



# New/Returning Student Enrollment

Chichiltah-Jones Ranch Community School  
School Year 2025-2026



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 2025-2026 Enrollment Application Packet
- 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/Transcripts/Attendance Record from previous school
- Current ACCESS for ELLs Score Report-if student is eligible for EL services
- Current IEP (Individualized Educational Plan)-if students participate in Special Education
- Medical Statement for Food Allergies-if student has food allergies
- Medication Administration Authorization form-if needed, request form

**New students/transferring students from another school Grade 1<sup>st</sup>-8<sup>th</sup>. It is your responsibility to obtain a copy of your Report Card and Attendance Record before enrolling.**

Chichiltah-Jones Ranch 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



STUDENT NAME: \_\_\_\_\_  
Last First Middle

Parent/Guardian: Please fill out this form completely.

**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. No one under the age of 25 will be allowed to check out a student.*

NAME	RELATIONSHIP	NAME	RELATIONSHIP

**HOME LANGUAGE:**

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

English    Navajo    Other: (Specify) \_\_\_\_\_

Which language does your child most frequently speak at home?

English    Navajo    Other: (Specify) \_\_\_\_\_

Which language do you (parent/guardian) use more often when speaking with your child?

English    Navajo    Other: (Specify) \_\_\_\_\_

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

English    Navajo    Other: (Specify) \_\_\_\_\_

**SCHOOLS PREVIOUSLY ATTENDED:**

School Name:		Dates Attended:	
Address:	<small>Street Address or P.O. Box</small>		<small>Month/Year to Month/Year</small>
	<small>City State Zip Code</small>	Grades Completed:	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
School Name:		Dates Attended:	
Address:	<small>Street Address or P.O. Box</small>		<small>Month/Year to Month/Year</small>
	<small>City State Zip Code</small>	Grades Completed:	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

STUDENT NAME: \_\_\_\_\_  
Last First Middle

Parent/Guardian: Please fill out this form completely.

**TRANSPORTATION:**

<input type="checkbox"/> Day Student <input type="checkbox"/> Student will ride the bus to and from school. <input type="checkbox"/> Will bring and pick up.		<input type="checkbox"/> Residential Student
Bus pick up and drop off location:		
Bus #:	Bus 1: Red Rock, Bread Springs, Cousins Road, Upper Chichiltah Bus 2: Jones-Ranch Road, Manuelito Canyon	
Description of your home:		
House number:		House color:
Draw a map from your home to the school. <i>Please draw major roads and major buildings (chapter, church, store, etc.</i>		

STUDENT NAME: \_\_\_\_\_  
Last First Middle

Parent/Guardian: Please fill out this form completely.

**STUDENT HEALTH:**

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

**HEALTH CONCERNS:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any allergies* to food, animals, plants, medicines, etc.? Please list:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have problems going to the bathroom?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have trouble hearing, seeing, or talking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear glasses or contact lens?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have braces, a dental bridge or plate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child take any medication daily for a chronic medical problem?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have problems in school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have behavior problems?
If you have answered "Yes" to any question above, please provide additional information:	

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

**HEALTH HISTORY:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems such as a murmur, or hepatitis? Circle any that apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures, diabetes? Circle any that apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been hospitalized or had surgery?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been "knocked out", had a concussion or serious head injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever had a seizure, fit or convulsion?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any missing organs such as an eye, kidney, testicles, etc.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have fainting or dizzy spells?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child often have headaches not relieved by rest or Tylenol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a shoulder, knee or ankle injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had a broken bone?

STUDENT NAME: \_\_\_\_\_  
Last First Middle

Parent/Guardian: Please fill out this form completely.

**HEALTH HISTORY CONTINUED:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had more than 3 ear infections?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have chest pains with exercise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any concerns about your child being in sports?
If you have answered "Yes" to any question above, please provide additional information:	

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

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**OFFICIAL USE:**

<b>SCHOOL ENROLLMENT</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	Principal's Signature	Date
If disapproved, reason:		

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PUBLIC HEALTH SERVICES

INDIAN HEALTH SERVICES

(BIE Chichiltah-Jones Ranch Community School

P.O. Box 278

Vanderwagen, NM 87326)

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

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 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: SY 2025-2026

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.



**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**



**STUDENT HOUSING QUESTIONNAIRE**

The answer to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. McKinney-Vento provides services and support for children and youth experiencing homelessness, including those who are sharing housing due to loss of housing, economic hardship or similar reason.

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

- |  |  |
|--|--|
| <input type="checkbox"/> In someone else's house or apartment with another family.                     | <input type="checkbox"/> In a motel                                    |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | <input type="checkbox"/> In a shelter                                  |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Transitional Housing                          |
| <input type="checkbox"/> Other: Other details  | <input type="checkbox"/> In a car, park, campsite, or similar location |

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

Address of current residence: \_\_\_\_\_

Phone number or contact number: \_\_\_\_\_

Name of Parent(s)/Legal Guardians(s) or unaccompanied youth: \_\_\_\_\_

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I agree the information provided on this form is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE:** For data collection purposes and student information system coding

- (N) Not Homeless     (D) Doubled-Up     (S) Sheltered/Trans. Housing/Awaiting Foster Care
- (H) Hotel/Motels     (U) Unsheltered (cars, parks, campgrounds, etc.)



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Fax: (505)778-5575**



Dear Parents/Guardians,

New Mexico State regulation requires that every child that rides a bus in McKinley County 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 to provide better service for our students and parents/guardians. Please fill out the following information and return to Chichiltah Jones Ranch Community School with the 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 Name \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Name and Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name and 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 • KNOWLEDGE • 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 2025-2026 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) Chichiltah-Jones Ranch Community School

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

(if under age 18)



**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**



**REQUEST FOR SCHOOL RECORDS**

**Please enter 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Information to be sent includes:**

- Official copy of latest Report Card
- Test Scores (Summative Assessments, ACCESS for ELLs, etc)
- 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, NM 87326-0278  
 Phone: (505) 778-5574  
 Fax: (505) 778-5575

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

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