



Tiospaye Topa School
HC 76 Box 300
Ridgeview, SD 57652
Phone 605-733-2290 Fax 605-733-2299

New ____
Returning ____

Legal Name: _____ F ____ M ____ D.O.B. _____

Tribe/Reservation _____ Grade _____ School Previously

Attended _____ Is Student on an SPED IEP? ____ Gifted/Talented? ____

Which language did your child learn when they first began to talk? _____ Which language does your child most frequently speak at home? _____ Which language do you (the

parents/guardians) use more often when speaking with your child? _____

Medical problems or chronic illnesses (food or drug allergies, asthma, seizures, etc.) the School should be made aware of _____.

Medical Consent: I authorize Tiospaye Topa School to give the following services to my child:

____ Administer Medications ____ Emergency Medical Care ____ Physical Exam ____

____ Drug/Alcohol Testing in accordance with Cheyenne River Sioux Tribal resolution 68096

I give permission for my child to participate in school sponsored trips and activities.

YES ____ NO ____

I give permission for my child to be photographed or videotaped for use in education publications. (I.e. newspaper, School Facebook, School web page). YES ____ NO ____

Parent(s)/Guardian(s) information who are responsible for the student.

Name: _____ Relationship _____

Name: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address: _____ Physical Address: _____

Email Address: _____ Emergency Contact Name/Phone # _____

If you are NOT the parent, please provide:

Mother's Name _____ Living YES NO

Father's Name _____ Living YES NO

I (We) have legal custody because:

____ I am (We are) the Parents) ____ Social Service Placement

____ Court Ordered Placement ____ Guardianship Agreement

____ Special Custody Issue: Please Explain _____

If you are the court appointed custodial Parent, you must attach appropriate documentation. If the Student does not live with either parent or is a ward of the court or a social service placement or has a guardianship agreement, attach documentation.

I am (We are) applying to enroll my (our) child in Tiospaye Topa School. I (we) understand that the child's enrollment in TTS is not official until all required papers are completed and all required documents are submitted to school officials.

This is to certify that I do give my consent for MEDICAL, PSYCHOLOGICAL, and RELEASE OF EDUCATIONAL RECORDS (to include, birth certificate, social security number, immunization record, Tribal enrollment and transcript) only to the institution stated above.

Parent/Legal Guardian Signature: _____ Date: _____

I have received a copy of the Student/Parent Handbook (please initial) ____

I agree with the terms of the TTS School Transportation Rules ____

Tiospaye Topa Parent-Student School Compact 2025-2026

Shared Responsibilities for High Student Achievement

Tiospaye Topa Mission Statement

To prepare our students for a positive future in a multi-cultural world by uniting modern technology and learning with Lakota culture and spirituality.

The entire Tiospaye Topa staff will share the responsibility for improved student achievement; therefore, we will do the following:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet the South Dakota state content standards in all content areas through aligned curriculum and rigorous assessment.
- Believe that all children can learn
- Respect each student and individual uniqueness
- Be consistent and fair
- Provide a safe, quality learning environment
- Communicate frequently with parents about their children's progress through quarterly report cards, phone calls, emails, and by appointment.
- Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.

Teacher Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Parent/Family Agreement

I want my child to reach his/her full potential, therefore I will do the following to support my child's learning:

- Take a positive active role in my child's education
- See that my child attends school regularly in accordance with Tiospaye Topa School attendance policy
- See that my child comes to school on time, well rested and is ready to learn.
- Respect my child, as well as myself, and others responsible for his/her education
- Communicate with the school by promptly reading all notices from the school, either received by my child or by mail.
- Respond promptly to my child's teacher or the school regarding requests and information.
- Stay informed about my child's education

Parent Signature: _____ **Date:** _____

Student Agreement

As a student, it is important that I do the best I can; therefore, I will do the following:

