

SCHOOL REGISTRATION FORM

CHIEF TAHGEE
ELEMENTARY
ACADEMY



208.237.2710

info@chieftahgee.org

34 S Hiline, Pocatello, ID 83202



INFORMATION

Today's Date: _____

Registration Received On: _____

STUDENT INFORMATION

Name:	Date of Birth: / /	
Preferred Name or nickname:	Grade for 26-27:	
Mailing Address:		
Physical Address:		
City:	State:	Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous School (if any):	
Home Phone:	Cell Phone:	
Fort Hall Reservation District/Area where you live (if applicable):		
Who does student live with? Mother:	Father:	Other:

PARENT/GUARDIAN INFORMATION

Guardian Name:	Relationship to Student:	
Home Address (if different from student):		
Home Phone:	Cell:	Work:
Email Address:		
Employer:		

PARENT/GUARDIAN INFORMATION 2 (IF APPLICABLE)

Guardian Name:	Relationship to Student:	
Home Address (if different from student):		
Home Phone:	Cell:	Work:
Email Address:		
Employer:		

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Relationship to Student:	Phone Number:

Your Contact information will be used for the following purposes school, teacher and parent communications, including school social events, school directory, and other community events for Chief Tahgee Elementary Academy. At no time will this information be distributed outside of the school.

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STUDENT INFORMATION

- Does your student currently receive a special service? Check all that apply
 - IEP (Individualized Education Plan)
 - 504
 - English Learner
- Has this student ever been expelled or suspended in Idaho? Yes No
(Prior suspension and/or expulsion does not necessarily mean a student is ineligible to attend CTEA).
If yes, please explain:

Which of the following groups describe the students race?

- American Indian or Alaska Native (Tribal affiliation(s):
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

After School Plan

- Child to be picked up by parent/guardian
- Child will ride the bus (see transportation info)
- Child will ride home with another family member (name):
- Child will attend daycare (list daycare):
- Child will attend after school program (list program):

Legal Restrictions

Are there legal restrictions regarding contact with this child? **(Circle one) YES NO**

If yes, a copy of the court order **MUST** be on file at school in order to enforce restrictions of visitation, restraining orders, custody awards or other court orders.

Our normal procedure is to contact the custodial parent when individuals attempt to make contact with your child without proper authorization.

Please let office staff know of any other procedures you want us to follow. Your child's welfare is our primary concern. Please advise the school immediately of any changes. Your cooperation is appreciated.

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MEDICAL INFORMATION

Has your student ever had problems with: (Circle all that apply)

EARS EYES ASTHMA SPEECH A.D.D A.D.H.D HEAD INJURY
EPILEPSY ALLERGIES SEIZURES CONVULSIONS

Does your child take medication on a regular basis? (if yes, fill out below)

Medication:.....

Reason for medication:.....

List doses and times taken:.....

List any side effects:.....

Does your child have any food allergies? If yes, fill out Meal/Allergy Form

List any other medical history you think is relevant for us to provide the best learning opportunity for your student:

Parent/Guardian Signature:

Date:

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MEDICAL INFORMATION

Consent:

I hereby give permission for my minor child to receive medical treatment from a physician, hospital staff, registered or licensed nurse, or emergency medical technician for any illness or injury that may occur while on or near CTEA school grounds or during school-related activities.

This consent includes, but is not limited to, emergency medical care or surgery that may be considered necessary for my child's immediate health and safety. This authorization will only apply if the parent, guardian, or acting custodian cannot be reached after reasonable efforts have been made to contact them at the time treatment is needed.

This consent will end once a parent, guardian, or acting custodian has been contacted. Any further medical treatment after that time may only be provided with the consent of the person contacted.

This authorization will remain in effect unless it is revoked in writing by the undersigned.

I agree this information may be shared with appropriate school personnel for educational or safety purposes.

