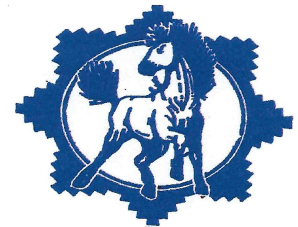


Ch'oooshgai Community School
 P.O. Box 321
 Tohatchi, New Mexico 87325
 Ph# (505) 733-2700 Fax# (505) 733-2703



Student Enrollment Check List for 2023/2024

Student Name : _____ **Grade:** _____

Complete all forms and return to the Academic Enrollment Office or mail to the above address. All required documents must be attached to your enrollment packet. The completed enrollment packet will determine eligibility for school enrollment.

Forms Check Off List:

- _____ Enrollment Application
- _____ Student Check-Out Form
- _____ Home Map
- _____ Student Health Information
- _____ Health Consent

Original Documents: (*REQUIRED at the time of Enrollment for New Students, No Exceptions)

- _____ Birth Certificate*
- _____ Certificate of Indian Blood*
- _____ Updated Immunization Record (Current Year-2023)

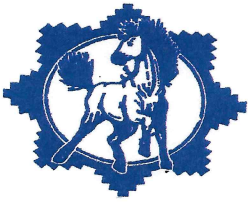
Other Forms/Documents:

- _____ Residential/Dorm Enrollment Packet (Available upon request)
- _____ Transportation: Bus Pass
- _____ Guardianship Decree
- _____ McKinney Veto (Homeless)
- _____ IEP: Exceptional Student Service, Gifted & Talented or Bilingual
- _____ Sports Physical Form (Available upon request)
- _____ CCS Home Language Survey

New Students transferring from another school: You must bring a copy of the latest **Report Card** that shows promotion to next grade level. Its your responsibility to obtain one from the last school you attended.

Ch'oooshgai Community School upholds **Suspensions/Expulsions** of other schools. Any student that were on suspension or expulsion from their previous schools must be cleared and approved with the Ch'oooshgai Community School Principal.

Residential Students must fill out a Residential Enrollment Application at the Academic-Enrollment Office, you may contact Enrollment Office at (505) 733-2707 or Residential Dept. at (505) 733-2720.



CH'OOSHGAI COMMUNITY SCHOOL
BOARD OF EDUCATION, INC.

OMB No. 1076-0122
CCS, Revised: 3/2011
ID# D36N03

STUDENT ENROLLMENT APPLICATION SY-2023/24

Grade Applying For: _____ (Check One): Day Student _____ Dorm Student _____

Returning Student () New Student () Previous CCS Student () _____
Date last attended at CCS

STUDENT INFORMATION:

Name of Student: _____
Last First Middle

Address: _____ City: _____ State/Zip: _____

Physical Address (Location of Home) _____

Date of Birth: _____ - _____ - _____ Month Day Year	Gender: Male () Female ()
Census Number: _____	Hospital #: _____
Tribal Affiliation: _____	Home Agency: _____
Degree Indian: _____	Community: _____

SCHOOL PREVIOUSLY ATTENDED

School Name: _____ Grade Completed: _____

Address: _____ City: _____ State/Zip: _____

Dates Attended: _____ Reason for Withdrawing: _____

Have you been expelled? YES ___ NO ___ Suspended? YES ___ NO ___ Reason: _____

Student Participated in Special Education Program: Yes () No ()

Student Participated in Gifted and Talented Program Yes () No ()

Student Participated in the Section 504 Plan under the Americans with Disabilities Act: Yes () No ()

LANGUAGE SPOKEN AT HOME

- 1). _____
- 2). _____

WHATS YOUR CHILD IS CLAN:

- 1.) _____ (Maternal/Mom)
- 2.) _____ (Paternal/Father)

FAMILY AND BACKGROUND INFORMATION:

Child Lives With: _____Both Parents _____Father _____Mother _____Legal Guardian

(Father): _____

(Mother): _____

Census No: _____

Census No: _____

Telephone Number: _____

Telephone Number: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work Number: _____

Work Number: _____

Email Address: _____

Email Address: _____

In case of emergency contact (only if parents cannot be contacted)

Name: _____ Relationship: _____

Phone #: _____ Work #: _____

List Names of Sibling attending Ch'ooshgai Community School: Brothers/Sisters only, no cousins.

