BIA Form 6248
United States Department of the Interior
Bureau of Indian Affairs

SIHS/Rev – 10/2015

School Year 2018-2019

Long Form

SHERMAN INDIAN HIGH SCHOOL
RIVERSIDE, CALIFORNIA
STUDENT ENROLLMENT APPLICATION

STUDENT IDENTIFICATION:
Social Security Number _______ - _______ - _______

Name: ______________________ Date of Birth: (Month/Day/Year)

Mailing: ______________________ Age: ________

Residential: ______________________ Gender: ☐ Male ☐ Female

Student Email address ______________________ Student cell phone #_______________________

In which tribe is the student enrolled? ________________

PARENT / GUARDIAN INFORMATION:

A. ___________________________ Father   Mother   Guardian   Other

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Circle Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Tribal Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address: ______________________</td>
<td>Legal Guardian: ☐ No ☐ Yes</td>
<td>Contact Allowed ☐ No ☐ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone: (       ) ______________________</td>
<td>Lives with student: ☐ No ☐ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone: (       ) ______________________</td>
<td>Receive student mailings: ☐ No ☐ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone: (       ) ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. ___________________________ Father   Mother   Guardian   Other

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Circle Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Tribal Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address: ______________________</td>
<td>Legal Guardian: ☐ No ☐ Yes</td>
<td>Contact Allowed ☐ No ☐ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone: (       ) ______________________</td>
<td>Lives with student: ☐ No ☐ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone: (       ) ______________________</td>
<td>Receive student mailings: ☐ No ☐ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone: (       ) ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANY GUARDIANSHIP OR CUSTODIAL ARRANGEMENTS MUST INCLUDE PROPER NOTARIZED/COURT DOCUMENTATION
SECONDARY CONTACT INFORMATION

CHILD PROTECTION SERVICE/ CASE WORKER INFORMATION: (IF APPLICABLE)

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td>Office Phone:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>(              )</td>
<td></td>
</tr>
</tbody>
</table>

EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS):

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 (LIST THE NAME OF THE TRIBE): __________________________

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(      ) __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>FAX:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(      ) __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, and Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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)
PROHIBITING ALCOHOL / ILLEGAL SUBSTANCES AND GANG ACTIVITY

PROHIBITING ALCOHOL / ILLEGAL SUBSTANCES

Sherman Indian High School prohibits the use and possession of alcohol or illegal substances. Students under the influence of alcohol or illegal substances may, at administrative discretion, remain on-campus if both the student and parent agree that the student will comply with a rigorous intervention contract. Again, this will be an administrative option. Students who exhibit other negative behaviors will be sent home on Administrative Leave pending a hearing or in cases of a second offense within the academic year or the previous semester. Students under the influence or having drug paraphernalia are subject to drug testing. Refusal to test is considered a positive test in the state of California (students who refuse to be tested or searched will be sent home pending an Administrative Hearing). Possession of a controlled substance on school property in the state of California is a felony and subject to intervention by local law enforcement.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

I understand and agree to the provisions of this contract.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
**CRITERIA FOR BOARDING OR OUT-OF-BOUNDARY ENROLLMENT**

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out-of-boundary enrollment. **Must check (✓) at least one factor in either column.**

<table>
<thead>
<tr>
<th><strong>EDUCATIONAL FACTORS</strong></th>
<th><strong>SOCIAL FACTORS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Federal/Public/Local school(s) that the student would attend: ______________________</td>
<td></td>
</tr>
<tr>
<td>□ Grade level not offered.</td>
<td></td>
</tr>
<tr>
<td>□ Are severely overcrowded.</td>
<td></td>
</tr>
<tr>
<td>□ Do not offer student's grade level.</td>
<td></td>
</tr>
<tr>
<td>□ Exceeds 1 1/2 miles walking distance to school or bus route.</td>
<td></td>
</tr>
<tr>
<td>□ Do not offer special vocational/preparatory training necessary for gainful employment.</td>
<td></td>
</tr>
<tr>
<td>□ Do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.</td>
<td></td>
</tr>
<tr>
<td>□ Receiving school offers special academic program needed by student.</td>
<td></td>
</tr>
<tr>
<td>Other Factors: □ Parent Choice □ Homeless □ Student □ Other ______________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ALUMNI INFORMATION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have any family members attended Sherman Indian High School? Please circle all that apply.</td>
</tr>
<tr>
<td>Grandmother  Grandfather  Mother  Father  Brother  Sister  Aunt  Uncle  Cousin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TRIBAL ENROLLMENT OFFICE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name  City  State  Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>To be completed by Sherman Indian High School</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Boundary  * Receiving Education Line Officer</td>
</tr>
<tr>
<td>* To be signed ONLY by Sacramento Area Office</td>
</tr>
<tr>
<td>Sacramento Officer will sign during campus visitation</td>
</tr>
</tbody>
</table>