It is important for parents and guardians to understand that, despite CTEA's careful supervision and safety precautions, accidents may still occur. CTEA carries liability insurance, but does not provide health insurance to cover medical expenses resulting from injuries that may happen at school, during school activities, or on field trips. Parents, guardians, and acting custodians should be prepared for any medical costs that may arise if their child is involved in an accident while participating in school-related activities.

I have read and understand that the medical costs for injuries that occur at school or during off-campus activities are the parent/guardians responsibility.

Parent/Guardian Signature:

Date:

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INFORMATION

ED506 FORM

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program.

If you choose to submit this form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count.

This form should be kept on file with the grant applicant and will not need to be completed every year.

Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name:	Date of Birth:	/	/
Name of school:	Grade for 26-27:		
School District:			
The individual with Tribal Membership is the (select only one):			
Child	Child's Parent	Child's Grandparent	
If individual with Tribal Membership is not child listed above, name the individual with tribal membership			
Name:	Address:	City:	State: Zip:

TRIBE OR BAND (SELECT ONLY ONE)

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994

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PROOF OF MEMBERSHIP IN TRIBE OR BAND LISTED ABOVE

Membership or enrollment number establishing membership: _____

Other evidence establishing membership in Tribe listed above: _____

Membership or enrollment number establishing membership or other evidence establishing membership in the Tribe listed above: _____

ATTESTATION STATEMENT

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian: _____

Signature: _____

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

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ATTESTATION STATEMENT

For Parent/Guardians - Definitions

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-465. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Parent/Guardian Signature: _____

Date: _____

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STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act, Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student staying at night-time? Check one box

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing or awaiting an apartment due to loss of housing or economic hardship	<input type="checkbox"/> Choices in Section A do not apply
<input type="checkbox"/> In a temporary trailer, campground, car or hotel/motel parking	
CONTINUE: If you checked a box in section A, complete #2 and the remainder of form	STOP: If you checked this section, you do not need to complete the remainder of this form. Submit form with this school packet.

2. The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult that is not the parent or legal guardian

School:

Name of Student:

Male Female Date of Birth: Age: Social Security Number:

Name of Parent/Legal Guardian(s):

Address: Zip: Phone:

Signature of Parent/Legal Guardian:

Date:

Name & phone number of a school contact person who may know of the families situation:

If the parent/guardian has checked section B above, completion of this form is not required. For any choices in Section A, this form must be immediately routed to appropriate staff. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

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FIELD TRIP PERMISSION SLIP

Student's Full Name: _____

Grade: _____

The administration, teachers, and staff at CTEA believe that community involvement, off-campus activities (such as P.E. at nearby parks), and field trips are an important part of your child's education.

During the school year, your child may have opportunities to participate in these activities.

To allow your child to participate, this permission form must be completed and signed by a parent or guardian.

Parents may also choose not to allow their child to participate in off-campus activities. Students will not be allowed to attend any off-campus activity or field trip without a signed permission form on file. No exceptions can be made.

My child _____

- Has permission
- Does not have permission

to participate in school-related off-campus activities and field trips.

Parent / Guardian Signature: _____

Date: _____

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STATEWIDE HOME LANGUAGE SURVEY

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

Student Name:	Date:
Birthdate:	Gender:
School:	Grade:

1. What language(s) are spoken in the home?
2. What language(s) does your student speak most often?
3. What language(s) did your student first learn?
4. Which language does your child speak with you?
5. Which language do you use when speaking with your child?
6. Which language do you want phone calls and letters?
7. What is your relationship to the child? Mother Father Guardian
 Other(specify)
8. Is there any additional information you would like the school to know about your child?

