



RETURNING STUDENT APPLICATION

2024-2025

Please bring the following documents
for student enrollment

- Immunization Record dated within the year 2024 from UNHS/IHS/TCRHCC. Handwritten immunization card will not be accepted.
- If your child(ren) is residing with grandparents or relative for the 2024/25 school year, please provide a Legal Guardianship from the Power of Attorney or Parental Consent for Temporary Guardianship with a Notary Public Seal. Parental Consent for Temporary Guardianship form may be picked up at the NCS office.
- COVID-19 Vaccination Record Card

Bureau of Indian Education
Naatsis'Aan Community School Inc.
Student Enrollment Application

Grade Level: _____
Boarding: _____
Day / Bus: _____

BIA Form 2648
OMB No. 1076-0122
NCS/Rev. 12/30/14
Exp. 6/30/2020

Entry Date: _____	Withdrawal Date: _____
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Native American Student Information System (NASIS) ID No. _____

Student's Last Name			First			M I			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: / /		Enrollment Number		Degree of Blood	
Box No.		City		State		Zip Code		Birth Place - - - - -			Tribal Affiliation		Chapter Affiliation			
Physical Address (Use NCS as starting point. Do not use the Chapter House)										Language most Spoken at home: <input type="checkbox"/> Navajo <input type="checkbox"/> English		Language most Spoken by Student: <input type="checkbox"/> Navajo <input type="checkbox"/> English				
With whom does the student live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other										Did student participate in English Language Learner (ELL)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Student participate in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> 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/pick up the student from school. Who has legal guardianship of the student?

Father:				Mother:			
Tribal Affiliation		Census No:		Tribal Affiliation		Census No:	
Address: (City, State, Zip)				Address: (City, State, Zip)			
Home Location				Home Location:			
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Email:		Cell/Pager:		Email:		Cell/Pager:	
Employer				Employer			
Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received Student Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received Student Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Guardian Name:				Contact Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address: (City, State, Zip Code)				Received Student Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Location				Home Location:			
Home Phone:		Work Phone:		Home Phone:		Other:	
Employer				Email:			

Emergency Information: (Other than Parents/Guardian) :				Emergency Information: (other than Parents/Guardian):			
Relationship to Student <input type="checkbox"/> Yes <input type="checkbox"/> No		May pick up Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Student <input type="checkbox"/> Yes <input type="checkbox"/> No		May pick up Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Cell:		Other:		Cell:		Other:	

Continue in the back

School History:

For students whose last academic year was 8th grade: **N/A**

Name of School: _____ Grade Completed: _____ Dates Attended: _____
Address: _____ Phone No: _____ Fax No: _____

List all schools you have attended:

Previous School Attended: _____
Address: _____ Phone No: _____
Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Previous School Attended _____
Address _____ Phone No: _____
Reason for transferring _____ Grade Completed _____ Dates Attended _____

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

I am legally responsible for this student and hereby apply for his/her admission to Naatsis'Aan 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 any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian _____ Signature of Parent/Legal Guardian _____ Date _____

OFFICE 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 Education Program Administrator _____ Date _____

INDIAN STUDENT CERTIFICATION

I certify that this individuals one quarter (1/4) degree or more Indian Blood and a member of a federally recognized tribe as defined in 25 CFR Part 32.4

Signature of authorized official for the BIA or Local Tribe

Date

Name of eligible student

Address (Box Number, City and Zip Code)

PART I - MEMBERSHIP INFORMATION

Who is a member of a tribe band, or other organized group of Indian. Check one of the boxes below and answer the question.

- 1 Student 2 Natural Parent (ancestor, 1st degree) 3 Natural Grandparent (ancestor, 2nd degree)

If you check 2 or 3, enter the name of the parent or grandparent: _____

A. What is the Name of the tribe, band, or other organized group of Indian? _____

B. The tribe, band, or their organized group is: Check box that applies

- Federally recognized Eskimo, Aleut, or other Alaskan Native

C. What is the individual's membership number: (Where applicable) _____

- Enrollment Number Other (Explain) _____

D. 1 Is there an office of organization which maintains membership data for the tribe, band, or other organization group?

