



Moving Forward in A Sacred Way
937 E North St Suite 401
Rapid City, South Dakota 57701
605-716-0310/www.oayeluta.org

Parental/Legal Guardian Consent for Student Participation Form

Dear Families,

This year, in collaboration with Oaye Luta Okolakiciye (Moving Forward In A Sacred Way) and the Rapid City Area School District, this 2023-2024 school year, will be providing a continuum of culturally responsive prevention and intervention support services to all RCAS middle school students.

I give consent for my child _____, to participate in Talking Circle and Student Support provided by Oaye Luta Okolakiciye (OLO) Mentors, through the Rapid City Area School District at my child’s school with an additional (opt-in only) opportunity to receive full-family community resources and support outside of school. I understand that these services may include group conversations, individual support, teacher/staff consultation, as well as other services and activities that OLO may offer through the school year. I understand that youth, teacher and mentor assessments will be collected as part of the Talking Circle & Support program. These assessments will be used to inform levels of support and to ensure the quality of the services provided. The results of these assessments will only be shared as a group report, without any identifying student information. All records pertaining to the school are the property of the school and will be kept confidential (i.e., they will not be released without parental/legal guardian(s) permission). Please sign below to indicate your consent for your child to participate in OLO’s Talking Circle and Supports program from the Rapid City Area School District.

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PLEASE COMPLETE AND RETURN THIS FORM TO YOUR STUDENT’S TALKING CIRCLE FACILITATOR OR TEACHER OR PRINCIPLES OFFICE SECRETARY

Please PRINT in Blue/Black INK and Circle Your Childs School:

West MS Southwest MS North MS East MS South MS

Parent/Legal Guardian(s) Consent for Student Participation Form

As the Parent/Legal Guardian(s) of the participating student named above, I give my consent for my child to participate in Talking Circle and Support provided by Oaye Luta Okolakiciye (OLO) at my students Middle School during the RCAS 2023-2024 school year.

Student Name (Print)

Parent/Legal Guardian(s) (Print)

Signature or Parent/Legal Guardian (s)

Date:

Parent/Legal Guardian Information

Home Phone

Cell Phone

Email address

I am requesting additional information about Oaye Luta Okolakiciye and its resources and Support Programs: Yes No

Please feel free to reach out to Oaye Luta Okolakiciye for additional support resources via phone or email. Also, when this form is returned, us OLO Talking Circle Facilitators can make notes and reach out to you also in this way.

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