1. _____

2. _____

3. _____

4. _____

The following (8) individuals have my permission to check out my child during the school year. They must be 18 years old and older.

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

I hereby authorize that I am legally responsible for the above listed child and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is enrolled. The above information is true and correct to the best of my knowledge. I understand that if any of his/her information changes or is determined to be inaccurate. I am responsible for informing the school immediately.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CH'OOSHGAI COMMUNITY SCHOOL, INC

Frank Chiapetti, Principal
Tse' Hootsol II Navajo
Schools Board of Directors:
Sophia Attakai-Francis, President
Genevieve Jackson, Vice-President
Hoskie Bryant, Secretary
Valerie Yazzie, Member
Vacant, Member

P.O. BOX 321 TOHATCHI, NM 87325
Phone: (505) 733-2700/2777 Fax: (505) 733-2703
www.ccsbroncos.org

"HOME OF THE BRONCOS"



Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? Check one box

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or Apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) CONTINUE: if you checked a box in Section A, complete #2 and the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male Female

Birth Date ____/____/____ Age: _____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

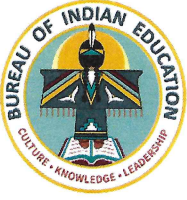
Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator's determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

_____ Date faxed _____



BIE Home Language Survey

School Year _____

First Name:

Last Name:

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”

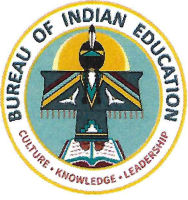
Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



BIE Home Language Survey
School Year _____

4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

School Official Verification _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

***** Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

BIE Form HLS, Updated April 2023

Student Health Information for SY-2023/2024

Name: _____

Hospital #: _____

HEALTH HISTORY:

- Y N Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, Heart problems such as murmur, hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures, diabetes? (Circle any that apply)
- Y N Has your child ever been hospitalized or had surgery?
- Y N Has your child ever been “knocked out”, had concussion or serious head injury?
- Y N Has your child ever had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or Tylenol?
- Y N Has your child had a shoulder, knee or ankle injury?
- Y N Has your child had a broken bone?
- Y N Has your child had more than 3 ear infection?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain with exercise?
- Y N Do you have any concerns about your child being in sports?
- Y N Does your child have any allergies?
If yes, what is your child allergic to;? _____
- Y N In case your child has a headache or high temperature, can the Health Assistant or Residential staff give your child Tylenol? If no, please explain? _____
- Y N Is your child presently on any medication? If yes, what type of medication: _____
- Y N Has your child ever been hospitalized? If yes, when, where, why? _____

FAMILY HISTORY:

- Y N Are there any diseases in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
- Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
- Y N Do you have other children with serious health problems? If yes, explain? _____

OTHER HEALTH CONCERNS:

