

Greasewood Springs Community School
HC 58 Box 60
Ganado, Arizona 86505
Telephone: (928) 654-3331
Fax: (928) 654-3384



NEW STUDENT ENROLLMENT FORM
SCHOOL YEAR 2023-2024

Welcome to Greasewood Springs Community School. I am looking forward to working with you parents, guardians, as your child attend GSCS. Thank you for choosing Greasewood Springs Community School for your child's education.

Please provide the following documents for school records.

_____ **Updated Immunization Records (required)**

- **MMR - 2 Doses**
- **HEP B - 3 Doses**
- **HEP A - 2 Doses**
- **DTP - 5 Doses**
- **OPV - 4 Doses**
- **Varicella - 1 Dose**
- **Tetnus Booster (10 years old & older)**
- **COVID vaccination**

_____ **Certification of Indian Blood (CIB) Required**

_____ **Birth Certificate**

_____ **Withdrawal Paperwork from previous school for 1st - 7th grade**

_____ **Physical Exam For-All sports for SY 2023-2024**

If you have any questions or concerns, please contact myself @ (928) 654-3331 or email: etta.yazzie@gscs-inc.net

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Etta Yazzie

**Etta Yazzie,
Registrar**



GREASEWOOD SPRINGS COMMUNITY SCHOOL

Student Enrollment Application

SCHOOL YEAR 2023-2024

NATURAL PARENT INFORMATION

Father: _____
 Date of Birth: _____
 Census No: _____
 Tribe: _____ Tribe degree: _____
 Home Agency: _____
 Marital status: **MARRIED SINGLE WIDOWER**
 Employer: _____
 Occupation: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Mother: _____
 Date of Birth: _____
 Census No: _____
 Tribe: _____ Tribe degree: _____
 Home Agency: _____
 Marital status: **MARRIED SINGLE WIDOW**
 Employer: _____
 Occupation: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

 Signature of Father

 Date

 Signature of Mother

 Date

LEGAL GUARDIANSHIP or TEMPORARY CUSTODY ONLY

Court Order No: _____ Expiration Date of Guardianship: _____
 Guardian's name: _____ Relationship to child: _____
 Mailing address: _____
 Directions to home: _____
 Date of Birth: _____ Census No: _____ Social Security No: _____
 Tribe: _____ Tribe degree: _____ Phone No: _____
 Employer: _____ Occupation: _____

I am legally responsible for this child and hereby apply for his/her enrollment to Greasewood Springs Community School. I understand that additional information may be requested by the School and I will provide the needed information.

 Signature of Legal Guardian

 Date

GREASEWOOD SPRINGS COMMUNITY SCHOOL

SCHOOL YEAR 2023-2024

Map of Home Location

HC58 Box 60, Ganado, Arizona 86505

Phone: (928) 654-3331

Fax: (928) 654-3384

Student Name: _____

Grade: _____

Phone Number: _____

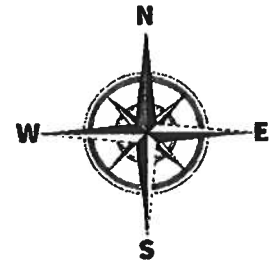
Location of Home: _____

Color of House: _____

RA# _____

Parent/Guardian Name: _____

Contact Phone Number: _____



Greasewood Springs Community School, Inc.

HC 58 Box 60
Ganado, Arizona 86505-9706
Phone: 928-654-3331
Fax: 928-654-3384
etta.yazzie@gscs-inc.net



Request for Release of Student Records:

Student Name: _____ Current Grade: _____

Social Security No. _____ Date of Birth: _____

Previous School Name: _____

Previous School Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

You are hereby authorized to release from your records the following data regarding the above named student.

- _____ Transcripts (Grades, Stanford 9 test scores, etc.,)
- _____ Personal file (Birth Certificate, Certificate of Indian Blood, Guardianship Papers)
- _____ Health Record (Most Current Immunization Record, Physical Examination)
- _____ Special Education file (Current IEP, Psychological Evaluation, Speech)
- _____ Gifted & Talented Education File

Parent/Guardian Signature

Date

According to Privacy Act and Paper Reduction Act statement, provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1994.

Date Requested: _____ 1st Request
_____ 2nd Request
_____ 3rd Request
_____ 4th Request

Registrar Signature

Date

DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

OMB APPROVED
#1076-0122
Expiration Date:

INDIAN STUDENT ELIGIBILITY CERTIFICATION
Indian Education Act of 1988, Title V, Part C, Section 5314

Parents: In order to apply for a formula grant under the Indian Education Act, your child's School must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose.

Indian means any individual who is (1) a member, as defined by the Indian tribes, band or other organized group of Indians, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by State in which they reside; or a descendant, in the first or second degree, of such member; or (2) considered by the Secretary of the Interior to be an Indian for any purpose; or (3) an Eskimo or Aleut or other Alaska Native.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for parent and 30 minutes per local educational agency (LEA), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Education Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1810-0031, Washington, DC 20503.

