

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



Student Enrollment Check List for SY-2024/2025

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
- _____ Home Map
- _____ Health Authorization Form
- _____ Transportation Bus Form
- _____ McKinney-Vento – Student Residency

Office Use Only!

Date Received: _____ Time: _____ AM/PM

All required documents must be on file during enrollment. (Must view the Original documents, **No Exceptions on Copies!**)

- _____ Birth Certificate
- _____ Certificate of Indian Blood/CIB
- _____ Updated Immunization Records (Current Year-2024)
- _____ *Report Card/Proof of Grade Level (Current SY-23/24)
- _____ *Withdrawl Slip from another school, after the 1st day of school.

* It's the Parents/Guardians responsibility to obtain these documents from the last school your child attended.

Staff Initial: _____

Other Forms/Documents:

- _____ Residential/Dorm Enrollment Packet (Available Upon Request)
- _____ Guardianship Decree
- _____ IEP: Exceptional Student Service, Gifted & Talented or Bilingual
- _____ NMAA Sports Physical Form (Available upon request)
- _____ BIE Home Language Survey (New Students Only!)
- _____ Dental Sealant Consent (IHS)

Ch'ooshgai 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'ooshgai 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-2024/2025

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/Guardian): _____ (Mother/Guardian): _____

Census #: _____ Census #: _____

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. _____

The following (8) individuals have my permission to check out my child during the school year. They must be 18 years old and older. (Changes can only be done in person by legal parent/guardian.)

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

FOR SCHOOL USE ONLY!!

The student has been approved for enrollment for SY-2024/2025

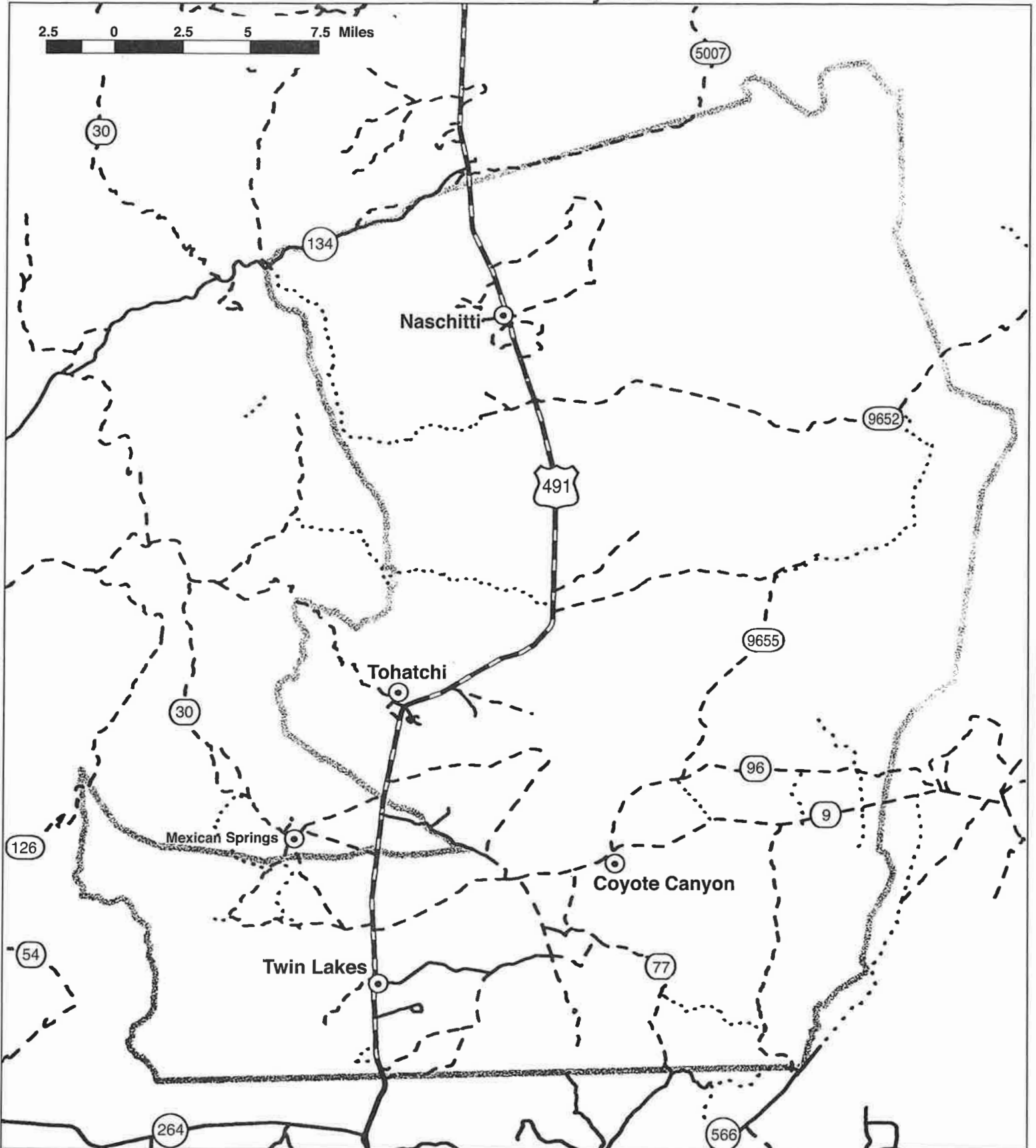
Signature of CCS Principal

Date

Signature of Approving BIE Official

Date

District 14 Road System



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: _____

Ch'ooshgai Community School



2024-2025 HEALTH AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to **AUTHORIZE** emergency treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian.

