Naatsis'Aan Community School, Inc.

P.O. Box 10010
Navajo Mountain, UT. 86044
Telephone: (928) 672-2335
Fax: (928) 672-2609
Website: ncswarriors.org

KINDERGARTEN APPLICATION
2025-2026

Please bring the following documents
for student enrollment – no copies.

Age Requirement:
Eligible students must be 5 years old by December 31.

- Original Certificate of Indian Blood (CIB)
- Original Birth Certificate
- Original Social Security Card
- Immunization Record dated within the year 2025 from UNHS/IHS/TCRHCC. **A Handwritten Immunization Card will not be accepted.**
- If your child(ren) is residing with grandparents or a relative for the 2025/26 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.

School Board Members
Mr. Harrison Miles, Member * Mrs. Tiya Manheimer, Member * Vacant, Member

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:	

Native American Student Information System (NASIS) ID No.	

Student's Last Name	First	M I	Gender:	Date of Birth:	Enrollment Number	Degree of Blood
			☐ Female ☐ Male	/ /	,	/

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:	Language most Spoken by Student:
	☐ Navajo ☐ English	☐ Navajo ☐ English

With whom does the student live?	Did student participate in English Language Learner (ELL) ?	Did Student participate in Special Education?
☐ Both Parents ☐ Father ☐ Mother ☐ Grandparents ☐ Guardian ☐ Other	☐ Yes ☐ No	☐ Yes ☐ 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: ☐ Yes ☐ No	Received Student Mailing? ☐ Yes ☐ No	Contact Allowed: ☐ Yes ☐ No	Received Student Mailing? ☐ Yes ☐ No

Guardian Name:		Contact Allowed? ☐ Yes ☐ No
Address: (City, State, Zip Code)		Received Student Mail? ☐ Yes ☐ No
Home Location:		
Home Phone:	Work Phone:	Other:
Employer		Email:

Emergency Information: (Other than Parents/Guardian) :		Emergency Information: (other than Parents/Guardian):	
Relationship to Student ☐ Yes ☐ No	May pick up Student? ☐ Yes ☐ No	Relationship to Student ☐ Yes ☐ No	May pick up Student? ☐ Yes ☐ 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 Completec _____ Dates Attended _____

Previous School Attended _____

Address _____ Phone No: _____

Reason for transferring _____ Grade Completec _____ 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

Form BIA 6247

Department of the Interior
Bureau of Indian Affairs
Office of Indian Education Program
Washington, DC. 20240

OMB No. 1076-00

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 from 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)

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

Name of individual with tribal membership: _____

Individual named is (check one): X 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/Guardian Signature _____ Date: _____

Mailing address: _____ Telephone: _____

BIE Home Language Survey
2025-2026 School Year
Naatsis'Aan Community School

First Name:_____ **Last Name:** _____ **Grade:** _____
(This school year)

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

For each question, please check **one** of the languages that apply in the space provided. If he/she speaks another language, write in the language for "Other language" in the space provided. Please do not leave any questions unanswered.

1. Which language do you (the parents/guardians) use more often when speaking with your child (Home Primary Language)? English ____ Navajo _____ Other language _____

2. Which language does your child most frequently speak at home (Most Spoken Language)?
English ____ Navajo _____ Other language _____

3. Which language did your child learn when they first began to talk (First Acquired Language)?
English____ Navajo _____ Other language _____

4. Which language is spoken more often by other adults in the home (Home Primary Language)?
English ____ Navajo _____ Other language _____

5. What other languages does your child hear other than the primary language in your home or in your community (Secondary Language: church, traditional ceremonies, local store, chapter, etc.)?
English ____ Navajo _____ Other language _____

6. Do you believe your child needs additional support learning the academic language for math, science, reading, or writing? Yes _____ No _____. If so, please explain: _____
_____
_____

Signature of Parent or Guardian _____ Date: _____

**** Do not sign below ****

Date _____ School Official Verification _____

SCHOOL READINESS CHECKLIST

Child's Name _____ **Date** _____

Address _____ **Birthdate** _____

_____ **Age** _____

		YES	NO
1	Will your child be 5 years 6 months or older when she/he begins kindergarten?	____	____
2	Is your child at or above the following height and weight averages?	____	____

Boys
Weight: 40 lbs.
Heights: 43 inches

Girls
Weight: 37 lbs.
Height: 42 inches

3	Can strangers easily understand your child's speech?	____	____

CAN YOUR CHILD:

