



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

Enrollment Check List for 2021/22

Student: _____ *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 Form
- _____ *Updated Immunization Record (Current Year-2020/21)

Required Documents: (New Students)

- _____ *Birth Certificate
- _____ *Certificate of Indian Blood/Tribal Enrollment Document

Other Forms/Documents:

- _____ Residential/Dorm Enrollment Packet (Available upon request)
- _____ Transportation: Bus Pass
- _____ *Court documents for legal custody for parent or legal guardian (Guardianship Decree)
- _____ McKinney-Veto Intake/Referral Form
- _____ Home Language Survey
- _____ Current IEP for students requiring Student Service or Gifted & Talented
- _____ NMAA Sports Physical Form (Available upon request)
- _____ Dept. of Health (GIMC) – Medicare/Medicaid, Patient Information Form, Flu Clinic Consent.
- _____ Tohatchi Medical or Dental Sealant Consent Form

Kindergarten and New Student: Kindergarten Promotion or Completion Certificate. New Student Final Report Card from last school attended.

Ch'oozhgai Community School upholds any **Suspensions/Expulsions** of other schools. Copies of Suspension/Expulsion reports or treatment discharge summaries, aftercare, and counseling records or program plan must all be cleared and approved with the Ch'oozhgai Community School Principal before enrollment.

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

(*) ISEP Student Count Requirement!



CH'OOSHGAI COMMUNITY SCHOOL
BOARD OF EDUCATION, INC.

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

APPLICATION FOR STUDENT ENROLLMENT

Grade Level: _____ Check One: Day Bus Student _____ Boarding Student _____

Returning Student () New Student () Previous CCS Student () _____

Date last attended at CCS _____

STUDENT INFORMATION:

Full Name: _____ Date: _____

Mailing Address: _____

Home Location: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____	Age: _____	Gender: Male () Female ()
Language most Spoken at Home: Navajo: _____ English: _____	Language most Spoken by Student: Navajo: _____ English: _____	
Place of Birth: _____	Hospital #: _____	
Census/Tribal Number: _____	Home Agency: _____	
Tribal Affiliation: _____	Degree Indian: _____	
Do you live with: _____ Both Parents _____ Father _____ Mother _____ Legal Guardian		

SCHOOL PREVIOUSLY ATTENDED

School Name: _____ Grade Completed: _____

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

Dates Attended: _____ Reason for Withdrawing: _____

Student was 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 English Language Learn ELL? Yes () No ()

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

FAMILY AND BACKGROUND INFORMATION

Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?

(Father/Guardian): _____	(Mother/Guardian) _____
Census/Tribal Number: _____	Census/Tribal Number: _____
Tribal Affiliation: _____	Tribal Affiliation: _____
Cell Number: _____	Cell 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: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Work #: _____ Email: _____

I am legally responsible for his student and hereby apply for his/her admission to Ch'ooshgai Community School. I understand that additional may be required by the school before this student is officially enrolled. I further certify the information contained herein is true and correct. I understand that nay legal update of the information on this enrollment forms if my responsibility.

_____	_____	_____
Print of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

SCHOOL USE ONLY

Verified by:

I certify that the above name student is enrolled member with the Navajo Tribal Indian Census as being of:

_____	_____	_____
Degree of Indian Blood	Enrollment/Census Number	Agency

APPROVED OF SCHOOL APPLICATION: Approved _____ Not Approved _____

_____	_____
Signature of Registrar	Date

_____	_____
Signature of Principal	Date



CH'OOSHGAI COMMUNITY SCHOOL

Student Checkout Procedure for SY-2021/22

Check One::	
Day Student:	_____
Residential Student:	_____

All parents/legal guardians are required to check out their child/children(s) in the Academic/Residential Department at all times.

- When checking out your child out of school prior to the end of the school day, (not earlier than 1:30 p.m., please keep in mind that these checkouts will affect your child attendance) please following the Student-Parent Handbook, Chapter IV, Section 400.1 & Section 400.3)
- Only the individuals who are authorized can check-out a student. No checkouts will be granted to anyone not on the checkout list and a written request will need to be done by the parent/legal guardian in person with the Enrollment Office.
- Anyone under the influence of alcohol or drugs is not allowed to check out a student. This applies to all parties, including parents or family members.
- Any school personnel are not allowed to check-out a student(s) at any time, unless they are parents of the student.
- Check-out request via telephone will not be approved, due to the child's safety. Except in major situations where a family emergency involving a serious illness or death of an immediate family member defined as a mother, father, brother and sister are involved.
- This serves as a written document signed by the parents or guardians, stating that the school is released of any liability associated with the check-out.

