yes No

Student currently lives with: Both parents Mother only Father only Other

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s) legal guardians(s): _____

Signature of parent/legal guardian: _____ Date: _____



TJES Central Dakota Library Network Library Card Registration

Student Name: _____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

Parent/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____

E-mail address _____

Students are responsible for the care and return of books that they check out. I understand that any fines for the lost or damaged books need to be paid to the library. Failure to pay will result in a hold placed on the parent's transcript, or the amount will be deducted from the parent's check.

Signature of Student: _____

Signature of Parent: _____



Theodore Jamerson Elementary School Home Language Survey/Limited English Proficiency Identification

****Only one form per household is necessary if you have more than one student enrolled in school****

Name of Student(s): _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Dear Parent/Guardian

Please provide the information on this form. This information is needed to provide a program that will acknowledge the presence and use of Tribal and other languages in an effort to increase English speaking, writing, and listening abilities of the students.

1. Is a language other than English spoken in the home by parents or guardians?
_____ Yes _____ No If Yes, what language? _____
2. Did your child learn another language before learning English?
_____ Yes _____ No If Yes, what language? _____
3. Does your child now speak a language other than English?
_____ Yes _____ No If Yes, what language is spoken most often while your child is away from home? _____
4. If your child does not speak a language other than English, has the child been closely associated with family members (grandparents, uncles, aunts, ect.) or playing with children who speak another language?
_____ Yes _____ No If Yes, what language? _____
5. Please identify the type of situations, activities, and events in which the Tribal Language is spoken within your community and or home.

Signature of Parent/Guardian: _____

Thank you for completing this Survey!!!



Theodore Jamerson Elementary School Technology/Acceptable Use Policy

Technology provides students with access to people and material from all over the world. We believe information and interaction promotes education excellence and is consistent with the goals of TJES. The Internet does include some material that is not appropriate for students. Efforts are taken to protect students from inappropriate materials, but it is impossible to completely protect students from material that is not consistent with TJES goals. Students will use the Internet within educational activity, such as performing research, online learning activities, developing projects, and disseminating information.

The following rules and consequences are implemented to maximize the educational opportunities available to your child while minimizing the risk of inappropriate use. The use of technology and the Internet is a privilege, not a right. This privilege may be withdrawn if it not used responsibly. Please discuss the following rules with your child. These rules will also be discussed in your child's classroom. To fully access technology resources, when you believe your child understands these rules, you and your child may sign and return the signature page.

Rules of Responsible Technology Behavior

1. Be Polite. Never send messages that are unkind.
2. Respect the rights of others. Do not interfere with anyone's use of technology. Do not access anyone's file without his or her permission.
3. Use appropriate language.
4. Use of technology is for educational purposes only.
5. Technology will be used to promote learning of school-related subjects and support activities, as approved by your teacher.
6. Be a responsible Internet citizen. You are not allowed to send or collect obscene, abusive, or threatening material or activities supporting racism or sexism.
7. Help others be responsible citizens. If you see anything or anyone that does not follow these rules, immediately tell the teacher or other adult who is supervising you.
8. Always use the Internet under the supervision of a teacher or other school staff person.
9. NEVER give the address, phone number, or last name of yourself or other students or staff.
10. Keep your password secure. Do not share your password with others. Do not allow others to use your account. Do not use other people's password or account.
11. Follow the rules of TJES, local, state and federal laws.
12. You can't use school technology for commercial, profit-making activities.
13. Responsibly use TJES e-mails and Google Drive.
14. NEVER download unauthorized material.

Required Signature for Technology/Acceptable Use

Parent or Guardian:

- I have read the contract.
- I understand the use of technology is for educational purposes.
- I understand it is impossible for TJES to completely restrict access to controversial or inappropriate materials.
- I will not hold TJES responsible for material acquired on the Internet.
- I will report any misuse to the teacher or principal.
- I give my permission for my child to have supervised access to the Internet.
- I understand that if my child does not follow the rules, school &/or legal action may be taken.
- Inappropriate use is defined as using the Internet in any way that is contrary to school policy, local, state and federal law.

If your child violates any rules, he/she may be subject to any one or all of the following consequences:

- a. Suspension from class
- b. Suspension from school
- c. Loss of computer privileges
- d. Recommendation for expulsion

Student art work/writing/photo/video may be considered for publication. This may include publication on the Internet as part of our school's web page or other media during this school year. No student's full name, home address, telephone number, or e-mail will be published on the TJES Web pages. Group student photos can be published showing students working on projects and other activities. First names can be published with those photos.

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____

Student Contract

I understand the rules of using technology at school.

I agree to the TJES rules and consequences of technology use.

If I feel uncomfortable with any information I see, I will immediately tell the teacher or the adult who is in charge.

Student Name (Please Print) _____

Student Signature: _____

Date: _____



UNITED TRIBES
TECHNICAL COLLEGE

FAMILY HANDBOOK/POLICY SIGNATURE PAGE

My child and I have received the Family Handbook and Policies. We understand the rules, policies, consequences, and expectations. By signing this document we are committed to helping our child be successful in school and understand each policy listed below:

1. Parent Policy
2. Bullying Policy
3. Attendance Policy
4. Stay in School Project
5. Title VI
6. Safe Touch Policy
7. Wellness Policy
8. Asbestos Policy
9. Fire drill, Lockdown, Shelter in Place Policy
10. McKinney-Vento
11. Family Handbook

Parent Name _____

Parent Signature _____

Student Name _____

Student Signature _____

Date _____



UNITED TRIBES
TECHNICAL COLLEGE

Theodore Jamerson Elementary School Backpack Program

Theodore Jamerson Elementary School participates in the community backpack program.

Community Action and United way provide food bags to participating schools. They are distributed bi-weekly to students/families in need.

Community Action bags contain: Bread and other easy to eat essentials

United Way bags contain: After school snacks

If your family is in need please check which bags your child/family would like. You can call TJES at anytime to remove your child from the list.

**Please sign only one child to be responsible for your families bag.*

I would like my child (please print first and last name) _____ to receive a United Way food bag.

I would like my child (please print first and last name) _____ to receive a Community Action food bag.

We, (please print first and last name) _____ **do not** wish to receive a food bag at this time.