



# To'Hajiilee Community School

P.O. Box 3438  
To'Hajiilee, NM 87026

## SY' 2024 - 2025

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

### NEW ENROLLMENT

<input type="checkbox"/>	Student Enrollment Application Form & Checkout Card ( <b>DO NOT</b> sign if <b>NOT</b> the custodial parent)
<input type="checkbox"/>	Canoncito Health Center Consent Form
<input type="checkbox"/>	TCS Parent Consent Form
<input type="checkbox"/>	Computer Network Access & Use Policy Form/ Video-Photo-Media Release Form
<input type="checkbox"/>	Parental Medical Consent Form
<input type="checkbox"/>	Up-to-date Immunization Records (Must have 2024 date) <b>MANDATORY</b>
<input type="checkbox"/>	Certificate of Indian Blood (CIB) <b>MANDATORY</b>
<input type="checkbox"/>	Original Birth Certificate/Social Security Card - <b>MANDATORY</b>
<input type="checkbox"/>	Copy of Pre-school Promotion Certificate for incoming Kindergarteners.
<input type="checkbox"/>	<b>OFFICIAL</b> Copy of school withdrawal form
<input type="checkbox"/>	<b>FOR ALL TRANSFER STUDENT:</b> Copy of Transcript, Grades, Test Scores, etc.
<input type="checkbox"/>	<b>Legal Documentation:</b> IF you are not the custodial parent of student we require Guardianship or Court Documents for enrollment.

<input type="checkbox"/>	Student Transportation Form
<input type="checkbox"/>	NMPED Language Usage Survey
<input type="checkbox"/>	Parent Compact Form
<input type="checkbox"/>	Parent Portal Username: _____ Password: _____
<input type="checkbox"/>	Parent Email Address: _____

<b>OFFICE USE ONLY</b>	
Received by: _____	Date: _____
Approved <input type="checkbox"/>	Incomplete <input type="checkbox"/>

Form(s) Needed:

Date Submitted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade Level: \_\_\_\_\_

SY' 20 \_\_\_\_\_

# To'Hajiilee Community School

PO Box 3438

To'Hajiilee, NM 87026

## Student Enrollment Application



"Home of the Warriors"

Entry Date:

Withdrawal Date:

<b>Native American Student Information System (NASIS) ID No.</b>							
<b>Student Name:</b> LAST FIRST MIDDLE		<b>GENDER</b>		<b>DOB:</b>		<b>CIB NUMBER:</b>	<b>Degree of Indian Blood:</b>
		F M					
<b>Student Address:</b> City: State: Zip Code:			<b>Birth Place:</b>		<b>Tribal Affiliation:</b>		<b>Chapter Affiliation:</b>
<b>Physical Address/Home Location:</b>			<b>Language most Spoken at Home:</b>			<b>Language Most Spoken by Student:</b>	
<b>With who does the student live?</b>			<b>Did student participate in English Language Learn (ELL).</b>			<b>Did student participate in Special Education</b>	
Both Parents Father Mother Grandparents Guardian Other			YES or NO			YES or NO	
Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?							
<b>Father:</b> Tribal Affiliation:				<b>Mother:</b> Tribal Affiliation:			
Address (city, state, zip code):				Address (city, state, zip code):			
Physical Address/Home Location:				Physical Address/Home Location:			
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Email:		Cell Phone		Email:		Cell Phone	
Employer:		Census No.:		Employer:		Census No.:	
Contact Allowed:		Received student mailing?		Contact Allowed:		Received student mailing?	
<b>Guardian Name:</b>				Contact Allowed:		Received student mailing?	
Address (city, state, zip code):				Physical Address/Home Location:			
Home Phone:		Work Phone:		Cell Phone:		Other:	
Email:				Employer:			
<b>Emergency Contact: (other than parent/guardian)</b>				<b>Emergency Contact: (other than parent/guardian)</b>			
Relationship to student:		May Pick up Student?		Relationship to student:		May Pick up Student?	
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Cell Phone:		Other:		Cell Phone:		Other:	

**Attach required supporting documentation (Birth Certificate, Certificate of Indian Blood, Out of Boundary Waiver (if applicable), Immunization Records, Legal Guardianship and Social Security Card) to complete the application for enrollment. All documents must be present and copied for enrollment to be complete.**

*Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action?*

\_\_\_\_\_.

*(Attach required supporting documentation (Birth Certificate, Certificate of Indian Blood, Out of Boundary Waiver (if applicable), Immunization Records, Legal Guardianship and Social Security Card) to complete the application for enrollment. All documents must be present and copied for enrollment to be complete.*

I am legally responsible for this student and hereby apply for his/her admission to To'Hajilee Community School. I understand that additional may be required by the school before this student is officially enrolled.