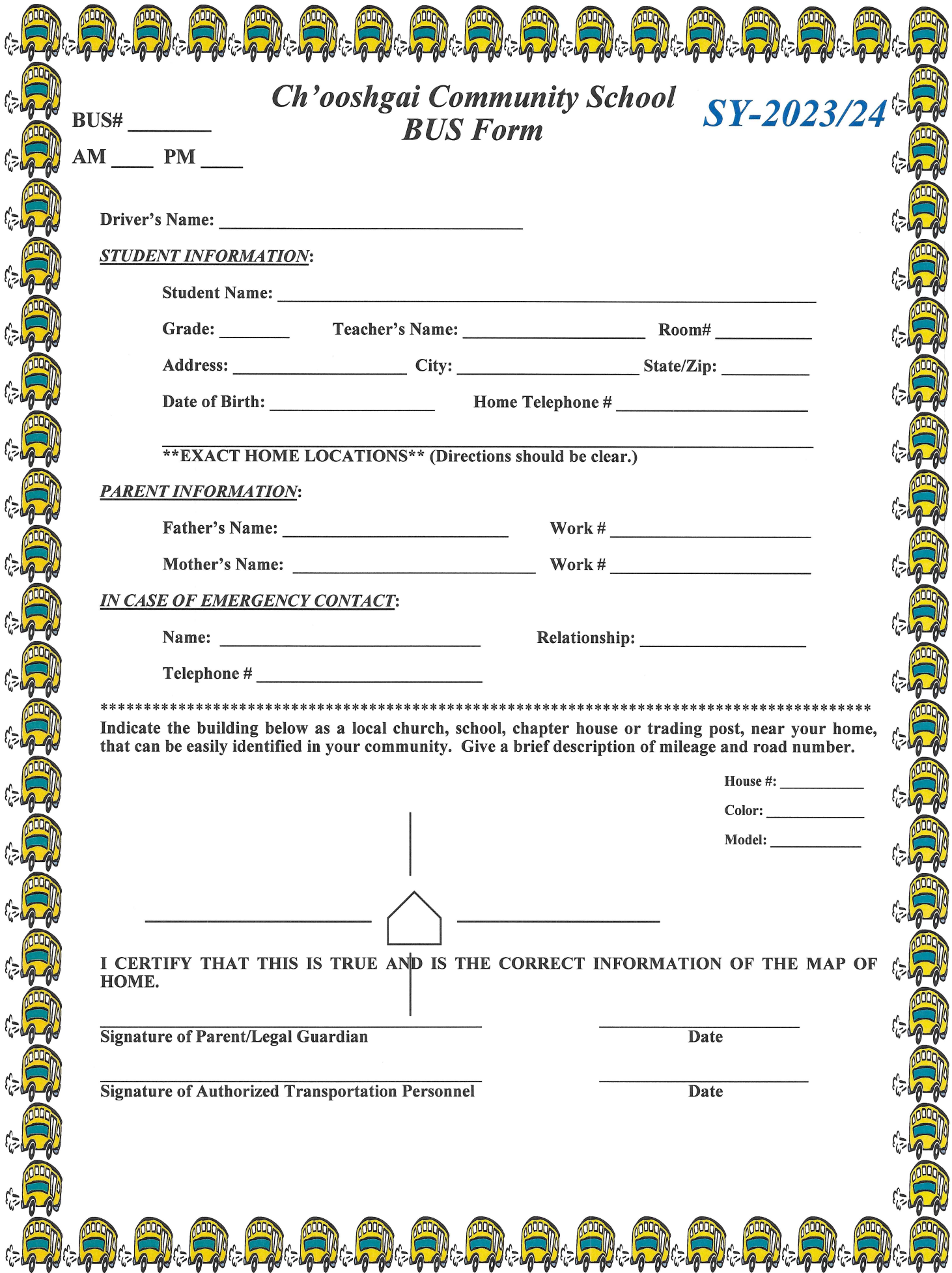
- Y N Does your child have problems going to the bathroom?
- Y N Does your child have trouble hearing, seeing or talking?
- Y N Does your child wear glasses or contact lenses?
- Y N Does your child have problems in school?
- Y N Does your child have behavior problems?
- Y N If your answered “yes” to any questions above, please provide additional information: _____

Please list the Health Care Facilities or Hospital where your child has received medical needs: _____

The above information is true and correct to the best of my knowledge. I understand that if any of his/her information changes or is determined to be inaccurate, I am responsible for information the school immediately.

Parent/Guardian Signature

Date



Ch'ooshgai Community School BUS Form

SY-2023/24

BUS# _____

AM ____ PM ____

Driver's Name: _____

STUDENT INFORMATION:

Student Name: _____

Grade: _____ Teacher's Name: _____ Room# _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: _____ Home Telephone # _____

****EXACT HOME LOCATIONS** (Directions should be clear.)**

PARENT INFORMATION:

Father's Name: _____ Work # _____

Mother's Name: _____ Work # _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

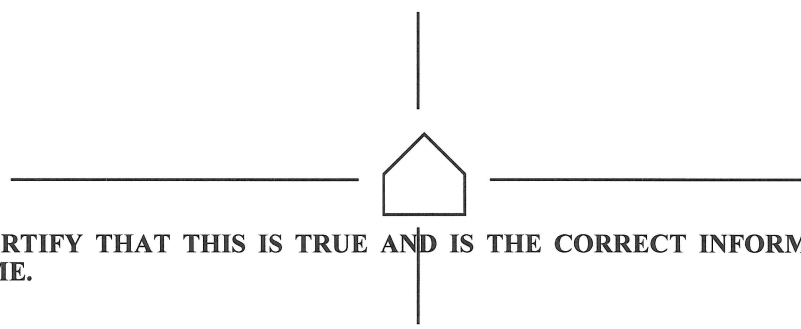
Telephone # _____

Indicate the building below as a local church, school, chapter house or trading post, near your home, that can be easily identified in your community. Give a brief description of mileage and road number.