Sacramento Area Officer: ______________________  Date Approved: ______________________
PERMISSION TO OBTAIN/RELEASE RECORDS

I do hereby give my permission for Sherman Indian High School, Riverside, California, a BIE school, to obtain and/or release a copy of my child’s grades, transcripts, social/legal records, Title I, Special Education, 504 Plan 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, standardized test scores and your 7th & 8th Grade report cards.

Please explain any D’s and F’s that are on your transcripts: ______________________________________________________________
__________________________________________________________________________________________________________________

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): PLEASE 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: _____________________________


5 of 18
EDUCATIONAL INFORMATION

My child has received the following services in school:
- [ ] GATE (Gifted & Talented Education)
- [ ] Bilingual Education
- [ ] Tutoring
- [ ] Student Study Team
- [ ] Section 504 Plan

Special Education:
- [ ] I have an IEP (Individual Education Plan).
- [ ] Special Education/Resource Room

Date of current IEP: ___________________

Date of current Psych Eval: ________________

Please submit with application.

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.

*******STUDENTS MUST HAVE A PICTURE ID*******

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. Please Note: A “yes” response to any question does not necessarily mean you will not be granted admission. A “yes” response will allow our staff to offer proactive assistance to help you succeed.

1. Has applicant missed 15 or more days of school in the last school year? □ Yes □ No
   School: ____________________________________________
   Enrollment dates at school: __________________________
   Reason for absences: ________________________________

2. Has applicant ever been suspended? □ Yes □ No □ Expelled? □ Yes □ No
   School: ____________________________________________
   Enrollment dates at school: __________________________
   Reason for suspension: ______________________________
*Attach Discipline Report(s)

3. Is applicant a ward of the court? □ Yes □ No
   If yes, a copy of the court order must be submitted.

4. Has applicant ever been cited? □ Yes □ No
   Date: _____________________________________________
   Reason: __________________________________________
   Date: _____________________________________________
   Reason: __________________________________________

5. Has applicant ever been arrested/detained? □ Yes □ No
   Date: _____________________________________________
   Reason: __________________________________________
   Date: _____________________________________________
   Reason: __________________________________________

6. Does the applicant currently have a probation officer? □ Yes □ No
   If yes, an outline of your terms of probation must be attached to be considered for enrollment.
   Name: ____________________________________________
   Phone: (__________) ______________________________
   Address: _________________________________________
   City/State/Zip: _________________________________
   When does your 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

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, including but not limited to; counseling, mental health, psychiatric care, child welfare, and probation 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 ________________
PERSONAL INFORMATION FORM

Please Note: A “yes” response to any question does not necessarily mean you will not be granted admission. A “yes” response will allow our staff to offer proactive assistance to help you succeed.

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 names, ages, with whom the child will live, and their relation while applicant is at Sherman:
   ________________________________________________________________

4. Has applicant received counseling or therapy at any time? □ Yes □ No
   Name & title of counselor or therapist: ____________________________________________
   Address: ________________________________________________________________
   City/State/Zip: _____________________________ Phone number: (____________________)
   Date: _______________ Reason: _____________________________________________

5. Is either of the parents of the applicant incarcerated? □ Yes □ No
   Specify: ________________________________________________________________

6. Does the applicant have allergies? □ Yes □ No
   Specify: ________________________________________________________________

7. Does the applicant need a special diet? □ Yes □ No
PERMISSION FOR STUDENT CHECK OUT

Bureau of Indian Education (BIE), policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- A student may be released to immediate* family only who are 25 years or older with written parental/guardian permission and administrative approval.
- Students will not be released to anyone under the influence of drugs or alcohol.
- Residential staff and management may also choose not to release students when other conditions warrant.
- Staff will not be allowed to check out students unless they are in the immediate family.

* Immediate family is defined as mother, father, legal guardian, sister, brother, grandparent, aunt or uncle.

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 students 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: _____________________________
Relationship to student: _____________________________

What Type of Checkout is granted ( √ )
☐ Off campus Checkout
☐ Overnight Checkout
☐ Weekend Checkout

Name: _____________________________
Address: _____________________________
Phone: _____________________________
Relationship to student: _____________________________

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)
**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  □ Medicaid 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: _____________________

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 of 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 or other designated IHS business office.