- Come to school each day on time, with my homework completed, and ready to learn.
- Believe that I can learn and I will learn
- Always try to work to the best of my ability
- Show respect for my school, myself, other students, and staff
- Follow all school rules at all times
- Be responsible for my own behavior
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school

Student Signature: _____ **Date:** _____



Bureau of Indian Education Gifted and Talented Education Program

PARENTAL NOTIFICATION OF NOMINATION AND PARENTAL CONSENT, 25 CFR § 39.115 B

Tiospaye Topa School
HC 76 Box 300
Ridgeview, South Dakota 57652
605-733-2290

STUDENT INFORMATION

Student Name:		Date of Birth:	
NASIS ID:		Grade Level:	

Dear Parent(s)/Guardian(s),

Congratulations, your child has been nominated for the Gifted and Talented Education Program. To Determine Eligibility the school must obtain consent to gather supporting documentation and/or evaluate your child. Documentation may include

1. Collections of work;
2. Audio/visual tapes;
3. School grades;
4. Judgment of work by qualified individuals knowledgeable about the student's performances (e.g., artists, musicians, poets, historians, etc.);
5. Interviews or observations; or
6. Information from other sources.

- ☐ **Yes**, I give consent for the school to determine eligibility for my child to participate in the Gifted and Education Program. I acknowledge that the school will gather supporting documentation and/or evaluate my child.
- ☐ **No**, I do not give consent for the school to determine eligibility for my child to participate in the Gifted and Education Program. I do not authorize the school to gather supporting documentation and/or evaluate my child.

Print Parent(s)/Guardian(s) Name(s)	SIGNATURE OF Parent(s)/Guardian(s)	Date

After the school receives the signed consent form, your child will be evaluated for the Gifted and Talented Education Program to Determine Eligibility. After the Multi-Disciplinary Team has completed gathering supporting documentation and evaluation(s) you will be contacted to schedule a meeting to share the results with you and determine if student is eligible to participate. If your student is eligible, you and the team will create a GATE Specific Education Plan that includes goals and services for your student.

SCHOOL USE

Date Received	Click or tap to enter a date.	Received By	
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STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN _____

Please list up to 4 people that will be allowed to check out your students throughout the school year. If this changes or another person is given permission that is not on this list, you will need to send a written/signed note.

1. _____

2. _____

3. _____

4. _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



PEDIATRIC REGISTRATION INFORMATION—TIOSPAYE TOPA SCHOOL

PATIENT'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Parent/Guardian Name(s) (please print): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Social Security #: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Medicaid #: _____ or Private Insurance: Company _____ # _____

Emergency Contact: _____ Phone: _____

Services provided for your child by Horizon Health Care, Inc. while they are attending Tiospaye Topa School:

1. Health care including appropriate nursing examinations, treatments, and immunizations. These treatments may include providing common over-the-counter medications, caring for minor cuts, bruises, and injuries. You will be contacted if the injury is out of the scope of the individual caring for it.
2. Medical care for diagnosis and treatment of acute illnesses including but not limited to ear infections, strep throat, varied skin conditions, allergies, bronchitis, upper respiratory infections, etc.
3. Health education including but not limited to routine health maintenance, healthy living skills, wellness exams, sports physical and head start physicals.
4. Dental, optometric (eye), audiology (ears), developmental, diabetic, scoliosis (curvature of the spine) and other appropriate screenings and referrals.
5. Emergency triage care for accidents, serious illnesses and mental health. Referral to hospital/emergency services will be made if condition warrants it. Ambulance service will be notified for transport if needed. Parent/guardian will be notified as soon as possible.
6. Mental health care including appropriate assessment, intake, diagnosis and treatment. This may include counseling services and medication.

CONSENT TO TREATMENT (please Initial) (authorization is valid until child no longer attends school they enrolled in):

_____ I give consent for my child to receive medical services by Horizon Health Care, Inc. as indicated above. I understand these services will include an evaluation by a medical provider and that any recommendations for treatment or follow-up will be communicated to me by phone or a letter.