- Yes No

2 If yes, give the name and address of the organization/office.

Name of Organization or Office	Address
Western Navajo Agency, Tribal Enrollment Office	Tuba City, Arizona 86044

PART II - SCHOOL INFORMATION

(Print Name and address of the school the student now attends and enter the student's grade level)

Name of School	Address	Child's Date of Birth	Grade
Naatsis'Aan Community School, Inc	Box 10010, Tonalea, Arizona, 86044		

PART III - PARENT INFORMATION

I UNDERSTAND that falsification information on this form is substance to penalty under law.	Signature of Parent/Guardian	Address	Date
I CONSENT to release this form to student membership count purpose	Signature of Parent/Guardian		

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This will be maintained at the school and information on the form will not be release without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD: _____ DATE OF BIRTH: _____
(As shown on school enrollment records)

School Name: Naatsis'Aan Community School, Inc. Grade: _____

NAME OF TRIBE, BAND OR GROUP: _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 including Alaska Native Recognized Terminated Meeting # 5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR
Other (Explain) _____

Name and address or organization maintaining membership data for the tribe, and or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE: _____ DATE: _____

Mailing address: _____ Telephone: _____

Student Enrollment Update

STUDENT INFORMATION:

Student Name: First: _____ MI: _____ Last: _____

Date of Birth: _____ Grade: _____

Tribe: _____ Census Number: _____

Social Security Number: _____

Student residing in the dorm? () Yes () No

With whom does the student live with?

() Both Parents () Mother () Father () Grandparents () Guardian () Other: _____

If you checked Grandparents or Guardian, please provide a copy of the legal guardianship documents.

CLAN:

_____ nishli (Mother's First Clan) _____ bashishchiin (Father's First Clan)

_____ dashicheii (Maternal Clan) _____ dashináli (Paternal Clan)

STUDENT MEDICAL CONDITION:

Does your child have allergies? () Yes () No If Yes, to what?

Food: _____ Medication: _____ Plants: _____

Insects: _____ Other: _____

Does your child have Asthma? () Yes () No

Are there any other medical conditions your child has that the school should know? _____

STUDENT CLOTH SIZE: To purchase clothes.

Youth Size: Small: _____ Medium: _____ Large: _____ X Large: _____ Pants size: _____

Adult Size: Small: _____ Medium: _____ Large: _____ X Large: _____ Pants size: _____

PARENT INFORMATION:

Mother: _____ Father: _____ Guardian: _____

Parent's email: _____

Mailing Address: P.O. Box: _____ City: _____ State: _____ Zip: _____

GPS, Plus Code, or directions to your resident (use NCS as the starting point, **not** the Chapter) _____

Phone Numbers: Please keep your contact numbers updated with the school office.

Mother: (_____) _____ - _____ Father: (_____) _____ - _____

Guardian: (_____) _____ - _____ Other: (_____) _____ - _____



Student Transportation & Supervision and Release Policy School Year 2024-2025

Names of student(s):

_____	Grade: _____	_____	Grade: _____
_____	Grade: _____	_____	Grade: _____
_____	Grade: _____	_____	Grade: _____

Bus Route: Arizona () NHA Housing () Paiute Canyon () School Campus () Other () _____

My child(ren) will: Ride the AM bus. Yes No Ride the PM bus. Yes No

Directions to your resident using NCS as starting point or use GPS or Plus Code: _____

**The students will be dropped off at the designated bus stop.
The school's liability ends after the student exits the bus.**

NOTICE

1. If a parent wants a temporary change, please notify the bus driver during the morning bus run, provide a written note with your child(ren) to allow your child to walk home, or a phone call to the office. Reminder, the school's liability ends after the student leaves the school premises.
2. A day students that ride the bus to school will ride the bus home unless notified by the parent.
3. In my absence, I grant permission for my child to be checked out during school hours by the following individuals. High School students will not be allowed to take a student. Individuals must be over 21 years of age.

Please initial: _____

_____	_____
_____	_____

All Day students who are not attending school-sponsored functions (i.e., tutoring, extracurricular activities, sports, school clubs, school-sponsored fundraising, or school-related events) are to go straight home and will not be allowed to remain on campus. **This notice will serve as a liability release for the school if your child does not go directly home after school and remains to play and an accident should occur.**

DAY STUDENT NOON SUPERVISION

All students are permitted to eat lunch at school. After they eat lunch, they are under the supervision of the dormitory or assigned personnel. **Roll call will be taken at noon for accountability. Students leaving the school campus without a release will be counted as AWOL.**

Parent / Guardian Signature _____

Date _____

Phone Number (In case of emergency)

() _____
Phone Number (in case of emergency)

() _____

Consent and Administration Record

Naatsis'Aan Community School, Inc. COVID-19 SCHOOL-BASED TESTING

Naatsis'Aan Community School, Inc is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test for?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

What should I do when I receive my child's test results?

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child test results are negative, this mean that the virus was not detected in your child's specimen at this time. You will be asked to follow the instruction by your child's school following this test result.