I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that my legal update of the information on this enrollment form is my responsibility.

\_\_\_\_\_  
*Print name of Parent/Legal Guardian*

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

\_\_\_\_\_  
*Date*

**OFFICIAL USE ONLY**

**Verified by:**

I certify that the above-named student is enrolled member with the Navajo Tribal Indian Census as being of:

\_\_\_\_\_ *Degree of Indian Blood*

\_\_\_\_\_ *Enrollment/Census Number*

\_\_\_\_\_ *Agency*

APPROVAL OF SCHOOL APPLICATION:

\_\_\_\_\_ *Approved*

\_\_\_\_\_ *Not Approved*

\_\_\_\_\_  
*Signature of Principal or Registrar*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Program Support Assistant*

\_\_\_\_\_  
*Date*

CANONCITO HEALTH CENTER  
DENTAL CLINIC  
PO BOX 3528  
TOHAJILEE NM 87028

CONSENT OF PARENT/LEGAL GUARDIAN/CARETAKER WHO HAS PRIMARY  
RESPONSIBILITY FOR CARE OF CHILD

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PROGRAM/GRADE \_\_\_\_\_

\_\_\_\_\_ I authorize Dental care including dental screenings/examinations, cleanings,  
X-Rays, fluoride, and sealants for the above named child

\_\_\_\_\_ I DO NOT authorize Dental care of any kind for the above named child.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Valid phone number \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Valid until \_\_\_\_\_

Instructions: Please make three copies of this consent form. 1. CBHC Health Records 2. School 3.  
Parent/Guardian/Caretaker

Rev07/03/2019MS

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

Grade: \_\_\_\_\_

**VIDEO/PHOTO/MEDIA RELEASE FORM**

To'Hajjilee Community School's rules and policies do not allow students to actively videotape or photograph anywhere on campus unless the students are involved in a class project. Furthermore, students are not allowed to photograph others, classrooms, teachers, school events or staff unless the students are working with a media class; such as, yearbook, photography or film production.

During the school year teachers and staff may need to film/photograph classroom instruction for educational purposes. To'Hajjilee offers Film Production, Yearbook and Photography classes and these students will be capturing photos/video around campus for these classes.

We value your child's participation. Should any footage or photographs be used in print media, To'Hajjilee's website, Yearbook and/or film class, participating students' names will be cited.

I hereby grant, To'Hajjilee Community School (TCS) the authorization to use and display on TCS publications and/or website, photographs taken of the children listed below participating in school sponsored activities and/or events. I will make no monetary or other claim of any kind against TCS or its directors, administrators, or employees, for the use of the photographs in publication or on the website.

I give permission for \_\_\_\_\_ to be filmed or photographed at To'Hajjilee Community School during the 2024 - 2025 academic year including all school, activities on and off campus.

I **DO NOT** give permission for \_\_\_\_\_ to be filmed or photographed at To'Hajjilee Community School during the 2024 - 2025 academic year including all school, activities on and off campus.

I certify that I am the parent and/or legal guardian:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ACCEPTABLE COMPUTER/INTERNET USE POLICY AGREEMENT FORM**

I have read and will abide by the To'Hajjilee Community School District's Acceptable Use Policy. I understand that I am responsible for my actions while using the District's academic computer systems and the Internet. I understand that my Internet activities will be monitored by the District, and any violation may result in the loss of computer privileges, discipline as per the District Discipline Policy, and/or appropriate legal action.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read and understand that my child must abide by the To'Hajjilee Community School District's Acceptable Use Policy. I understand that some materials on the Internet may be objectionable, but I absolve the To'Hajjilee Community School District and its employees from any liability resulting from my child's activities on the Internet. I understand that my child's Internet activities will be monitored by the District, and any violation may result in the loss of computer privileges, discipline as per the District Discipline Policy, and/or appropriate legal action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student Location: To'Hajjilee Community School/Distance Learning**

# TO'HAIILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

(a non-profit government contractor)

## TCS Parental Medical Consent Form School Year 2024 - 2025

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

Social Security Number (For Hospital Vital Records): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medication Allergies: NO Yes, please explain: \_\_\_\_\_

Food Allergies: NO Yes, please explain: \_\_\_\_\_

Medical History: NO Yes, please explain: \_\_\_\_\_

Medications: NO Yes, please explain: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PRIMARY EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_

### PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Hospital of Physician: \_\_\_\_\_ Address: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

ID #/Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give consent/permission/authorization for all services:

