

**New/Returning Student Enrollment
School Year 2024–2025**

STUDENT NAME: _____

Grade: _____

Complete all forms and return to the Registrar's Office. All required documents must be attached to your enrollment packet.

Required Documents Check Off List:

- SY 24-25 Enrollment Application
- Immunization Record (must have current date)
- Certificate of Indian Blood
- Birth Certificate
- Legal Guardianship (Must provide a copy of custody order, Power of Attorney, or Care Givers Affidavit)
- *Report Card/Transcript/Attendance Record from previous school
- *Current IEP (Individualized Education Plan)
- Doctor's Statement for Food Allergies
- Medication Administration Authorization Form

***New Students/transferring students from another school Grade 1st – 8th, It is your responsibility to obtain a copy of your Report Card & Attendance before enrolling.**

Chichiltah-Jones Ranch Community School does not accept students who are suspended or expelled at another school. All suspensions and expulsions must be cleared with the last school attended before enrolling.

If you have any questions call (505) 778-5574/78



2024 – 2025 Student Enrollment Application Chichiltah Jones Ranch Community School



STUDENT NAME: _____ PRESENT GRADE: _____ MALE FEMALE
Last First Middle

MAILING ADDRESS: _____
PO Box or Street Address City State Zip Code

RESIDENCE ADDRESS: _____
County Road Name/Number House Number

BIRTHDATE: _____ BIRTH PLACE: _____

Is this student Hispanic/Latino? No, Not Hispanic/Latino Yes, Hispanic/Latino

ETHNICITY: Native American Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander
 Caucasian

TRIBAL AFFILIATION: _____ DEGREE INDIAN: _____ ENROLLMENT NUMBER: _____

MOTHER/LEGAL GUARDIAN NAME:	FATHER/LEGAL GUARDIAN NAME:
MAILING ADDRESS: <input type="checkbox"/> Same as Student	MAILING ADDRESS: <input type="checkbox"/> Same as Student
RESIDENCE ADDRESS: <input type="checkbox"/> Same as Student	RESIDENCE ADDRESS: <input type="checkbox"/> Same as Student
TRIBAL AFFILIATION:	TRIBAL AFFILIATION:
ENROLLMENT NUMBER:	ENROLLMENT NUMBER:
HOME AGENCY/ CHAPTER:	HOME AGENCY/ CHAPTER:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:
OTHER - Specify:	OTHER - Specify:
EMAIL ADDRESS:	EMAIL ADDRESS:
Does anyone in the household receive any type of assistance?	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER:

If you are the guardian, do you have a custody order, Power of Attorney or Care Giver's Affidavit to make educational decisions for this student? YES NO *Court documents will need to be provided with application*

EMERGENCY CONTACT ***If parent/guardian cannot be reached, who should be contacted in case of an emergency:*

EMERGENCY CONTACT	RELATIONSHIP TO STUDENT	CONTACT PHONE NUMBER
		()
		()
		()

PERMISSION CHECKOUT *List all people who may check out your child during the school year:
(Nobody under the age of 25 will be allowed to check out a student)*

NAME	RELATIONSHIP	NAME	RELATIONSHIP

STUDENT HEALTH:

Does your child wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies to food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Provide a copy of doctor's statement with application	List Food Allergies:
Is your child on any prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Provide Medication Administration Form	List Medication:
	How Often is Medication taken?
Does your child have an IEP (Individualized Education Plan) for Special Education or Gifted and Talented Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Provide a copy of current IEP with application	

LANGUAGE:

Which language did your child learn when they first began to talk?

English Native Language: _____ Other: (Specify) _____

Which language does your child most frequently speak at home?

English Native Language: _____ Other: (Specify) _____

Which language do you (the parents/guardians) use more often when speaking with your child?

English Native Language: _____ Other: (Specify) _____

Which language is spoken more often by other adults in the home?