CONTACT INFORMATION Completed by parent/guardian or student (if 18 years of age or older) - Please Print

Student Last Name:	Student First Name:	MI:
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Street Address:	City:	State:	Zip:
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Date of Birth (MM/DD/YYYY):	Age:	Student ID Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Transgender - Male to Female	<input type="checkbox"/> Transgender - Female to Male	<input type="checkbox"/> Other _____
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender - Unspecified or Gender Non-Specified		<input type="checkbox"/> Prefer not to answer

Race: (Check all that apply)	Ethnicity:
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer

Parent / Legal Guardian Last Name:	Phone Number:
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My signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department Staff, and/or other trained personnel as directed by the school.
- I understand that this consent form will be valid through June 2023, unless I notify and designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local state, and federal public health authorities, as well as other testing partners as permitted by law.

Visit the CDC's Coronavirus webpage for the information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE - Parent/Guardian or student (if 18 years of age or older)	Date Signed:
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Authorization to Accompany Minor Patient to Appointments Kayenta Service Unit

<input type="checkbox"/> Kayenta Health Center Hwy 160 M.P. 394.3 P.O. Box 368 Kayenta, AZ. 86033	<input type="checkbox"/> Inscription House Health Center P.O. Box 7397 Shonto, AZ. 86054	<input type="checkbox"/> Dennehotso Health Station P.O. Box 368 Kayenta, AZ. 86033
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I, _____, the legally authorized representative of

_____, _____, give permission
 (Patient Full Name) (Date of Birth)

to: Naatsis'Aan Community School Staff, or _____, _____ to
 (Name of Adult) (Relationship to Patient)

take my child to Outpatient appointment(s) in the _____
 (Specify Department)

I understand this authorization is for routine care only and that immunizations, test or procedures will not be performed without my authorization, except under emergency circumstances. I further authorize this facility to disclose pertinent medical information regarding my child's appointment(s) or outpatient treatment(s) or outpatient treatments(s), including necessary follow-up instructions, to the individual identified herein.

Revocation and Expiration of Authorization: unless otherwise revoked, in writing, by legally authorized representative, this authorization will expire automatically six (6) months from the date signed below.

 Signature of Patient's Legally Authorized Representative Date & Time

 Printed Name of Patient's Legally Authorized Representative Relationship to Patient

 Witness Signature Date & Time

 Witness Printed Name



FLUORIDE VARNISH AND DENTAL SEALANT CONSENT FORM

Dental sealants are one of the best ways to prevent tooth decay. They are hard plastic coatings which protect the grooved surfaces of permanent teeth. They seal the deep pits and grooves of teeth, keeping bacteria out and preventing decay. By having sealants placed now, your child may be spared future, more extensive dental work. The application is painless and does not require numbing of the mouth or drilling.

This preventative measure has very few risks. In rare cases, as with any dental procedure, gagging or swallowing of dental materials may occur. In addition, your child may notice minor changes in bite that should become less noticeable as excess material wears away over time. Please keep in mind that sealants only protect the chewing (grooved) surfaces of teeth. Therefore, fluoride toothpaste and mouth-rinse are also recommended to protect the smooth surfaces of the enamel.

Fluoride varnish can be painted on the teeth to prevent tooth decay delivering a safe and effective dose of fluoride. The varnish sets up on contact with saliva so children usually cannot swallow the varnish. The varnish will cause the teeth to look yellow for several hours and will gradually wear off. Used at the right levels, it is safe and effective. Swallowing too much fluoride can cause stomach upset or make white or brown spots on permanent teeth.

As a service to our patients, students are transported in with their teachers and classes to the Inscription House Health Center IHS Dental Clinic for screening exams and, if indicated, the placement of sealants.

Please answer ALL the questions below, sigh, and return to the school.

MEDICAL HISTORY

Has your child EVER had:

Allergies Yes ___ No ___ If Yes, to what? _____	Liver Disease/Hepatitis Yes ___ No ___ Heart Murmur Yes ___ No ___
Bleeding tendencies Yes ___ No ___	Seizures Yes ___ No ___
Heart/Vascular Disease Yes ___ No ___	
Medication Usage Yes ___ No ___ If yes, what ? _____	Under MD's care Yes ___ No ___ If yes, for what? _____

I DO _____ DO NOT _____ give consent for my child to receive fluoride varnish.

I DO _____ DO NOT _____ give consent for my child to participate in the dental sealant program.

