

Student Name : _____

BIA form 6248
OMB No. 1076-0122
SIHS/Rev. 08/08
Long Form

United States Department of the Interior
Bureau of Indian Affairs
School Year 2008 – 2009

**SHERMAN INDIAN HIGH SCHOOL
RIVERSIDE, CALIFORNIA
STUDENT ENROLLMENT APPLICATION**

STUDENT IDENTIFICATION:

Social Security Number _____ - _____ - _____

Name: _____ Date of Birth: _____
Last First Middle (Month/Day/Year)

Mailing: _____ Age: _____
Address City State Zip

Residential: _____ Gender: Male Female
Address City State Zip

PARENT/GUARDIAN/SOCIAL WORKER INFO:

A. _____
Parent/Guardian Name Relationship to student

Address City State Zip Tribal Affiliation
Email address: _____ Legal Guardian: No Yes Contact Allowed No Yes
Home Phone: () _____ Lives with student: No Yes
Cell Phone: () _____ Receive student mailings: No Yes
Work Phone: () _____ Military Veteran: No Yes Branch: _____

B. _____
Parent/Guardian Name Relationship to student

Address City State Zip Tribal Affiliation
Email address: _____ Legal Guardian: No Yes Contact Allowed No Yes
Home Phone: () _____ Lives with student: No Yes
Cell Phone: () _____ Receive student mailings: No Yes
Work Phone: () _____ Military Veteran: No Yes Branch: _____

***ANY GUARDIANSHIP OR CUSTODIAL ISSUES MUST
INCLUDE PROPER NOTARIZED/COURT DOCUMENTATION.***

SECONDARY CONTACT INFORMATION

SOCIAL WORKER INFO:

_____ Parent/Guardian Name		_____ Relationship to student		
_____ Address	_____ City	_____ State	_____ Zip	_____ Tribal Affiliation
Email address: _____		Legal Guardian: <input type="checkbox"/> No <input type="checkbox"/> Yes Contact Allowed <input type="checkbox"/> No <input type="checkbox"/> Yes		
Home Phone: () _____		Lives with student: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Cell Phone: () _____		Receive student mailings: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Work Phone: () _____		Military Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes Branch: _____		

EMERGENCY CONTACTS:

A. _____

_____ Emergency Contact Name	_____ Relationship to student	_____ City	_____ State	_____ Zip
Home Phone: () _____		Cell Phone: () _____		

B. _____

_____ Emergency Contact Name	_____ Relationship to student	_____ City	_____ State	_____ Zip
Home Phone: () _____		Cell Phone: () _____		

TRIBAL EDUCATION OFFICE

Contact Person: _____ Phone: () _____

Address: _____ FAX: () _____

City, State, and Zip: _____

IF SHERMAN CANNOT CONTACT A PARENT, GUARDIAN OR EMERGENCY CONTACT, SHERMAN WILL CONTACT SOCIAL SERVICES AND/OR TRIBAL POLICE.

LOCO PARENTIS PERMISSION

I agree, for reasonable cause and assurance for the health and safety of all students, Sherman Indian High School staff may act in *loco parentis*. They may, at their discretion, exercise search, seizure and drug testing while my student is in attendance at Sherman Indian High School. Such activities shall be in compliance with 25 CFR-Part 42.3, (b), "Rights of the Individual Student," and 34 CFR-Part 86.200, (b-e), "Drug Free Schools and Campuses."

(Parent/Legal Guardian Signature) _____
(Date)

ZERO TOLERANCE/GANG CONTRACT

ZERO TOLERANCE

Sherman Indian High School has a Zero Tolerance Policy on the use and possession of alcohol or illegal substances. Students under the influence of alcohol or illegal substances are placed on Administrative Leave and sent home pending a due process hearing. Students under the influence and/or having drug paraphernalia are subject to drug testing. Refusal to test is considered a positive testing in the state of California. Possession of a controlled substance on school property in the state of California is a felony and subject to intervention by local law enforcement agency (Riverside Police Department).