You are not required to complete or submit this to the School; however, if you choose not to submit a form which contains at the child's name, the name of the tribe, band or group and your dated signature, your child cannot be county by the School for funding under the Act. **PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL.**

NAME OF CHILD: _____ DATE OF BIRTH: _____

NAME OF TRIBE: _____

TRIBE, BAND OR GROUP: (circle one)

Federally recognized, including Alaska Native State recognized Terminated Other organized group

ABOVE INDIVIDUAL IS: (circle one) Child Child's parent Child's grandparent

PROOF OF MEMBERSHIP, AS DEFINED BY TRIBE, BAND OR GROUP:

A. Membership or Census No: _____ or B. Other (explain) _____

NAME AND ADDRESS OF ORGANIZATION MAINTAINING MEMBERSHIP DATA FOR THE TRIBE, BAND OR GROUP.

Tribal Census Office: _____ Agency: _____

I verify that the information provided above is accurate and true to the best of my knowledge.

Parent's Signature: _____ Date _____

Mailing Address: _____

Telephone No: _____

Optional: This form will not be released to the Parent Committee without your approval. I give my permission for the School to release this form to the Indian Education Parent Committee.

Parent's Signature: _____ Date _____



GREASEWOOD SPRINGS COMMUNITY SCHOOL

Medical History

SCHOOL YEAR 2023-2024

Child's Name: _____

Date of Birth: _____

Chart Number: _____ (Ganado or Fort Defiance)

Other: _____

Has your child ever had:

YES NO Allergies, if yes, to what?

YES NO Heart murmur

YES NO Seizures

YES NO Liver disease / hepatitis

YES NO Bleeding tendencies

YES NO Heart/vascular disease

YES NO Asthma

YES NO Is your child under the care of a doctor at this time? If yes, explain below.

YES NO Is your child taking any medications (prescriptions or over-the-counter)? If yes, explain below.

Is there any other information we should be aware of regarding your child's health?

Parent/Guardian Signature

Date



GREASEWOOD SPRINGS COMMUNITY SCHOOL

Medication and Health Information

SCHOOL YEAR 2023-2024

The School health office can supply a limited number of over-the-counter medicines for your child's comfort during school hours. These medicines may be used to enable your child to complete the school day and are not a substitute for medical care. *If your child is vomiting, has a high temperature of 100 degrees or more, is coughing or is generally not well, please keep your child at home. See a doctor or contact a hospital of your choice for further medical evaluation on your child's condition. Children who are sick are unable to concentrate on their studies and expose others to their illness.*

Please mark any medicines that you do **NOT** want your child to take.

- Fever over 100 degrees, headache, pain, muscle ache, menstrual cramps:**
May give acetaminophen (Tylenol) every 4 hours as needed. Children's dosage is based on weight.
May give ibuprofen (Advil, Motrin) every 4 hours as needed according to label directions.
- Sore throat or cough**
May give cough drops or throat lozenges according to label directions.
- Mild abdominal discomfort**
May give Mylanta, Tums or Pepto Bismol according to label instructions.
- Mild itching due to rash or insect bites**
May apply anti-itch cream, calamine lotion or hydrocortisone cream according to label directions.
- Cold sore**
May use Blistex ointment according to label directions.
- Eye irritations, burning, itching, allergies and discomfort**
May use eye wash to flush the affected eye or eye drops as needed according to label directions.

MEDICAL HISTORY

If yes, please explain:

| | | | |
|--|-----|----|--|
| Allergies to medicines? | YES | NO | |
| Allergies to food or dietary restrictions? | YES | NO | |
| Medical problems? | YES | NO | |
| Operations? | YES | NO | |
| Medicines used at home? | YES | NO | |
| Other? YES NO | | | |

Student Signature: _____ Grade: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Greasewood Springs Community School, Inc.

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BIE Home Language Survey SCHOOL YEAR 2023-2024

Student Name: _____

Federal Code: 25: CFR 32.3: "It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is needed for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk?
2. Which language does your child most frequently speak at home?
3. Which language do you (the parents/guardians) use more often when speaking with your child?
4. Which language is spoken more often by other adults in the home?

Additional comments (Optional):

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

School Official Verification _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.



**BUREAU OF INDIAN EDUCATION
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE**

This document is intended to address the McKinney-Vento Act.

Your answers will help the administrator determine residency documents necessary for enrollment of this student.

School: Greasewood Springs Community School

Date: _____ Last School attended: _____ Current Grade: _____

Student Name: _____ Male Female

Birth Date: _____ Do you have more children? Yes No

Address of where the student sleep last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Is the student's address a temporary living arrangement? Yes No

NOTE: ** If You Checked NO, you many STOP here. Thank you. **

If temporary, is this living arrangement due to loss of housing or economic hardship? Yes No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

___ **Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship, or similar reason (ex: eviction, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

___ In a **motel/hotel** (Name of hotel/motel): _____

___ In a **shelter** or transitional housing program (name of shelter or program): _____

___ In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.

___ With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children that stay in the same place

| Last Name | First Name | Grade | School |
|-----------|------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The undersigned certified that the information provided above is accurate.

**Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student**

Date

For School Use Only

Housing type-Check all that apply and date: ___ Doubled Up ___ Sheltered ___ Unsheltered ___ Motel/hotel

1) Unaccompanied youth: Yes No 2) Transportation needed: Yes No

School Local Homeless Liaison: _____ Date: _____