Student Name: _____ Grade: _____

Telephone Number: (____) _____ Community: _____

Father Name: _____ Mother Name: _____

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

Father Tele. No.(____) _____ Mother Tele. No.(____) _____

Physical Address: (Where the child lives) _____

List the Names of Sibling attending Ch'oooshgai Community School: (Only Brothers/Sisters, NOT Cousins)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

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

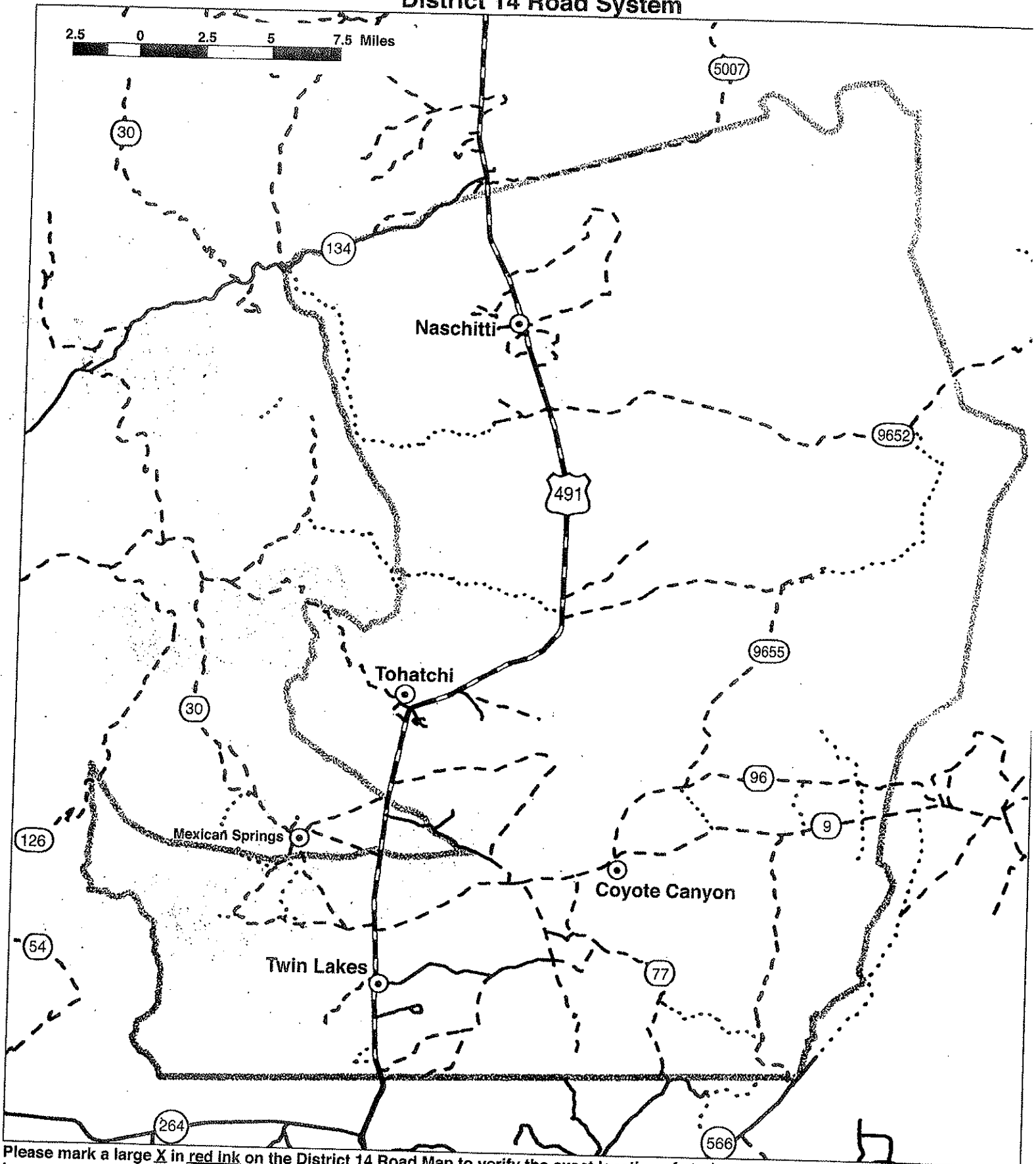
- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Signature of Parent / Legal Guardian

Date

District 14 Road System

2.5 0 2.5 5 7.5 Miles



Please mark a large X in red ink on the District 14 Road Map to verify the exact location of student residency. This information is important for Audit Purpose.

Physical Address: _____

House # _____ Color: _____ (Circle One) House / Trailer

Student Name: _____ Parent/Guardian Signature: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

Name of Student _____ Birth Date _____

I (We), _____
have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ Valid Until: _____

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

Student Health Information for SY-2021/22

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