



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



2024-2025 New 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: Thursday, August 8th **Drop**

off or By Mail:

Yakama Nation Tribal School P.O.
Box 151
601 Linden Street,
Toppenish, WA 98948



Yakama Nation Tribal School Admission Application Check-List 2024-2025 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
7	YNTS Parent Compact
8	Parental Consent Form
9	YNTS Student Compact
10	YNTS Student Contract
11	Gifted and Talented Consent to Testing for Placement
12	McKinney-Vento Intake/Referral Form
13	Home Language Survey
14	Dental Health Screen Consent
15	Dental Screening Medical History
16	Exceptional Education Release/Transfer Records
17	High School and Beyond Plan

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

- CIB or Tribal Enrollment
- Copy of birth certificate
- Immunization Record for New Students
- Copy of social security card (for medical records)
- Transcripts from ALL high schools attended



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



- School Reference Form (sent directly by school, from last school attended)
- 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



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



Legal Name: _____ Other Names Used: _____

First Middle Last

DOB: _____ Age: _____ Sex: _____ Place of Birth: _____

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.

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 #: _____

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



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



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: _____

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):



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



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			



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



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: _____

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: _____

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 Initial for Consent: _____

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.

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

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: _____

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.



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



Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Child as a Focus for Gifted/Talented Education

 Student Name M F / / _____
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 / No _____ _____ Yes
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.



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



- 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

**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

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): _____

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)



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



- 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

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.



<p>Please check all that apply:</p> <p>Do you have a toothache now? <input type="checkbox"/></p> <p>Have you received medical care in the past 2 years? <input type="checkbox"/></p> <p>Have you ever been hospitalized? Are you allergic to medication? Any allergies? <input type="checkbox"/></p> <hr/> <p>Are you allergic to latex? <input type="checkbox"/></p> <p>Have you ever had a bleeding problem that needed medical treatment? <input type="checkbox"/></p> <p>Do you have chest pains? <input type="checkbox"/></p> <p>Do you use alcohol or drugs? <input type="checkbox"/></p> <p>Are you recovering from an addiction? Do you use tobacco products? <input type="checkbox"/></p> <p>If yes, do you want to quit? <input type="checkbox"/></p> <p>How long does it take to <u>smoke a pack</u> or chew a can? _____</p> <p>Do you have a reason to believe you have been exposed to AIDS or HIV? <input type="checkbox"/></p> <p>Anyone in your family have diabetes? Do you have diabetes? <input type="checkbox"/></p> <p>Are you pregnant? <input type="checkbox"/></p> <p>Are you currently nursing? <input type="checkbox"/></p> <p>Are you taking hormone medicines? (birth control, pills, patches, injection) <input type="checkbox"/></p>	<p>Have you ever had the following? (Check all that apply)</p> <p><input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Hepatitis</p> <p><input type="checkbox"/> Heart Attack</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Heart Valve/Pace Maker</p> <p><input type="checkbox"/> Rheumatic/Scarlet Fever</p> <p><input type="checkbox"/> Artificial Joint</p> <p><input type="checkbox"/> Anemia Stroke</p> <p><input type="checkbox"/> Ulcers</p> <p><input type="checkbox"/> TB/Lung Disease Sinus Trouble</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Use an inhaler?</p> <p><input type="checkbox"/> Cancer/Tumors</p> <p><input type="checkbox"/> Epilepsy/Seizures</p> <p><input type="checkbox"/> Arthritis/Rheumatism</p> <p><input type="checkbox"/> Blood Transfusion Kidney Problems</p> <p><input type="checkbox"/> STD</p> <p><input type="checkbox"/> Liver Problems</p> <p><input type="checkbox"/> Nervous or Metal Problems <input type="checkbox"/></p> <p><input type="checkbox"/> Are you taking steroids?</p> <p><input type="checkbox"/> Do you have Osteoporosis?</p>
--	---

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

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

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



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



Patient/Guardian Consent for Treatment: _____ Date:

Dentist: _____

Date: _____

FOR STAFF ONLY:

Initials/Date

Updates:

Blood Sugar: _____ BP: _____

Notes: _____



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



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: 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: _____



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



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: _____



-
5. If you find yourself struggling with grades, behavior, social/emotional issues, what steps would you take to correct these concerns?