



Tule River Education Department

Permission to Transport

I give permission for the staff of the Tule River Education Department to transport my student,

Student Name: _____ School: _____

AFTER SERVICES DROP-OFF LOCATION

Name: _____ Relationship: _____

Address: _____

Contact Number: _____ Alternate Number: _____

MORNING TRANSPORTATION

The Tule River Education Department will provide morning transportation to Porterville area schools from the reservation only. It is the parent/guardians responsibility to make sure your student is taken to the Towanits Education Center on time for morning transportation.

Double Zero Transportation (must submit class schedule with double zero enrollment):

Double zero transportation will leave the Towanits Education Center promptly at 6:15 a.m.

Zero Period Transportation (must submit class schedule with zero period enrollment):

Zero period transportation will leave the Towanits Education Center promptly at 6:45 a.m.

Morning Transportation:

Morning Transportation is offered to students of the Tule River Reservation to Porterville area schools that currently do not offer school transportation services. Morning transportation will leave promptly at 7:15 a.m.

Signing this form does not guarantee enrollment into the Tule River Indian Study Center. Request for service must be completed for Tule River Indian Study Center for enrollment.

I give the Education Department staff permission to transport my student to the nearest hospital in case of an emergency.

I acknowledge that I have read and understand the Parent/Guardian Transportation Rules and the Student Transportation Rules.

Parent/Guardian Name Print: _____

Parent/Guardian Signature: _____



Tule River Education Department

Parent Transportation Rules

Parent Transportation Rules:

1. Parent/Guardians must call to let the Study Center/Education Center know when their student will be absent.
2. I understand that if my student is not at their designated pick up location at school on time, the van may leave and it will be the parent's responsibility to pick up the student from school (Study Center students only).
3. I understand the drop-off location must be a residence.
4. I understand that if my student is transported home and no adult is present, my student will be transported back to the Study Center/Education Center and he or she will be turned over to the Tule River Tribal Police Department (DPS).
5. Your student will be transported to the drop-off location listed unless you call to notify the Study Center/Education prior to 1:00 p.m. After that point, it is not guaranteed that the student can be dropped off at the new location requested.
6. I understand that a parent/guardian must call to change a student's drop off location; we cannot take the information from the student. A permanent change of address must be submitted in writing prior to transportation of your student.
7. I understand if my student fails to follow all transportation rules they may face disciplinary action up to suspension or expulsion from transportation.
8. I understand if my student is issued a disciplinary form or transportation referral form it must be signed and returned to office. Failure to submit form may result in services being suspended until signed form is received.

I acknowledge that I have read and understand the Parent Transportation Rules. I have read the Student Transportation Rules to my student and that we accept and shall comply with the rules.

Parent/Guardian Signature: _____ Date: _____



Tule River Education Department

Parent Transportation Rules

TO ENSURE THE SAFETY OF ALL OF OUR STUDENTS THE FOLLOWING RULES MUST BE OBEYED:

While boarding:

1. Student must be at pick up location on time and ready to board with the least possible delay.
2. Students should watch for traffic in both directions before crossing the street.
3. Students must not stand or play in the roadway while waiting for the van.
4. Students should remain in line at least ten feet from the van while it is approaching; students should not move towards the van until the van has come to a complete stop and the door is opened.
5. Students may not bring animals, alcoholic beverages, controlled substances, firearms, explosives, or other weapons onto the van.
6. **NO BULLYING- Physically or verbally.**
7. **No inappropriate behavior, language, or gestures.**
8. **No physical altercations such as hitting or pushing.**
9. **Students need to respect other students and the van driver.**

While riding:

1. Cell phones must be turned off while on the van.
2. Students shall conduct themselves in an acceptable manner at all times; foul language, unnecessary loud noises, screaming, or yelling is not permitted.
3. Students must not extend arms or hands out of the van windows at any time.
4. Students must remain seated while the van is in motion or if the van is delayed on the road.
5. Students must be quiet when approaching a railroad crossing.
6. Students may not eat, drink, or smoke on the van.
7. Students may not damage or deface any part of the van and should assist in keeping the van clean.
8. Students must wear seatbelts at all times while on the van.
9. **NO BULLYING- Physically or verbally.**
10. **No inappropriate behavior, language, or gestures.**

11. No physical altercations such as hitting or pushing.

12. Students need to respect other students and the van driver

While departing:

1. Students may not leave the van in the mornings until it arrives at their designated school.
2. Students may not leave the van in the afternoon until it arrives at their designated drop off location.
3. **NO BULLYING- Physically or verbally.**
4. **No inappropriate behavior, language, or gestures.**
5. **No physical altercations such as hitting or pushing.**
6. **Students need to respect other students and the van driver.**

**STUDENTS MUST OBEY THE VAN DRIVER AT ALL TIMES
WHILE UNDER HIS/HER SUPERVISION.**

**FAILURE TO FOLLOW STUDENT TRANSPORTATION RULES WILL RESULT IN TRANSPORTATION
PRIVILEGES BEING REVOKED. IF THIS PRIVILEGE IS REVOKED, TRANSPORTATION
WILL BE THE RESPONSIBILITY OF THE PARENT OR GUARDIAN.**

If your student fails to comply with any of the transportation rules your student may be issued a disciplinary or transportation referral form that will require parents/guardians to sign and return. If parents/guardians fail to submit signed disciplinary form services may be suspended until form is returned.

I acknowledge that I have read and explained these rules to my student and that we accept and shall comply with the rules.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



Tule River Education Department

Student Rules

1. Be on time, prepared and ready to work.
2. Don't disrupt the classroom.
3. Be respectful of other students and staff.
4. Do not leave campus without permission (Study Center).
5. No vandalism or defacing property.

