



TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER EDUCATION REVIEW BOARD

By signing this form, you acknowledge receipt of the Attendance and Academic Contractual Agreement, Student Contact Form, Student Release Form, Special Needs Status Request (if necessary), and the GRAO. These documents provide the Education Department and the Tule River Education Review Board (TRERB) with the necessary information to help monitor your student's Attendance and Academic progress. We encourage you review and complete all documents carefully and sign. Failure to complete and sign will result in your student's distribution being directly deposited into their trust fund.

I fully understand and acknowledge receipt of the following documents:

- Attendance and Academic Contractual Agreement
- Student Contact Information
- Special Needs Request (if applicable)
- GRAO

Signature: _____
(Students Name)

Date: _____

Signature: _____
(Parent / Guardian)

Date: _____

CC: TRERB File
Student File

310 N. Reservation Road
Porterville, Ca. 93257
Telephone: (559) 784-6135 Fax: (559) 1-8140

568 W. Olive
Porterville, Ca. 93257
Telephone: (559) 781-1761 Fax: (559) 781-1922



TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER EDUCATION REVIEW BOARD

ATTENDANCE AND ACADEMIC CONTRACTUAL AGREEMENT

TO THE STUDENT:

All the services in this Tribal Community are available to assist in improving your school attendance and academics.

THE STUDENT SHALL:

- _____ 1) Attend school no less than 90% of the school year.
- _____ 2) Arrive at school and each class on time each day.
- _____ 3) Maintain a minimum of 2.0 GPA (for schools that use a GPA standard) or an academic level of Basic (for schools that use a Performance Level standard) for each academic year.
- _____ 4) Complete all work as assigned by teacher(s).

TO THE PARENT/GUARDIAN:

If you or your student fails to follow these directives, your case will be turned over to the Tule River Education Review Board. Failure to comply with this contract can result in the withholding of your student's distribution. Education Code 48260.0 states that all children must attend school.

THE PARENT/GUARDIAN SHALL:

- _____ 1) Maintain an awareness of their legal obligation *along with policies and procedures* set forth by the Tule River Tribal Council and the Tule River Indian Education Department to see that their student:
 - _____ a) Attends school each day that school is in session.
 - _____ b) Completes all work that is assigned by teacher(s).
 - _____ c) Remains at school for the full amount of time.
 - _____ d) Contact the Ed. Department for tutoring services when needed.
- _____ 2) **Submit all student attendance records and grades to the Tule River Education Department within 10 business days after each grading period. Grades and attendance may be faxed to 559 783-8140 or mailed to:**

Education Department
P.O. Box 589, Porterville C.A. 93258
- _____ 3) Must submit any questions or concerns regarding your child's attendance or grades in writing to the Tule River Education Review Board.
- _____ 4) *Must sign and submit Attendance and Academic Contractual Agreement, Student Release Form and Student Contact Forms.*

We understand and will comply with the itemized directives above as it pertains to my student's education and distribution.

Student Name (Please Print)

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date



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STUDENT CONTRACT FORM

Student Full Name: _____

Date of Birth: _____ Sex: M/ F Grade: _____ School: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian (please print) ***If there are any court orders/custody agreements copy must be provided.**

Mother Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Living in home with Student _____ Custody of Student: Yes ___ No ___

Father Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Living in home with Student _____ Custody of Student: Yes ___ No ___

___ Mail information to both parents separately. ___ Mail information only to: _____

Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Date of Guardianship: _____ ***Please provide copy of guardianship**



TULE RIVER INDIAN TRIBE OF CALIFORNIA
TULE RIVER EDUCATION REVIEW BOARD
SPECIAL NEED STATUS REQUEST

Student Name: _____

Grade: _____ School Name: _____

Parent/Guardian Name: _____

Address: _____ Contact Number: _____

I am requesting Special Need Status for one of the following reason:

- Medical**
- Learning Disabilities**
- Physical Disabilities**
- Other (explain)**

My student:

- Has a current Individual Education Plan (IEP)**
- Has a been placed on a current 504 Plan**
- Was evaluate but does not have a current IEP or 504 Plan. Evaluation Date: _____**
- Has not been evaluated by a school for an IEP or 504 Plan**
- Is in the process of testing for an IEP or 504 Plan.**
- Date request submitted to school: _____**
- Has been evaluated by a disability assessment facility and has been diagnosed with:**

- Is in the process of evaluation by a disability assessment facility.**
- Name, location and date of initial assessment: _____**

- Has not been evaluated by a disability assessment facility.**

Please attach any supporting documentation necessary to the Special Needs Status Request.

- I am NOT requesting a Special Needs Status for my student.**

 Parent/Guardian Signature

 Date