



## Yakama Nation Tribal School

P. O. Box 151 – 601 Linden Street - Toppenish WA 98948  
(509) 865-4778 or (509) 865-5121 Ext. 4525/4528 – Fax (509) 865-6092  
[www.yakama.org](http://www.yakama.org)



### 2020-21 New Student Application

Dear Parents/Guardians,

Yakama Nation Tribal School... A Small School, Big Family! You have taken an interest of applying for admittance into Yakama Nation Tribal School (YNTS), which is better known for its family atmosphere. The world provided us with an unenviable turn of events during the first half of the 2020 year. The COVID-19 pandemic that required us to close our doors last March 2020, continues to provide us with obstacles for the upcoming 2020-21 school year.

The hardships generated by the pandemic can be quickly noted through numbers, statistics, and data. Contrary to all the bad, there potentially was some good. The pandemic forced educators to take a look at what steps would be necessary to provide students with the best education in the midst of the pandemic. Teachers had to work extremely hard to connect with students remotely, adjust meeting times accordingly, and accept various forms of student work in alternative methods. YNTS has developed three forms of instruction for the 2020-21 school year, as a result of COVID-19 interrupting traditional schooling. The education models being used will be the following:

- **Distance Learning/Remote Learning** – A form of education in which the main elements include physical separation of teachers and students during instruction and the use of various technologies to facilitate student-teacher and student-student communication.
- **Blended Learning** - A formal education program in which a student learns at least in part through online delivery of content and instruction with some element of student control over time, place, path, and/or pace and at least in part at a supervised brick-and-mortar (school building) location away from home.
- **In-Person Learning** - In-person learning is any form of instructional interaction that occurs “in person” and in real time between teachers and students or among colleagues and peers. This is basically traditional school, prior to the onset of COVID-19. However, if and when In-Person Learning occurs it is likely to be impacted by a number of COVID-19 preventative measures.

The expectation for student success will be dependent upon intentional efforts by all stakeholders. Family involvement prior to COVID-19 was of great importance, but now it is necessary that each household becomes a place where learning is valued and practiced on a regular basis.

Family involvement begins now! ***Please assist YNTS by completing this application with all requested information and documentation.*** With the likelihood of 2020-21 school year opening up with Distance Learning, updated contact information and current physical address are necessary to assist with regular communication.

I look forward to another outstanding year at YNTS. This year the focus will include, YNTS Vision Statement: An educational setting where every student’s potential is fulfilled. Feel free to contact me with any questions or concerns via email at [adam\\_strom@yakama.com](mailto:adam_strom@yakama.com) or by phone at (509) 438-6675. #TOGETHERWECAN

For a quality education,

Adam Strom, M. Ed.

YNTS Principal/AD

Office #-509.865.4478

#### **Return Completed Applications**

##### **By Mail:**

Yakama Nation Tribal School

Attn: Jacob Davis

P.O. Box 151

Toppenish, WA 98948

**Submit By Email:** [Jacob\\_Davis@yakama.com](mailto:Jacob_Davis@yakama.com)



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### Yakama Nation Tribal School Admission Application Check-List 2020-21 School Year

Page	Topic
1	Cover Letter
2	Check-List
3	Student Enrollment Application (Parent and/or Legal Guardian Authorization)
4	Student Information
5	Physical Address & Transportation Request
6	Medical History
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13	Home Language Survey
14	Dental Health Screen Consent
15	Dental Screening Medical History
16	Exceptional Education Release/Transfer Records

#### YAKAMA NATION TRIBAL SCHOOL MUST HAVE A COPY THE FOLLOWING TO REVIEW THE APPLICATION:

- CIB or Tribal Enrollment
- Copy of birth certificate
- Copy of social security card (for medical records)
- Transcripts from ALL high schools attended
- School Reference Form (sent directly by school, from last school attended)
- Immunization Record for New Students
- Current IEP for students requiring Special Education services
- Sports Physical Form Updated and on file – If student is participating in sports
- Copy of medical insurance card (front and back) – if student is covered by private insurance
- Court documents for legal custody for parent or legal guardian

***INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED – ALL FORMS MUST BE FILLED OUT COMPLETELY***



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## Application for Enrollment

**PLEASE PRINT CLEARLY AND USE BLACK OR BLUE INK**

*Legal papers must be in student records, the school will not be responsible if these documents are not a part of the student's record.*

Legal Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO / Street Number City State Zip Code

Physical Address (if different than above): \_\_\_\_\_  
Street Number City State Zip Code

**If only one parent has custody or there is a legal guardian we will need a copy of legal documents on file.**

**Father :** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

**Mother :** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

**Legal Guardian :** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as guardian even if he/she is 18 years of age or older.

### Legal Custody Information

Do BOTH parents have legal physical custody of the student?