Parent/Guardian Signature Date

Student Signature Date

PROHIBITING GANGS AND GANG ACTIVITY

The visibility of gang and gang-related activities at Sherman Indian High School causes a substantial disruption of and/or material interference with school and school activities. Gangs and gang-related activities are prohibited on SIHS school property or at SIHS school affiliated activities. Signing the following contract is a condition of enrollment at SIHS.

I _____ hereby agree that I will not engage in the following activity or behavior while a student at Sherman Indian High School;

1. I will not wear, possess, use, distribute, display or sell any clothing (i.e. red, blue, towels etc.) jewelry, emblem, badge, symbol, sign or any item deemed by administration which is evidence of membership or affiliation in any gang;
2. I will not communicate, either verbally or non-verbally any gesture, handshake, slogan, or drawing to show membership or affiliation in a gang;
3. I will not commit any act which furthers gang activity including, but not limited to:
 - a. Soliciting others for membership in any gang;
 - b. Requesting any person to pay protection or otherwise intimidating or threatening any person;
 - c. Committing any illegal act or violation of SIHS policies;
 - d. Inciting other students to act with violence upon any other person

CONTRACTURAL VIOLATION PROCEDURES:

I understand that a violation of this contract will subject me to suspension or expulsion. _____
initial

I understand and agree to the provisions of this contract.

Principal Signature Date
Or Designee

Student Signature Date

Parent/Guardian Date

Student Name : _____

PERMISSION TO OBTAIN RECORDS

I do hereby give my permission for Sherman Indian High School, Riverside, California, a BIA school, to obtain a copy of my child's grades, transcripts, social/legal records, Title I, Special Education, and Special Academic Program records.

Student Name: _____ Parent Signature: _____

Date of birth: _____ Date: _____

SCHOOL HISTORY

FOR STUDENTS WHOSE LAST ACADEMIC YEAR WAS 8TH GRADE

Name of Middle School: _____ Phone: () _____

City, State, Zip _____ Year you were promoted: _____

You MUST send your 8th grade promotion certificate/diploma and last report card

FOR STUDENTS WHO HAVE PREVIOUSLY ATTENDED HIGH SCHOOL

Have you previously attended Sherman Indian High School? (circle) YES NO

If "yes" write years attended _____ Reason for leaving _____

Number of High Schools you have attended? (circle) 1 2 3 4 4+

List **all** High schools you have attended (use back if necessary): **ATTACH TRANSCRIPTS**

Name of High School: _____ Phone: () _____

City, State, Zip: _____ Dates you attended: _____

Reason for leaving: _____ FAX Number: _____ Age Entered : _____

Name of High School: _____ Phone: () _____

City, State, Zip: _____ Dates you attended: _____

Reason for leaving: _____ FAX Number:: _____ Age Entered : _____

Name of High School: _____ Phone: () _____

City, State, Zip: _____ Dates you attended: _____

Reason for leaving: _____ FAX Number:: _____ Age Entered : _____

Name of High School: _____ Phone: () _____

City, State, Zip: _____ Dates you attended: _____

Reason for leaving: _____ FAX Number:: _____ Age Entered : _____

EDUCATIONAL INFORMATION

1. School subjects applicant needs help in:

- Reading History Science Written Language Basic Math

2. Has applicant received the following services in school? YES NO

If yes, in which of the following?

- GATE (Gifted & Talented Education) Special Education/Resource Room
 IRG (Intensive Residential Guidance) I have an IEP (Individual Education Plan).

Bilingual Education

Attach current psycho-educational evaluations and
any Special Education records

Tutoring

I was exited when I was in the _____ grade.

Student Study Team

Other: _____

Section 504 Plan

What is the first language you learned? _____

List any other languages spoken in your home: _____

TRAVEL INFORMATION

Sherman will only pay for travel on official travel days.

- Beginning of the year
- Round trip at Christmas
- End of the academic year

If the student misses any travel arrangements, it is the student, parent/guardian's responsibility to pay any and all additional fees. All other travel is at the expense of the student's family.

