



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

## NEW Student Enrollment SY-2025/2026

Student Name : \_\_\_\_\_ Grade: \_\_\_\_\_

Ch'ooshgai Community School is accepting NEW Student Enrollment Application  
for School Year 2025/2026

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 following documents are required:

### Forms Check List:

- \_\_\_\_\_ Enrollment Application & Home Map
- \_\_\_\_\_ Health Authorization Form
- \_\_\_\_\_ Transportation Bus Form
- \_\_\_\_\_ McKinney-Vento - Student Residency
- \_\_\_\_\_ BIE Home Language Survey (New Students Only!)
- \_\_\_\_\_ Technology Agreement & Media Release Form

### Office Use Only!

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-2025)
- \_\_\_\_\_ Guardianship Decree or Power of Attorney
- \_\_\_\_\_ \*Report Card/Proof of Grade Level (Current SY-2024/2025)
- \_\_\_\_\_ \*Withdrawal Slip from prior school.

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

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Staff Initial: \_\_\_\_\_

### Other Forms/Documents:

- \_\_\_\_\_ Residential Enrollment Packet (*Available upon request and must be filled out with the academic enrollment office.*  
registrar.
- \_\_\_\_\_ IEP: Exceptional Student Service, Gifted & Talented or Bilingual
- \_\_\_\_\_ NMAA Sports Physical Form (*Available upon request*)

Ch'ooshgai Community School upholds Suspensions/Expulsions of other schools. Any student that has been on suspension or expulsion from their prior schools must be cleared and approved with the Ch'ooshgai Community School Principal.





CH'OOSHGAI COMMUNITY SCHOOL  
BOARD OF EDUCATION, INC.

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

**STUDENT ENROLLMENT APPLICATION SY-2025/2026**

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 ( )

Reason for choosing to attend Ch'ooshgai Community School: \_\_\_\_\_

**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.

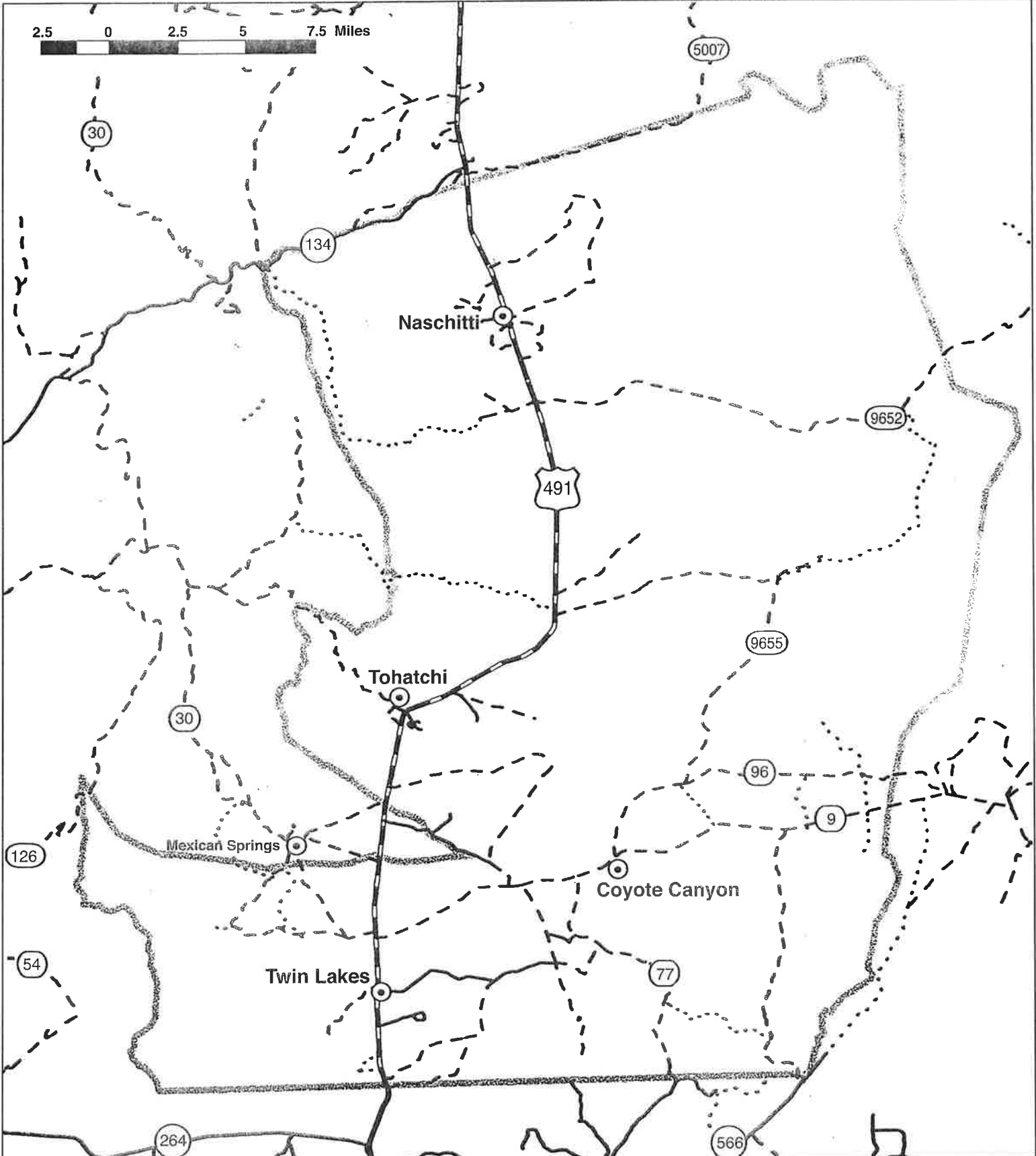
SIGNATURE OF PARENT/LEGAL GUARDIAN      DATE