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REQUEST FOR STUDENT RECORDS

Request for Student Records
Chief Tahgee Elementary Academy
Attention: Natalie Blackhawk
Po.Box 217
34 S Hiline Rd
Pocatello, ID 83203
Phone: 208.237.2710 Fax: 208.203.8538

Previous School: _____

District: _____

Student's Name: _____

Date of Birth: _____

The above student has enrolled at Chief Tahgee Elementary Academy in the grade. Please send all of the following:

- Transcripts of grades
- Standardized test scores
- Health and Immunization records
- Copy of Birth Certificate
- Psychological testing
- Behaviour and Discipline Records
- Eligibility, IEP, 504 resource files

Schools or school systems are not required to have parental or student approval to release records to other school systems.

Please refer to General Education Provision Act - Action 513 of Public Law 90.247 as amended added by section 513 of Public Law 93, amended by section 2 of Public Law 13.568.

Thank you for your cooperation!

By signing this form, parents/guardians agree not to enroll their student in another school without first officially withdrawing them from Chief Tahgee Elementary Academy.

Parent/Guardian Signature: _____

Date: _____

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STUDENT TRANSPORTATION

Please Note: Transportation is only available for students who live within Chief Tahgee Elementary Academy's primary attendance area and for students with disabilities whose IEP includes transportation as a required service. Please refer to the Chief Tahgee Elementary Academy Charter for attendance area information, or contact the Principal/Coordinator of Curriculum and Instruction with questions about IEP-related transportation services.

Busing Options:

Is bus transportation desired? (circle) YES NO

If **YES**, please complete the rest of form

if **NO**, only fill in student's name, parents name and sign.

STUDENT INFORMATION

Name: _____ Age: _____

Sex: _____ Special Needs: _____

Parent/Guardian Name: _____

Work Phone: _____ Cell: _____ Other: _____

Fort Hall Reservation District/Area where you live (if applicable): _____

Home Address: _____

Nearest Cross-roads: _____

Description of Residence: _____

Pickup Address (if different): _____

Nearest Cross-roads: _____

Drop Off Address (if different) _____

Nearest Cross-roads: _____

Emergency Contact Information:

Name: _____

Phone: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

Date: _____

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STUDENT TRANSPORTATION

Authorized to DROP-OFF / PICK-UP Student

Please list names and telephone numbers of anyone who is authorized to drop-off/pick-up your child other than you.

Name(s)	Relationship	Telephone

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MEDIA CONSENT FORM

Chief Tahgee Elementary Academy (CTEA) occasionally works with news media who wish to interview, photograph, or film students – especially in connection with our language immersion program. Media may also be invited to cover school events.

While we try to cooperate with the media as a public school, your family's privacy comes first. Please sign and return this form to let us know your preference.

- YES** – I, the parent/guardian of the student listed below, give my consent for my child's name and/or image to be published or broadcast by the news media as described above.
- NO** – I, the parent/guardian of the student listed below, do not give consent for my child's name and/or image to be published or broadcast by the news media in any situation where the school has control over such activity.

Social Media Consent Form

Under the Freedom of Information and Protection of Privacy Act, CTEA must have your permission before posting your child's full name, photo, or video on the school website and social media, which is viewable by the general public. We may post these in connection with everyday school activities or student achievements.

Please indicate your preference below.

- YES** – I, the parent/guardian of the student listed below, give my consent for my child's name, photo, and/or video to be posted on the school website and social media.
- NO** – I, the parent/guardian of the student listed below, do not give consent for my child's name, photo, and/or video to be posted on the school website and social media.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

(School staff cannot control news media access or photos/videos at public locations (e.g. field trips) or school events open to the public such as student performances, school board meetings, etc.)

This consent is renewed each school year. However, you may submit a new form to CTEA at any time to change your preference.

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AUTHORIZATION TO RELEASE INFORMATION

I authorize Chief Tahgee Elementary Academy to share the following information with the Tribal Youth Education Program (TYEP) and State Tribal Education Partnership (STEP) for the purpose of educational supports and interventions.

- Academic Grades
- Attendance (absenteeism, tardiness, suspension)
- IRI/ISAT scores
- General Behavior
- Other

I understand that information obtained and provided will be treated in a confidential manner.

