

Grade Level: _____
 Boarding: _____
 Day-Bus: _____

Bureau of Indian Education
BLACK MESA COMMUNITY SCHOOL
 Student Enrollment Application

2022-2023

Entry Date:

WITHDRAWAL DATE:

Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First FIRST	Middle: 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:	
				Navajo: English:	Navajo: English:	
With whom does the student live?				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: Navajo	Mother:		
				Tribal Affiliation: Navajo		
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:

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 Black Mesa 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
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OFFICIAL USE ONLY	Verified by: _____
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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



Black Mesa Community School

P.O. Box 97

Pinon, Arizona 86510

Phone: 928-674-3632 Fax: 775-659-8187

Developing Self-Confidence for Lifelong Success

Emergency Contact & Check-Out Form

STUDENT'S NAME (PRINT)

PARENT/GUARDIAN'S NAME (PRINT)

PARENT/GUARDIAN'S EMAIL ADDRESS

PARENT/GUARDIAN'S PHONE NUMBER

Who is authorized to check your child(ren) out of school or be contacted in an emergency?

Your child will **ONLY** be released to you or those listed below:

ALL PERSONS CHECKING OUT STUDENT(S) MUST BE 18 YEARS OR OLDER

Please name them in order you would want to be contacted first in case of an emergency.

Name of Person(s)	Phone Number	Relationship to Child

CHILD SECURITY

The following person(s) is/are **NOT** permitted to check out this student.

- Temporary Order of Protection (Copy needed for student's file)
- Legal Guardianship Order
- Permanent Protection Order (Copy needed for student's file)
- Social Services Order
- Other

Names of Person(s)	Relationship to Child

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____

Date: _____



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Developing Self-Confidence for Lifelong Success

2022-2023 Health History/Permit Form

Student Name: _____ **DOB:** _____ **Grade:** _____

Mailing Address: _____

Father's Name: _____ **Home Phone:** _____

Home Location: _____

Employer: _____ **Work:** _____

Mother's Name: _____ **Home Phone:** _____

Home Location: _____

Employer: _____ **Work:** _____

Other Children at BMCS: _____

In case of **EMERGENCIES** which require medical attention during school hours, I give permission for my child to be transported to Pinon/Chinle/Kayenta I.H.S. for the rendering of such medical services as deemed necessary in the opinion of the attending physician or primary care provider.

Parent/Guardian Signature: _____ **Date:** _____

HEALTH CONDITIONS

Check if any applies to your child or had and write in approximate date

- | | |
|---|--|
| <input type="checkbox"/> _____ Anemia | <input type="checkbox"/> _____ Hepatitis |
| <input type="checkbox"/> _____ Asthma | <input type="checkbox"/> _____ Kidney Disease |
| <input type="checkbox"/> _____ Chicken Pox | <input type="checkbox"/> _____ Measles |
| <input type="checkbox"/> _____ Diabetes | <input type="checkbox"/> _____ Mumps |
| <input type="checkbox"/> _____ Ear Infection | <input type="checkbox"/> _____ Seizures |
| <input type="checkbox"/> _____ Tubes in Ears | <input type="checkbox"/> _____ Tuberculosis |
| <input type="checkbox"/> _____ Hearing Problems | <input type="checkbox"/> _____ Vision Problems |
| <input type="checkbox"/> _____ Heart Condition | <input type="checkbox"/> _____ Glasses |
| <input type="checkbox"/> _____ Other | <input type="checkbox"/> _____ Other |

Student's Name: _____

ALLERGIES

Is your child allergic to any of the following:

- | | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Medication/Drugs | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Food/Plants/Other | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Bee/Wasp Stings | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Which ones? _____

Which ones? _____

MEDICATIONS

Is your child taking any medications: YES NO

If yes, why? _____

What Medication? _____

All prescription medication must be brought by the parent/guardian in the same prescription container as put up by the pharmacist and must have the patients NAME, OF MEDICATION, DOSAGE, AND DIRECTIONS on the label.

I give permission for my child to receive the OVER the COUNTER medicine I checked below for relief of discomfort discomfort due to minor accident or illness.

