



To'Hajiilee Community School

P.O. Box 3438
To'Hajiilee, NM 87026

SY' 2024 - 2025

STUDENT NAME: _____ GRADE: _____

RE-ENROLLMENT

<input type="checkbox"/>	Student Enrollment Application Form & Checkout Card (<i>DO NOT</i> sign if <i>NOT</i> the custodial parent)
<input type="checkbox"/>	Canoncito Health Center Consent Form
<input type="checkbox"/>	TCS Parent Consent Form
<input type="checkbox"/>	Computer Network Access & Use Policy Form/ Video-Photo-Media Release Form
<input type="checkbox"/>	Parental Medical Consent Form
<input type="checkbox"/>	Up-to-date Immunization Records (Must have 2024 date) MANDATORY

<input type="checkbox"/>	Student Transportation Form
<input type="checkbox"/>	Parent Compact Form
<input type="checkbox"/>	Parent Portal
<input type="checkbox"/>	Username:
<input type="checkbox"/>	Password:

<input type="checkbox"/>	Parent Email Address:
<input type="checkbox"/>	Parent Email Address:

OFFICE USE ONLY	
Received by: _____	Date: _____
Approved <input type="checkbox"/>	Incomplete <input type="checkbox"/>

Form(s) Needed:

Date Submitted:

To'Hajiilee Community School

PO Box 3438

To'Hajiilee, NM 87026

STUDENT ENROLLMENT APPLICATION 2024 - 2025

(NASIS) ID No. _____		Date _____		Complete _____		Initial _____	
Student Name:		DOB:	AGE:	GRADE:	CIB NUMBER:		
Parent/Guardian Email:		With whom does the student reside with:			Current IEP? 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 and pick up the student from school.							
Father/Guardian:				Mother/Guardian:			
Mailing Address:				Mailing Address:			
Physical Address:				Physical Address:			
Home Phone:		Cell Phone		Home Phone:		Cell Phone	
Employer:		Work Phone		Employer:		Work Phone:	
Secondary Emergency Contact:		Relationship to student:		Secondary Emergency Contact:		Relationship to student:	
Home		Cell Phone		Home		Cell Phone	
The following individuals have my permission to check out my child.				_____ No one has my permission to check out my child for SY 2022-2023.			
Name:		Relationship:		Name:		Relationship:	
Name:		Relationship:		Name:		Relationship:	
Name:		Relationship:		Name:		Relationship:	

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

Print name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

CANONCITO HEALTH CENTER
DENTAL CLINIC
PO BOX 3528
TOHAJILEE NM 87026

CONSENT OF PARENT/LEGAL GUARDIAN/CARETAKER WHO HAS PRIMARY
RESPONSIBILITY FOR CARE OF CHILD

NAME OF STUDENT _____

DATE OF BIRTH _____

PROGRAM/GRADE _____

I authorize Dental care including dental screenings/examinations, cleanings,
X-Rays, fluoride, and sealants for the above named child

I DO NOT authorize Dental care of any kind for the above named child.

Signature _____

Printed name _____

Valid phone number _____

Relationship _____

Date _____ Valid until _____

Instructions: Please make three copies of this consent form. 1. CBHC Health Records 2. School 3.
Parent/Guardian/Caretaker

Rev07/03/2019MS

TO'HAJIILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

(a non-profit government contractor)

PARENTAL CONSENT FORM

STUDENT NAME: _____ D.O.B.: _____ GRADE: _____

RECORDS

I, hereby give my consent to release the following records pertaining solely to the student:

Scholastic Assessment Health Cumulative Immunizations Transcript
Other: _____

Release to: To'Hajiilee Community School
P.O. Box 343
To'Hajiilee, New Mexico 87026

FIELD TRIPS

I, hereby give my consent for my student to participate in school sponsored activity trips. I understand the student will be properly chaperoned and all precautions will be taken to insure his/her safety.