Yes  No  If no, please provide divorce decree/parenting plan.

Is the student currently a ward of the court or in state custody?

Yes  No  If yes, please provide documentation.

Is there a restraining order in place?

Yes  No  If yes, please give name of the person:

### Emergency Contact for Illness or Accident:

**Two contacts other than the parent(s)/guardian should be listed in the event a parent/guardian cannot be contacted.**

1) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

2) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Message Phone #: \_\_\_\_\_



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## Student Information

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Student Cell Phone: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you live with: (circle)    Mother    Father    Legal Guardian    Other: \_\_\_\_\_

Gender: (circle) Male    Female    Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

## School Previously Attended

School Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Student Participated in Special Education Program: Yes  No

If yes, does the student have an updated IEP on file? \_\_\_\_\_

Student Participated in Gifted and Talented Program:    Yes  No

Student Participated in Yakama Language Program:    Yes  No

Student was Suspended or Expelled:    Yes  No

## Student Interests

Yakama Nation Tribal School strives to meet each student’s academic needs and respected interests. Please respond to the following:

My child would like to learn more about the Yakama Culture:    Yes  No

My child needs added assistance/tutoring with core classes:    Yes  No

My child is interested in STEM and/or Robotics:    Yes  No

I am aware of my child’s academic struggles:    Yes  No

If yes, please indicate which core class your child struggles with: \_\_\_\_\_



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## Transportation Request

Student Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Style and Color of the house: \_\_\_\_\_

Directions to Home (describe how to get to your home from the school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Draw a Map (include cross roads or landmarks):**

Schedule Requested:

Pick Up and Take Home     Morning Pick Up only     Afternoon Take Home only     No Transportation Requested

Check days of week transportation is needed:

Monday     Tuesday     Wednesday     Thursday     Friday

**FOR OFFICE USE ONLY:**

Assigned Bus Route: \_\_\_\_\_ Driver: \_\_\_\_\_

Person making assignment: \_\_\_\_\_ Date: \_\_\_\_\_



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## Medical History

Student Name: \_\_\_\_\_

Does your student have or had any of the following conditions:

Condition	YES	NO	Explain:	Condition	YES	NO	Explain:
Epilepsy / Seizures				Ear Aches			
Concussion/Head Injury				Vertigo			
Traumatic Brain Injury				Tinnitus (ringing in ears)			
Stroke/Brain Hemorrhage							
				Diabetes			
Frequent Headaches				Anemia			
Fainting / Dizziness				Bruises Easily			
Migraines				Frequent Nose Bleeds			
Vision Problems							
				Broken Bones/Dislocations			
High Blood Pressure				Frequent Sprains			
Heart Murmur				Arthritis / Rheumatism			
Heart Disease				Back Problems			
Pace Maker/ Valve							
				Kidney / Liver Problems			
Asthma (uses inhaler)				Stomach Problems			
TB / Lung Disease				Jaundice / Hepatitis (Type)			
Sinus Problems				Rheumatic/Scarlet Fever			
Seasonal Allergies							
Hives / Skin Rash				Depression / Anxiety			
				Mental / Nervous Conditions			
ALLERGIES:				ADHD / ADD (on medication)			
Latex							
Food (peanuts, fish...)				WEARS:			
Insects (bees, wasps...)				Glasses / Contacts			
Medicines (penicillin...)				Hearing Aid			
				Prosthetic Limb			
Uses EPI-PEN for reaction?							
Uses Benadryl for reaction?							

Immunizations up-to-date? Y N

Has your student had any major or minor operations within the last two years? Y N Explain: \_\_\_\_\_

Is your student under doctor care? Y N Explain: \_\_\_\_\_

Is your student on any medication? Y N List: \_\_\_\_\_

List any special instructions or information you wish the school to know: \_\_\_\_\_

**In the event of an emergency and the school is unable to contact me, I give the Yakama Nation Tribal School and its employees permission to seek medical treatment for my student at a hospital or to a licensed healthcare provider:**

\_\_\_\_\_ No \_\_\_\_\_ Yes Preferred Medical Facility: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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### YNTS Parent Compact

- I will ensure my student attends school daily and limit absences.
- I will make sure my student has the necessary supplies for school.
- I will encourage my student to try hard and do the best that they can.
- I will encourage my student to recognize their strengths, feel good about them, and utilize them to improve themselves.
- I will make sure my student completes their work and turns it in to the teacher.
- I will teach my student to value their education.
- I will teach my student to respect their teachers, school staff, classmates and themselves with respect by their words and their actions.
- I will ensure my student follows school rules, policies and classroom expectations.
- I will talk to my student every day, listen to them, and value what they say and offer praise and encouragement.
- I will encourage my student to ask questions when they don't understand something.
- I will get involved in my child's education by attending Parent-Student-Teacher Conferences, Family Nights and special events such as JOM, Honor Roll Ceremonies, etc. as I am able to.
- I will serve as a good role model and teach them by example as well as by word.

