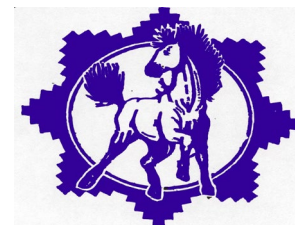


**Ch'ooshgai Community School**  
**P.O. Box 321**  
**Tohatchi, New Mexico 87325**  
**Ph# (505) 733-2700 Fax# (505) 733-2703**



**New Student Enrollment Check List for 2022/23**

*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.

**Required-Original Documents: (No Exceptions)**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Certificate of Indian Blood
- \_\_\_\_\_ Updated Immunization Record (Current Year-2022)

**Other Forms/Documents:**

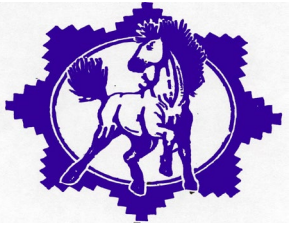
- \_\_\_\_\_ Residential/Dorm Enrollment Packet (Available upon request)
- \_\_\_\_\_ Transportation: Bus Pass
- \_\_\_\_\_ Guardianship Decree
- \_\_\_\_\_ McKinney Veto (Homeless)
- \_\_\_\_\_ IEP: Exceptional Student Service, Gifted & Talented or Bilingual
- \_\_\_\_\_ Sports Physical Form (Available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

**New student 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'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'OO SHGAI 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 1/4 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 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 ( )

**FAMILY AND BACKGROUND INFORMATION**

Child Lives With: \_\_\_\_\_Both Parents \_\_\_\_\_Father \_\_\_\_\_Mother \_\_\_\_\_Legal Guardian

**(Father):** \_\_\_\_\_ **(Mother)** \_\_\_\_\_

Census No: \_\_\_\_\_ Census No: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact 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 #: \_\_\_\_\_

**LANGUAGE SPOKEN AT HOME**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**WHATS YOUR CHILD IS CLAN:**

1.) \_\_\_\_\_ (Maternal/Mom)

2.) \_\_\_\_\_ (Paternal/Father)

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

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**FOR SCHOOL USE ONLY!!**

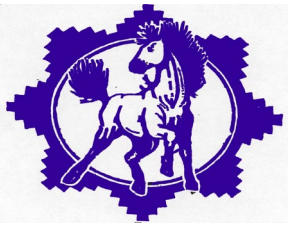
**The student has been approved for enrollment for SY-2022/23**

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CCS Principal

\_\_\_\_\_  
Date



# CH'OOSHGAI COMMUNITY SCHOOL

## Student Checkout Procedure for SY-2022/23

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 to add individual to checkout 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: **(Location to find home)** \_\_\_\_\_

List the Names of Sibling attending Ch'oozhgai Community School: (Only Brothers/Sisters, No Other Relatives)

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. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date