

WINDOW ROCK UNIFIED SCHOOL DISTRICT #8

RETURNING STUDENT ENROLLMENT FORM

Please mark school your child will be enrolled at:
 Tsehootsooi Primary Learning Center (K-3) Tsehootsooi Middle School (7-8) Window Rock High School (9-12)
 Tsehootsooi Intermediate Learning Center (4-6) Tsehootsooi Dine Bi' Olta (K-6) Integrated Pre-School

School Year 2022-2023
GRADE: _____

STUDENT INFORMATION

Student Name (Last, First, M.)	Age	Gender	Birthdate	Birthplace
NOTE: This information is required by the US Department of Education.				
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> NOT Hispanic/ Latino RACE: (check one) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian				
Tribe Enrolled	Census Number	Custody Issues: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide court documents to school office. Child Lives with: <input type="checkbox"/> both parents <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> Legal Guardian		
Mailing Address	City/Zip Code	Home Phone	Cell/ Message Phone	
Physical Address	City/Zip Code	RA#		
Last School Attended	School Address	Grade		
Has this student ever received special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is there a current IEP for this student? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, contact the ESS Office.				
Has this student received any of the following services? <input type="checkbox"/> ELL/ESL Classes <input type="checkbox"/> Gifted / Advanced <input type="checkbox"/> 504 Plan <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Individual Counseling				

PARENT(S) OR LEGAL GUARDIAN(S)

Father/Guardian Full Name	Tribe	Chapter	Census No.
Employer	Work Phone	Cell Phone	Email Address
Mother/Guardian Full Name	Tribe	Chapter	Census No.
Employer	Work Phone	Cell Phone	Email Address

EMERGENCY CONTACT AND/OR STUDENT CHECK OUT

If the school is unable to contact the parent(s)/guardian(s), I authorize the following persons to take/check out my child(ren). Please list individuals over the age of 18 years old.

Local Friend /Relative Name	Relationship	Home Phone	Work Phone	Cell Phone
1.				
2.				
3.				
4.				
5.				

SIBLING LIST Please list ALL brothers and sisters of school age and younger (oldest first).

Name (Last, First)	Age	School (if attending)	Grade

STUDENT HEALTH CONDITIONS-Medical Consent:

Heart Asthma Diabetes Hearing Allergies • Is your Child on daily medication? YES NO Specify: _____

• Specify health problems or any severe allergies: _____

• History of Diabetes (high blood sugar), please list family member and relationship _____

• My child may be given an antacid for upset stomach? YES NO • My child may be given Tylenol and/or Ibuprofen for fever or discomfort? YES NO

• I give my consent for my child to be included in the WRUSD Health Program. All treatments performed are in compliance with the School Health Laws of the State of Arizona.
 • I give my consent for the following medical care to be administered. Care of mild illness and minor injuries by the school nurse, using Standard Basic First Aid procedures.
 • In case of an emergency, illness or accident, the school is authorized to take the child to the Tsehootsooi Medical Center for examination and treatment of other services: General Health Screening (vision, hearing, etc.); Personal Hygiene (shower, brushing teeth, etc.); Dental Examination, Fluoride Rinse; School based Teen Health Clinic - Mental Health/Counseling.

I confirm that all Registration & Emergency Information on this form is accurate and correct including my medical consent for my child.

Parent/Guardian Signature: _____

Date: _____

STUDENT MAP: *Please draw directions to your residence.*



**STUDENT DIRECTORY INFORMATION
RELEASE FORM**

I, hereby give consent for the release of student directory information as it applies to school and related activities such as yearbook, athletics, musical programs, honors, awards, commencement, etc. This release shall not apply to confidential student records such as test scores, transcripts, evaluations, etc. This consent will remain in effect unless or until permission is revoked by the parents requesting in writing such a revocation. Details of board policy as to the release of directory information may be secured by contacting the school office.

Student Name: _____

Parent/Guardian: _____

*This release form is necessary to meet the requirements of AZ State Statue 15-142

STUDENT MEDIA PERMISSION

WRUSD is requesting permission to use your child's picture for news releases. Your child(ren) are sometimes involved in school programs, awards, and other recognitions that WRUSD would like to share with the community through newspapers, radio announcements, and videos that maybe televised. WRUSD will release photos and other media only with your permission to do so.

I, Parent/Legal Guardian, provide release of photographs and other media for the purposes stated below:

- Newspaper journalists, (The Navajo Times, and other newspapers), to photograph my child for use in newspaper articles.
- Researchers to photograph my child for use in publications.
- Approved Television crews to televise my child for use in community education and awareness programs.
- WRUSD#8's schools to photograph or videotape my child for use in school newsletters, and other public displays in the interest of public education.
- WRUSD#8 schools' staff to videotape my child for program documentation and evaluation.
- WRUSD#8 schools' staff to use photographs, but not names, of my child on school's internet website.

Please check one of the boxes: YES NO

ATTENDANCE

State Law mandates that the school record reasons for all student absences. Therefore, when a student is absent, it will be necessary for the parent to call the school on or before the day of the absences in order to advise the school as to the reason for the absence. When it is impossible to call on the day of the absence, the school should be notified on the morning the student returns, in time for the student to obtain an admission slip prior to the student's first class. All absences not certified by parental or administrative authorization will remain unexcused. Students will be withdrawn from school after missing 10 consecutive days. If a parent does not have access to a phone, either at home or at work, a note will be accepted for verification purposes. For absences greater than on day in length, the school should be notified each day of the absence.

All personnel will solicit cooperation from parent in the matter of school attendance and punctuality, particularly in regard to the following:

- The scheduling of medical and dental appointment after school hours except in the case of emergency.
- The scheduling of family vacations during school vacation and recess periods.

The school may require an appointment card or a letter from a hospital or clinic when the parent has not notified the school of an appointment of medical or dental nature. School administrators are authorized to excuse students from school for necessary and justifiable reasons.

Legal Ref: ARS 15-346, 15-802, 15-806, 15-807, 15-843, 15-873, 15-902, Cross Ref: JE-Student Attendance- District Manual

I have reviewed and agree with the policies above:

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Indian Blood <input type="checkbox"/> Immunization <input type="checkbox"/> Official Withdraw Form <input type="checkbox"/> Official Transcripts		
BUS ROUTE	To School	To Home	Daycare	Teacher
Staff Initial	First Day of Attendance	Date Entered Powerschool		Student ID#

Continuous Notice of Nondiscrimination- The Window Rock Unified School District #8 does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission or access to its programs, services, activities, or in any aspect of their operations and provides equal access to all programs. The Window Rock Unified School District #8 also does not discriminate in its hiring or employment practices. The following individual has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent; Navajo Route 12; Fort Defiance, AZ 86504; 928-729-6706

****Translation services are available through the Office of the Superintendent. Please see call (928) 729-6706 for translation services.*