

**NAVAJO JH & HS SCHOOL
ENROLLMENT FORM 2017-2018**

Date: _____

Grade: _____

Student's Full Legal Name: _____

FIRST

MIDDLE

LAST

Preferred Name: _____ Age: _____ Gender: M/ F

Place of Birth: _____ Date of Birth: ___/___/___

Race (Circle yes for all that apply): African American: Yes/No.....American Indian: Yes/No Asian
Yes/No.....Pacific Islander: Yes/No..... White/Caucasian: Yes/No

Is the student of Hispanic or Latino origin? YES/NO

Physical Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Is this residence on federal property? YES / NO

Is this residence in the Navajo district? YES / NO

Student lives with: Both Parents Mother Father Guardian Other: Specify _____

Parent: _____ Relationship: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

MILITARY ACTIVE DUTY: YES/NO CIVILIAN FEDERAL EMPLOYEE: YES/NO RESERVE MEMBER: YES/NO NATIONAL GUARD: YES/NO

I authorize Navajo Public Schools to use my information in SchoolMessenger for emails, texts and phone calls. YES/NO: Parent Signature: _____

Parent: _____ Relationship: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

MILITARY ACTIVE DUTY: YES/NO CIVILIAN FEDERAL EMPLOYEE: YES/NO RESERVE MEMBER: YES/NO NATIONAL GUARD: YES/NO

I authorize Navajo Public Schools to use my information in SchoolMessenger for emails, texts and phone calls. YES/NO: Parent Signature: _____

Emergency Contact (Other than those listed above):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

School Last Attended: _____

Please Circle One In Each Category: Public/Private Religious/Nonreligious

City & State: _____ Zip Code: _____ Phone #: _____

Persons Restricted from picking up student: _____

(PLEASE CONTINUE ON BACK....)

Is your child currently receiving special education services and/or pending placement through an IEP? YES/NO **Section 504? YES/NO**

If yes, please circle all that apply: SPEECH SPECIAL EDUCATION OCCUPATIONAL THERAPY

Medicine/Food Allergies: _____

Is this allergy life-threatening? YES/NO Reaction? _____

I give permission for Navajo Public Schools to administer first aid to my child during school hours or while participating in school activities? YES/NO

List any CURRENT medical condition: _____

Does your child routinely take medication? YES/NO

If yes, please list: _____

Will it be administered at school? _____ Time of Day? _____ Amount: _____

Any prescription medicine sent from home must be accompanied by the original labeled bottle and a signed note from the parent in order to be administered at school.

Parent's Name _____ Date: _____

Parent's Signature: _____

Student's Doctor: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

I undersigned do hereby authorize officials of the NAVAJO school district to directly contact the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child.

Parent Signature: _____

How will your child normally get home from school? (Circle One):

CAR-RIDER BUS **IF BUS, DRIVER'S NAME:** _____

I authorize my child to access the Navajo School internet for educational purposes: YES / NO

I grant Navajo Schools the right to take photographs/video of my child. I authorize Navajo Schools, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Navajo Schools may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

_____ **All media including yearbook, newspapers, social media, etc.** _____ **Yearbook Only**

_____ **None**

Parent Signature: _____ **DATE:** _____

NOTE TO PARENT: NAVAJO BOARD OF EDUCATION DISCIPLINE POLICY ALLOWS THE USE OF CORPORAL PUNISHMENT. ANY CONCERNS ABOUT THIS POLICY SHOULD BE DIRECTED TO THE PRINCIPAL. IF YOU CHOOSE TO OPT OUT OF THE USE OF CORPORAL PUNISHMENT AS A FORM OF DISCIPLINE FOR YOUR CHILD, PLEASE CONTACT THE SCHOOL OFFICE TO REQUEST AN OPT-OUT FORM.

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

_____ Date (MM/DD/YYYY)

_____ Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

JH/HS INTERNET ACCESS CONDUCT AGREEMENT

I, _____, understand and will abide by the district's terms and conditions for internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User's Signature: _____ Date: _____

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement")
As the parent or guardian of this student, I have read the terms and conditions for Internet Access. I understand that the school district is providing this access for educational purposes only and hereby give my permission to grant access for my child and will accept responsibility for supervision when my child is not in a school setting.

Parent or Guardian (please print): _____ Phone No. _____

Signature: _____ Date: _____

(Note: The text of the policy is contained in the student handbook.)



PARKING AGREEMENT

It is the desire of the Navajo Public Schools Board of Education, Administration, Faculty and Staff to maintain as safe of an environment for all of our students as possible with a minimum of inconveniences. Transportation for all students is available to and from school at designated bus stops, however we do recognize that many students for convenience or pleasure, prefer to drive their own personal vehicles.

Navajo Public Schools require a parking permit be visibly displayed in all student vehicles parked on school property during the hours of regular school classes. Students desiring to drive to school on a regular basis must obtain a permit decal from the principal's office by filling out and they and their parent or guardian signing the form below. Students parking only on a temporary basis may obtain a temporary parking decal at the office on arrival and return it to the office when they leave.