I understand that the key to my student's future is education and I will follow the points of this compact to the best of my ability.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Parental Consent Form

**Student Name:** \_\_\_\_\_

### 1. FIELD TRIPS

**Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by YNTS administration. I (we) understand the student will be properly chaperoned and all precautions will be taken to insure his/her safety.

### 2. COMPETITIVE SPORTS

**Initial for Consent:** \_\_\_\_\_

I (we) hereby grant consent/permission/authorization for the above student to participate in competitive sports sponsored by Yakama Nation Tribal School in accordance with WIAA sanctioned rules/policies.

### 3. PHOTOGRAPH RELEASE/AUDIO RECORD

**Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission to Yakama Nation Tribal School and the Bureau of Indian Education, Seattle Line Office, for use of the above student's photograph/audio record and name for public information or exhibit purposes as deemed appropriate by representatives of the Yakama Nation Tribal School or Bureau of Indian Education, Seattle Line Office. This includes, but not limited to Yakama Nation Tribal School yearbooks, announcements or web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

### 4. TRIBAL EDUCATION INFORMATION RELEASE

**Initial for Consent:** \_\_\_\_\_

I (we) hereby grant consent/permission/authorization for YNTS staff to release education records such as report cards, attendance and discipline to the student's Tribal Education Office and/or Yakama Nation affiliates.

### 5. DATA COLLECTION

**Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission/authorization for the above student to participate in providing data to create a normed sample for data necessary to promote betterment of education set forth by Yakama Nation Tribal School.

### 6. SPECIAL PERMISSIONS - Initial each activity that your child has your permission to participate in while at YNTS.

A signature on this form indicates that, in case of accident or injury, the parent/legal guardian accepts full responsibility.

**Please initial each in the space provided those in which you are giving your consent for participation:**

Participate in Opening/Closing ceremonies _____	Participate in food gathering field trips _____
Participate in Sweat Lodge ceremonies _____	Drumming/Singing/Dancing activities _____
Participate in preparing our traditional foods _____	YN Healthy Walks/Organize Events _____





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### YNTS Student Compact

- I will take responsibility for attending school every day.
- I will come to school ready to learn.
- I will come to class prepared.
- I will do my best and try hard to succeed.
- I will take responsibility to complete all unfinished work and assigned homework.
- I will treat my teachers, school staff, other students and myself with respect by my words and my actions.
- I will follow the school rules, policies and classroom expectations.
- I will talk to my parent(s), guardian(s) or other interested adult about what is happening in school.
- I will ask questions when I don't understand something.
- I will encourage my peers to succeed, by word and by example.

I understand that the key to my future is education and I will follow the points of this compact to the best of my ability.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### YNTS Student Contract

I, \_\_\_\_\_, agree to the following set of conditions of admissions to the Yakama Nation Tribal School:

- I will sign a release to previously attended schools in order for YNTS to obtain information regarding staff concerns there, including suspicion of drug use.
- I will request a release of information regarding any chemical dependency assessments completed while enrolled at YNTS.
- I will satisfy all previous staff/agency recommendations for disciplinary or treatment purposes prior to being admitted to, or in order to continue as a student of, the Yakama Nation Tribal School.
- I will follow all rules and policies of YNTS regarding attendance, behavior, drug use, dress code, gang involvement and violence as outlined in the Student Handbook.
- I understand that the rules and policies of YNTS may involve contacting the Yakama Nation Tribal Police for some infractions.
- I understand that the rules and policies of YNTS may require me to submit to a UA (urine analysis) and/or complete a chemical dependency assessment.
- I agree to follow the recommendations of a chemical dependency assessment if the result of the UA is positive for any substance prohibited within the rules and policies outlined in the Student Handbook.
- I understand that as a result of a positive UA, I will be expelled until I have completed the recommended treatment. Students will be subject to random UAs.

**If I fail to follow this contract, I understand that I will be disciplined as per school policy. This discipline will entail suspension or expulsion. You may be refused any future admission to Yakama Nation Tribal School until you have completed a program (drugs/alcohol) or if dropped for behavior, attendance, or other. You will have to attend another school for one full school year before being considered for enrollment at YNTS for a third time substance use violation.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Child As A Focus For Gifted/Talented Education

_____	M / F	____/____/____	_____
Student Name	Sex	Birth Date	Grade
_____	_____	_____	_____
Parent/guardian	Home phone #	Emergency phone #	
_____	_____	_____	_____
Address	City	State	Zip Code