English Native Language: _____ Other: (Specify) _____

SCHOOLS PREVIOUSLY ATTENDED:

School Name:		Dates Attended:	
			MONTH/YEAR to MONTH/YEAR
Address:	STREET ADDRESS or P.O. BOX	Grades Completed:	
	CITY STATE ZIP CODE		
School Name:		Dates Attended:	
			MONTH/YEAR to MONTH/YEAR
Address:	STREET ADDRESS or P.O. BOX	Grades Completed:	
	CITY STATE ZIP CODE		

I am legally responsible for this student and hereby apply for his/her admission to Chichiltah Jones Ranch Community School. I agree the information on this form is correct and true. I understand that additional information may be requested by the school before the student is enrolled.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Day School Enrollment:

<input type="checkbox"/> APPROVED		
	PRINCIPAL SIGNATURE	DATE

BIE CHICHILTAH-JONES RANCH COMMUNITY SCHOOL
P.O. Box 278---831 Cousins Road
Vanderwagen, NM 87326

STUDENT HEALTH HISTORY

Student Name: _____

Birthdate: _____

Parents: please fill this form out completely. Y=Yes N=No

Health Concerns

Y	N	Does your child have any allergies to food, animals, plants, medicines, etc? Please list:
Y	N	Does your child have problems going to the bathroom?
Y	N	Does your child have trouble hearing, seeing or talking?
Y	N	Does your child wear glasses or contact lenses?
Y	N	Does your child have braces, a dental bridge or plate?
Y	N	Does your child take any medication on a daily basis for a chronic medical problem?
Y	N	Does your child have problems in school?
Y	N	Does your child have behavior problems?
If you have answered "yes" to any question above, please provide additional information:		

Health History

Y	N	Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems such as a murmur, hepatitis? (Circle any that apply)
Y	N	Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures, diabetes? (Circle any that apply)
Y	N	Has your child ever been hospitalized or had surgery?
Y	N	Has your child ever been "knocked out", had a concussion or serious head injury?
Y	N	Has your child ever had a seizure, fit or convulsion?
Y	N	Does your child have any missing organs such as an eye, kidney, testicles, etc?
Y	N	Does your child have fainting or dizzy spells?
Y	N	Does your child often have headaches not relieved by rest or Tylenol?
Y	N	Has your child had a shoulder, knee or ankle injury?
Y	N	Has your child had a broken bone?
Y	N	Has your child had more than 3 ear infections?
Y	N	Does your child have chest pain with exercise?
Y	N	Do you have any concerns about your child being in sports?
If you have answered "yes" to any question above, please provide additional information:		

***Doctor's statement must be attached for food allergies.**

Parent/Guardian Signature: _____ Date: _____

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

(BIE Chichiltah-Jones Ranch Community School
P.O. Box 278
Vanderwagen, N.M. 87326)

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON
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 _____

(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)

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.



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

School: Chichiltah Jones Ranch Community School Date: _____

Student Name: _____ • Male • Female • Non-binary

Last School attended: _____ Current Grade: _____

Birth Date: _____

Address of where the student slept last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Main Contact Phone Number: _____ Email, if available: _____

Is the student's address a temporary living arrangement? • Yes • No

Note: If you checked "No," you may STOP here. Thank you.

If temporary, is this living arrangement due to loss of housing or economic hardship? • Yes • No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- In a **hotel/motel** (Name of hotel/motel): _____
- In a **shelter** or transitional housing program (name of shelter or program): _____
- In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
 - In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

Last Name	First Name	Grade	School

The undersigned certifies that the information provided above is accurate.



