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

## Enrollment Check List for 2019/20

***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.

**Required Documents: (No Exceptions)**

_____Birth Certificate
_____Certificate of Indian Blood
_____Updated Immunization Record (Current Year-2019)

**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)
_____Navajo School Clothing Program Form (NSCP)
_____Dept. of Health (GIMC) – Medicare/Medicaid, Patient Information Form, Flu Clinic Consent.
_____Tohatchi Dental Sealant Consent Form, Child's Information Sheet, Authorization Information Benefits, Dental Tracking Form, and THC Sealant Program.

**New student transferring from another school:** You must bring a copy of last **Report Card** that shows your promotion to next grade level, no exception. Its your responsibility to obtain one from the last school you attended.

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

**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.

# CH'OOSHGAI COMMUNITY SCHOOL
## Student Checkout Procedure for SY-2019/20

| 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:_____

List the Names of Sibling attending Ch'ooshgai Community School:

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

# CH'OOSHGAI COMMUNITY SCHOOL
## BOARD OF EDUCATION, INC.

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

## APPLICATION FOR STUDENT ENROLLMENT

**Grade Applying For:** _____ **Check One: Day Student** _____ **Dorm Student** _____

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

**********

## STUDENT INFORMATION:

***(Student must be enrolled with an Indian Tribe or at least have ¼ Indian Blood to be eligible for BIE school enrollment.)***

Name of Student: _____
Last First Middle

Address: _____
PO Box / Street

_____
City State Zip

Date of Birth: _____ - _____ - _____.
Month Day Year

Gender: Male ( ) Female ( )

Place of Birth: _____

Hospital #: _____

Census Number: _____

Home Agency: _____

Tribal Affiliation: _____

Degree Indian: _____

***Verified by Registrar***: _____

## SCHOOL PREVIOUSLY ATTENDED

School Name: _____ Grade Completed: _____

Address: _____
PO Box / Street City State/Zip

Dates Attended: _____ Reason for Withdrawing: _____

Have you been expelled? YES___ NO___ Suspended? YES___ NO___ Reason: _____

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

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

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

# Student Health Information for SY-2019/2020

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 in determined to be inaccurate, I am responsible for information the school immediately.**

_____ _____
Parent/Guardian Signature Date

# Ch'ooshgai Community School
# BUS Form

SY-2019/20

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 # _____

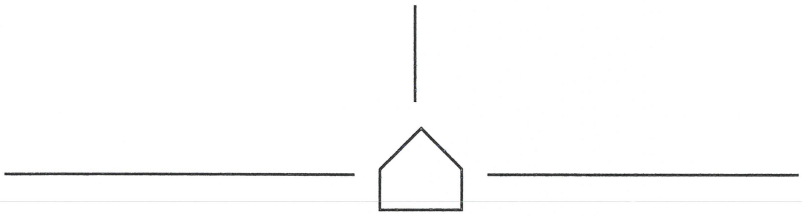
**********

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

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.