**FOR SCHOOL USE ONLY!!**  
**The student has been approved for enrollment for SY-2025/2026**

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



## 2025-2026 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.**

<b>Student's Last Name:</b>	<b>Student's First Name:</b>	<b>Middle:</b>	<b>Gender:</b>	<b>D.O.B</b>
<b>SECTION ONE-STUDENT EMERGENCY CONTACT INFORMATION</b>				
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. <b>PLEASE KEEP THESE NUMBERS CURRENT!</b>				
<b>Parent/Guardian Name:</b> * _____	<b>Address:</b>	<b>Phone #1:</b>		
<b>Relationship:</b> _____		<b>Phone #2:</b>		
		<b>Phone #3:</b>		
<b>Parent/Guardian Name:</b> * _____	<b>Address:</b>	<b>Phone #1:</b>		
<b>Relationship:</b> _____		<b>Phone #2:</b>		
		<b>Phone #3:</b>		
<b>Emergency Contact List</b>	<b>Relationship</b>	<b>Phone #1</b>	<b>Phone #2</b>	
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

<b>Student's Insurance:</b>	<b>Subscribers Name:</b>	<b>ID#</b>
<b>TO GRANT CONSENT</b>		
In case of an emergency involving my child <b>AND I CANNOT BE REACHED</b> . I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:		
<b>Healthcare Provider:</b>	<b>Phone:</b>	
<b>Dentist:</b>	<b>Phone:</b>	
<b>Hospital:</b>	<b>Phone:</b>	

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'oooshgai Community School  
Transportation Bus Form  
SY-2025/2026**



Student Name(s): \_\_\_\_\_ Grade Level: \_\_\_\_\_

Dad Cell Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_

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

Residence/Route (be specific) \*\* Identify any visible factors that will give direction to your home. List any road numbers or rural addresses. Home location directions: \_\_\_\_\_

Color of home: \_\_\_\_\_ Color of roof: \_\_\_\_\_

Distance from School: \_\_\_\_\_ Type of home: \_\_\_\_\_



**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_

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

\_\_\_\_\_ Bux 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Division of Performance and Accountability  
Supplemental Education Programs  
McKinney-Vento Education for Homeless Children & Youth Program  
STUDENT HOUSING QUESTIONNAIRE

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ • Male • Female • Non-binary

Last School attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address of where the student slept last night: \_\_\_\_\_

Parent/Guardian/Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_ Email, if available: \_\_\_\_\_

Is the student's address a temporary living arrangement? • Yes • No

**Note: If you checked "No," you may STOP here. Thank you.**

If temporary, is this living arrangement due to loss of housing or economic hardship? • Yes • No

**Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:**

- ☐ **Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason  
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- ☐ In a **hotel/motel** (Name of hotel/motel): \_\_\_\_\_
- ☐ In a **shelter** or transitional housing program (name of shelter or program): \_\_\_\_\_
- ☐ In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
- In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- ☐ With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

Last Name	First Name	Grade	School

*The undersigned certifies that the information provided above is accurate.*



# CH'OOSHGAI COMMUNITY SCHOOL, INC.



P.O. BOX 321  
TOHATCHI, NM 87325



505-733-2700



505-733-2703

Renee Tolino, Principal

Board of Directors:

Willis Nez, President

Raymond Barney, Vice-President

Benjenita K. Bates, Secretary

Treva M. Roanhorse, 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'ooshgai Community School for the 2025-2026 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: \_\_\_\_\_






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 P.O. BOX 321  
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**Renee Tolino, Principal**

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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: \_\_\_\_\_



## 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