

CTEA – Student Registration 2024 – 2025

Today's Date _____ Date & Time Received: _____

Student's Mailing Address: _____ City _____ State: _____ Zip: _____

Student's Physical Address: _____ City: _____ State: _____ Zip: _____

Is student's address located on the Fort Hall Indian Reservation? _____

Please indicate if the student's physical address is taxed in the county in which s/he lives:

Yes _____ No _____

Student's home phone number _____ Student's cell phone number _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
(full legal name)

Preferred first name or nickname: _____ Female _____ Male

Date of Birth _____ Grade for 2024 – 2025 _____

Last School Attended: _____ District: _____

Parent/Guardian:

Last Name: _____ First Name: _____ Relationship to student: _____

Street Address: _____ City _____ State: _____ Zip: _____
(If different from student's address)

Home phone #: _____ Cell phone #: _____ Work phone #: _____
Which is the primary phone number? _____ Home _____ Cell _____ Work

Email Address: _____ Employer: _____

Is employment located on the Fort Hall Indian Reservation or other federal lands? _____

Parent/Guardian/ Authorized Custodian 2

Last Name: _____ First Name: _____ Relationship to student: _____

Street Address: _____ City _____ State: _____ Zip: _____
(If different from student's address)

Home phone #: _____ Cell phone #: _____ Work phone #: _____
Which is the primary phone number? _____ Home _____ Cell _____ Work

Email Address: _____ Employer: _____

Is employment located on the Fort Hall Indian Reservation or other federal lands? _____

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.

Enrollment - Chief Tahgee Elementary Academy reserves the right at any time to revoke enrollment for any of the following: 1) Poor attendance; 2) Excessive tardiness 3) Non-compliance with school rules; 4) Misrepresentation or falsification, or omission of any Information on any CTEA form(s),

Is your student currently receive a special service (e.g. Gifted and Talented, IEP, 504, English language Learner)? Yes ___ No _____

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 student's race?

American Indian or Alaska Native (tribal affiliation(s)) _____

Asian _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Is student Hispanic or Latino? (Choose only one)

No, Not Hispanic / Latino

Yes, Hispanic/ Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In accordance with federal civil rights laws and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, CTEA is prohibited from discriminating on the basis of race, and/or. national origin, sex (including gender identity and sexual orientation}, disability, age, or reprisal or retaliation/or prior civil rights activity.

PARENT/GUARDIAN SIGNATURE;

To the best of my knowledge, the Information provided herein is accurate and has not been misrepresented or falsified.

Parent/Guardian Signature: _____ Date: _____

Additional (If needed/desired):

Parent/Guardian Signature: _____ Date: _____

After School Plan (please check all that apply)

_____ Child to be picked up by parent/guardian _____

_____ Child will ride the bus _____

Child will ride home with another family/person _____
Name of Family/Person

Child will attend daycare after school _____
Name of Daycare

Less than eight is great!!!! Be @ school!!!
Chief Tahgee Elementary Academy

School Attendance Contract

Educational Neglect and Truancy Prevention Program

In order for students to be academically successful, we need families to work with us to make the following objectives happen:

STUDENTS SHALL:

- Attend school every day.
- Arrive at school on time.
- Obey all school rules, dress codes and behave appropriately at school.
- Complete and return all homework as directed.

PARENT(S)/GUARDIANS SHALL:

- Get child to school every day on time.
- Not remove child from school early without providing a lawful excuse.
- For all illness absences:
 - Contact the school by 9:00 a.m. to explain student absence.
 - Provide the school with written verification by doctor if absent three consecutive days.
 - Attend all meetings scheduled by the school regarding absences.