Please note: ALL public transportation travelers, under the age of 15 years, are required to travel with a companion over the age of 15 years. If needed, Sherman will provide the escort for official travel days **ONLY.**

1. Will you be under the age of 15 as of August 1 of this year? Yes No

2. Which airport is closest to your residence (city, state)? _____

3. Which bus station is closest to your residence (city, state)? _____

ACKNOWLEDGEMENT OF OFFICIAL TRAVEL

I (Parent/Guardian) understand that Sherman will only pay four times of official travel (the beginning of the year, round trip at Christmas, and return home at the end of the year). All other travel is the responsibility of the parent/guardian of the child. Students who are parentally withdrawn are responsible for return travel expenses.

Parent/Guardian Signature

Date

SOCIAL INFORMATION

If yes is checked, **all lines must be Completed.**

1. Has applicant missed 50 or more days of school in the last school year? Yes No
 School: _____ School: _____
 Enrollment dates at School: _____ Enrollment dates at School: _____
 Reason for absences: _____ Reason for absences: _____

2. Has applicant ever been suspended? Yes No
 School: _____ School: _____
 Enrollment dates at School: _____ Enrollment dates at School: _____
 Reason for suspension: _____ Reason for suspension: _____

3. Has applicant ever been expelled? Yes No
 School: _____ School: _____
 Enrollment dates at School: _____ Enrollment dates at School: _____
 Reason for expulsion: _____ Reason for expulsion: _____

4. Has applicant ever been arrested? Yes No _____ NUMBER OF TIMES
 Date: _____ Date: _____
 Reason: _____ Reason: _____

5. Has applicant ever been in jail or detention? Yes No _____ NUMBER OF TIMES
 Date: _____ Date: _____
 Number of days: _____ Number of days: _____
 Reason: _____ Reason: _____

6. Does the applicant currently have a probation officer? Yes No
If yes, a letter of support is required.
 Name: _____ Phone: () _____
 Address: _____ City/State/Zip: _____
 When does you probation expire? _____
 Do you have pending court dates this academic year? Yes No When? _____
 Do you have the courts/PO. permission to leave your legal jurisdiction to attend Sherman? Yes No
 If yes, attach certified legal copy of court order/PO authorization to attend Sherman

I am legally responsible for this student and request consideration for his/her admission to Sherman Indian High School. I understand that the school may request additional information before the student is enrolled. I also hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Sherman may verify all information. Falsification or omission of any information is cause for immediate denial or release. Student signature is also required if the student is 18 years of age or older or if the student is an emancipated minor (documentation must be attached).

 Signature of Parent/Legal Guardian Date

 Signature of student (if student is 18 years or older) Date

SOCIAL SUMMARY

To be completed by an objective official.

Suggested Officials to complete this social summary: Former Teacher, Principal, School Counselor, Tribal Education Officer, Social Services, Social Worker, Case Manager, Program Director, Clergyman/Spiritual Leader, Substance Abuse Counselor, Therapist, or Psychologist. *A parent, relative or someone living in the same household may not complete the Social Summary.*

Provide a detailed description about the student's social development. Use another sheet if needed. **Include the following:**

- **Educational history**
- **Social history**
- **Emotional history**
- **Personal strengths**
- **Personal weaknesses,**
- **Awards & recognitions.**
- **Reasons why this applicant should be accepted to attend a boarding school away from his/her home, school and community.**
- **Name of Writer, Title, Phone Number at end of letter**

PERSONAL INFORMATION FORM

1. Does the applicant have medical problems that interfere with school attendance and/or need medical care while at Sherman Indian High School? Yes No

If yes, please explain: _____

Please include name, address, and phone, of the clinic or doctor normally seen by the student:

Doctor/Clinic: _____ Address: _____

City/State/Zip: _____ Phone: (_____) _____

2. Does the applicant have any medication(s) he/she should be taking? Yes No

If yes, please list: _____

Please send a filled prescription with student upon arrival at Sherman. Remember also to send refills.