_____ I give consent for my child to receive mental health services by Horizon Health Care, Inc. I understand that prior to any medications for treatment of mental health conditions with medication, verbal consent from parent or guardian will be obtained.

_____ I give consent for my child to receive mental health medication management by Horizon Health Care, Inc. if appropriate.

Preferred means of communication: _____

_____ I give consent for my child to receive dental services by Horizon Health Care, Inc. These services include exams, cleanings, x-rays, fluoride, and sealants. I understand these services will include an evaluation by a dental provider.

_____ I understand that the clinic will attempt to contact me prior to restorations or extractions being performed. In the event, they are unable to reach me and determine that these services are necessary for child's dental health and well-being

I consent to these services being performed. All recommendations for treatment and follow-up completed will be communicated to parents by phone or a letter.

AUTHORIZATION FOR STUDENT TRANSPORTATION (please initial)

____ I give permission for my child to be transported to Faith Dental clinic for dental services that are unable to be performed at the school based clinic.

FINANCIAL RESPONSIBILITY (please initial)

____ I agree that I am financially responsible for all charges related to services provided by Horizon Health Care, Inc. I agree that HHC will bill and provide necessary health information to any Payers. "Payers" are any health care insurance, private or government health plan, or insurance policy that I have or another third party that will pay the charges I have incurred. I give my authorization for HHC to file claims and request for direct payment of benefits to HHC.

OTHER (please initial)

____ I acknowledge that no guarantees have been made to me and I am aware that I have the right to ask my provider or nurse questions regarding my child's treatment or exam.

____ I give consent to nursing assessment, health supervision, immunizations, and release of information as indicated to Tiospaye Topa School.

____ I authorize Tiospaye Topa School Health Office to share personally identifiable student information with Horizon Health Care, Inc. This information will only be used to coordinate care with Horizon Health Care, Inc. The information shared will be limited to demographic, insurance status, contact information and health history.

____ The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students' personal information held by educational agencies or institutions.

____ I authorize Horizon Healthcare/Tiospaye Topa School Health Office to: __ Speak only to me __ It is OK to speak to _____, regarding my or _____ (minor's name) health information.

Parent/Guardian Signature: _____ Date: _____



**STUDENT HEALTH SURVEY
TIOSPAYE TOPA SCHOOL STUDENTS**

Dear Parent or Guardian:

In order to provide the best health care for your child, school health personnel must understand your child's health history. This form requests information which is helpful if medical, dental or behavior health services are provided.

Student Name: _____ DOB: _____ Grade: _____ Sex: _____

Does your child now have OR ever had any of the following? (Check if yes)

High blood pressure _____	Excessive Worry _____	Tuberculosis (TB) _____
Heart condition _____	Depression _____	HIV/AIDS _____
Asthma _____	Ulcer _____	Epilepsy (convulsions) _____
Severe allergies _____	Chronic abdominal pain _____	Severe Head Injury _____
Dizziness or fainting spells _____	Excessive colds _____	Hearing loss _____
Tumor or cancer _____	Speech problems _____	Intestinal Trouble _____
Diabetes _____	Eye trouble _____	Scoliosis _____
Serious skin conditions _____	Wear glasses _____	Bone or Joint problems _____
Concussion _____	Frequent ear infections _____	

Frequent and severe headaches _____

ADD or ADHD _____ (Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder)

Any current providers for mental health?

Any medical problems, injuries or behavioral issues that haven't been mentioned above:

ALLERGIES: _____

Is your child currently taking any medications? Yes No

If yes, please list them: _____

Will you be administering the medications to your child? Yes No

Will you be providing the medications to the school nurse for administration? Yes No

Does your child have severe bee sting sensitivity? Yes No

If yes, does your child have emergency medications available if needed? Yes No

If yes, will you be providing them to the school nurse? Yes No

Does your child have severe bee sting sensitivity? Yes No

Have you ever been told by a physician that your child need to take antibiotics before every dental visit? Yes No

Has your child ever had any complications following a dental exam? Yes No

Signature of person completing this form: _____ Date: _____

Internet Use Agreement – 2025-2026

Please read this document carefully before signing it.