AFTER:

- **Three (3) absences:** The school shall contact parents (classroom teacher) to discuss why a student has been absent, as well as any barriers they might experience that prevents consistent school attendance for student(s).
- **Five (5) absences:** The school shall contact parents (school administrative assistant) when a student accumulates to discuss possible remedies to prevent inconsistent attendance.
- **Nine (9) absences:** The school shall provide a written attendance letter (Principal) to the parents/guardians "at risk". The Tribal Prosecutor, Police Department, Social Services, Tribal Youth Education, or appropriate county officials in writing that student is considered "at risk" for academic success. At this time a meeting will also be arranged for parents/guardians and students to meet with School Board of Directors to discuss possible remedies to prevent the student from entering chronically truant status.
- **Sixteen (16) absences:** The student will be considered "chronically truant" and will be referred to the Board of Directors for expulsion in accordance with Idaho Code 33-205. The school will send notice of the Board action to the above-named agencies.

STUDENT(S), PARENT(S), GUARDIAN(S) SIGNATURE:

I/we agree to participate in the above agreement and understand that if I/we fail to abide by its terms, I/we can be referred to the above-named agencies for further action.

Parent/Guardian

Student

Medical Information

Has your child ever been diagnosed with a serious illness such as diabetes or asthma?

____ Yes ____ No If yes, please explain: _____

Does your child have any allergies we should be aware of?

____ Yes ____ No If yes, please explain: _____

Please list any other disease, health problem or handicap (such as orthopedic, heart, vision, and hearing) or anything that school staff should be aware of:

Does your child take medication on a regular basis? Yes No

If yes, name of medication: _____

Reason for taking medication: _____

List times of day taken: _____

Is it necessary to give at school? __ Yes __ No

What side effects do you see from this medication: _____

If more than one medication is given, please give names, dosage, times and reason for taking that medication:

List any other medical history not covered that you think is important for us to know in order that we may give your child the best opportunity for learning. _____

Physician: _____ Phone Number: _____

Preferred Hospital: _____

Emergency Contacts (Other than Parents)

Name: _____ Relationship (to student): _____ Phone #: _____

Name: _____ Relationship (to student): _____ Phone II: _____

Student Injuries/Medical costs

It is important for parents to understand that even with CTEA taking the greatest or all precautions and having close supervision, accidents unfortunately can happen. CTEA carries only liability insurance, meaning that we do not carry health insurance that will cover the cost of medical expenses resulting from an injury that a student may sustain while attending school or during off-campus activities and field trips. Parents/Guardians/Acting Custodians should be prepared for possible medical expenses that may arise if their child is involved in an accident at school.

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

Parent/ Guardian Signature: _____ Date: _____

Consent

I hereby consent to the treatment of my minor child by medical physician or medical personnel at any hospital or temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to my minor child while on or adjacent to any school grounds of CTEA.

This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of my child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment.

This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/ Guardian signature: _____ Date: _____

Additional information that you would like us to know about your child:

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

Parent/ Guardian Signature: _____

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. Y 011 arc 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 of the Child _____ Date of Birth _____ Grade level ____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____ child ____ child's parent

____ child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____ City _____ State ____ Zip Code _____

The Tribe or Band is (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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

_____ Membership or enrollment number establishing membership (if readily available) or

_____ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

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 Code ____

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 fom1.

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 n1embcrshp 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 I. 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



Chief Tahgee Elementary Academy District #483

Student Residency Questionnaire

This questionnaire is Intended to address the McKinney-Vento Act, Your response& 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 **nighttime**? Check one box

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care. <input type="checkbox"/> with more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> in a temporary trailer, campground, car, or park <input type="checkbox"/> in a hotel or motel CONTINUE: 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. STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel. Thank you.

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 no the parent or the legal guardian

School _____

Name of Student _____ Male Female

Birth Date _____ Age _____ Social Security Number _____

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

If the parent/guardian has checked Section s above, completion of form Is not required. For any choices In Section A, this form must be immediately routed to appropriate personnel, the original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

_____ Date Distributed: _____



Chief Tahgee Elementary Academy

Field Trip Permission

Student's full name: _____ Grade: _____

The administration, teachers and staff of CTEA believe that community involvement, off campus activities (P.E., nearby parks) and field trips are an important part of your son's or daughter's education. This year your child will have the opportunity to participate in off-campus activities/field trips, Because of this, we are asking you to complete this form granting permission for your child to participate. However, parents can choose to not have their child participate in said activities. No student is allowed on any off-campus trips without this signed and completed form. Teachers will not be permitted to make exceptions to this rule for any reason.