3. Does the applicant (male or female) have children? Yes No

If yes, please list name, age, whom the child will live with, and their relation, while applicant is at Sherman:

4. Has applicant received counseling or therapy? Yes No

If YES, have the counselor or therapist send a recommendation to Sherman Indian High School,

ATTN: Psychologist

Name & title of counselor or therapist: _____

Address: _____

City/State/Zip: _____ Phone number: (_____) _____

5. Does the applicant need a special diet? Yes No

Specify: _____

6. Does the applicant have allergies? Yes No

Specify: _____

7. Religious affiliation (optional) : _____

Would you want to attend services? Yes No

8. Are either of the parents of the applicant incarcerated? Yes No

PERMISSION FOR STUDENT CHECK OUT

Sherman Indian High School policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file.

- **A student may be released to persons 21 years and older with written parental/guardian permission and administrative approval.**
- **Students will not be released to anyone under the influence of drugs or alcohol.**

Individuals wishing to check out a student must appear on the school campus and follow the school's checkout procedures. They may be asked to present a valid driver's license for identification purposes. If checkout occurs during instructional time, it may be considered an unexcused absence, which might affect the grade/performance of the student. Individuals checking out students over the weekend must return student to the dorm by 10:00 pm on the evening before school resumes.

The school will not be held responsible for:

- Any legal problems/expenses incurred by the student when checked out.
- Health care expenses incurred while the student is checked out.
- Any CHS (contract health service) expenses that accumulate as a result of an injury occurring while the student is checked out will be the responsibility of the parent/guardian.

By signing this document, the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.

Student Name: _____

Name: _____

Address: _____

Phone: _____

What Type of Checkout is granted (✓)

- Off campus Checkout
- Overnight Checkout
- Weekend Checkout

Name: _____

Address: _____

Phone: _____

What Type of Checkout is granted (✓)

- Off campus Checkout
- Overnight Checkout
- Weekend Checkout

Name: _____

Address: _____

Phone: _____

What Type of Checkout is granted (✓)

- Off campus Checkout
- Overnight Checkout
- Weekend Checkout

Name: _____

Address: _____

Phone: _____

What Type of Checkout is granted (✓)

- Off campus Checkout
- Overnight Checkout
- Weekend Checkout

Nobody has permission to check out my student at the present time.

This permission will remain in effect until cancelled by the undersigned parent/guardian in writing.

(Signature of Parent/Guardian)

(Date)

Office Use:

Approved: _____

Date: _____

MEDICAL INSURANCE INFORMATION

Please supply the following additional information:

1) _____
(Print name of student)

2) _____ - _____ - _____
(Social Security Number) (date of birth)

3) Is your child covered under any medical or dental insurance program? Yes No

a) If **YES**, what type of insurance (check one): Private Insurance Medicare Insurance

i) For Private Insurance Holders: Please state the name of the insurance company, effective date, policy number, and group number in the spaces below: **Please enclose a copy of current insurance card (front and back).**

(Name of insurance company) (Policy Number)

(Effective Date) (Group Number)

ii) For Medicare Holders: Claim Number: _____
Effective Date: _____

4) Do you have medical records at any of the following Health Centers: No Yes

(Circle Health Center) Supai Chemehuevi Peach Springs Ft. Mojave

Medical Record Number: _____

I hereby assign to the IHS insurance benefits (if any) that I may have pertaining to payment for medical services and supplies furnished to my child by IHS. I authorize payment in such benefits directly to IHS. I understand that if any payments go directly to me that I must turn them into the Parker Indian Health Center Business Office.

I certify that the information given is true and accurate.