Internet access is available to students and staff members at Tiospaye Topa School. We are very pleased to have Internet access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the school by facilitating resource sharing, innovation, and communication.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the world. In addition, the system will be used to increase school communication, enhance productivity, and assist employees in upgrading their skills through greater exchange of information with the local community, including parents, social service agencies, and businesses.

With access to computers and people from around the world, material that may not be of educational value in the context of the school setting also becomes available. Families should be warned that some material obtained via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. Tiospaye Topa School has taken precautions to restrict access to controversial materials. However, on a global network, it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may produce material that is not consistent with our educational goals.

In compliance with the Children's Internet Protection Act (CIPA), Tiospaye Topa enforces a policy of Internet safety that includes measures to block or filter Internet access for both minors and adults to certain visual depictions. All online activities of minors will be monitored.

The purpose of this agreement is to ensure that the use of Internet resources is consistent with Tiospaye Topa School's stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If a user violates any of these provisions, his or her Internet privileges will be terminated, and future access could be denied in accordance with the rules and regulations discussed with each user during Internet training sessions.

To gain access to the Internet, all students must have a student permission slip signed by the student and a parent or legal guardian. Tiospaye School staff members and other adult Internet users must have a signed permission slip on file in the office. The signatures at the end of these documents are legally binding and indicate that the parties who signed them have read the terms and conditions carefully and understand their significance.

Internet—Terms & Conditions

1. Students and adults are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students and adults to conduct research and communicate with others. Access to network services is given to students and adults who agree to act in a considerate and responsible manner. Access is a privilege—not a right. That access entails responsibility. Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. The administration and/or staff may also request system administrators deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner while online. Unauthorized access, including so-called “hacking,” and other unlawful online activities are strictly prohibited.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors are prohibited.
5. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
6. Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
7. Users are not permitted to engage in social media sites, chat rooms or groups, may not print without permission, and may not download any material without permission.
8. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
9. Users must respect all copyright laws that protect software owners, artists and writers. Plagiarism in any form will not be tolerated.
10. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school’s computers, networks, or Internet connection, you must notify the system administrator. Do not demonstrate the problem to others. Using someone else’s password or trespassing in another’s folders, work, or files without written permission is prohibited. Attempts to logon to the Internet as anyone but you may result in cancellation of user privileges.

11. Tiospaye Topa School makes no warranties of any kind, whether expressed or implied, for the Internet service it provides. We assume no responsibility or liability for any damages a user may suffer. Use of any information obtained via the Internet is at your own risk. We specifically deny any responsibility for the accuracy or quality of information obtained through its services.
12. All communication and information accessible via computer resources shall not be regarded as private property. System administrators may review files and messages and monitor login records to maintain system integrity, to ensure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.
13. When logging on to any computer at Tiospaye Topa School, the user must agree to the following terms before being granted access:
 - All computer systems may be monitored for all lawful purposes, including but not limited to, ensuring that use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability, and operational security.
 - Any information on this computer system may be examined, monitored, and users of this system are reminded that such monitoring does occur. Therefore, there should be no expectation of privacy with respect to use of this system.
 - By logging into this agency computer system, you acknowledge and consent to the monitoring of this system. Evidence of your use, authorized or unauthorized, collected during monitoring may be used for civil, criminal, administrative, or other adverse action. Unauthorized or illegal use may subject you to prosecution.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

TIOSPAYE TOPA INTERNET USE AGREEMENT

Student Permission Slip

Please read attached agreement carefully before signing.