I have been given a copy of the Indian Health Service Notice of Privacy Practices (HIPAA).

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

1. Health care including medical examinations, treatment, routine laboratory studies, x-ray procedures, skin tests and immunizations and all medications.

2. Emergency health care for accidents or illnesses.

3. Medications administered by school dormitory personnel prescribed by Indian Health Service provider.


5. Surgical Procedures.

6. Mental health services including evaluation and treatment as necessary.

7. Psychiatric services to include assessment, treatment, and medication as necessary.

8. Transportation of child to and/or from another health facility for these services.

- I hereby give consent for all of the services listed above.

- 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
Indian Health Service  
Phoenix Service Unit  
Sherman Indian High School Clinic  
Behavioral Health Consent for Treatment

I have been informed of the following:

_Treatment Policy:_ The Behavioral Health Department provides individual, couples, and group counseling on a voluntary basis. I may request counseling services or I might be referred by medical staff, dorm staff, academic staff and/or my parent/guardian. Under some circumstances, services may be provided via electronic media, in which case, I will be verbally informed of the associated limitations and risks. A provider will meet with me to complete a detailed personal history and will work with me to determine an effective treatment plan which may include the use of therapy, community resources, traditional healing, and the use of medications. I understand that I cannot be forced to participate in parts of the treatment plan that I do not think will be helpful or forced to take medications if I do not want to. The provider will verbally review with me the possible risks, benefits and limitations of any course of treatment presented to me and the risks of refusing treatment.

Court ordered treatment or evaluations are not provided.

_Rights and Responsibilities:_ I have been informed of my Patient’s Rights and Responsibilities and Privacy Practices at the I.H.S. Clinic at Sherman Indian High School. I understand if I have any concerns or complaints about my treatment, I may contact the supervisor, the Patient Advocate or Department Chief at Phoenix Indian Medical Center at any time.

Phone Number (if applicable): _______________ (602) 263-1518

For training and supervision purposes, my treatment may be audio or video taped and shown to other treatment team members. I have the right to refuse such taping before it occurs. All tapes are subject to the limits of confidentiality and privacy practices.

_Limits of Confidentiality:_ I understand I have a right to privacy and limited confidentiality regarding my treatment in the Behavioral Health Department. No information about myself will be released without my signed consent for such release, within the limits allowed by applicable federal and state law. I understand confidentiality cannot be provided if I am feeling suicidal (want to hurt/kill myself), homicidal (thought or desire to hurt or kill others), or if there is a suspicion of child, elder, or disabled adult abuse. I understand that patient and treatment information may be shared and discussed with other health providers to optimize my mental health care. My Behavioral Health documentation will be documented in the E.H.R. (Electronic Health Record) and can only be viewed by authorized providers within the clinic or Phoenix Indian Medical Center.

_Patient Responsibilities:_ I understand that it will be my responsibility to keep my appointments and actively participate in my treatment plan. Should I fail to show for 2 consecutive appointments without canceling, my active Behavioral Health chart will be closed, which means I will need to begin another initial treatment process. _For any patient presenting for treatment (child or adult who has a legal guardian), I will need to have written verification of my guardianship status in order to begin treatment._

_I agree to all of the above treatment consents and understand their meanings._

Name of Student (please print): _________________________________

Student’s Signature: __________________________ Date: __________

Parent/Guardian Signature: ___________________________ Date: ________
PARENT/GUARDIAN QUESTIONNAIRE FOR ADOLESCENT PREVENTIVE SERVICES

Adolescent Health History

1. Is your adolescent allergic to any medicines?  ____Yes  ____No
   If yes, what medicines: ________________________________

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

   Name of medicine          Reason Taken                How long taken
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________

3. Has your adolescent ever been hospitalized overnight for any reason?  ____Yes  ____No
   If yes, give the age at time of hospitalization and describe the problem

   Age  Problem
   ____________________________  ____________________________
   ____________________________  ____________________________
   ____________________________  ____________________________

4. Has your adolescent had any inpatient or outpatient treatment for alcohol or drugs?  ____Yes  ____No
   If yes, give the age, name of treatment facility, and how long

   Age  Name of Treatment Facility  How Long
   ____________________________  ____________________________  ____________________________
   ____________________________  ____________________________  ____________________________

5. Has your adolescent ever had any serious injuries?  ____Yes  ____No
   If yes, please explain: ________________________________________________________________