(Print name of parent or guardian) (Signature of parent or guardian)

(Address) (City, State, Zip)

(_____) _____

(Number of parent/guardian who can be reached during the day)

CONSENT OF MEDICAL RELEASE

Indian Health Service can arrange for and/or provide the following health services for my child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, skin tests and immunizations.
2. Mental health services including evaluation and treatment as necessary.
3. Emergency dental care.
4. Emergency health care for accidents or illness.
5. Transportation of child to and/or from another health facility for these services.
6. Psychiatric services to include assessment, treatment, and medication as necessary.

PLEASE CHECK THE APPROPRIATE BOX (ES).

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

I agree, for reasonable cause and assurance for the health and safety of all students, Sherman Indian High School staff may act in *loco parentis*.

Signed: _____

Address: _____

Relationship: _____

Date: _____ Valid for: Two years from Date Signed

**Guidelines for Adolescent Preventive Services
Parent/Guardian Questionnaire**
Confidential (Your answers will not be given out.)

Date _____

Adolescent's name _____

Adolescent's birthday _____ Age _____

Parent/Guardian name _____

Relationship to adolescent _____

Your phone number: Home _____

Work _____

Adolescent Health History

1. Is your adolescent allergic to any medicines?

Yes No If yes, what medicines? _____

2. Please provide the following information about medicines your adolescent is taking.

Name of medicine	Reason taken	How long taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Has your adolescent ever been hospitalized overnight?

Yes No If yes, give the age at time of hospitalization and describe the problem.

Age	Problem
_____	_____
_____	_____

4. Has your adolescent ever had any serious injuries?

Yes No If yes, please explain. _____

5. Have there been any changes in your adolescent's health during the past 12 months?

Yes No If yes, please explain. _____

6. Please check (✓) whether your adolescent ever had any of the following health problems:

If yes, at what age did the problem start:

	Yes	No	Age		Yes	No	Age
ADHD/learning disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headaches/migraines .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies/hayfever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Low iron in blood (anemia)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bladder or kidney infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic fever or heart disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood disorders/sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scoliosis (curved spine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Severe acne	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis (TB)/lung disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mononucleosis (mono)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis (liver disease)	<input type="checkbox"/>	<input type="checkbox"/>	_____				

7. Does this office or clinic have an up-to-date record of your adolescent's immunizations (record of "shots")?

Yes No Not sure

Family History

8. Some health problems are passed from one generation to the next. Have you or any of your adolescent's *blood* relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following problems? If the answer is "Yes," please state the age of the person when the problem occurred and his or her relationship to your adolescent.

	Yes	No	Unsure	Age at Onset	Relationship
Allergies/asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood disorders/sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Student Name : _____

	Yes	No	Unsure	Age at Onset	Relationship
Cancer (type _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drinking problem/alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drug addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Endocrine/gland disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart attack or stroke <i>before</i> age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart attack or stroke <i>after</i> age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizures/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tuberculosis/lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. With whom does the adolescent live most of the time? (Check all that apply.)

- Both parents in same household
 Stepmother
 Sister(s)/ages _____
 Mother
 Stepfather
 Other _____
 Father
 Guardian
 Alone
 Other adult relative
 Brother(s)/ages _____

10. In the past year, have there been any changes in your family? (Check all that apply.)

- Marriage
 Loss of job
 Births
 Other _____
 Separation
 Move to a new neighborhood
 Serious illness
 Divorce
 A new school or college
 Deaths

Parental/Guardian Concerns

11. Please review the topics listed below. Check (✓) if you have a concern about your adolescent.

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

12. What seems to be the greatest challenge for your teen? _____

13. What is it about your teen that makes you proud of him or her? _____

14. Is there something on your mind that you would like to talk about today?
 What is it? _____

15. Can we share your answers to Question 13 with your teen? Yes No

Student Name : _____

**Sherman Indian High School Clinic
Adolescent Physical Examination**

Name _____ Birth Date _____ Age _____

SUBJECTIVE

Date of last DPT/Td _____ MMR _____ Hepatitis A _____ Hepatitis B _____ Varicella _____ PPD _____

