



# Greasewood Springs Community School

HC58 Box 60; Ganado, Arizona 86505

Telephone: (928) 654-3331

Fax: (928) 6543384



## New Student Enrollment

**SY 2025-2026**

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

**Please provide the following documents for school records.**

1. Enrollment Application
2. Updated Immunization Records (required)
3. Certification of Indian Blood
4. Birth Certificate
5. Withdrawal of Paperwork from previous School for 1<sup>st</sup> – 7<sup>th</sup> grade
6. Physical Exam for all-sports for SY 25-26
7. Legal document if you're NOT THE LEGAL GUARDIAN OR CUSTODIAL PARENT OF THE STUDENT.

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

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Etta Yazzie

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**GREASEWOOD SPRINGS COMMUNITY SCHOOL**  
**Student Enrollment Application**  
**School Year 2025-2026**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Census No: \_\_\_\_\_

Gender: **MALE** **FEMALE** Chapter Affiliation: \_\_\_\_\_

Directions to home: \_\_\_\_\_

Student Clans: **Maternal** \_\_\_\_\_ **Paternal** \_\_\_\_\_  
**Cheii** \_\_\_\_\_ **Nali** \_\_\_\_\_

Dominant language spoken by the Student: \_\_\_\_\_

**SCHOOL INFORMATION**

Grade applying for: \_\_\_\_\_ Previous grade completed: \_\_\_\_\_

Previous School Name & Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Was your child in Special Education? **YES** **NO** Was your child in Gifted & Talented Program? **YES** **NO**

How is your child coming to School? (circle one) **COMMUTE** **WALK** **RESIDENTIAL** **BUS**

**Official Use Only**

Assigned Teacher: \_\_\_\_\_ Wing / Classroom: \_\_\_\_\_

Registrar's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**GREASEWOOD SPRINGS COMMUNITY SCHOOL**  
**Student Enrollment Application**  
**School Year 2025-2026**

**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 2025-2026**

**Map of Home Location**

HC58 Box 60, Ganado, Arizona 86505

Phone: (928) 654-3331

Fax: (928) 654-3384

**Student Name:**

**Grade:**

**Phone Number:**

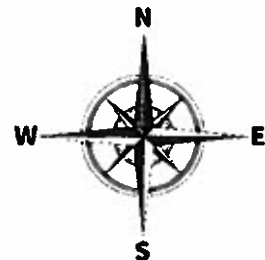
**Location of Home:**

**Color of House:**

**RA#**

**Parent/Guardian Name:**

**Contact Phone Number:**





# GREASEWOOD SPRINGS COMMUNITY SCHOOL

## Authorized Student Check-Out List

### School Year 2025-2026

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I hereby authorize the following individuals to check out my child, in case of an emergency or when I am not available or cannot be reached.

\*\*\*NOTE\*\*\* If an individual is not listed, they will not be allowed to check out your child. Please list individuals whom you authorize to check out your child. For safety purposes, notes will not be accepted. Authorized individuals must be 18 years of age or older.

ADULT'S NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

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, Inc.

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



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## 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: \_\_\_\_\_

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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

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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: \_\_\_\_\_ 1<sup>st</sup> Request  
\_\_\_\_\_ 2<sup>nd</sup> Request  
\_\_\_\_\_ 3<sup>rd</sup> Request  
\_\_\_\_\_ 4<sup>th</sup> Request

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date



# GREASEWOOD SPRINGS COMMUNITY SCHOOL

## Medical History

**School Year 2025-2026**

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 2025-2026

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.

HC 58 Box 60  
Ganado, Arizona 86505-9706  
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## BIE Home Language Survey School Year 2025-2026

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: \_\_\_\_\_

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## PERMISSION AND RELEASE TO PUBLISH OF STUDENT'S NAME AND PICTURE

Please be advised that your child maybe phot graphed for school events and activities that occur during the School Year. Please sign this form to allow images of your child on Greasewood Springs Community School media and various classroom activities and sports.

I acknowledge and confirm that my child's phot can be used in the school paper's print, electronic, and social media.

\_\_\_\_\_ **Yes**, I give permission for my child's phot to be used on School Media and or classroom activities and sports.

\_\_\_\_\_ **NO**, I do not give permission for my child's photo to be used on School Media and or classroom activities and sports.

Further, I accept full responsibility for the publication of my child's picture and agree to release and hold the school harmless from any all damages or injury to me or to the student arising from said publication.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Printed)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

Telephone Number: \_\_\_\_\_