

Sitting Bull College Lakǰól'iyapi Wahóǰpi - Application Form

2015-2016 School Year

Child's Legal Name: _____
First *(Middle)* *Last*

Date of Birth: _____ Date of Application: _____

Application Checklist

Please turn in all items listed below. Incomplete applications will not be accepted.

- Personal Information Form – DUE ASAP
- Media Consent Form
- Authorization for Pick-Up Form
- Emergency Medical and Transportation Release Form
- Updated Immunization Records
- Parents' Class Schedule (if applicable)
- USDA Forms (including Income Verification)
- SBC Business Office Payment Plan
- \$20 Application Fee

Application Information

New applications will be accepted:

- at the beginning of each school year in August if there are openings in the program;
- for students who are 3 years old by August 1st of that current school term.

New students will be accepted into the program based on the current number of students in the program, number of staff, and amount of funding. The Lakǰól'iyapi Wahóǰpi reserves the right to admit students who turn 3 after the August 1st deadline if the situation in the program allows it and the student is potty trained.

All applications will go through an interview process to determine if the Lakǰól'iyapi Wahóǰpi is appropriate for the students and their family. Once a student and their family are accepted and enrolled then all policies and procedures within the Lakǰól'iyapi Wahóǰpi program must be followed.

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Household / Sibling Information

of Adults in Home: _____ # of Children in Home: _____

Siblings living at home:

Sibling 1 Name: _____ Date of Birth: _____ Gender: _____

Sibling 2 Name: _____ Date of Birth: _____ Gender: _____

Sibling 3 Name: _____ Date of Birth: _____ Gender: _____

Sibling 4 Name: _____ Date of Birth: _____ Gender: _____

Sibling 5 Name: _____ Date of Birth: _____ Gender: _____

Health Information

Is your child's immunization updated? _____
YES or
NO

Is your child potty trained? _____
YES or NO

Does your child have a disability or special need? _____
YES or
NO

If yes, where does your child receive services? _____

Do you have concerns about your child's development or behavior? _____
YES or
NO

If yes, please describe your concerns: _____

Other Information

Are you (select all that apply):

- Student: Full-Time Teenage Mother
 Student: Part-Time Other: _____
 SBC Staff

What language is spoken in home (select all that apply):

- Lakǎóta English
 Dakǎóta Other: _____

I have reviewed this information and certify that everything above is correct, to the best of my knowledge. I understand that there is a \$20.00 registration fee that is due with submission of application.

Signature: _____ Date: _____

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Media Consent Form

Child's Name: _____

Date of Birth _____

As parent/guardian, I agree to the following:

I understand that my child may be videoed/photographed at the Lakǰól'iyapi Wahóǰpi Immersion Nest during normal and after school hours, activities, or other events.

I understand that these videos/photographs may be used throughout the school, on the Lakǰól'iyapi Wahóǰpi Immersion Nest's Facebook page, other Lakǰól'iyapi Wahóǰpi social media websites, in newspapers, newsletters, and/or in any other publications/materials.

I understand that such video/photographs shall become the property of the Lakǰól'iyapi Wahóǰpi Immersion Nest, which has the right to duplicate, reproduce, and/or make other uses as the Lakǰól'iyapi Wahóǰpi Immersion Nest deems necessary.

Please check the appropriate statement:

_____ YES, I confirm that I have read and understood the above and thereby give consent for use of my child's video/photograph as described above

_____ NO, I do not wish to have my child videoed/photographed.

Parent/Guardian
Printed Name: _____

Parent/ Guardian
Signature: _____

Date: _____