House #: _____

Color: _____

Model: _____



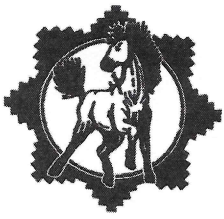
I CERTIFY THAT THIS IS TRUE AND IS THE CORRECT INFORMATION OF THE MAP OF HOME.

Signature of Parent/Legal Guardian _____

Date _____

Signature of Authorized Transportation Personnel _____

Date _____



CH'OOSHGAI COMMUNITY SCHOOL, INC.



P.O. BOX 321
TOHATCHI, NM 87325



505-733-2700



505-733-2703

Frank Chiapetti, Principal

Tse' Hootsoi-Il Navajo Schools

Board of Directors

Sophia Attakai-Francis, President

Genevieve Jackson, Vice-President

Hoskie Bryant, Secretary

Valerie Yazzie, Member

Vacant, Member

Media Release Form

Dear Parent/Guardian:

During the school year, we take photographs and videos of school activities involving students to share the school's updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, news bulletins, billboards, and ads.

With this, we seek for your consent in allowing us to publish photos or videos which may involve your child to the said platforms.

Please do provide your response by selecting your choice below and submitting this form.

Photo Release Consent (Check a box):

- I hereby allow** the reproduction and publication of my child's photograph(s) and video(s)
- I do not allow** the reproduction and publication of my child's photograph(s) and video (s)

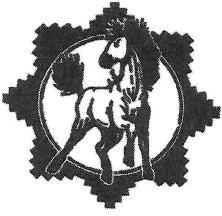
Student Name: _____ Grade: _____

Parent Name (Print/Sign): _____ Date: _____

Contact Number: _____ Email: _____

Address: _____





CH'OOSHGAI COMMUNITY SCHOOL, INC.

P.O. BOX 321
TOHATCHI, NM 87325

505-733-2700 505-733-2703

Frank Chiapetti, Principal
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Board of Directors
Sophia Attakai-Francis, President
Genevieve Jackson, Vice-President
Hoskie Bryant, Secretary
Valerie Yazzie, Member
Vacant, Member

Technology Agreement

Terms and Conditions

Acceptable use. Each User Must:

- Use the Electronic Communication Device (ECD) to support personal educational objectives consistent with the educational goals and objectives of CCS.
- Agree not to submit, publish, display or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers, or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not attempt to harm, modify add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the ECD and appropriate disciplinary action up to and including expulsion for students.

Chromebook or iPad is subject to the terms and conditions set forth in this agreement.

- I understand the device is only available to students enrolled at Ch'oozhgai Community School for the 2023-2024 School year.
- I agree not to remove or alter any CCS identification labels attached to or displayed on the device or tamper with the device in any way.
- I agree to report a theft, loss, or damage to the device to CCS immediately.
- I understand that there will be internet filtering on my assigned device in addition to filtering of the student Chromebook.
- I understand that my use of the devices is subject to CCS Student Internet Use Policy and Agreement.
- I agree to follow all CCS regulations and policies governing the use of the device as well as all applicable State and Federal laws including copyright and intellectual property law pertaining to software and information.
- I understand that CCS is not responsible for any files, data or personal information accessed, transmitted, lost or damaged while accessing the Internet via this device.

By signing below, I accept the terms and conditions of the Agreement described herein and state that I am responsible for the use of technology devices with Ch'oozhgai Community School.

Student's Name (print): _____ Grade: _____

Student's Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

School Screening, Fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): _____

Student's Name: _____

Date of Birth: _____

Grade & Teacher: _____

Parents Name and phone number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

I **DO NOT** want my child to participate in the program.

I **DO NOT** want my child to have a fluoride varnish application.

I **DO NOT** want my child to have sealants placed.

Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.