



# RETURNING STUDENT APPLICATION

## 2023-2024

Please bring the following documents  
for student enrollment

- Current Immunization Record from UNHS
- Current Temporary Legal Guardianship
- COVID-19 Vaccination Record Card

# Student Enrollment Update

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

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

Student Name:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tribe: \_\_\_\_\_ Census Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

With whom does the student live?

( ) Both Parents ( ) Mother ( ) Father ( ) Grandparents ( ) Guardian ( ) Other \_\_\_\_\_

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

Parent/Guardian Name:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Mother's CIB: \_\_\_\_\_, \_\_\_\_\_ Father's CIB: \_\_\_\_\_, \_\_\_\_\_ Guardian: \_\_\_\_\_, \_\_\_\_\_

For the purpose of the School Clothing Order Form

Email: \_\_\_\_\_

Mailing Address:

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

GPS, Plus Code, or Directions to your resident (use NCS as the starting point).

\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:

Mother: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please keep your contact numbers updated with the school office.

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 be aware of?

\_\_\_\_\_

**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
<b>Name of eligible student</b>	<b>Address (Box Number, City and Zip Code)</b>

**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.	<b>Signature of Parent/Guardian</b>	<b>Address</b>	<b>Date</b>
I CONSENT to release this form to student membership count purpose	<b>Signature of Parent/Guardian</b>		

**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:** \_\_\_\_\_

**Notice: Public Reporting Burden on Reverse Side.**



## Day Student Transportation & Supervision and Release Policy School Year 2023-2024

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

**GPS, Plus Code or Directions to your resident using NCS as starting point:** \_\_\_\_\_

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

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### 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.**

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### 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

Phone Number (In case of emergency)

(\_\_\_\_) \_\_\_\_\_  
Phone Number (in case of emergency)

\_\_\_\_\_  
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



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## PARENT PERMISSION FORM FOR PHOTOS 2023 - 2024

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)



## COMPUTER USE AGREEMENT 2023-2024

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





## 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 means 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

<b>Student Last Name:</b>		<b>Student First Name:</b>		<b>MI:</b>
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth (MM/DD/YYYY):</b>	<b>Age:</b>	<b>Student ID Number:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Gender:</b>				
<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	
<b>Race: (Check all that apply)</b>			<b>Ethnicity:</b>	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Race	<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other		<input type="checkbox"/> Prefer not to answer	
<b>Parent / Legal Guardian Last Name:</b>			<b>Phone Number:</b>	

#### 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](http://www.cdc.gov/coronavirus).

**SIGNATURE - Parent/Guardian or student (if 18 years of age or older)**

**Date Signed:**

## 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, sign, and return to the school.

### MEDICAL HISTORY

Has your child EVER had:

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

# 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 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