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

2018 Summer School

Returning Student Application

Mission Statement:

The Yakama Nation Tribal School is committed to guiding students to become life-long learners, while strengthening cultural values and building character through authentic and meaningful exploration.

Dear Parents:

Thank you for selecting Yakama Nation as your choice to educate your student. This is a responsibility that YNTS Faculty and Staff take seriously. The check-off list on the next page (over) can be used as a guide for completing this application. The Admissions Committee will review and notify each applicant by mail or phone as to the status of his or her application.

Falsification or withholding any information in the application will be grounds for non-acceptance or revocation of your student's admission. Make sure **ALL** necessary copies of documents are attached. Incomplete application packages will not be reviewed.

Sincerely,

Frank Mesplie
Y.N.T.S. Superintendent

B. Adam Strom
Y.N.T.S. Principal

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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 the legal papers 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 #:_____

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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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

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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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, feel good about and build on their strengths.
- 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 20 hours Parent-Student-Teacher Conferences and special events such as JOM, PBL nights 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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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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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

Student Name	Sex (M F)	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 Toxonomy.

☐ 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 though art, motor coordination, creative expression And observance. (b) A student's ability to express self through cultural and contemporary dance, drama and music.

2) _____ _____ _____ Yes / No

Date | **Person referring the student** | **Relationship to student** | **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, one 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

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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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Dental Screening Medical History

What is the reason for your visit to the dental clinic today?_____

What is the name of your medical doctor?_____

Has there been any change in your general health in the past year?_____

List any medications (pills or drugs) you are currently taking._____

_____

Do you have any disease, condition or problem not listed below?_____

Are you currently ill? YES NO What is your illness?_____

Please check all that apply:	YES	NO
Do you have a toothache now?	☐	☐
Have you received medical care in the past 2 years?	☐	☐
Have you ever been hospitalized?	☐	☐
Are you allergic to medication?	☐	☐
What are your allergies:_____		
Are you allergic to latex?	☐	☐
Have you ever had a bleeding problem that needed medical treatment?	☐	☐
Do you have chest pains?	☐	☐
Do you use alcohol or drugs?	☐	☐
Are you recovering from an addiction?	☐	☐
Do you use tobacco products?	☐	☐
If yes, do you want to quit?	☐	☐
How long does it take to smoke a pack or chew a can?_____		
Do you have a reason to believe you have been exposed to AIDS or HIV?	☐	☐
Anyone in your family have diabetes?	☐	☐
Do you have diabetes?	☐	☐
Are you pregnant?	☐	☐
Are you currently nursing?	☐	☐
Are you taking hormone medicines? (birth control, pills, patches, injection)	☐	☐

Have you ever had the following? (Check all that apply)	YES	NO
Heart Murmur	☐	☐
Hepatitis (type____)	☐	☐
Heart Attack	☐	☐
High Blood Pressure	☐	☐
Heart Valve/Pace Maker	☐	☐
Rheumatic/Scarlet Fever	☐	☐
Artificial Joint	☐	☐
Anemia	☐	☐
Stroke	☐	☐
Ulcers	☐	☐
TB/Lung Disease	☐	☐
Sinus Trouble	☐	☐
Asthma	☐	☐
Do you use an inhaler?	☐	☐
Cancer/Tumors	☐	☐
Epilepsy/Seizures	☐	☐
Arthritis/Rheumatism	☐	☐
Blood Transfusion	☐	☐
Kidney Problems	☐	☐
STD	☐	☐
Liver Problems	☐	☐
Nervous or Metal Problems	☐	☐
Are you taking steroids?	☐	☐
Do you have Osteoporosis?	☐	☐

Do you have any concerns about receiving dental treatment?_____

Children must be accompanied by legal guardian/parent at dental clinic, otherwise cannot be seen due to safety regulations

Patient/Guardian Consent for Treatment:_____Date:_____

Dentist:_____ Date:_____

FOR STAFF ONLY: Initials/Date Updates:

Blood Sugar:_____ BP: _____ _____ _____

Notes:_____