My child _____ has (_____ does not have) permission to attend school related off campus activities.

Parent/ Guardian Signature: _____ Date: _____



Chief Tahgee Elementary Academy

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.

<u>Student Name:</u>		<u>Date:</u>	
<u>Birthdate:</u>		<u>Gender:</u>	
<u>School:</u>		<u>Grade:</u>	

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? _____



REQUEST FOR STUDENT RECORDS

**Chief Tahgee Elementary Academy
Attention: Dr. Cyd A. Crue
P.O. Box 217
Fort Hall, Idaho 83203
Phone: 208-237-2710 Fax: 208-237-1734**

Previous School: _____ District: _____
(Name of School) (Name of District)

Student's Name: _____ Data of Birth _____ The above student has enrolled in Chief Tahgee Elementary Academy in the _____ grade. Please send all of the following:

- Transcripts of grades
- Standardized tests scores
- Health and Immunization records
- Copy of birth certificate
- Psychological testing
- Behavior and Discipline records
- Eligibility, IEP, 504, - Resource file

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. 380, amended by section 2 of Public Law 13-568.

Thank you for your cooperation,

Parents, by signing this form, you also agree not to register your student for any other school without withdrawing from Chief Tahgee Elementary Academy first.

Signature of School Representative _____ Date _____

STUDENT TRANSPORTATION FORM

PLEASE NOTE: Transportation will only be provided to students residing within Chief Tahgee Elementary Academy's primary attendance area and for students with disabilities who have special transportation identified as a service on the student's IEP. Please see the Chief Tahgee Elementary Academy Charter for information about the attendance area or to talk to the Principal/Coordinator of Curriculum and Instruction for questions about IEP-related transportation needs.

Busing Options:

Is bus transportation desired? (Circle) YES NO

-If yes, please complete the rest of the form.

-If no, only fill in student's name, parent's name, and sign.

Student's Name _____

Grade _____ Sex _____ Age _____ Special Needs _____

Parent/Guardian Name _____

Work phone _____ Cell _____ Sitter _____

Home Location Address _____

Nearest Crossroads _____

Description of Residence _____

Pickup address (If different) _____

Nearest Crossroads _____

Dropoff Address (If different) _____

Nearest Crossroads _____

Emergency Contact Information

Name	Phone	Relationship to Student
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_____	_____	_____
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Parent/Guardian Signature _____ Date _____



Media / Website Consent Form

News Media

Chief Tahgee Elementary Academy sometimes receives requests from the news media to interview, photograph, or videotape individual or groups of students in connection with stories the media are working on. Of particular interest is CTEA's unique language immersion program. Also, the news media is sometimes invited to school functions to publicize events.

As a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

Yes, as the parent or guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above,

No, as the parent or guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school has control over such activity.

(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.)

School Website

In accordance with the freedom of Information and Protection of Privacy Act, Chief Tahgee Elementary Academy requires consent to use a student's full name or photograph/video on the school website which is accessible to the general public. Therefore, your permission is requested to post your child's name, photograph, or video of your child in connection with positive, day-to-day school activities or personal accomplishments,

Yes, as the parent or guardian of the student named below, I give my consent to the publication of his/her name and/or photo or video on the school website.

No, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo, or video on the school website.

(Consent is renewed annually. However, you may resubmit a new consent form to CTEA at any time to change your consent.)

Parent / Guardian Signature

Date

Student's Name (print)

Grade



AUTHORIZATION TO RELEASE INFORMATION

I authorize Chief Tahgee Elementary Academy to share the following information for

_____ (student name) with the Tribal Youth Education Program 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