Student's name: _____

Mailing Address: _____

School: _____

Grade & Teacher: _____

Date of Birth: _____

Chart Number: _____

Signature of parent or legal guardian

Date

Utah Navajo Health System, Inc.

**AUTHORIZATION FOR PERSONAL REPRESENTATIVES TO
PROVIDE HEALTHCARE DECISION-MAKING FOR A MINOR
CHILD OR DEPENDENT**

I, _____ (Parent/Guardian Name) hereby declare I am the legal guardian and have rights to authorize the following to accompany my minor child or other dependent from **Naatsis'Aan Community School** to Utah Navajo Health System, Inc. clinics and to act in my place for healthcare decision making as it pertains to that minor child or dependent. *(This authorization can only be given to other adults, age 21 or older, and not to minors).*

Student Name

Phone Number:

Relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance on this authorization. To revoke I will need to fill out and sign a Revocation Form and complete a new Authorization Form.

This consent expires one year from date of signature date or sooner if listed here: _____.

Print Patient Name

Signature of Parent or Guardian

Relationship

Date

Print Name of Witness

Signature of Witness



COMPUTER USE AGREEMENT 2024-2025

1. I will use the computer for schoolwork and to learn.
2. When using school computers, I will:
 - ✓ Use good manners.
 - ✓ Use appropriate language.
 - ✓ Never tell anyone my home address or phone number.
 - ✓ Never post my picture on the Internet without permission from my parent(s) and teacher.
 - ✓ Do not look at or use anyone else's work without permission.
3. I will show respect for all hardware and software that I use.
4. I will not install "pirated software" or knowingly use disks with viruses on any equipment.
5. I will use only appropriate language when writing on the computer.
6. I will limit my use of the Internet to only appropriate learning activities.
7. I will not share personal information about myself or anyone else on the Internet. This includes name, address, phone number, photograph, etc.
8. I understand that anyone can read the messages I send from the computer and that the work stored on the computer is not private.
9. I understand that from time to time the computer or Internet connection may not be working when I plan to use it.
10. I will share the computer and the network.
11. I will keep my passwords private.
12. I will not run a business on the Internet.
13. I will not use anything from the computer or the Internet or send anything over the Internet that belongs to someone else without his or her permission.
14. If I do not know how to use any or part of the computer system, I will ask for help.
15. **If the Laptop is damaged, stolen, or lost. The parent is liable to pay for repairs or replacement costs.**

I understand these rules and promise to follow them. If I do not know to follow these rules, my computer privileges will be restricted or taken away.

I have discussed these rules with my child and my child agrees to follow them.

Name of Student (please Print)

Grade

Student Signature

Parent Signature



PARENT PERMISSION FORM FOR PHOTOS 2024 - 2025

During the course of the year at NCS, students will be photographed and videotaped as a means of documentation. Occasionally NCS uses some of these photos and videos of a child or children for school-related purposes, such as school publicity, teacher training, or a slide show at an NCS event.

Photos of children engaged in school activities are a great way of conveying the true nature of our school - its philosophy, environment, daily activities, art materials, etc. No child's name will ever be used on the website. A picture or video clip of your child will only be used for the aforementioned purposes if you sign the written release below.

I give NCS, Inc. permission to use pictures of my child(ren) for school-related purposes, such as school yearbook, school publicity, teacher training, website, or a slide show at an NCS event.

Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____

(Parent/Guardian signature)

(Date)



Residential Application

I. STUDENT INFORMATION:

Student Name: _____ Grade: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Directions to your resident/Plus Code: _____

Sex: Male () or Female ()

Date of Birth: ____ / ____ / ____

Tribes: _____ Degree Indian: _____ Census No. _____

Social Security No: _____ - _____ - _____

No. brothers: Older ____ Younger ____ No. Sisters: Older ____ Younger ____

Language spoken at home: _____

Did the student participate in the Special Education Program? Yes ____ No ____

II. PARENT / LEGAL GUARDIAN INFORMATION:

If you are a legal guardian, please provide a copy of Legal Guardianship document.

Father: _____ Mother: _____

Address: _____ Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Home Agency: _____ Home Agency: _____

Census Number: _____ Census Number: _____

Living () Deceased () Living () Deceased ()

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Telephone: Home () _____ - _____ Telephone: Home () _____ - _____ (In case of emergency)

Work () _____ - _____ Work () _____ - _____

Other () _____ - _____ + _____ Other () _____ - _____

I am legally responsible for this student and hereby apply for his/her admission to the dorm. I understand that additional information may be requested by the dorm before the student is enrolled.

Parent / Guardian Signature

Date