CC/HPI _____

OBJECTIVE

Hearing (R) _____ (L) _____

Vision OD _____ OS _____

PE: HT _____ in/cm _____ % Wt _____ in/cm _____ %

Body Mass Index (BMI) _____ Overwt _____ At Risk _____ Normal _____

T. _____ P. _____ R. _____ BP. _____

√ = Normal blank = Not Examined X = See Notes

- General Ears Nodes Lungs Elbow/Wrist Foot Hip
- Skin Nose Thyroid Breasts Hand Neck Neuro
- Head Throat Heart Abd Knee Shoulder
- Eyes Mouth Pulse MSK Ankle Back
- Fundi Teeth Extremities

Lab Test

UA _____ Blood Glucose _____ Female UA/HCG _____ LMP _____

Medications

Assessment

Plan

CLEARANCE

- Cleared for (a) boarding school attendance, (b) sports participation
- Cleared after completing evaluation/rehabilitation for _____
- Not cleared for _____ Reason: _____
- Provider signature _____ MD, DO, NP, PA Date _____

Student Name : _____

School Records Release

****Remove this form and send to the last school attended****

Student Name: _____ Date of Birth: _____

I am requesting educational records from: (last school of attendance)

Name of School: _____ Phone Number: _____

City: _____ State: _____

Progress Records: Include transcript of grades, test results related to achievement and measurement, records of attendance.

Special Education Records: To include speech and language evaluations, educational assessment, Student Study Team reports, most recent IEP, Signed psychological reports, other eligibility data/determinations and behavior intervention plans.

504 Plans all 504 Plans

To be sent to:

Sherman Indian High School
Attn: Registrar
9010 Magnolia Ave
Riverside, CA 92503

I hereby authorize the release of all records for the above named student.

Parent Signature: _____ Date: _____

Student Signature _____ Date: _____

(if 18 or older)

THIS IS THE FINAL PAGE

HAVE YOU COMPLETED IMPORTANT SIGNATURES AND DOCUMENTS. PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---|------------------------------|-----------------------------|
| 1) Is the student's social security number correct (page 1)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Has the Parent/Guardian signed the <u>Loco Parentis Permission</u> sheet, (page 2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Has the <u>Parent/Guardian and student signed</u> the No Tolerance/Gang Contract (page 3)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Has the Parent/Guardian signed the <u>Permission to Obtain School Records</u> , (page 5)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Is the acknowledgement of <u>Times of Official Travel</u> signed by parent/guardian (page 6)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Has the <u>Parent/Guardian signed</u> the bottom of page 7? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Is the <u>Social Summary</u> completed by an objective official (page 8)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Has student completed the <u>Student Interview</u> ? (page 9) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Has the parent/guardian completed the <u>Parent/Guardian Interview</u> questionnaire? (page 10) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10) Has the Parent/Guardian signed the <u>Student Check out</u> Sheet (page 12) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11) Has the Parent/Guardian signed the <u>Medical Insurance Information</u> , (page 13)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12) Has the Parent/Guardian signed the <u>Consent of Medical Release</u> , (page 14)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13) <u>Physical Evaluation</u> -- Within 6 months -- mail original copy -- (page 15, 16, 17) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14) Did the <u>School Records Request</u> get sent to the last School attended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15) Have you included the following documents: | | |
| a) <u>Certificate of Indian Blood</u> (CIB) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) <u>Birth Certificate</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) <u>List of Immunizations</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) <u>Copy of Official/Unofficial High School Transcripts</u>
(8 th Graders: send copy of diploma & last report card) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) <u>Copy of Social Security Card</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) <u>Copy of Health Insurance Card</u> (both sides) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Attach <u>custody documents</u> and provide information on the person(s)
who is responsible for the applicant. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Attach all <u>legal documents</u> , if applicable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you have answered 'NO' to any of the above questions,
you will cause delay in consideration of acceptance.**

Mail or fax to:
 Sherman Indian High School
 Attn: Applications
 9010 Magnolia Ave.,
 Riverside, CA 92503
 951-276-6325 x 200 fax 951-276-6055