



MISSISSIPPI BAND OF CHOCTAW INDIANS
CHOCTAW TRIBAL SCHOOL SYSTEM

CHOCTAW VIRTUAL LEARNING CENTER

390 Industrial Road
Building E, Suite 2
Choctaw, MS 39350
Phone: (601) 663-7925
www.choctawtribalschools.com

Halito!

We are excited that you are considering Choctaw Virtual Learning Center to obtain your High School Diploma!

To complete your New Student Enrollment, you will need to bring your:

- ❖ Birth Certificate
- ❖ Social Security Card
- ❖ C.D.I.B. and/or Tribal I.D.
- ❖ 121 Form (Immunization Record)
- ❖ Official High School Transcript

Students who are Re-Enrolling in the program for the new school year will need:

- ❖ New Student Enrollment Application Form

***Please be sure to fill out the application completely and submit all proper documentation to be accepted!**

We look forward to having you! If you have any questions, please give us a call.

Yakoki!



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School: Choctaw Virtual Learning Center

NASIS ID: _____

STUDENT ID: _____

Student's Full Name: _____ Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Sex: _____

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

Community: _____ Lives with: _____

Cell Phone Number: _____ Home Phone Number: _____

Place of Employment: _____

Applicant's Last School Attended: _____

Last Grade Attended: _____ Last Year Attended: _____

Primary language spoken by Student: _____

Student participated in Special Education Program: Yes _____ No _____

Student participated in Gifted and Talented Program: Yes _____ No _____

Student placed in an Alternative Education Program: Yes _____ No _____

Other Information we may need to know to better serve you:

Are there any issues that may affect your learning?

EMERGENCY CONTACT

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Primary Physician/Contact Information: _____



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OFFICIAL MEDICAL CONSENT FORM

MEDICAL CONSENT FOR:

Student's Full Name: _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

I AM ALLERGIC TO:

****PLEASE LIST ALL MEDICINE, FOOD, MATERIALS, ANIMALS AND ETC.**

I (WE) HEREBY GRANT CONSENT/PERMISSION/AUTHORIZATION TO CHOCTAW VIRTUAL LEARNING CENTER FOR THE FOLLOWING: (CIRCLE ANY FOR WHICH YOU DO NOT GRANT CONSENT/PERMISSION/AUTHORIZATION).

1. Authorize release of medical records at Choctaw Health Center to Choctaw Virtual Learning Center. If this authorization has not been revoked earlier, it will terminate one year from the date of my signature.
2. Physical Examination (done by an outside provider) for special education office, sports, and annual Medicaid screening, including laboratory procedures, skin tests for tuberculosis, stool examinations, and treatment for parasites (worms and etc.). A copy of the exam will be released to the Choctaw Health Center and filed there in the Student's medical record.
3. All necessary immunization needs to be up to date when enrolling into the program.
4. Emergency Medical Care ONLY for accidents or illness OCCURRING DURING program hours, including transporting me to and from emergency health care providers.

Student/Parent Signature: _____ Date: _____



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MEDICAL HISTORY

Student's Full Name: _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

1. When was your last Physical Exam? _____ Clinic: _____

2. Do you take any medications? YES _____ NO _____

If YES, please list all medications: _____

3. Do you have any health problems? Check where appropriate:

Asthma _____ Diabetes _____ Vision _____ Injury _____ Allergies _____

Anemia _____ Hearing _____ Seizures/Convulsions _____ Heart _____

Other/Explain:

4. Have you been hospitalized for any reason since birth? Please give brief details.

5. Does any close relative have a history of any of the following illnesses? (Check and indicate relationship to Student)

_____ Seizures _____

_____ Anemia _____

_____ Diabetes _____

_____ Cancer _____

_____ Heart Disease _____

_____ High Blood Pressure _____

_____ Birth Defect _____

_____ Learning Problem _____

_____ Other _____

6. FEMALES: Are you pregnant? YES _____ NO _____ DON'T KNOW _____

7. Do you have any children? YES _____ NO _____

8. Have you ever had a bleeding problem that needed medical treatment? YES _____ NO _____

If Yes, Explain:

Student/Parent Signature: _____ Date: _____



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INTERNET USE POLICY

Internet and network access is provided to the students and staff at the Choctaw Virtual Learning Center. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing, the Acceptable Use Policy, the students, staff and students' parents/guardian agree to obey the rules outlined in the Acceptable Agreement/Use Policy. This document describes responsibility for use of the network and internet and also consequences when the privileges, not a right, and inappropriate use will result in a cancellation of these privileges.