4	Pay attention to a short story when it is read and answer simple questions about it.	____	____
5	Draw and color, beyond a simple scribble?		
6	Cut with scissors?	____	____
7	Zip or button up a coat?	____	____
8	Walk backward for a distance of 5 to 6 feet?	____	____
9	Stand on one foot for 5 to 10 seconds?	____	____
10	Alternate feet walking down stairs?	____	____
11	Walk a straight line?	____	____
12	Fasten buttons?	____	____
13	Tell left hand from the right?	____	____

PRACTICAL STILLS: Can your child:

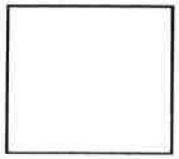
14	Use a knife for spreading jam or butter?	____	____
15	Take care of his/her toilet needs by himself/herself?	____	____
16	Travel alone in a neighborhood (2 blocks) to store, school, playground or to a friends' home?	____	____
17	Be away from parent 2 - 3 hours without being upset?	____	____
18	Cross a street or road by himself/herself safely?	____	____

REMEMBERING: Can your child:

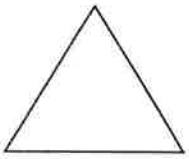
19	Repeat a series of 4 numbers without practice, such as, "Say after me 6 - 1 - 7 - 4".	____	____
20	Repeat 8 - 10 word sentences if you say it ONCE, "The boy ran all the way home from the store".	____	____
21	Remember instructions and carry out 2 or 3 simple errands or tasks in the home after being told <u>once</u>? ("Pick up the book," "Bring me the pencil," and "Close the door.")	____	____

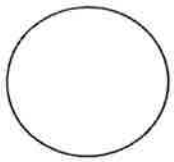
UNDERSTANDING: Can your child:

		YES	NO
22	Tell you the meaning of simple words like bicycles, hammer, apple, gum, shoe, water, shirt, horse?	____	____
23	Count 4 objects?	____	____
24	Supply the last word to all the following statements? Mother is a woman; father is a _____. A fire is hot; an ice cube is _____. A plane goes fast; a turtle goes _____.	____	____
25	Put together a simple puzzle of 3 - 6 pieces?	____	____
26	Tell what parts are missing if you draw a stick picture of a person and leave out a leg and an arm?	____	____
27	Draw or copy this square?	____	____



28	Name these shapes correctly?	____	____

1. 

2. 

3.

GENERAL KNOWLEDGE: Can your child tell you:

29	How many feet he/she has?	____	____
30	How many ears a dog has?	____	____
31	Which goes faster, a motor scooter or a bike?	____	____
32	What or where meat comes from?	____	____
33	What things are made of, like cars, chairs, shoes?	____	____
34	What a key is for?	____	____
35	What his/her eyes are used for?	____	____
36	What his/her ears are used for?	____	____
37	The names of at least 6 colors that you point out?	____	____
38	Tell in what ways a sweater, shoe and hat are the same?	____	____

ATTITUDES AND INTEREST:

39	Do you have magazines, books and newspaper in your home that your child may look at?	____	____
40	Is your child not afraid of going to school?	____	____
41	Does your child ask often when he will go to school?	____	____
42	Does your child resent to read?	____	____
43	Have you attempt to create in your child the idea of looking forward to school experience rather than fear of school.	____	____

Kindergarten Readiness Checklist

Name: **Grade:** Kindergarten **Birth Date:** / / **Age:**

Please check (☐) those that apply.