6. Have there been any changes in your adolescent’s health during the past 12 months?  ____Yes  ____No
   If yes, please explain: ________________________________________________________________

7. Has your adolescent ever had any of the following health problems? If yes, at what age?

   ADHD/learning disability  ____  ____  Age  __________________________________________
   Alcohol/drug use          ____  ____  ____  __________________________________________
   Allergies/hay fever       ____  ____  ____  __________________________________________
   Asthma                    ____  ____  ____  __________________________________________
   Bladder/kidney infections ____  ____  ____  __________________________________________
   Blood disorders           ____  ____  ____  __________________________________________
   Cancer                    ____  ____  ____  __________________________________________
   Chicken Pox              ____  ____  ____  __________________________________________
   Cutting/self injury       ____  ____  ____  __________________________________________
   Depression                ____  ____  ____  __________________________________________
   Diabetes                  ____  ____  ____  __________________________________________
   Eating Disorder           ____  ____  ____  __________________________________________
   Hepatitis (liver disease) ____  ____  ____  __________________________________________
   Low iron (anemia)         ____  ____  ____  __________________________________________
   Pneumonia                 ____  ____  ____  __________________________________________
   Heart Disease             ____  ____  ____  __________________________________________
   Scoliosis (curved spine)  ____  ____  ____  __________________________________________
   Seizures/epilepsy         ____  ____  ____  __________________________________________
   Severe acne               ____  ____  ____  __________________________________________
   Stomach problems          ____  ____  ____  __________________________________________
   Suicide attempts          ____  ____  ____  __________________________________________
   Tuberculosis              ____  ____  ____  __________________________________________
   Mononucleosis (mono)      ____  ____  ____  __________________________________________
   Other:                    ____________________________

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/her relationship to your adolescent.

   Allergies/asthma  ____  ____  ____  Age at Onset  Relationship
   Arthritis       ____  ____  ____  ____________________________
   Other:          ____________________________
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Age at Onset</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Defects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (type ____________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking problem/alcoholism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug addiction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine/gland disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart attack/stroke (before age 55)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart attack/stroke (after age 55)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarceration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental retardation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures/epilepsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis/lung disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. With whom does the adolescent live most of the time? (Check all that apply)
   - Both parents in the 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 of the following changes in the adolescent’s family? (check all that apply)
   - Marriage
   - Loss of job
   - Births
   - Incarceration
   - Separation
   - Move
   - Serious Illness
   - Other: __________
   - Divorce
   - A new school
   - Deaths

Parent/Guardian Concerns

11. Please review the topics listed below. Check if you have a concern about your adolescent
   - Physical problems
   - Drug use
   - School grades/absences/dropout
   - Physical development
   - Weight
   - Smoking cigarettes/chewing tobacco
   - Change of appetite
   - Depression
   - Amount of physical activity
   - Sleep patterns
   - HIV/AIDS
   - Relationships with parents and family
   - Diet/nutrition
   - Pregnancy
   - Sexually transmitted diseases (STD’s)
   - Guns/weapons
   - Dating/parties
   - Self-image or self-worth
   - Emotional development
   - Alcohol use
   - unprotected sex
   - Lying, stealing, or vandalism
   - Sexual behavior
   - Excessive moodiness or rebellion
   - Choice of friends
   - Work/job
   - Sexual identity (homosexual/bisexual)
   - Violence/gangs
   - Other ______________________________________________

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? ____________________________
Sherman Indian High School Clinic
Adolescent Physical Exam

Name_________________________ Birth Date_________________ Age________

CURRENT IMMUNIZATION RECORD AND FOLLOWING IMMUNIZATIONS ARE REQUIRED

Varicella: 2 doses; MMR: 2 doses; Hepatitis B: 3 doses; Tdap: 1 dose; MCV4: 2 doses
Highly recommended: HPV: 3 doses

HEARING (R) ___________ (L) ___________

VISION OD ___________ OS ___________

HT_________ WT_________ BMI_______ BP_________ P_________ R_________ T________

✓ = Normal
Blank = Not examined
X = See Notes

__General __Ears __Nodes __Lungs __Elbow/Wrist __Feet
__Skin __Nose __Thyroid __Breasts __Hands __Hips
__Head __Throat __Heart __Abdomen __Knees __Shoulder
__Neck __Eyes __Mouth __Teeth __Extremities __Ankles
__Pulse __Fundi __Neuro __Back

UA_________ Blood Glucose_________ Female LMP_________ HCG_________

ALLERGIES_______________________________________________________________________

MEDICATIONS ____________________________________________________________________

ASSESSMENT ____________________________________________________________________

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________________

Clinic Name & Address ______________________________________________________________

Phone Number ______________________________
**SCHOOL REFERENCE FORM**

**MUST BE COMPLETED BY A TEACHER, COUNSELOR, OR PRINCIPAL**

The above student has applied for admission to Sherman Indian High School. Please fill out the following and return it directly to the school. Reference forms returned by the student will not be accepted.