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

Signature of Person Providing Information _____

Date _____

Parent/Legal Guardian/Caregiver/Unaccompanied Student **(Circle one)**

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency:

Name _____ Phone contact _____ Relationship to student _____

For School Use Only

Note: Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

- Doubled-up: _____ Sheltered: _____
- Hotel/Motel: _____ Unsheltered: _____

1) **Unaccompanied youth:** Yes No

2) **Transportation needed:** Yes No

Select all that apply: Special Education English Learner Migrant

Resources and Services

Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

- McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals, fees waived)
- Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)
- School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: _____ Date: _____



United States Department of the Interior
 BUREAU OF INDIAN EDUCATION
 Chichiltah/Jones Ranch Community School
 PO Box 278
 Vanderwagen, New Mexico 87326
 Phone: (505)778-5574/5578
 Fax: (505)778-5575



Dear Parents/Guardians,

New Mexico State Regulations require that every child that rides a school bus in McKinley County – Chichiltah Jones Ranch Community School provide the bus driver with an individual student bus roster information sheet. This information is vital in case the bus driver needs to contact the parent or guardian in the event of an emergency. This information allows us a means to provide better service for our students and parents/guardians. Please fill out the following information and return to school with enrollment packet. If the student bus roster information sheet is not returned, your child will not be allowed on the bus until we receive the information sheet and it is filled out by a parent/guardian.

Students will not be permitted to get on or off at any stop on the way to or from school except at their regular assigned stop or school. Notes or phone calls from parent/guardian designees authorizing the bus driver to drop off a student at a point other than his/her regular stop will not be permitted.

Student's Name: _____

Grade: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Fathers Name: _____ Cell #: _____

Work #: _____

Mothers Name: _____ Cell #: _____

Work #: _____

If parent cannot be reached, who should be contacted in case of an emergency:

Name & Relationship _____ Phone #: _____

Name & Relationship _____ Phone #: _____

Medical Condition(s) that the Bus Driver should be aware of during the bus route:

Bus Stop/Pick Up and Drop Off: _____

Bus #: _____ Bus Driver: _____

Parent/Guardian Signature _____ Date: _____



Release Form

CULTURE • LEADERSHIP • CULTURE • KNOWLEDGE • LEADERSHIP • CULTURE • KNOWLEDGE • LEADERSHIP

U.S. Department of the Interior
Bureau of Indian Education
1849 C Street N.W.
Washington, DC 20240

Permission to Photograph / Video / Audio Record

Subject 2024-2025 School Year Events

Location Chichiltah-Jones Ranch Community School

I grant to the U.S. Department of the Interior, Bureau of Indian Education, its representatives and employees, the right to take photographs / video / audio recording of me and my property in connection with the above identified subject. I authorize the U.S. Department of the Interior, Bureau of Indian Education, its assign and transferees to copyright, use and publish the same in print and / or electronically.

I agree that the U.S. Department of the Interior and the Bureau of Indian Education may use such photographs / video / audio recording of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature of parent or guardian _____

(if under age 18)



BIE Home Language Survey
School Year 2024-2025

First Name:

Last Name:

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."

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 that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



BIE Home Language Survey
School Year 2024-2025

4. Which language is spoken more often by other adults in the home?

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

School Official Verification _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

***** Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

BIE Form HLS, Updated April 2023



United States Department of the Interior
BUREAU OF INDIAN EDUCATION
Chichiltah-Jones Ranch Community School
P.O. Box 278
Vanderwagen, N.M. 87326-0278

REQUEST FOR SCHOOL RECORDS

Please release school records for:

Name of Student: _____ Date of Birth: _____ Current Grade: _____

Name of Student: _____ Date of Birth: _____ Current Grade: _____

Name of Student: _____ Date of Birth: _____ Current Grade: _____

Name of Student: _____ Date of Birth: _____ Current Grade: _____

Previous school attended: _____

Address: _____

City/State: _____

Fax #: _____

Phone #: _____

Information to be sent includes:

- Official copy of latest Report Card
- Test Scores
- Attendance and Severe Discipline Information
- Completed Withdrawal Form
- Psychological Records (Current Psych and Current IEP)
- Updated Immunization Record
- Other Records pertaining to the student

Mail or fax records to: BIE Chichiltah-Jones Ranch Community School
ATTN: Registrar
P.O. Box 278
Vanderwagen, N.M. 87326-0278
Fax: (505)778-5575
Telephone: (505)778-5574/78

PARENT/GUARDIAN SIGNATURE: _____ Date: _____