- | | | | | | |
|--------------------------|-----------------|--------------------------|---------------------|--------------------------|------------------|
| <input type="checkbox"/> | Acetaminophen | <input type="checkbox"/> | Head Lice Treatment | <input type="checkbox"/> | Burn Gel/Spray |
| <input type="checkbox"/> | Ibuprofen | <input type="checkbox"/> | Pepto-Bismol | <input type="checkbox"/> | Calamines Lotion |
| <input type="checkbox"/> | Cold Medicine | <input type="checkbox"/> | First Aid Cream | <input type="checkbox"/> | Eye Drops |
| <input type="checkbox"/> | Cough Medicine | <input type="checkbox"/> | Hydrocortisone 1% | | |
| <input type="checkbox"/> | Cold Sore Cream | <input type="checkbox"/> | Bacitracin Ointment | | |
| <input type="checkbox"/> | Sudafed | <input type="checkbox"/> | Aloe Vera | | |

FLOURIDE MOUTH RINSE PROGRAM:

I give permission for my child to participate in the Fluoride Dental Program YES NO

SEALANT PROGRAM:

I give permission for my child to participate in the Dental Sealant Program YES NO

Parent/Guardian Signature: _____

Date: _____



Black Mesa Community School

P.O. Box 97
Pinon, Arizona 86510
Phone: (928) 674-3632

Intense Bilingual Certification

SY: 2022-2023

Student's Name: _____ Date Birth: _____

Social Security Number: _____ Census Number: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Mailing Address: _____

I, _____, hereby state that my child's native language is Navajo.
I do give permission for my child to participate in testing to determine for eligibility
for Intense Bilingual Instruction.

Parent/Guardian's Signature

Date

Teacher's Signature

Date

"Creating Self-Confidence for Lifelong Learning"



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Transportation Department

SY: 2022-2023

Student's Name: _____ Student Signature: _____

Parent(s)/Guardian(s): _____ Parent Signature: _____

Home Location: _____

PLEASE DRAW A MAP TO YOUR RESIDENCE:

A large, empty rectangular box with a black border, intended for the student to draw a map to their residence. In the bottom-left corner of this box, there is a simple compass rose with four points labeled 'N' (North), 'S' (South), 'E' (East), and 'W' (West).

"Creating Self-Confidence for Lifelong Learning"



Black Mesa Community School

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Phone: (928) 674-3632

Parent/Guardian Media Release Form

SY: 2022-2023

Student's Name

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school's website and/or agency's website.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on the website since global access to the internet does not allow us to take control on who may access such information. These dangers have always existed; however, we as a school do want to celebrate your child and his/her work. The law required that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior signed written consent form. Personally identified information includes student names, photo or image, residential address, e-mail address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at anytime in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check on of the following choices:

- I/We GRANT permission for a **photo/image that includes this student without any personal identifiers** to be published in the school and/or agency's public internet site.
- I/We GRANT permission for this student's photo/image and name to published on the school and/or agency's public internet site.
- I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or agency's public internet site.
- I/We GRANT permission for a photo/image and other personal identifiers to be published on the school and/or agency's public internet site.

Parent/Guardian's (Print): _____

Parent/Guardian's Signature: _____

Date: _____

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

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 Black Mesa Community School 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
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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 of organization maintaining membership data for the tribe, band, or group:

Navajo Nation Office of Vital, P.O. Box 3240, Window Rock, AZ 86515

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address P.O. Box 301, Chinle, AZ 86503 Telephone 928-797-1133



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c). Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____ Black Mesa _____

School _____ Black Mesa Community School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.
1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 www.azed.gov/oelas

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

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
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 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 or 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)

¹ 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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Phone # 928-674-3632

Developing Self-Confidence for Lifelong Success

Transfer of Records Request

SY: 2022-2023

To: _____

Student Name: _____

Date of Birth: _____

The above named student has registered at Black Mesa Community School in _____ Grade.
Please send the following records:

- | | | |
|-----------------|-------|-----------------------------|
| | _____ | Transcripts of Grades |
| | _____ | Cumulative Records |
| | _____ | Standardized Test Results |
| | _____ | Immunization/Health Records |
| | _____ | Attendance Records |
| | _____ | Other (Specify) |
| Purpose: | _____ | Routine Transfer |
| | _____ | Evaluation |
| | _____ | Due Process |

CONSENT FOR RECORDS RELEASE

I grant permission and hereby authorize the school records including, but not limited to, directory educational, health and psychological information be sent to Black Mesa Community School.

Parent/Guardian: _____

Date: _____