1. How long have you known the student? ____________  Current Grade Level ____________

2. What discipline and attendance problems, if any, have you encountered with the student?

3. Has student ever been suspended?  Yes  No

4. If yes, for what, be specific: ___________________________________________________

5. Has student ever been expelled?  Yes  No

6. If yes, for what, be specific: ___________________________________________________

7. What is the student’s Cumulative Grade Point Average?  ______________

8. How is the student’s classroom behavior? (Be specific) ____________________________________________

9. Is the student in the Special Education Program?  Yes  No

10. Rate the student in terms of the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity/Honesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consideration/concern for others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attentiveness/Listening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire to learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name (Please Print):  __________________________________________________________

School: _________________________________ Phone: __________________ Fax: ___________

Signature & Title: _________________________________ Date: __________________

If you should have any questions, please contact Paula Migaiolo, Registrar at 951-276-6326, Extension 382.

Thank you for taking the time to complete this form.

Please send or fax completed reference forms to:
Sherman Indian High School
Attention: Registrar
9010 Magnolia Avenue
Riverside, California 92503
Fax to: 951-276-6055
SCHOOL RECORDS RELEASE

Please 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: _____________________________ Fax Number: ________________

Progress Records: Include transcript of grades, test results related to achievement and measurement, records of attendance (including NWEA/MAP testing and state assessments).

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
Telephone: 951-276-6326, Extension 382
Fax: 951-276-6055

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

Parent Signature: _____________________________ Date: _____________________________

*Student signature is requested if 18 years or older.

Student Signature _____________________________ Date: _____________________________
HAVE YOU COMPLETED IMPORTANT SIGNATURES AND DOCUMENTS?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) Is the student’s social security number correct (page 1)? □ Yes □ No
2) Has the Parent/Guardian signed the Loco Parentis Permission sheet, (page 2)? □ Yes □ No
3) Has the Parent/Guardian and student signed the Prohibiting Alcohol/Illegal Substances & Gang Activity (page 3)? □ Yes □ No
4) Has the Parent/Guardian signed the Permission to Obtain/Release School Records, (page 5)? □ Yes □ No
5) Is the acknowledgement of Times of Official Travel signed by parent/guardian (page 6)? □ Yes □ No
6) Has the Parent/Guardian signed the bottom of page 7? □ Yes □ No
7) Has the Parent/Guardian signed the Student Check Out Sheet (page 9)? □ Yes □ No
8) Has the Parent/Guardian signed the Medical Insurance Information, (page 10)? □ Yes □ No
9) Has the Parent/Guardian signed the Consent of Medical Release, (page 11)? □ Yes □ No
10) Has the Parent/Guardian signed the Behavioral Health Consent, (page 12)? □ Yes □ No
11) Physical Evaluation – Date of physical must be within the last 6 months -- mail original copy (page 13, 14, 15) □ Yes □ No
12) Did you request for a Teacher, Principal, or Counselor to complete the School Reference Form? □ Yes □ No
13) Did the School Records Request get sent to the last School attended? (page 17)? □ Yes □ No
14) Have you included the following documents?:
   a) Certificate of Indian Blood (CIB) □ Yes □ No
   b) Birth Certificate □ Yes □ No
   c) List of Immunizations- Dated after January 01, 2018 □ Yes □ No
   d) Copy of Official/Unofficial High School Transcripts
      (8th Graders: send copy of diploma, Standardized test scores and 7th & 8th Grade Reports) □ Yes □ No
   e) Copy of Social Security Card □ Yes □ No
   f) Copy of Health Insurance Card (both sides) □ Yes □ No
   g) Attach custody/legal documents and provide information on the person(s) who is responsible for the applicant. □ Yes □ No

If you have answered “NO” to any of the above questions, your acceptance will be delayed. Please review this page carefully.

Mail or fax application to:
Sherman Indian High School
Attn: Applications
9010 Magnolia Avenue
Riverside, CA 92503
951-276-6325 x 382 Fax: 951-276-6055