NAME OF STUDENT: _____

Parent or Guardian Section

As the parent or legal guardian of the student signing below, I have read this Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the school's computing resources are designed for educational purposes. I also understand that it is impossible for Tiospaye Topa to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations.

Parent/Guardian Name (please print) _____

Home Address _____ Phone _____

Parent/Guardian Signature _____ Date _____

Student Section

I have read the Tiospaye Topa Internet Use Agreement. I agree to follow the rules contained in the Internet Use Agreement. I understand that if I violate the rules my account may be terminated, and I may face other disciplinary measures.

User Name (please print) _____ Grade _____

User's Signature _____

Date _____

Tiospaye Topa School Google Workspace for Education Parent/Guardian Consent Form

To Parents and Guardians,

At Tiospaye Topa School, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Tiospaye Topa School, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a Google Workspace for Education account. Not providing consent to use Google services will impact your child's educational experience. For example, students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

I understand and agree to abide by the restriction that any use of virtual academic content outside of Tiospaye Topa School's course instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited.

I give permission for Tiospaye Topa School to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,
Theresa Young, Chief Administrator

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

Google Workspace for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their Google Workspace for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://workspace.google.com/terms/user_features.html):

- Assignments
- Calendar
- Classroom
- Cloud Search
- Drive and Docs
- Gmail
- Google Chat
- Google Chrome Sync
- Google Meet
- Google Vault
- Groups for Business
- Keep
- Migrate
- Sites
- Tasks
- In addition, we also allow students to access certain other Google services with their Google Workspace for Education account. Specifically, your child may have access to Google Earth, Google Maps, and Google News.
- If the school intends to add access to more Google Additional Services or third-party services with a Google Workspace for Education account in the future, the school will notify parents and get consent for those applications as required.

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at https://workspace.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Tiospaye Topa School may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the Google Workspace for Education account.

When a student uses Google core services, Google also collects information based on the use of those services. This includes:

- account information, which includes things like name and email address.

- activity while using the core services, which includes things like viewing and interacting with content, people with whom your student communicates or shares content, and other details about their usage of the services.
- settings, apps, browsers & devices. Google collects information about your student's settings and the apps, browsers, and devices they use to access Google services. This information includes browser and device type, settings configuration, unique identifiers, operating system, mobile network information, and application version number. Google also collects information about the interaction of your student's apps, browsers, and devices with Google services, including IP address, crash reports, system activity, and the date and time of a request.
- location information. Google collects information about your student's location as determined by various technologies such as IP address and GPS.
- direct communications. Google keeps records of communications when your student provides feedback, asks questions, or seeks technical support

The Additional Services we allow students to access with their Google Workspace for Education accounts may also collect the following information, as described in the [Google Privacy Policy](#):

- activity while using additional services, which includes things like terms your student searches for, videos they watch, content and ads they view and interact with, voice and audio information when they use audio features, purchase activity, and activity on third-party sites and apps that use Google services.
- apps, browsers, and devices. Google collects the information about your student's apps, browser, and devices described above in the core services section.
- location information. Google collects info about your student's location as determined by various technologies including GPS, IP address, sensor data from their device, and information about things near their device, such as Wi-Fi access points, cell towers, and Bluetooth-enabled devices. The types of location data we collect depend in part on your student's device and account settings.

How does Google use this information?

In Google Workspace for Education Core Services, Google uses student personal information primarily to provide the core services that schools and students use, but it's also used to maintain and improve the services; make recommendations to optimize the use of the services; provide and improve other services your student requests; provide support; protect Google's users, customers, the public, and Google; and comply with legal obligations. See the [Google Cloud Privacy Notice](#) for more information.

In Google Additional Services, Google may use the information collected from all Additional Services to deliver, maintain, and improve our services; develop new services; provide personalized services; measure performance; communicate with schools or users; and protect Google, Google's users, and the public. See the [Google Privacy Policy](#) for more details.

Does Google use student personal information for users in K-12 schools to target advertising?

