

**NORTHERN CHEYENNE TRIBAL SCHOOLS
2023 - 2024 RETURNING STUDENT APPLICATION**

Name of Student _____
Last First Middle

Will this student be returning to N.C.T.S.? Yes _____ No _____ Grade Level _____

Parent Information Updates, ONLY if changes need to be made:

Mother _____ Home/Cell # _____ Work# _____

Father _____ Home/Cell # _____ Work # _____

Guardian _____ Home/Cell # _____ Work# _____

Emergency Contact _____ Home/Cell # _____ Work# _____

Mailing address: P.O. Box _____ City _____ State _____ Zip Code _____

Do you have an email address? Yes _____ No _____ If yes, address: _____

Current Bus Route _____

Physical Address with directions: _____

Students will only be allowed to ride a different bus if we have permission from the parent/guardian and if they have a bus pass signed by a school official.

PARENTAL PERMISSION SLIP: As the parent/guardian of _____

- () NCTS has my permission to transport my child to and from school and/or from all school functions.
- () I allow my child to participate in all extracurricular activities on or off the school grounds including, but not limited to athletic events or school functions.
- () I approve the use of photographs, digital images or video of my child for, among other things, public Relations, school activities, advertisements, website and fundraising.

Parent/Guardian Signature _____ Date _____

Returning student applications must be returned to Northern Cheyenne Tribal School .

- The following forms must be attached:
- () Updated immunization record
 - () Authorization to release
 - () sealant program form
 - () Student Residency Questionnaire

*Applications will not be accepted if the requested forms are not attached.

After August 1st, enrollment will be opened and spaces for returning students cannot be guaranteed.

*If your student will be joining fall sports, they will also need a current sports physical. If you have health insurance, please provide a copy of your insurance card.

* Principal (K-12) 406-592-3646 ext. 203

Student Name: _____ Grade: _____

**NORTHERN CHEYENNE TRIBAL SCHOOL
HEALTH HISTORY FORM AND PARENTAL CONSENT**

HEALTH HISTORY

Please place an "X" on the appropriate line if your child has, or has had, any of the following conditions:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Bee or Insect Sting Allergy | <input type="checkbox"/> Other Allergy: (list) _____ |
| Mild <input type="checkbox"/> Severe <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Menstrual Problems (females) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Stomach/Bowel Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> TB (tuberculosis) | <input type="checkbox"/> Bleeding problem that required treatment |
| <input type="checkbox"/> Blood Transfusion(s) | <input type="checkbox"/> Migraine or severe headache |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent colds/sore throats |
| <input type="checkbox"/> Gallbladder Disease/Surgery | <input type="checkbox"/> Bronchitis/Lung Problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hearing Problems/Earaches |
| <input type="checkbox"/> Vision problems/Wears Glasses/Contacts | <input type="checkbox"/> Mental Health/Behavioral Issues |
| <input type="checkbox"/> Drug or Alcohol Problems | <input type="checkbox"/> Skin Condition: _____ |

Please describe any other health conditions, surgeries, etc., not listed above:

Please list all medications and supplements your child currently takes on a regular basis, including over-the-counter medications and supplements and emergency medication such as an inhaler, epi-pen, or migraine/headache medication:

Parent or Guardian Signature

Date

Consent of Parental/Legal Guardian

I/we hereby give informed consent for _____ to:
STUDENT

1. Receive first aid and/or medical/dental services in the event of an emergency, illness or injury.
2. Be transported to a clinic or hospital in the event of an emergency.
3. Take prescription medication properly ordered by a physician and labeled by a pharmacist while at school. (A note from a parent/guardian must also be signed and sent with all prescriptions).
4. Receive mental/emotional health services including evaluation and recommended treatment as necessary.
5. Be transported home or to another residence or place previously listed by parent/guardian in case of an illness for above listed services.

My signature below indicates that I have read and I understand the consent is being given by me. I have crossed out all items listed for which I do not give consent.

 Signature of Parent or Guardian

 Date

Information on Minimum Requirements for School Immunization

Vaccine	Total Number	Additional Dose Requirements
Polio	3 doses and	at least one dose after the fourth birthday
DTP/DT/DTaP/Td <i>(tetanus/diphtherial/ Pertussis)</i>	4 doses and	one dose must be given after the fourth birthday
Td Booster <i>(tetanus/diphtheria)</i>	1 dose	Prior to entering the 7 th grade a pupil must receive a dose of Td. This schedule applies To pupils who have completed the prior 4 Doses listed above.
MMR <i>(measles, mumps Rubella)</i>	Dose 1 on or after 1 st birthday	Dose 2 prior to kindergarten entry. <i>A pupil entering any grade from 7-12 who has not already received the 2nd dose at kindergarten age must receive the 2nd dose.</i>

