



Yakama Nation Tribal School

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



2023-2024 Returning Student Application

Dear Parents/Guardians,

Thank you for your interest in applying for admittance into Yakama Nation Tribal School (YNTS), which strives to uphold cultural relevance and family atmosphere. We are proud to describe YNTS as “A Small School, Big Family!”

The expectation for student success is dependent upon the continuous efforts by all stakeholders including, students, parents/guardians, teachers, administration, and school board members. Family commitment and involvement is necessary for student success. Working together, we will instill the value of learning to our students and support them in their educational experience and future endeavors

A primary focus for this upcoming 2023-2024 academic year will be upholding a stringent attendance policy. With a total team effort by all, including our new reengagement-attendance specialist, Ms. Fiona John, our objective is to reduce student chronic truancy.

According to both the Bureau of Indian Education (BIE) (*60 Stat. 962; 25 U.S.C. 231*), Washington Office of Superintendent of Public Instruction (OSPI) (RCW 28A.225.010), and the Yakama Nation Compulsory School Attendance Policy ((R.Y.C. Title LXXX (80), the average number of school days in most school years is 180 days. The criteria for chronic absenteeism varies, but generally students who miss 10 or more days of school or 10% or greater of the school year are considered chronically absent. It is very important that students, as much as possible, attend school every day so that they can receive consistent instruction and so teachers can track student progress and provide interventions and support if necessary.

Daily attendance is like building a wall. When a student is chronically absent, they miss blocks of learning, causing gaps or holes, which can have a negative impact on their academic achievement in future grades. Also encouraging students to attend school every day sends the message to students that school is important and should be taken seriously! Family involvement begins now.

Please assist YNTS by completing this application with all requested information and documentation.

Completed applications will be processed in the order received. Incomplete applications may delay the processing of application.

Feel free to contact our registrar, or our new student counselor, Ms. Maria Diaz (maria_diaz@yakama.com) with any questions and/or concerns via email or by phone at (509) 438-6675. #TOGETHERWECAN.

I look forward to another outstanding year at YNTS.

Respectfully,

Wm. (Liam) D. Barker
William. D. Barker
Principal
Yakama Nation Tribal School
(509) 865-4778
liam_barker@yakama.com

Return Completed Applications

Priority Deadline: Weds, July 26th

Final Deadline: Friday, August 4th

Drop off or By Mail:

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Yakama Nation Tribal School Returning Admission Application Check-List 2023-2024 School Year

Page	Topic
1	Cover Letter
2	Completed Check-List – Any omissions may delay processing
3	Student Enrollment Application (Parent and/or Legal Guardian Authorization)
4	Student Information
5	Physical Address & Transportation Request
6	Medical History (if updated from 2021-22)
7	YNTS Parent Compact
8	Parental Consent Form
9	YNTS Student Compact
10	YNTS Student Contract
11	McKinney-Vento Intake/Referral Form
12	High School and Beyond Plan

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



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2023-2024 Returning Student 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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Physical Address & Transportation Request

Student Name: _____

Phone Number #1: _____ Phone Number #2: _____

Mailing Address: _____

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 crossroads 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: _____



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				Depression / Anxiety			
Hives / Skin Rash				Mental / Nervous Conditions			
ALLERGIES:				ADHD / ADD (on medication)			
Latex				WEARS:			
Food (peanuts, fish...)				Glasses / Contacts			
Insects (bees, wasps...)				Hearing Aid			
Medicines (penicillin...)				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. COMPLY AND COORDINATE WITH LAW ENFORCEMENT AND CPS INVESTIGATION

I (we) hereby grant consent/permission/authorization for YNTS staff to release educational records, such as report cards, attendance, discipline/behavioral referrals, and family contact information to Yakama Nation Police and Child Protective Services who are actively investigating crimes involving my student.

Initial for Consent: _____

7. 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.

- Participate in Opening/Closing ceremonies _____
- Participate in Sweat Lodge ceremonies _____
- Participate in preparing our traditional foods _____
- Participate in food gathering field trips _____
- Drumming/Singing/Dancing activities _____
- 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 subject to out of school suspension 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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**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

