



# NA' NEELZHIIN JI OLTA, INC.



HCR 79 Box 9  
Cuba, New Mexico 87013  
P. 505-731-2272 | F. 505-731-2252  
www.naneelzhiin.org

BIA Form 624  
OMB No. 1076-012  
mfs/rev. 08/11  
Exp. 03/31/2011

Grade Level:  
Boarding:  
Day-Bus:

Bureau of Indian Education  
Na'Neelzhiin Ji Olta', Inc.  
Student Enrollment Application

Entry Date:

Withdrawal Date:

## Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First	Middle:	Gender:	Date of Birth:	Enrollment Number	Degree of Indian Blood:
			Female: Male:			
Student Address:	City:	State:	Zip Code:	Birth Place:	Tribal Affiliation:	Chapter Affiliation:
Home Location:				Language most Spoken at Home:	Language most Spoken by Student:	
With whom does the student live?				Navajo: English:	Navajo: English:	Did student participate in English Language Learn ELL? Did student participate in Special Education?
Both Parents Father Mother Grandparents Guardian Other						
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/parents can visit/pick up the student from school. Who has legal guardianship of the student?						
Father:	Tribal Affiliation:		Mother:	Tribal Affiliation:		
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:	Census No:		Employer:	Census No:		
Contact Allowed:	Received student mailings?		Contact Allowed:	Received student mailings:		
Guardian Name:	Contact Allowed:		Received student mailings:			
Address (city,state,zip):				Home Location:		
Home Phone:	Work Phone:		Cell/Pager:	Other:		
Employer:				Email:		
Emergency Information: (other than parent/guardian):				Emergency Information: (other than parent/guardian):		
Relationship to Student:	May Pick up Student?		Relationship to Student:	May Pick up Student?		
Home Phone:	Work Phone:		Home Phone:	Work Phone:		
Cell/Pager:	Other:		Cell/Pager:	Other:		

HOME OF THE WOLFPACK



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BIA Form 62  
OMB No. 1076-01  
mffs/rev. 08/  
Exp. 03/31/20

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## SCHOOL HISTORY:

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

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

*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 Na'Neelzhiin Ji Olta', Inc. 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 \_\_\_\_\_

OFFICIAL 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 Programs Support Assistant \_\_\_\_\_ Date \_\_\_\_\_



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FOR DISTRICT USE ONLY		District:	School:		
 <b>NEW MEXICO PUBLIC EDUCATION DEPARTMENT</b> <b>LANGUAGE USAGE SURVEY</b> ~for parent or guardian to complete~					
The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.					
Student's Name:		Date of Birth:	Grade Level:		
Answer each question by marking either the <b>YES</b> or <b>NO</b> box.				YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?					
2. Do you use a language(s) other than English with the student?					
3. Does the student understand when someone communicates with him/her in a language other than English?					
4. Does the student read in a language(s) other than English?					
5. Does the student write in a language(s) other than English?					
6. Does the student interpret for you or anyone else in a language(s) other than English?					
7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.					
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian		<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish		<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____	
<b>OTHER QUESTIONS</b>					
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school:					
9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?					
10. In what language do you prefer to receive communication from the school?					
11. In what language would you prefer to communicate with school staff?					
12. Is there anything else we should know about how to best serve your child?					
Signature of Parent or Guardian:			Date:		
Translator:		Language:	Date:		

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OMB Number: 1810-0021  
Expiration Date: 04/30/2006

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

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**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 form will be maintained at the school and information on the form will not be released 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 \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

Federally Recognized, Including Alaska Native     State Recognized     Terminated     Organized Indian Group 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:

Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:  
\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side



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### FAMILY INFORMATION PROFILE:

GUARDIAN/or  
Father's Name: \_\_\_\_\_ CENSUS NO: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ CENSUS NO: \_\_\_\_\_

PHYSICAL LOCATION OF RESIDENCE: \_\_\_\_\_

\_\_\_\_\_

Home  
Phone Numbers: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Phone#/or Message: \_\_\_\_\_ Work \_\_\_\_\_

Names of Children                      Age:                      Grade:                      School Attending/or Home

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

Name: \_\_\_\_\_ \*\*Name of person where your

Child can be drop off if you are not home during early dismissal or during inclement weather conditions or Emergency.

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## Na'Neelzhiin Ji Olta', Inc. School Year 2020-2021 PARENTAL CONSENT FORM

I, (We), as parent(s) /Legal guardian(s), have read the consent for Na'Neelzhiin Ji Olta',Inc. and fully understand its content. It is the parent's responsibility to check out their children. I understand that written permission/notes is acceptable if the person is not listed on this check-out sheet.

### NAMES OF STUDENT(S):

- 1. \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_
- 2. \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_
- 3. \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_
- 4. \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. I, (We), hereby give permission to check-out or release the following student(s) to these people if I am not available or emergency purposes.

- 1. \_\_\_\_\_  
Name Relationship
- 2. \_\_\_\_\_  
Name Relationship
- 3. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Parent's Signature Date

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

## CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON<sup>1</sup> WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

(Before completing this form, please read information on reverse side.)

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

I (We), \_\_\_\_\_  
Have read the Consent Form for the Indian Health to arrange for or to provide the following health care services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents illness.
5. Transportation of the child to and /or from another health facility for these services.
  - I hereby give consent for all of the above services.
  - Exceptions or Special Instructions: \_\_\_\_\_

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

Signed \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Valid Until: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

<sup>1</sup> Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

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## Photo & Name Release

\_\_\_\_\_  
**Student/Employee Name**

\_\_\_\_\_  
**Grade**

**I agree to allow Na'Neelzhiin Ji Olta', Inc. to use my name and/or photo during the history of school or employment for the purpose of positive public relations, recruitment, brochures, educational materials, or for lessons/activities/programs.**

\_\_\_\_\_  
**Signature (Student/Employee)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature if applicable(Minor)**

\_\_\_\_\_  
**Date**

- Na'Neelzhiin Ji Olta', Inc. will not release any personal addresses, sibling names, or names of Any relatives for any presentations.

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