PLEASE COMPLETE ALL THREE SECTIONS.

Student's Last Name:	Student's First Name:	Middle:	Gender:	D.O.B
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SECTION ONE-STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or the ER, the school health office will always attempt to reach the Parent/Guardian listed below **FIRST**. Secondary contacts will be called if the parent/guardian cannot be reached. **PLEASE KEEP THESE NUMBERS CURRENT!**

Parent/Guardian Name: * _____	Address: _____	Phone #1:		
		Phone #2:		
Relationship: _____		Phone #3:		
Parent/Guardian Name: * _____	Address: _____	Phone #1:		
		Phone #2:		
Relationship: _____		Phone #3:		
Emergency Contact List	Relationship	Phone #1	Phone #2	
1.				
2.				
3.				
4.				

SECTION TWO-STUDENT HEALTH HISTORY-PLEASE CHECK APPROPRIATE BOX

My child has NO health conditions including those listed below

<input type="checkbox"/> Allergies <input type="checkbox"/> Seasonal	<input type="checkbox"/> Food Allergy (List): _____	<input type="checkbox"/> Other Allergy (List): _____	<input type="checkbox"/> Has Epi-Pen Prescription <input type="checkbox"/> Needs at School: Y or N
<input type="checkbox"/> ADHD/ADD Needs meds at school: Y or N	<input type="checkbox"/> Migraines <input type="checkbox"/> Asthma Needs inhaler at school: Y or N	<input type="checkbox"/> Stomach/GI <input type="checkbox"/> Long Term Medication(s) (list): _____	<input type="checkbox"/> Dental/ Braces <input type="checkbox"/> Eye/Vision Wears glasses/contacts: Y or N
<input type="checkbox"/> Bladder/GU	<input type="checkbox"/> Dermatologic/Skin	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Any Other Health Conditions: _____			

SECTION THREE-INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
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TO GRANT CONSENT

In case of an emergency involving my child **AND I CANNOT BE REACHED**. I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:

Healthcare Provider:	Phone:
Dentist:	Phone:
Hospital:	Phone:

If, for any reason, **NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED**, I understand that appropriate transport and medical care of my child will be arranged to **ANY** appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this form will be shared with appropriate personnel on an as-needed basis only. I, also understand health screenings (including vision, hearing, weight, and lice check) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings. **Ch'ooshgai Community School is not Authorized to Administer Medication without a Doctor's Authorization Form.**

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



Ch'ooshgai Community School Transportation Bus Form

SY-2024/2025

Day: _____

Dorm: _____

Student Name: _____ Grade: _____ Teacher: _____

Physical Address: _____
****EXACT HOME LOCATIONS** (Directions should be clear.)**

Father's Name: _____ Phone # _____

Mother's Name: _____ Phone # _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

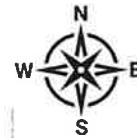
Telephone # _____

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: _____



Day Bus Route (Monday—Friday)

_____ Bus 1 (Billie South 491, Red Mesa Store, Tohlakai Road, and Johnson Road.

_____ Bus 2: (Cohoe) North Naschitti and Sheep Springs (NHA Housing)

_____ Bux 3:(Williams) Mexican Springs Cotton Wood Village, Deer Springs Road and Loop

_____ Bus 4:(Jackson) Tohatchi Area and Buffalo Springs

_____ Bux 5:(Begay) Coyote Canyon Nizhoni & Dibe Lichee Housing and Coal Mine Loop

_____ Parents/Guardians Pickup at Academic Building.

_____ Other Transportation Route: _____



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

CH'OOSHGAI COMMUNITY SCHOOL, INC

Frank Chlapetti, Principal
Tse' Hootsol II Navajo
Schools Board of Directors:
Sophia Attakai-Francis, President
Genevieve Jackson, Vice-President
Hoskie Bryant, Secretary
Valerie Yazzle, 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) <i>CONTINUE:</i> 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 <i>STOP:</i> If you checked this section, you do not 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 _____



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 P.O. BOX 321
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 505-733-2700  505-733-2703

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Tse' Hootsoi-Il Navajo Schools

Board of Directors

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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: _____



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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'ooShgai Community School for the 2024-2025 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'ooShgai Community School.

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

Student's Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____