

Grade Level:
 Boarding:
 Day-Bus:

Bureau of Indian Education
Na'Neelzhiin Ji Olta', Inc.
Student Enrollment Application

Entry Date:

Withdrawal Date:

Native American Student Information System (NASIS) ID NO.

Student Name: LAST		First		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:													
With whom does the student live?						Navajo: English:				Navajo: English:													
Both Parents Father Mother Grandparents Guardian Other						Did student participate in English Language Learn ELL?				Did student participate in Special Education?													
<p>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?</p>																							
Father:				Tribal Affiliation:				Mother:				Tribal Affiliation:											
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 Na'Neelzhiin Ji Olta', Inc. 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 inform 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

OFFICIAL USE ONLY

Verified by:

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 Programs Support Assistant Date

FOR DISTRICT USE ONLY

District:

School:



NEW MEXICO PUBLIC EDUCATION DEPARTMENT
LANGUAGE USAGE SURVEY

~for parent or guardian to complete~

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.

Student's Name:

Date of Birth:

Grade Level:

Answer each question by marking either the YES or NO box:

YES NO

1. Does the student use a language(s) other than English with his/her family and friends?

2. Do you use a language(s) other than English with the student?

3. Does the student understand when someone communicates with him/her in a language other than English?

4. Does the student read in a language(s) other than English?

5. Does the student write in a language(s) other than English?

6. Does the student interpret for you or anyone else in a language(s) other than English?

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

 American Sign Language (ASL) Arabic Cantonese Diné French Greek Hmong Jicarilla Apache Italian Keres Khmer Korean Mescalero Apache Mandarin Portuguese Russian Somali Spanish Tiwa Tewa Towa Vietnamese Zuni Other _____

OTHER QUESTIONS

8. Is the student transferring from another state, district, or school?

If yes, please provide location and name of school:

9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?

10. In what language do you prefer to receive communication from the school?

11. In what language would you prefer to communicate with school staff?

12. Is there anything else we should know about how to best serve your child?

Signature of Parent or Guardian:

Date:

Translator:

Language:

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 _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

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:

I verify that the information provided above is accurate:

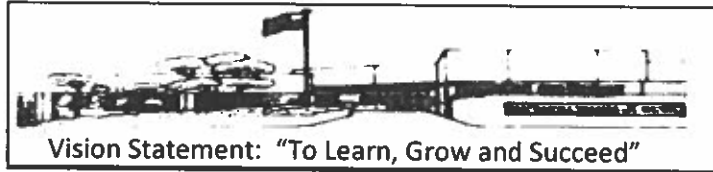
PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

NA' NEELZHIIN JI OLTA', INC.
"HOME OF THE WOLFPACK"

HCR 79 Box 9, Cuba, NM 87013
Telephone: 505/731-2272
Fax: 505/731-2252
www.njo.bie.edu
Principal: Kenneth Toledo



EXECUTIVE BOARD:
F.C. Willetto, President
Vacant, Vice President
Richelle Montoya, Secretary
Grace Pedro, Member

FAMILY INFORMATION PROFILE:

GUARDIAN/or
Father's Name: _____ CENSUS NO: _____

Mother's Name: _____ CENSUS NO: _____

PHYSICAL LOCATION OF RESIDENCE: _____

Home
Phone Numbers: _____ Cell#: _____

Emergency Phone#/or Message: _____ Work _____

Names of Children Age: Grade: School Attending/or Home

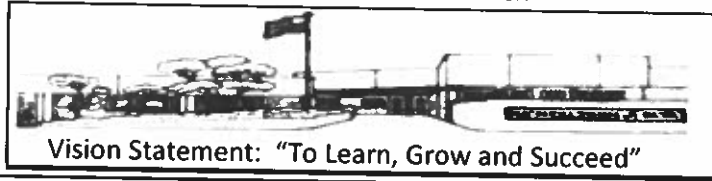
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

Name: _____ **Name of person where your

Child can be drop off if you are not home during early dismissal or during inclement weather conditions or Emergency.

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Na'Neelzhiin Ji Olta', Inc.
School Year 2020-2021
PARENTAL CONSENT FORM

I, (We), as parent(s) /Legal guardian(s), have read the consent for Na'Neelzhiin Ji Olta',Inc. and fully understand its content. It is the parent's responsibility to check out their children. I understand that written permission/notes is acceptable if the person is not listed on this check-out sheet.

NAMES OF STUDENT(S):

1. _____ DOB: _____ GRADE: _____
2. _____ DOB: _____ GRADE: _____
3. _____ DOB: _____ GRADE: _____
4. _____ DOB: _____ GRADE: _____

1. I, (We), hereby give permission to check-out or release the following student(s) to these people if I am not available or emergency purposes.

1. _____
Name Relationship
2. _____
Name Relationship
3. _____
Name Relationship

Parent's Signature

Date

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

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON¹
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 _____

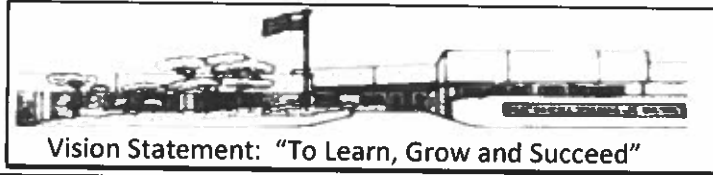
Relationship _____

Date _____ Valid Until: _____

PLEASE RETURN THIS FORM TO THE SCHOOL

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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Photo & Name Release

Student/Employee Name

Grade

I agree to allow Na'Neelzhiin Ji Olta', Inc. to use my name and/or photo during the history of school or employment for the purpose of positive public relations, recruitment, brochures, educational materials, or for lessons/activities/programs.

Signature (Student/Employee)

Date

Parent/Guardian Signature if applicable(Minor)

Date

- Na'Neelzhiin Ji Olta', Inc. will not release any personal addresses, sibling names, or names of Any relatives for any presentations.