



NORTHERN CHEYENNE TRIBAL SCHOOL

P.O. BOX 150, BUSBY, MT 59016 PHONE: (406) 592-3646 FAX: (406)592-3125/3645

NEW STUDENT APPLICATION REQUIREMENTS:

DATE: _____

STUDENT NAME: _____ GRADE: _____

Dear Parent/Guardian:

In order for your child to be considered for enrollment the application must be completed with **ALL** required documents. A checklist has been provided to ensure that you have included each document.

- BIRTH CERTIFICATE (COPY) _____
- IMMUNIZATION RECORD _____
- CERTIFICATE OF INDIAN BLOOD _____
- HIGH SCHOOL TRANSCRIPT _____
- SPECIAL EDUCATION RECORDS _____
- BEHAVIOR REPORTS _____

Thank you for your cooperation with the matter, if you have any questions please do not hesitate to call the Registration Office.



Northern Cheyenne Tribal School
P.O. Box 150, Busby, Mt. 59016 Phone: (406) 592-3646 Fax: (406) 592-3125/3645

Student Number: _____ Student Legal Name: _____ Grade: _____

Other names used: _____ Gender: Male or Female (circle one)

Place of birth (City and State): _____ DOB: _____

Mailing Address (city, state, zip) _____

Contact Information: Home: _____ Work: _____ Message: _____

Emergency Contacts: _____

Northern Cheyenne Reservation District Area: _____ E-mail: _____

Who does the student reside with? Mother or Father (circle one) Other: _____

Physical Address: _____ 2nd drop off location: _____

Parent/Guardian(s) Information: (these are the people who are legally responsible for the student name above)

Father and Mother's Information:

_____	_____	_____	_____
(Father) Last Name	First Name	(Mother) Last Name	First Name

Tribal Affiliation: _____	Tribal Affiliation: _____
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Agency/City/State: _____	Agency/City/State: _____
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Place of Employment: _____	Place of Employment: _____
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_____	_____
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Phone No: _____	Phone No: _____
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Cell Phone: _____	Cell Phone: _____
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Legal Guardian's Information:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship to student

Tribal Affiliation: _____	Agency/City/State: _____
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Place of Employment: _____	Phone No: _____
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CONSENT FOR STUDENT TO ATTEND SCHOOL

I willingly allow my student to attend Northern Cheyenne Tribal School and affirm that the above is true and correct to my knowledge.

Parent/Legal Guardian Signature: _____ Date: _____

I accept the above named student for enrollment into our school district:

Administrator/Designee: _____ Date: _____
BIA/BIE OMB Number 1076-0122

Dear Parent(s)/Legal Guardian(s),

Welcome! We are happy that you have chosen to apply to our school. Following are some items that we need on file with your application:

- **COMPLETED APPLICATION** with parent or legal guardian signatures.
- **COPY** of your students **BIRTH CERTIFICATE**. This document will prove age and relationship, in case the student is not enrolled with a U.S. Federally recognized Tribe. The State of Montana requires this to be on file before your student can attend a school.
- **COPY** of the applicants (student) **CERTIFICATE OF INDIAN BLOOD (CIB/CDIB)** or both sides of a **TRIBAL IDENTIFICATION CARD**. If the student is NOT enrolled with a U.S. Federally Recognized Tribe, then we need one or both of the enrolled parents to provide their Tribal affiliation documentation. If you cannot provide proof of your student’s tribal affiliation or descent, then this application must be taken to the NCTS School Board for approval of enrollment.
- **COPY** of your students **UPDATED IMMUNIZATION RECORD**. The State of Montana requires this to be on file before your student can attend school.
- **SIGN AND RETURN THE TITLE I PARENT CONTRACT.**
- **COPY** of students **SOCIAL SECURITY CARD**.

After we receive the completed application for your student; the following procedure will be followed:

- 1) The registrar will fax a request for preliminary records from the last school attended, as listed on the application. Please allow 2-3 days for this process and time for the school to respond to our request.
- 2) Upon receipt of all the documents requested you will be notified, a meeting will be arranged for you and your student to come to the school and meet the Principal, Dean of Students, and other designated staff.

If at any time during this process you have any questions or concerns, please contact the school and talk with the Principal, Dean of Students, Registrar, or Guidance Counselor for further assistance.

Thank you again for choosing our Northern Cheyenne Tribal School.

MEDICAL INFORMATION:

Has your student ever had problems with: (please circle all that apply) or No Problems

Ears	Eyes	Asthma	Speech	A.D.D.	A.D.H.D.
Head Injury	Epilepsy	Allergies	Seizures	TB	Convulsions
Diabetes	Migraines	Cancer	Vision – wear glasses		

Serious Accidents: _____

DOES YOUR STUDENT HAVE ANY SPECIAL MEDICAL CONDITIONS TO BE AWARE OF?