### REASON FOR REFERRAL

#### 1) Student excels in one or more of the following gifted areas:

- ACADEMIC APTITUDE:** A student’s readiness and above grade level ability in reading, math and written expression.
- CREATIVITY/DIVERGENT THINKING:** A student’s ability to express original thinking, challenge by task, sense of humor, problem solve, creativity, and utilizing the higher levels of Bloom’s Taxonomy.
- LEADERSHIP:** A student’s own responsibility, high expectations of self and others, decision making, likes structure, self-confidence and well-liked by others.
- INTELLIGENCE:** A student’s ability to remember what has been seen, and heard, and the ability to solve problems. The test will reflect learning rate and assist in predicting how well the student will do in school. Verbal and performance instruments are used.
- VISUAL/PERFORMING ARTS:** (a) A student’s ability to express self and feelings through art, motor coordination, creative expression and observance. (b) A student’s ability to express self through cultural and contemporary dance, drama and music.

2) \_\_\_\_\_

_____	_____	_____	_____
Date	Person referring the student	Relationship to student	Yes / No data provided

### PARENTS PERMISSION FOR RELEASE OF INFORMATION OR DATA COLLECTION – ASSESSMENT – PLACEMENT

- ⇒ The Gifted / Talented Program is committed to identifying and providing services for students who are gifted or talented according to the criteria aforementioned. This creates the need for further assessments to determine eligibility for inclusion in gifted education at our school. Parent permission is needed to collect, assess, and place students in the gifted program in our school.
- ⇒ With your signature of approval a Selection Team will collect data, assess, evaluate, and plan your child’s educational goals. The Individual Education Plan {IEP} will place your child, will include the regular classroom teacher and gifted program teacher input.

### PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING

- I give permission for collection of data and assessment of my child for the purpose of planning a gifted education program.
- I understand, once I have signed the original IEP, I will receive a copy of my child’s Individualized Education Plan {IEP}, for placement in The gifted program.
- I give permission to update previous gifted IEP goals, placement, and assessments as needed.

_____	_____
Parent / guardian signature	Date
_____	_____
G/T staff signature	Date



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**McKinney-Vento Intake/Referral Form  
Yakama Nation Tribal School  
Grades 8-12**

**Name of Student:** \_\_\_\_\_  
*First Middle Last*

**Gender:**  Male  Female      **Date of Birth:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

**Tribe:** \_\_\_\_\_      **Enrollment #:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title VII, Part B of the Every Student Succeeds Act. This document 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.

Where is the student currently living? (please check **ONE** box)

- In a shelter
- With more than one family or other person in a house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): \_\_\_\_\_
- In a permanent home

\_\_\_\_\_  
Print Name of Parent/Guardian      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Date



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### Home Language Survey Grades 8-12

*Please Print all Information Except for Signature*

Name of Student: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

1. Is a language other than English used in your home?     Yes     No
2. If yes, English used  more often  less often (check one) than any other language?
3. What is the other language? \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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## Dental Health Screening Consent

YNTS Students are invited to take part in an annual Dental Screening that is coordinated with the Indian Health Service of Toppenish. This screening is free and strictly voluntary and is not intended to replace your student’s regular check-up with their dentist. The results may be used for statistical purposes and your student’s individual records will be kept confidential. Parents/guardians may receive a notice with any recommendations for follow-up dental care.

We also encourage parents/guardians to give the school authorization to seek emergency dental care if your student has a sudden dental emergency while at school. This authorization will be in effect for the entire school year.

**Student Name:** \_\_\_\_\_  
First Name Last Name

**DOB:** \_\_\_\_\_ **Chart Number (if known):** \_\_\_\_\_

\_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**    I give permission for my student to be transported by a school vehicle to the IHS Dental Clinic of Toppenish if needed to receive a free dental screening that may include:

- Oral Assessment
- Oral Hygiene Instruction
- Dental Radiographs (X-rays)
- Teeth Cleaning
- Topical Fluoride Treatment
- Enamel Sealants on premolar and molar teeth

\_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**    I give permission for my student to receive EMERGENCY DENTAL TREATMENT by a qualified, licensed dentist, in needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number





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**Exceptional Education Release / Transfer of Record(s)**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Records Requested By:**

School: Yakama Nation Tribal School  
Attention: Latasha John, Registrar  
Address: P. O. Box 151  
Toppenish, WA 98948

**Requested From:**

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Purpose:**

- Routine Transfer
- Evaluation
- Due Process

This is to certify that I do hereby agree to the release of medical, psychological and educational records (defined as any information used to make a decision regarding special education for my child) with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above. If there are no specific educational needs for these records, the records will be destroyed or returned to the parent(s)/guardian(s) upon written request.

Parent/Guardian/Eligible Student: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.

Authorized School Official: \_\_\_\_\_ Date: \_\_\_\_\_