	Verbal Skills		Gross Motor Skills		Math
	Speaks clearly; can be understood without context clues		Runs (with good stamina)		Sorts by color, shape, and size
	Speaks in sentences		Skips		Orders several objects based on 1 attribute
	Uses appropriate volume when speaking		Hops (on both feet and one foot)		Recognizes simple patterns and can duplicate (copy)
	Can express and describe feelings		Gallops		Counts to 20
			Leaps		Counts objects with meaning to 10
	Listening Skills		Jumps		Matches numerals
	Listens with understanding of directions		Somersaults *advanced skills		Identifies 4 shapes: circle, squares, triangle, and rectangle
	Follows 1-stip & 2-steps directions		Pedals and steers a tricycle		Demonstrates understanding of directional concepts (up/down, right/left, over/under)
			Climbs a playground ladder		Shows understanding of and uses comparative words (big/little, short/long, slow/fast)
	Reading Readiness		Throws a ball with direction		
	Listens well to reading instructions		Catches a throw ball with arms and body		**Crafts & Arts**
	Shows interest in reading related activities		Bounces a ball		Identifies 10 colors: red, yellow, blue, green, orange, purple, black, white, brown, pink
	Understands left to right movement of reading				Explores different art materials
	Retells information from a story		**Fine Motor Skills**		Draws lines and shapes
	Sequences 3 pictures to tell a story		Stacks 10 one-inch blocks		Interprets pictures
	Uses imagination		Buttons		
			Strings beads		**Music and Movement**
	Alphabet		Zips		Participates in group music experiences
	Recites the alphabet		Snaps		Participates in creative movement/dance
	Identifies uppercase & lowercase letters		Laces		Plays simple instruments
	Matches uppercase letters to lowercase letters		Grasps crayon and pencil correctly		Moves rhythmically to music (dances)
	Identifies the sounds each letter makes		Complete a simple puzzle (7+ pieces)		Sings
			Good Scissor skills		
	Writing		Uses glue neatly		**Creative Drama**
	Uses scribbles to write words or ideas		Uses tweezers		Makes believe with object
	Traces letters and numbers		Completes a pattern		Takes on pretend roles and situations
	Writes a few letters without tracing		Makes a pancake, snake, and ball from play dough		
	Uses pictures to communicate idea		Copies: vertical line, horizontal line, circle, cross, square, V, triangle		

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Educational Service Dept.
SY 2025-2026

Name: _____ Grade: _____

Does your child currently receive Special Educational Services, and does the student have a current IEP (Individual Education Plan)?

_____ Yes _____ No

If you answered **YES** to the above question, please list the school(s) your child attended and was receiving Education Services.

_____
_____
_____

Do you have any educational or behavioral concerns for your student? If so, please write below.

_____
_____
_____
_____

If you have any additional concerns and/or questions, please feel free to contact the Educational Services Department on the High School Campus. You may call Educational Services at (928) 672-2335 Ext. 224.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:
Attention Registrar: Please forward this document to Educational Services.
Copy in Cumulative Folder: _____ (Please initial)
Copy to Lead SPED Teacher: _____ (Please initial)

School Board Members
Mr. Harrison Miles, Member * Mrs. Tiya Manheimer, Member * Vacant, Member

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DAY STUDENT TRANSPORTATION & SUPERVISOR AND RELEASE POLICY
SCHOOL YEAR 2025-2026

Names of student(s):

_____ Grade: _____ _____ Grade: _____

_____ Grade: _____ _____ Grade: _____

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

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

Directions to your resident using NCS as a starting point, or use GPS/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 make a phone call to the office. Reminder, the school's liability ends after the student leaves the premises.
2. A day student who rides the bus to school will ride the bus home unless notified by their 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: _____

   _____ _____

   _____ _____

Day students who are not attending school-sponsored functions (e.g., 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 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)

(____) _____

School Board Members

Mr. Harrison Miles, Member * Mrs. Tiya Manheimer, Member * Vacant, Member

Student Enrollment Update

STUDENT INFORMATION:

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

Date of Birth: _____ **Grade:** _____

Tribe: [ ] Navajo [ ] Southern Utah Paiute **Census Number**: _____

Social Security Number: _____-_____-_____

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

With whom does the student currently 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:

_____ nishłi (Mother's First Clan) _____ bashishchíin (Father's First Clan)

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

STUDENT MEDICAL CONDITION:

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

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: (_____) _____ - _____

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PARENT PERMISSION FORM FOR PHOTOS
SY 2025 - 2026

During the school 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)

School Board Members
Mr. Harrison Miles, Member * Mrs. Tiya Manheimer, Member * Vacant, Member

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INFORMATION AND TECHNOLOGY HARDWARE AND SOFTWARE 2025-2026

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

School Board Members
Mr. Harrison Miles, Member * Mrs. Tiya Manheimer, Member * Vacant, Member

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

Authorization to Accompany Minor Patient to Appointments
Kayenta Service Unit

☐ Kayenta Health Center
Hwy 160 M.P. 394.3
P.O. Box 368
Kayenta, AZ. 86033

☐ Inscription House Health Center
P.O. Box 7397
Shonto, AZ. 86054

☐ Dennehotso Health Station
P.O. Box 368
Kayenta, AZ. 86033

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 that this authorization is for routine care only and that immunizations, tests, or procedures will not be performed without my authorization, except in 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 a 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?_____
Bleeding tendencies Yes___ No___
Heart/Vascular Disease Yes___ No___

Liver Disease/Hepatitis Yes___ No___
Heart Murmur Yes___ No___
Seizures 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