Consequences:

- 1st incident: Student will receive a verbal warning (No warnings for severe infractions).
- 2nd incident: Student will be removed from classroom and sent to Lead Teacher or Outreach Coordinator and parent will be called.
- 3rd incident: Possible one to three day suspension, depending on severity.
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Bullying: No Tolerance

Bullying includes but is not limited to verbal abuse, physical altercations, intimidation and/or threats.

Physical Altercations:

Physical altercations included but are not limited to kicking, tripping, pulling hair or pushing.

Fist Fights:

Student will be sent home and suspended immediately. Student will not be able to return until a parent/ guardian meets with Education Director/ Assistant Director.

Consequences:

- 1st incident: One day suspension
- 2nd incident: Two day suspension
- 3rd incident: Parent/ Guardian must meet with Education Director/ Assistant Director before returning to Education Center and/or Study Center
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Inappropriate Behavior:

This behavior includes but is not limited to inappropriate language, gestures, and actions.

Consequences:

1st incident: One day suspension

2nd incident: Two day suspension

3rd incident: Parent/ Guardian must meet with Education Director/ Assistant Director before returning to Education Center and/or Study Center.

Depending on the severity of the students actions, he or she may be expelled from services.

Electronics (Electronics include cell phones, iPod's, etc.):

The only exception for electronics is the I Pads given to students by the school district.

Consequences:

1st incident: Verbal warning

2nd incident: Teacher will take device and return to student at the end of the day.

3rd incident: Teacher will take the device to the office and a parent/guardian must pick it up during regular business hours.

Other actions not listed may be subject to disciplinary action based on each individual incident.

Parents/guardians will be required to sign and return all disciplinary forms. If parents fail to submit signed disciplinary form services may be suspended until form is returned.

Student Name: _____

Grade: _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Tule River Education Department

Head Lice Control

The Tule River Education Department will be conducting head lice checks performed by the Tule River Health Center's Community Health Representative (CHR). If your student is found to have head lice during a check, a note will be sent home with your child and you will be contacted by telephone. Students with head lice will not be permitted to attend the Education Department and/or receive services (transportation) until re-examination and the student is cleared by a doctor's office, school nurse or Tule River Health Center CHR.

Once the clearance is obtained, please call the Education Center and/or the Tule River Study Center and provide documentation to the front office secretary. Services may resume once documentation is received.

I acknowledge that I have read and understand the above.

Parent/Guardian Signature: _____

Date: _____



Tule River Education Department

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS TO THE TULE RIVER INDIAN EDUCATION DEPARTMENT

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO THE TULE RIVER INDIAN EDUCATION DEPARTMENT. THE EDUCATION DEPARTMENT IS REQUESTING THE INFORMATION FROM THE CUMULATIVE FOLDER AND EDUCATIONAL EVALUTION(S) REGARDING THE PUPIL NAMED BELOW. THESE FILES WILL BE USED TO DETERMINE THE ATTENDANCE AND ACADEMIC STATUS OF THE STUDENT.

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHT AND PRIVACY ACT OF 1974, AND APPLICABLE STATE LAW(S), THE AFOREMENTIONED RECORDS WILL BE KEPT CONFIDENTIAL.

STUDENTS NAME _____ D.O.B. _____

SCHOOL DISTRICT _____

PARENT/GUARDIAN NAME (please print) _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE _____ CELL _____

MESSAGE _____

PARENT/GUARDIAN SIGNATURE

DATE

P.O. Box 589
Porterville, CA 93258
Telephone: (559) 784-6135 Fax: (559) 783-8140

Tule River Education Department Request for Educational Services

Tule River Indian Education Center ___ Tule River Indian Study Center___ (Completing this application does not guarantee enrollment at TRISC)

STUDENT'S NAME: _____ D.O.B.: _____ GRADE ENTERING FALL 20___ : _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ CELL: _____ MESSAGE: _____

EMAIL ADDRESS: _____ STUDENT'S T-SHIRT SIZE: _____

Please list any educational concerns: _____

Does your child have an IEP? YES / NO If so, attach current documentation with request for services.

COPY OF TRIBAL CERTIFICATION MUST BE ON FILE. DATE RECEIVED: ___/___/___ RECEIVED BY: _____

FAMILY INFORMATION:

MOTHER: _____ FATHER: _____ GUARDIAN: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

CITY / ZIP: _____ CITY / ZIP: _____ CITY / ZIP: _____

PHONE: _____ PHONE: _____ PHONE: _____

CELL: _____ CELL: _____ CELL: _____

LIVING IN HOME? YES / NO LIVING IN HOME? YES / NO LIVING IN HOME? YES / NO

Is there a current custody order on file for this student? YES / NO If so, attach documentation with request for services.

EMERGENCY CONTACTS (other than those listed above):

In case of an emergency, I give the individuals listed below permission to pick up my child from the Education Department.

NAME: _____ NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____ RELATIONSHIP: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

CITY / ZIP: _____ CITY / ZIP: _____ CITY / ZIP: _____

PHONE: _____ PHONE: _____ PHONE: _____

CELL: _____ CELL: _____ CELL: _____

Additional adults (full names) authorized to pick up my child: _____

LIST ANY MEDICAL CONDITIONS AND/OR MEDICATIONS YOUR CHILD IS TAKING: _____

LIST ANY ALLERGIES YOUR CHILD MAY HAVE (food, bee sting, meds, etc.): _____

In an emergency, I give permission to the Tule River Education Department staff to perform first aid and if needed, contact EMS for transportation.

Signature of Parent/Guardian: _____ Date: _____