Recreational Town Trips Home Visits Extracurricular
Out of State School Club Summer School Other: _____

MEDICAL

I, hereby give my consent for the following:

Hospital/Clinic to provide student with health services.
Transportation for my child to medical facilities when necessary Emergency Medical Care.
Transport and chaperone student for medical exams.

COMPETITIVE SPORTS

I, hereby give my consent for my student to participate in the following competitive sports:

Basketball Volleyball Cross Country Other: _____

I, as a parent/legal guardian, read this consent form for the To'Hajiilee Community School and do understand its content.

Parent/Guardian Signature

Date

P.O. Box 3438
To'Hajiilee, NM 87026

Administration Office:
Phone 505-908-2145
Fax 505-908-2152

School Office:
Phone 505-908-2426/2446
Fax 505-908-2914

Student Name: _____

Grade: _____

VIDEO/PHOTO/MEDIA RELEASE FORM

To'Hajjilee Community School's rules and policies do not allow students to actively videotape or photograph anywhere on campus unless the students are involved in a class project. Furthermore, students are not allowed to photograph others, classrooms, teachers, school events or staff unless the students are working with a media class; such as, yearbook, photography or film production.

During the school year teachers and staff may need to film/photograph classroom instruction for educational purposes. To'Hajjilee offers Film Production, Yearbook and Photography classes and these students will be capturing photos/video around campus for these classes.

We value your child's participation. Should any footage or photographs be used in print media, To'Hajjilee's website, Yearbook and/or film class, participating students' names will be cited.

I hereby grant, To'Hajjilee Community School (TCS) the authorization to use and display on TCS publications and/or website, photographs taken of the children listed below participating in school sponsored activities and/or events. I will make no monetary or other claim of any kind against TCS or its directors, administrators, or employees, for the use of the photographs in publication or on the website.

I give permission for _____ to be filmed or photographed at To'Hajjilee Community School during the 2024 - 2025 academic year including all school, activities on and off campus.

I **DO NOT** give permission for _____ to be filmed or photographed at To'Hajjilee Community School during the 2024 - 2025 academic year including all school, activities on and off campus.

I certify that I am the parent and/or legal guardian:

Parent/Guardian Signature

Date

ACCEPTABLE COMPUTER/INTERNET USE POLICY AGREEMENT FORM

I have read and will abide by the To'Hajjilee Community School District's Acceptable Use Policy. I understand that I am responsible for my actions while using the District's academic computer systems and the Internet. I understand that my Internet activities will be monitored by the District, and any violation may result in the loss of computer privileges, discipline as per the District Discipline Policy, and/or appropriate legal action.

Student Signature

Date

I have read and understand that my child must abide by the To'Hajjilee Community School District's Acceptable Use Policy. I understand that some materials on the Internet may be objectionable, but I absolve the To'Hajjilee Community School District and its employees from any liability resulting from my child's activities on the Internet. I understand that my child's Internet activities will be monitored by the District, and any violation may result in the loss of computer privileges, discipline as per the District Discipline Policy, and/or appropriate legal action.

Parent/Guardian Signature

Date

Student Location: To'Hajjilee Community School/Distance Learning

TO'HAJIILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

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TCS Parental Medical Consent Form School Year 2024 - 2025

Student Name: _____ DOB: _____ Grade: _____

Social Security Number (For Hospital Vital Records): _____ - _____ - _____

Medication Allergies: NO Yes, please explain: _____

Food Allergies: NO Yes, please explain: _____

Medical History: NO Yes, please explain: _____

Medications: NO Yes, please explain: _____

Preferred Hospital: _____ Phone #: _____

PRIMARY EMERGENCY CONTACT

Name: _____ Phone #: _____

Relationship: _____ Work #: _____

PRIMARY CARE PHYSICIAN

Name: _____ Office Phone #: _____

Hospital of Physician: _____ Address: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____

ID #/Group #: _____ Phone #: _____

I hereby give consent/permission/authorization for all services:

1. Health Care including medical examinations, routine laboratory studies, x-ray procedures and skin tests.
2. Emergency health care for accidents or illness.
3. Transportation for my child to medical facilities when necessary for emergency medical care.
4. Transport and Chaperone Student for Medical exams.