Parent/Guardian Signature: _____

Date: _____

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SCHOOL ATTENDANCE CONTRACT

Working Together for Your Child's Success

We believe that when families and school work as a team, students thrive! Here's how we can partner together to help your child have a great year:

Our Students Will:

- ★ Come to school every day and arrive on time
- ★ Follow school rules, dress codes, and treat others with respect
- ★ Complete and turn in homework as assigned

Our Families Will:

- ♥ Help get your child to school on time every day
- ♥ Please avoid early pickups unless absolutely necessary — every minute of learning counts!
- ♥ Call the school by 9:00 a.m. on any day your child is absent due to illness
- ♥ Provide a doctor's note if your child misses three or more consecutive days
- ♥ Attend any school meetings scheduled to discuss your child's attendance

Here's how we'll work with you along the way:

- 3 Absences — A Friendly Check-In

Your child's classroom teacher will reach out to chat with you about any challenges your family might be facing that are making regular attendance difficult. We're here to listen and help!

- 4 Absences — Let's Find Solutions

Our school administrative assistant will contact you to talk through what's going on and explore ways we can work together to improve attendance going forward.

- 5 Absences — Outside Resource Check-in

Following a student's **FIFTH UNEXCUSED/UNVERIFIED ABSENCE** for the school year, the Fort Hall Police Department will conduct a truancy-related welfare check and a written warning will be issued. A police report will then be submitted to the Tribal Prosecutor's Office for Review.

- 6 Absences — Outside Resource Check-in

Following a student's **SIXTH UNEXCUSED/UNVERIFIED ABSENCE** for the school year, the Fort Hall Police Department will conduct a truancy-related welfare check and a criminal citation will be issued. A police report will then be submitted to the Tribal Prosecutor's Office for Review.

- 16 Absences - Chronic Truancy

At this point, your child will unfortunately be considered chronically truant. In accordance with Idaho Code 33-205, the school board will review the situation, which may include a discussion of expulsion. All relevant agencies will also be formally notified.

We sincerely hope we never reach this point. Please know that our door is always open — the earlier you reach out, the more we can do to help! ♥

Parent/Guardian Signature: _____

Date: _____

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TECHNOLOGY USAGE POLICY

Technology/Internet Usage Policy

The internet and school technology are provided primarily for educational purposes. While we respect students' right to free speech, we ask everyone to be thoughtful, kind, and responsible when using school devices and the internet.

Inappropriate Use

The following activities are considered inappropriate and are not permitted on school devices or networks:

- ⊘ Sending, viewing, or sharing offensive, pornographic, threatening, or harmful images and messages
- ⊘ Accessing or sharing content related to drugs, alcohol, gangs, sexual activity, or hate groups
- ⊘ Damaging, tampering with, or misusing school computer equipment or systems
- ⊘ Violating copyright laws by downloading or sharing protected content
- ⊘ Sharing your username or password with others, or using someone else's login credentials
- ⊘ Accessing another user's account, folders, or files without permission
- ⊘ Wasting shared resources — such as forwarding chain letters, streaming music or video, or downloading software unrelated to schoolwork
- ⊘ Using VPNs to get around the school's network filters
- ⊘ Using the school's internet for personal shopping or commercial activities
- ⊘ Participating in chat rooms or unauthorized live communication
- ⊘ Cyberbullying of any kind — including sending hurtful messages, spreading rumors, or sharing embarrassing photos, videos, or fake profiles

Consequences

Violations of this policy may result in:

- ⚠ Loss of technology and internet privileges
- ⚠ Confiscation of equipment
- ⚠ Further disciplinary or legal action
- ⚠ The student/family being billed for any damage to school equipment or costs incurred as a result of misuse

All computer network usage is subject to filtering and monitoring. Therefore, be reminded there is no expectation of privacy.

Parent/Guardian Signature: _____

Date: _____