Northern Cheyenne Tribal School

Student Residency Questionnaire

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box*

<p>Section A</p> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/></div>	<p>Section B</p> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/></div>
<ul style="list-style-type: none"> • in a shelter • doubled-up - Sharing the housing of other persons due to loss of housing, economic hardship, lack of houses, or a similar reason • in a motel, hotel, (camping) trailer parks, or camping grounds due to lack of alternative adequate accommodations • in an unsheltered area/place <p><i>CONTINUE:</i> if you checked a box in Section A, complete #2 and the remainder of this form</p>	<ul style="list-style-type: none"> • Choices in Section A do not apply <p><i>STOP:</i> If you checked this section, you do <i>not</i> need to complete the remainder of this form. Submit to school personnel</p>

2. The student lives with:

- | | |
|---|--|
| <ul style="list-style-type: none"> • 1 parent • 2 parents • 1 parent & another adult | <ul style="list-style-type: none"> • a relative, friend(s) or other adult(s) • alone with no adults • an adult that is not the parent or the legal guardian |
|---|--|

School: _____

Name of Student _____ • Male • Female

Birth Date ____/____/____ Age: ____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to the School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family’s situation: _____
 Date _____

Name of Student: _____

Grade: _____

Authorization of Release of Student

Only parent(s)/legal guardian(s) or other individuals identified on this Authorization for Release of Student form are authorized to remove a student from school during the school day.

A person whose name does not appear on this Authorization for Release of Student form shall not be permitted to check out the student unless contact is made with the parent(s)/legal guardian(s). If no contact can be made, no release shall be authorized. This applies to any individual regardless of the relationship to the student.

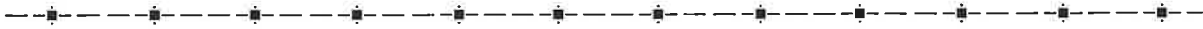
The office staff that is authorized to release a student shall have the authorized person sign the student out in the Student Checkout Roster.

This procedure is being put in place for the safety of our students. This authorization shall be placed in the student's file.

The following individual(s) are authorized to check out my son/daughter from school:

Name:	Relationship to student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Northern Cheyenne Services Unit
Lame Deer Dental Clinic



Dear Parent / Guardian:

The Northern Cheyenne Service Unit is offering a School Sealant Program to Native American students to prevent tooth decay. Participants will have sealants, preventive fluoride treatment(s) and interim restorative care if needed. These services will be provided at the school by an Indian Health Service dentist or dental hygienist. When your child is seen the school will send you a report on the status of your child's oral health.

This project is very important to the oral health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child / children to participate in this valuable health project. This preventive program, however, should not take place of proper home care and visits to your dental professional. If you have any questions regarding this project please contact Marti Caywood at 477-4464.

Please complete and **return this form to the school ASAP** to ensure your child is seen.

_____ I **want** my child to participate in the school sealant program.

_____ I **don't** want my child to participate in the school sealant program.

Name of child: _____ Date of birth: _____

Age: _____ Gender: _____ Grade: _____ Teacher: _____

Signature (Parent / Guardian): _____ Date: _____

NORTHERN CHEYENNE TRIBAL SCHOOL ACTIVITY PARTICIPATION FORM

Students who participate in any activity at Northern Cheyenne Tribal School are required to abide by all applicable rules and policies. The penalties for non-compliance are contained in the Tribal School discipline policy and it is the duty of each student participant and his/her parent to read and understand the rules. Coaches/sponsors may have additional rules for his/her sport/activity. A copy of these rules will be provided for the student participant at one of the first practices. *By signing the form below, student and parent(s) agree that they have read and agreed to abide by all rules regarding extracurricular / co-curricular activities as stated in the activity handbook, the Tribal School policies and this form including the drug testing policy.*

STUDENT PERMISSION TO PARTICIPATE

I hereby give my consent for _____ (student) to participate for Northern Cheyenne Tribal School in _____ (activity)

My child and I received and read the Activity Handbook, discussed it together, and I, _____ (student) agree to abide by the rules and policies required of students participating in Tribal School activities.

I also give _____ (student) permission to ride school-sponsored transportation to/from any activity taking place away from Busby.

I give my consent for mandated drug testing of my child described in the Activity Handbook.

I assume all risks of participation in this activity, including any risk associated with any special medical needs or conditions of my child, which are listed below.

I authorize Northern Cheyenne Tribal School administrators, staff, coaches, sponsors, and chaperones who will participate in this activity to obtain on behalf of my child, at my expense, any first aid or emergency medical services which may be considered necessary or advisable at any time during the activity. I understand that efforts will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse treating such injuries.

My child and I further hereby release and hold harmless Northern Cheyenne Tribal School and any individual, officer, employee, trustee, agent or representative of Northern Cheyenne Tribal School, against any and all claims, actions, demands, liabilities, and damages with respect to any injury to my child or any other person, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences in any Northern Cheyenne Tribal School activity.

My child and I further hereby agree to indemnify Northern Cheyenne Tribal School, and its officers, employees, trustees, agents, and representatives against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injury to person, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences on any Northern Cheyenne Tribal School activity or trip and caused, either directly or indirectly by my child or myself.

I have this form carefully and understand the contents.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date

Does the student have any medical concerns the coach/sponsor needs to be aware of?

Student allergies to medication:

Student Date of Birth: _____

Home Phone: _____

Emergency Phone: _____