1. Health Care including medical examinations, routine laboratory studies, x-ray procedures and skin tests.
2. Emergency health care for accidents or illness.
3. Transportation for my child to medical facilities when necessary for emergency medical care.
4. Transport and Chaperone Student for Medical exams.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*All information is kept private/confidential according to To'Hajiilee Community School Policy and The Privacy Act of 1974/HIPPA.*

**TO'HAJIILEE COMMUNITY SCHOOL  
STUDENT TRANSPORTATION FORM  
SY' 2024 - 2025**

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

Mother or Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

AM Pick-Up Location: \_\_\_\_\_

PM Drop-Off Location: \_\_\_\_\_

**Secondary Drop-Off Location: (if needed, emergency):** \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# To'Hajiilee Community School Parent Compact For TITLE I School Year 2024 - 2025

## **Parent Portion of Compact:**

As a parent/guardian/grandparent or external family member of To'Hajiilee Community School, I will teach my child (children) the value of respecting self, others and property, behaving appropriately by using good manners. My child will arrive at school on time every day, and bring in required notes for attendance. As the parent/guardian/grandparent or extended family member, I will check with my child to ensure that they are completing their homework, projects and grades, and will communicate with the school when it sends information and contact them when I have a concern, this includes the family center regarding resources and support that is provided for the wellbeing of my child (children). When speaking with my child(children) about their future about college, college career plans, I will motivate them to continue their education. It is my responsibility to make sure that my contact information is updated at least every six (6) months.

Parent or Guardian: \_\_\_\_\_

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

## **Student Portion of Compact:**

As a student of To'Hajiilee Community School, I will respect the rights of others, to learn, take responsibility for my school work and behavior. I will create my short- and long-term goals for the year \_\_\_\_\_. It is my responsibility to have good school attendance, be on time to class and to be ready to work every day; complete all homework assignments and read nightly. I will ask for help from my parents, guardians, grandparents or extended family members when I don't understand my school work, my GPA and credits and any grades or resources I may need by communicating with my teacher, counselors and administration.

TCS Student: \_\_\_\_\_

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

## **Teacher Portion of Compact:**

As a teacher/colleague at To'Hajiilee Community School, I will conduct myself in a courteous and professional manner, communicate in a clear, respectful and in a prompt manner. I will provide a challenging curriculum with high standards and exceptions in academics and behavior, which meets the student's needs; by sharing and encouraging critical thinking, accountability guidance for students to complete classroom tasks, homework on a timely schedule. With parents/guardians/extended family members I will provide opportunities for parent involvement; parent encouragement by communicating by phone, e-mail, home visits, parent conferences. Inviting them to the classroom to participate in their child's (children's) daily class studies. This will provide the opportunity for the parents and students to meet with me to provide guidance on GPA, credits, report cards, and attendance.

Teacher: \_\_\_\_\_

Subject: \_\_\_\_\_

## **Administration Portion of Compact:**

The administration at To'Hajiilee Community School will create a friendly, welcoming atmosphere for parents/guardians/extended families/teachers/colleagues. I will act as an instructional leader by supporting all colleagues in their area of service to the school teachers in the classroom. Counselors, front office staff, cafeteria employees, transportation, bus drivers, educational assistants, business administration. I will send our parent information through e-mail, social media, web, requesting contact information from parents. Accurate information of students, GPA credits and attendance will be available for parents when requested in a timely manner.

Administrator: \_\_\_\_\_


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

## **Community Portion of Compact:**

The To'Hajiilee Community School will reach out to the community during school hours, and invite various community leaders and organizations and businesses to participate, partner and provide resources. Resource information will be available through the family center. As community members, I will volunteer at To'Hajiilee to ensure my community children's educational success. I will encourage students to stay in school and to go to school daily.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_



FOR DISTRICT USE ONLY		District:	School:		
 <b>NEW MEXICO PUBLIC EDUCATION DEPARTMENT</b> <b>LANGUAGE USAGE SURVEY</b> ~for parent or guardian to complete~					
The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.					
Student's Name:		Date of Birth:		Grade Level:	
Answer each question by marking either the <b>YES</b> or <b>NO</b> box.				YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?					
2. Do you use a language(s) other than English with the student?					
3. Does the student understand when someone communicates with him/her in a language other than English?					
4. Does the student read in a language(s) other than English?					
5. Does the student write in a language(s) other than English?					
6. Does the student interpret for you or anyone else in a language(s) other than English?					
7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.					
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian		<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish		<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni  <input type="checkbox"/> Other _____	
<b>OTHER QUESTIONS</b>					
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school:					
9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?					
10. In what language do you prefer to receive communication from the school?					
11. In what language would you prefer to communicate with school staff?					
12. Is there anything else we should know about how to best serve your child?					
Signature of Parent or Guardian:				Date:	
Translator:		Language:		Date:	