(please circle) YES NO

If YES, please explain:

Please list all medications:

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 extra-curricular 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, web site and fundraising.

Parent/Guardian Signature _____ **Date** _____

ANY OVERNIGHT OR OUT-OF-STATE FIELD TRIPS WILL REQUIRE A SEPARATE PERMISSION SLIP.

I will also allow my child to participate in the following: (please check all that you wish your child to participate in).

- | | |
|---|--|
| _____ Vision and Hearing Tests | _____ Special Education Program |
| _____ Athletic/Sports Activities | _____ Other: _____ |
| _____ Gifted and Talented Programs | _____ Emergency Medical Treatment
(As deemed necessary) |
| _____ After-School Programs/White Buffalo | |

If you have a doctor or hospital preference please indicate it here: _____

Parent/Legal Guardian Signature for the above items: _____

Date signed: _____ Home Phone No: _____ Cell No: _____

A copy of this will be on file for the field trips and/or staff as needed.

CUSTODIAL INFORMATION: (18 YEARS AND YOUNGER)

(If custody/guardianship has been decided by a court you MUST provide court documentation. Otherwise we cannot deny the other parents request or enforce yours.)

Who has primary physical custody of this student? Name: _____

Relationship to student: _____

Does this student reside with you by a court order? (Circle one) YES NO

Court order number/Jurisdiction: _____

Is this address different from the mailing & physical address described previously? YES NO

Non-custodial Parent: _____

Are there any restrictions in the court order denying the non-custodial parent the right to review or receive records or speak to teachers/staff regarding this student? (Circle one) YES NO

Do you wish to be contacted of any visit by the non-custodial parent? (Circle one) YES NO

Phone number where you can be reached: _____

Are there restrictions on visitations/communications by person(s) with this student? (Circle one)

YES NO Name of person(s): _____

Any additional comments: _____

BUS TRANSPORTATION:

Will your student ride the bus? (Circle one) YES NO

Please draw a map to the physical location of your home:



THE BUS DRIVER MAY NOT CONTINUE PICK UP IF YOUR STUDENT DOESN'T RIDE FOR 3 CONSECUTIVE DAYS. IF THIS OCCURS YOU NEED TO CALL OUR SCHOOL.

STUDENT TRIBAL AFFILIATION INFORMATION:

Is the student an enrolled member of a U.S. Federally Recognized Tribe? (Circle one) YES NO

If YES, please indicate tribe here: _____

City & State where information is located: _____

EDUCATION INFORMATION:

Is your student currently enrolled with a school? (Circle one) YES NO

Please list the current school and last 3 schools your student has attended: (current or most recent first)

Name of School	Address, City, State	Phone No. / Fax No.

Currently or past school year, did your student miss more than 10 days of school? YES NO

Currently or past school year, did your student miss more than 20 days of school? YES NO

Currently or past school year, did your student miss more than 30 days of school? YES NO

Did your student receive any summer school credit(s) this summer? YES NO

If yes, Please give school name, city, state, where acquired: _____

Has your student ever received services in the following areas: (circle all that apply)

SPECIAL EDUCATION GIFTED AND TALENTED AFTERSCHOOL TUTURING

Has your student ever experienced difficulty in: (circle all that apply?)

Math Reading Written Language Behavior Attendance

Has your student ever been expelled from a school? (Circle one) YES NO

If yes, Where/What school and School Year? _____

HOME LANGUAGE:

Our school is interested in knowing what language(s) are spoken and heard at home by your student. This is needed in order for us to provide the best instruction possible for each student.

1. What language(s) has your student learned to speak? _____
2. What language(s) does your student use most often? _____
3. What language is regularly used when speaking to your student? _____

ETHNICITY:

Is your student Hispanic or Latino? YES NO

Is your student from one (1) or more of the following races? (Circle all that apply)

American Indian or Alaska Native Asian Black/African American

Native Hawaiian or Other Pacific Islander

CONFIDENTIAL RELEASE OF RECORDS

RELEASE FORM FOR SCHOOL RECORDS

TO: _____

DATE: _____

Records are being requested from (please mark appropriate box)

_____ SPED Director _____ Parent _____ Counselor _____ School Transfer _____ Other

Student Name: _____

Grade: _____

_____ Cumulative Records

_____ Immunization/Health Record

_____ Special Education Records

_____ Behavior/Discipline Records

_____ State/NWEA/MAP Test Records

_____ Gifted and Talented Records

_____ Transcripts

_____ Other

Please send the above information to:

NORTHERN CHEYENNE TRIBAL SCHOOL
ATTN: Registrar Office
P.O. Box 150
Busby, Montana 59016
Phone: 406-592-3646
Fax: 406-592-3125

Registrar: _____

Date: _____

According to the Family Educational Rights and Privacy Act (FERPA), no parent signature is required for educational records sent to another educational agency. It states that school officials which the student may intend to enroll, may receive a student's records without consent for release.

BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C, of the No Child Left Behind (NCLB) Act. This documentation will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Is your current address a temporary living arrangement?	YES	NO	
2. Is your temporary address due to loss of housing or economic hardship?	YES	NO	

If the answer is "YES", please continue this form. Otherwise, STOP HERE. Thank you.

STUDENT INFORMATION:

Student Name(s): _____
Parent Guardian Name: _____
School Site: Northern Cheyenne Tribal School Grade Level: _____
Parent/Guardian/Youth phone number: _____ Cell: _____
Is this contact number a (circle one) HOME WORK SHELTER/FAMILY or a FRIENDS residence phone?

RESIDENCY INFORMATION:

Are you a high school student who is currently living on your own? YES NO
Where does the student stay at night? Shelter Temporary Housing
Other: _____

Address/Directions: _____

Shelter Contact Person: _____
The family/youth has been residing within the school district boundaries and intends to stay _____ (initials)
If present school is a boarding school, will student be enrolled in residential dorm? YES NO

AGREED UPON SERVICES:

Educational Services Description:

After School Services Description:

Transportation Services:
Pick up location: _____
Drop off Location: _____

Health Services:
Immunizations: _____
Dental: _____
Free Lunch: _____
Counseling: _____

The Parent/Guardian/Youth understand that the agreed upon services are supplemental to the regular day and will be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the NCTS Home School Coordinator immediately.

_____	_____	_____	_____
Parent/Guardian/Youth	Date	School Liaison/Designation	Date

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary 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 chose not to submit a form the school cannot count your child for funding a 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 Tribes 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: NORTHERN CHEYENNE TRIBAL SCHOOL GRADE: _____

NAME OF TRIBE, BAND OR GROUP: _____

TRIBE, BAND OR GROUP _____

_____ FEDERALLY RECOGNIZED; _____ STATE RECOGNIZED; _____ TERMINATED
(INCLUDING ALASKA NATIVE)

_____ ORGANIZED INDIAN GROUP MEETING # OF THE DEFINITION ABOVE

NAME OF INDIVIDUAL WITH TRIBAL MEMBERSHIP: _____

INDIVIDUAL NAMED IS (CHECK ONE) _____ CHILD _____ CHILD'S PARENT _____ CHILD'S GRANDPARENTS

PROOF OF 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 following page.

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average 15 minutes per Indian student certification (ED 506) form; including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. if you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

Northern Cheyenne Tribal School
APPLICATION SCREENING AND REVIEW PROCESS
High School / Jr. High / Elementary

Date: _____

Student Name: _____

Grade: _____

Parent / Guardian: _____

Contact Information: _____

ALL APPLICATIONS NEED TO BE REVIEWED BY THE FOLLOWING PEOPLE AND WILL NOT BE ACCEPTED UNTIL APPLICATION PROCESS IS COMPLETE.

1. APPLICATION REVIEW:

(Dean/Guidance Counselor/Registrar)

DATE: _____ INT. _____

- COMPLETE _____
- INCOMPLETE _____

PLEASE MARK APPROPRIATE ITEM THAT IS NEEDED:

_____ ENROLLMENT _____ SS CARD _____ BIRTH CERT. _____ IMMUNIZATION

REVIEW:

(Dean/Guidance Counselor/Registrar)

DATE: _____ INT. _____ INT. _____ INT. _____

2. TRANSCRIPTS/CREDIT REVIEW/SPED:

(Counselor/Dean of Students)

DATE: _____ INT. _____

3. SPED REVIEW:

(SPED Director/Dean/Counselor)

DATE: _____ INT. _____

Does student have an active IEP? _____ Yes _____ No

4. ADMINISTRATIVE/BEHAVIORIAL/ATTENDANCE:

(Principal)

DATE: _____ INT. _____

COMMENTS: _____

DATE: _____

SIGNATURE: _____

Northern Cheyenne Tribal School
APPLICATION SCREENING AND REVIEW PROCESS
High School / Jr. High / Elementary

FINAL REVIEW AND DETERMINATION:

Date: _____

Student Name: _____

STUDENT ACCEPTED: _____ DATE TO BE ENROLLED: _____ GRADE: _____
(PRINCIPAL)

STUDENT DENIED: _____ DATE DECISION MADE: _____ INT. _____
(PRINCIPAL)

COMMENTS: _____

REFERRED TO WHITE BUFFALO CENTER:
(H.S. Principal / WBC Director)

DATE: _____ INT. _____

DATE: _____ INT. _____

INTERVIEW DATE: _____ TIME: _____

PARENT / GUARDIAN CONTACTED:

_____ MAIL

_____ PHONE

DATE: _____ TIME: _____ INT. _____

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: _____

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/diphtheria/ 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>