NETWORK ETIQUETTE: (Users are expected to abide by the general accepted rules of network etiquette.)

These include but are not limited to the following:

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal addresses, credit card numbers, and/or phone numbers.
- Illegal activities are strictly prohibited.
- Electronic mail is not guaranteed to be private. People who operate the system have access to all mail.
- Messages relating to or in support of illegal activities may be reported to the authorities.
- Do not use the network in such a way that others' use of the network would be disrupted.

USERS AGREE TO ABIDE TO THE FOLLOWING:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other user's passwords.
- Users shall not damage computers, computer systems or computer network, which includes altering software components of a computer or system.
- Users are prohibited from transmitting or intentional receipt of hate mail, harassment, and other antisocial behaviors on the network.
- Users shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Users agree not to use the chat rooms.
-
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Students shall not send, receive or check personal E-mails, except with permission before or after school.

COMPUTER LAB USAGE:

- Staff members assigned to a group of students are responsible for monitoring and overseeing their network/internet activity.
- No food or drinks allowed in the computer labs.
- Teachers are expected to have lesson plans before students use of the internet, which includes researching sites that are used.

CONSEQUENCES OF UNACCEPTABLE USE ARE:

- Suspension and/or termination of network and internet privileges.
- And /or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.



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INTERNET USE POLICY
ACCEPTABLE AGREEMENT/USE POLICY

User's Full Name: _____

(Please Print): _____, I understand and will abide by the terms and conditions for Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

Student Signature: _____ Date: _____

The principal enters into this agreement on behalf of the instructors in this school who agree to instruct the students on acceptable use of the network and proper network etiquette. The principal's signature is on file in the school office.

The students may use the network for individual work in the context of several classes, and we cannot be held responsible for the students' use of the network or the quality of the information which they acquire.

MASS NOTIFICATION SYSTEM

Infinite Campus Messenger

The Choctaw Tribal School System utilizes the Infinite Campus Messenger to notify me of any news that affects the school. This system is also utilized to notify parents/guardians if there should be an emergency closure of school. The telephone numbers you placed on your child's enrollment will become part of the system.

Yes, please send messages to number I provided on the enrollment packet.

No, I do not want to be enrolled in the Messenger system.

The Choctaw Tribal School System assumes no responsibility for any changes incurred on cell phones due to sending and received text messages.

If you want to receive email notifications, please list your email address: Yes No

Email Address: _____

Student/Parent Signature: _____ Date: _____



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PRINT, WEB AND PRESENTATION MEDIA PERMISSION FORM

PRINT:

I grant permission for photos of myself participating in school activities to appear in the Choctaw Community News.
Yes _____ No _____

I grant permission for photos of myself participating in school activities to appear in local newspapers such as: The Carthaginian, The Neshoba Democrat, The Newton Record, The Union Appeal, The Clarion Ledger, and The Meridian Star. Yes _____ No _____

WORLD WIDE WEB:

I grant permission for photos of myself participating in school activities to appear on the Choctaw Virtual Learning Center Facebook Page. Yes _____ No _____

EDUCATIONAL PRESENTATION:

I grant permission for Choctaw Virtual Learning Center to present examples (print, digital, or video) of my work and/or participation in school activities at educational conferences, workshops and classes or at venues that promote the school or district. Yes _____ No _____

*Students' addresses, phone number, and email address will **NOT** be published.

Student/Parent Signature: _____ Date: _____