No. There are no ads shown in Google Workspace for Education core services. Also, none of the personal information collected in the core services is used for advertising purposes.

Some additional services show ads; however, for users in primary and secondary (K12) schools, the ads will not be personalized ads, which means Google does not use information from your student's account or past activity to target ads. However, Google may show ads based on general factors like the student's search queries, the time of day, or the content of a page they're reading.

Can my child share information with others using the Google Workspace for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. For example, if your student shares a photo with a friend who then makes a copy of it, or shares it again, then that photo may continue to appear in the friend's Google Account, even if your student removes it from their Google Account. When users share information publicly, it may become accessible through search engines, including Google Search.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google except in the following cases:

With our school: Our school administrator (and resellers who manage your or your organization's Workspace account) will have access to your student's information. For example, they may be able to:

- View account information, activity and statistics
- Change your student's account password
- Suspend or terminate your student's account access
- Access your student's account information in order to satisfy applicable law, regulation, legal process, or enforceable governmental request
- Restrict your student's ability to delete or edit their information or privacy settings

With your consent: Google will share personal information outside of Google with parental consent.

For external processing: Google will share personal information with Google's affiliates and other trusted third party providers to process it for us as Google instructs them and in compliance with our [Google Privacy Policy](#), the [Google Cloud Privacy Notice](#), and any other appropriate confidentiality and security measures.

For legal reasons: Google will share personal information outside of Google if they have a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary for legal reasons, including complying with enforceable governmental requests and protecting you and Google.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a Google Workspace for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of Google Workspace for Education, you can access or request deletion of your child's Google Workspace for Education account by contacting the school administrator. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to access personal information, limit your child's access to features or services, or delete personal information in the services or your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the Google Workspace for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's Google Workspace for Education accounts or the choices available to you, please contact the school administrator. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [Google Workspace for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [Google Workspace for Education Privacy Notice](https://workspace.google.com/terms/education_privacy.html) (at https://workspace.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) at <https://www.google.com/intl/en/policies/privacy/>), and the [Google Cloud Privacy Notice](https://cloud.google.com/terms/cloud-privacy-notice) at (<https://cloud.google.com/terms/cloud-privacy-notice>).

The Core Google Workspace for Education services are provided to us under [Google Workspace for Education Agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html) and the Cloud Data Processing Addendum (as <https://cloud.google.com/terms/data-processing-addendum>).



Tiospaye Topa School



HC 76, Box 300 • Ridgview, South Dakota 57652 • 605-733-2290 • Fax 605-733-2299

July 18, 2025

To: All Parents/Guardians, Patrons, and Employees

From: Theresa Young, Chief Administrator

RE: Education Facility Asbestos Management Plan

In compliance with the Asbestos-Containing Materials in School Rule, the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or an asbestos inspector, accredited by the State of South Dakota has certified that either (1) no ACBM was specified as a building material in any construction document for the school building, or, (2) to the best of his or her knowledge, no ACBM was used as a building material in the construction of the school building.

Upon confirmation of the absence of ACBM in the school buildings, an Asbestos Management Plan was developed for the Tiospaye Topa School. This Asbestos Management Plan includes: (1) the certification of the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or by an accredited asbestos inspector that the school buildings are free of ACBM; (2) the document appointing the Asbestos Designated Representative for the Tiospaye Topa School, who is responsible for ensuring that the School District/School adheres to all applicable requirements of the Asbestos Containing Materials in Schools Rule; (3) training information of the Designated Representative; and (4) a dated copy of this notification.

A copy of the Asbestos Management Plan is available for your review in the administrative office of the Tiospaye Topa School during regular office hours. Shawn Bessette at Tiospaye Topa School is the Designated Asbestos Representative for the Tiospaye Topa School. Please direct all inquiries related to the Asbestos Management Plan to him at 605-733-2290.

Theresa Young, Chief Administrator, Tiospaye Topa School

Thunderhaws