Signature of Parent or Guardian: _____ Date: _____

All information is kept private/confidential according to To'Hajiilee Community School Policy and The Privacy Act of 1974/HIPPA.

**TO'HAJIILEE COMMUNITY SCHOOL
STUDENT TRANSPORTATION FORM
SY' 2024 - 2025**

Student Name: _____ Grade: _____

Mother or Guardian's Name: _____

Phone #: _____

Father or Guardian's Name: _____

Phone #: _____

AM Pick-Up Location: _____

PM Drop-Off Location: _____

Secondary Drop-Off Location: (if needed, emergency): _____

Parent Signature: _____ Date: _____

To'Hajiilee Community School Parent Compact For TITLE I School Year 2024 - 2025

Parent Portion of Compact:

As a parent/guardian/grandparent or external family member of To'Hajiilee Community School, I will teach my child (children) the value of respecting self, others and property, behaving appropriately by using good manners. My child will arrive at school on time every day, and bring in required notes for attendance. As the parent/guardian/grandparent or extended family member, I will check with my child to ensure that they are completing their homework, projects and grades, and will communicate with the school when it sends information and contact them when I have a concern, this includes the family center regarding resources and support that is provided for the wellbeing of my child (children). When speaking with my child(children) about their future about college, college career plans, I will motivate them to continue their education. It is my responsibility to make sure that my contact information is updated at least every six (6) months.

Parent or Guardian: _____

Date: _____

Student Portion of Compact:

As a student of To'Hajiilee Community School, I will respect the rights of others, to learn, take responsibility for my school work and behavior. I will create my short- and long-term goals for the year _____. It is my responsibility to have good school attendance, be on time to class and to be ready to work every day; complete all homework assignments and read nightly. I will ask for help from my parents, guardians, grandparents or extended family members when I don't understand my school work, my GPA and credits and any grades or resources I may need by communicating with my teacher, counselors and administration.

TCS Student: _____

Date: _____

Teacher Portion of Compact:

As a teacher/colleague at To'Hajiilee Community School, I will conduct myself in a courteous and professional manner, communicate in a clear, respectful and in a prompt manner. I will provide a challenging curriculum with high standards and exceptions in academics and behavior, which meets the student's needs; by sharing and encouraging critical thinking, accountability guidance for students to complete classroom tasks, homework on a timely schedule. With parents/guardians/extended family members I will provide opportunities for parent involvement; parent encouragement by communicating by phone, e-mail, home visits, parent conferences. Inviting them to the classroom to participate in their child's (children's) daily class studies. This will provide the opportunity for the parents and students to meet with me to provide guidance on GPA, credits, report cards, and attendance.

Teacher: _____

Subject: _____

Administration Portion of Compact:

The administration at To'Hajiilee Community School will create a friendly, welcoming atmosphere for parents/guardians/extended families/teachers/colleagues. I will act as an instructional leader by supporting all colleagues in their area of service to the school teachers in the classroom. Counselors, front office staff, cafeteria employees, transportation, bus drivers, educational assistants, business administration. I will send our parent information through e-mail, social media, web, requesting contact information from parents. Accurate information of students, GPA credits and attendance will be available for parents when requested in a timely manner.

Administrator: _____

Date: _____

Community Portion of Compact:

The To'Hajiilee Community School will reach out to the community during school hours, and invite various community leaders and organizations and businesses to participate, partner and provide resources. Resource information will be available through the family center. As community members, I will volunteer at To'Hajiilee to ensure my community children's educational success. I will encourage students to stay in school and to go to school daily.

Student Name: _____ Grade: _____ Phone #: _____