Naatsis'Aan Community School, Inc.

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

NEW STUDENT ENROLLMENT APPLICATION

2025-2026

Please bring the following documents
for student enrollment – no copies

- Original Certificate of Indian Blood (CIB)
- Original Birth Certificate
- Original Social Security Card
- Immunization Record dated within the year 2024 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 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.

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Parent Authorization for Release/Request of Student Records

In accordance with the Family Educational Rights and Privacy Act of 1974 (PL93-380), I hereby authorize the release to the school named below of the following student records.

Name & address of the previous School:

_____
_____
_____

Telephone: _____
Fax: _____

Information release to:
Attn: Lorena Tomasyo
P.O. Box 10010
Tonalea, Arizona. 86044

Student(s) Name	Grade	Birthdate

Please send the complete permanent student record for the following student(s) listed above:

__x_ Report Cards
__x_ Behavioral Information
__x_ Current Immunization Record
__x_ Withdrawal Information
__x_ Special Education: IEP Records
_x__ Test Scores
____ Health Records
_x__ Attendance Records
____ Other: AZELLA Test Score

_____ _____
Parent/Guardian or School Official Signature Date

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	MI	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 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

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

	Signature of Parent/Guardian	Address	Date
I UNDERSTAND that falsification information on this form is substance to penalty under law.			
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 _____

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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)

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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)

(____) _____

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)

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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

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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: _____ / _____ / _____

Tribe: _____ 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

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

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

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

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

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