I _____ request a permit to park my personal vehicle on public school property at Navajo Public Schools. I affirm that I have a valid driver's license and the vehicle for which I am obtaining this permit is covered by at least a state required minimum liability insurance policy. I agree to follow rules and regulations pertaining to parking at school. I agree to park only in areas designated as student parking areas and understand that my vehicle is off limits for me without consent from the office and that I will leave my vehicle as soon as it is parked and not return to it until I am ready to leave for the day. I understand that in the interest of preserving the public image of Navajo School, that offensive slogans, statements, graphics, paintings, etc. will not be allowed parking space on school property. I agree not to store school prohibited items including illegal substances, alcoholic beverages, tobacco products or any offensive weapons as defined by state statute in my personal vehicle. I also understand that in keeping with security needs of a public school system, periodic random searches of the premises will be conducted by school personnel, local law enforcement, and/or private contraband detection teams. I agree that should my vehicle be targeted as possibly containing a school contraband item, I will freely allow its search to determine the nature of the suspicion.

Date

Signature of Student

Signature of Parent or Guardian

Extracurricular Activities
Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at Navajo Public Schools is a privilege. Activity students carry a responsibility to themselves their fellow students their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of possession of illegal and/or performance enhancing drugs.

Illegal and/or performance enhancing drug use of any kind is incompatible with participation in extracurricular activities on behalf of Navajo Public Schools. For the safety, health, and wellbeing of the student of the Navajo Public School District, the district has adopted the student drug testing program for extracurricular activities policy and this consent form for use by all participating students at the junior high school and the high school levels.

Participation in Extracurricular Activities

The coach/sponsor/administrator shall provide each activity student and the parent or custodial guardian of such student with a copy of the policy and the consent form, which shall be read signed, and dated annually, before the student shall be eligible to practice or participate in any extracurricular activity. Upon reaching the age of 18 years, the activity student shall be required to sign a new consent form in order to participate in any extracurricular activity. This consent shall be to provide a urine sample: (a) when chosen by the random selection basis: (b) at any time requested based on reasonable suspicion to be tested for illegal or performance enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed consent form.

Student's Last Name _____ First Name _____ MI _____

After having read the "Student Drug Testing Program," policy and this consent form, I understand that, out of care for my safety and health, the Navajo Public School District enforces the rules applying to the consumption or possession of illegal and performance enhancing drugs. As a participant in an extracurricular activity, I realize that the personal decisions I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and wellbeing as well as the possible endangerment of those around me and reflect upon an organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance enhancing drugs any time while I am involved in in-season or off-season activities, I understand that upon determination of the violation, I will be subject to the restrictions on my participation as outlined in the policy.

Signature of Student _____ Date _____

WE have read and understand the Navajo Public Schools' "Student Drug Testing Program" policy and this consent form. We desire that the student named above participate in the extracurricular activities of the Navajo Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Signature of Parent/Custodial Guardian _____ Date _____

Signature of Coach/Sponsor/Administrator _____ Date _____

**PARENTAL AUTHORIZATION
TO ADMINISTER MEDICINE**

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts of omissions of school employees in administering the medicine I have hereby authorized.

I am the parent with legal custody or the legal guardian of _____.
Student's Name

My child will need to be administered the following prescription medicine during the school day:

Name of Prescription:	Amount:	Time of Day:
_____	_____	_____
_____	_____	_____

Parent/Guardian's Signature: _____ Date: _____

I, _____, hereby authorize, request and grant permission
Parent or Guardian Printed Name
for NAVAJO PUBLIC SCHOOL to permit the self-administration of prescribed inhaled asthma medication(s) by my son, daughter or ward. _____
Student's Name

According to the policy adopted by Navajo's Board of Education: I further waive any claims against Navajo, members of the Navajo Board of Education, their agents and employees, either jointly or severally, from and against any and all claims, liability, demands, damages, causes of action, costs and expenses of any kind whatsoever, including attorney's fees, resulting, relating to or arising out of the self-administration of inhaled asthma medication as authorized herein.

I further agree to provide to Navajo an emergency supply of student's inhaled asthma medication to be administered by the school employee. THIS AUTHORIZATION APPLIES TO ASTHMA MEDICATION ONLY! I consent to my child's possession and unsupervised self-administration of prescribed inhaled asthma medication.

Parent/Guardian's Signature Date

Address and Phone Number

SELF-ADMINISTRATION CONSENT FORM

Name of Student _____ Date of Birth _____

Address _____ Grade _____

Emergency Phone Number _____

Physicians Statement

1. Name and type of medication: _____
2. Is prescribed medication for an asthmatic condition? YES/NO
3. Dosage/amount to be given: _____
4. Route of administration: _____
5. Frequency and time of administration: _____
6. Duration (week, month, end of current year) _____
7. Diagnosis, intended effect, and anticipated reaction to medicine (symptoms, side effects, etc.): _____
8. Other medication(s) student is taking: _____
9. Other requirements or special circumstances: _____
10. Must this medication be administered during the school day in order to allow the student to attend school or participate in school activities? YES/NO
11. Is supervised student self-administration authorized? YES/NO
12. **FOR ASTHMA MEDICATION ONLY * IS SELF-ADMINISTRATION AUTHORIZED? YES/NO**

Pursuant to Oklahoma law, upon parental consent, a student prescribed asthma medication may possess and use his/her asthma medication during school or at school sponsored activities without the supervision of District personnel.

The student has demonstrated and understands appropriate use of asthma medication:
YES/NO

Physician signature and printed name _____

Physician's address _____

Phone Number _____