

Ramah Navajo Residential Program
 "Home of the Warriors"
 PO Box 220
 Pine Hill, NM 87357
 (505)775-4216/4217



Student Enrollment/Record Checklist

Parent/Legal Guardian's Name & Address:

School Year: 2014-15

Start up date: _____

CURRENT TELEPHONE # _____

Name of Student:	Grade:
✓	DOCUMENTS NEEDED TO COMPLETE ENROLLMENT:
	Student Admission Application
	Birth Certificate, Certificate of Indian Blood, Social Security Card/Number
	Guardianship Decree (provide by the court) for Legal Guardianship
	Statement of Commitment
	Medical Treatment Consent/Medical History
	Field Trip/Photo Release Form

Residential Information and Eligibility

The Ramah Navajo Residential Program provides residential services to admission priorities as follows: **1.** Ramah Navajo Students, **2.** Other eligible American Indian Students, **3.** Student/s referred by Pine Hill schools with attendance issues.

Student must be enrolled **1st grade through 12th grade, 6 to 17 years of age.** Students who are 18 years of age or 5 years old are *ineligible* for admission unless waiver can be granted under IDEA/McKinney Vento Polices. Admission is contingent upon acceptance into Pine Hill Schools.

All NEW and Returning students **MUST** be in good standing with discipline and attendance plus he/she must maintain a 2.0 or above GPA (Grade Point Average). Student will cooperate and abide by all requirements set by Pine Hill Schools and Dormitory.

Date Received: _____

Grade Entering: _____

Date Completed: _____

Date Accepted: _____

APPLICATION FOR ADMISSION

Student Name:	Gender: Female/Male	
Date of Birth:	Birth Place:	
Social Security #:	Ethnicity:	Tribal Agency:
Mailing Address:		
Physical Address:		
Community where you live:		

FAMILY INFORMATION

Father's Name:	Current telephone #:
Mailing Address:	Email Address:
Mother's Name:	Current telephone #:
Mailing Address:	Email Address:
Legal Guardian's Name:	Current telephone #:
Mailing Address	Email Address:

EMERGENCY CONTACT/ALTERNATIVE PLACEMENT

1. Name: _____ Relationship: _____
Directions to home: _____
Telephone #: _____
2. Name: _____ Relationship: _____
Directions to home: _____
Telephone #: _____

OFF CAMPUS CHECK-OUT PERMISSION FOR NON-SCHOOL ACTIVITY

I/We, _____ hereby give permission for my child/ren to be checked out by the following individuals:

1. _____ Relationship to child: _____
2. _____ Relationship to child: _____
3. _____ Relationship to child: _____
4. _____ Relationship to child: _____

ACADEMIC INFORMATION

Name of school		
School Address:		Telephone #:
Dates of Attendance:	From:	To:

**Ramah Navajo Residential Program
MEDICAL HISTORY (Part I)**

Student's Name: _____ Date of Birth: _____

Mailing Address: _____
City State Zip Code

Parent/Legal Guardian (in case of emergency): _____

Relationship to student: _____

Physical address of contact _____
City State Zip Code

Home telephone #: _____ Cell phone #: _____

Other telephone #: _____

Email address: _____

Family Physician: _____ Telephone #: _____

Address: _____ Fax #: _____

Medical Treatment

I certify that I am the parent or have the legal right to sign this authorization on behalf of the student named above.

In the event of illness or accident, I hereby authorize the Ramah Navajo Residential Program to act for me and in my behalf as the parent or other person having the legal authority to act for the student named above in the securing of medical treatment.

In the event of an emergency, I hereby give permission to the physician or Pine Hill Health Center to refer, transport, secure proper treatment for and notify me in an emergency for the student named above. This authorization is in effect while the student is enrolled at Ramah Navajo Residential Program.

Signature of Parent/Legal Guardian

Date

Ramah Navajo Residential Program
MEDICAL HISTORY (Part II)
History of Infectious Disease

Has your child had any of the following?

Scarlet/Rheumatic Fever _____
 Chicken Pox _____
 Malaria _____
 Mumps _____

Please answer Yes or No

Tuberculosis _____
 Mononucleosis _____
 Measles _____
 Hepatitis _____

Has your child had any of the following? If so, please check and explain below.

_____ Chest X-Ray
 _____ Serious injury/fractures
 _____ Loss of consciousness
 _____ Surgery
 _____ Passing out during/after exercise
 _____ Chest pain during/after exercise
 _____ History of Seizures
 _____ Psychiatric or Psychological
 Problem or Treatment

_____ Allergies
 _____ Significant Food Allergies
 _____ Reactions to infections
 _____ Back or knee problems
 _____ Dizziness
 _____ History of Migraines
 _____ Other: (explain) _____

Please check any symptoms that apply to your child.

_____ Frequent colds	_____ Heart conditions	_____ Ulcer
_____ Sore throat	_____ Seizures	_____ Urinary Problems
_____ Sinusitis	_____ Diabetes	_____ Arthritis
_____ Ear Problems	_____ Depression	_____ Skin Diseases
_____ Asthma	_____ Anxiety	_____ Acne
_____ Hay Fever	_____ ADD/ADHD	_____ Jaundice
_____ Bronchitis	_____ Upset Stomach	_____ Blood Disorders
_____ Menstrual Issues	_____ Testicular Issues	
_____ Other: _____		

Visual (eyes)

Recent changes in vision? _____ Wears glasses/Contact Lens? _____
 Does your child have a prescription for glasses or contact lens? _____
 When was your child's last eye exam? _____
 Were corrective lenses (glasses or contact lens) recommended for your child? _____

If eyeglasses are required, please include a copy of current prescription for your child's records.

Hearing (ears)

Does your child have a history of ruptures ear drum/s? _____
 Does your child have any issues with hearing loss? _____

**Ramah Navajo Residential Program
MEDICAL HISTORY (Part III)**

Orthodontics

Has your child had any extensive dental correction or orthodontics? If so, please give details.

Type of Orthodonture: _____

If your child is continuing Orthodontic care, please give name of orthodontist below;

Orthodontist or Dentist office _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone #: _____

Will your child require orthodontic care while enrolled within Ramah Navajo Residential Program? _____

Will your child require dental care while enrolled within Ramah Navajo Residential Program? _____

If yes, what type? _____

Medication

ALL medication must be checked in with the Home Living Assistant once brought onto Residential premises.

Is your child allergic to any type of medication? _____

If yes, please explain what medication and the type of reaction/s:

If any medication is needed on a daily or regular basis, please give necessary details:

ADDITIONAL MEDICAL INFORMATION

Please provide any additional medical information you feel is of importance for Ramah Navajo Residential Program to be aware of regarding the health of your child?

Ramah Navajo Residential Program

Parent Consent for Field Trips

I, _____ hereby give permission for my child, _____ to participate in any field trips sponsored by the Ramah Navajo Residential Program during the school year. In signing this parental permission slip, I/we agree to not hold Ramah Navajo Residential Program liable for any accidents/damages that could occur during the field trip. I understand that I will be informed in advance for any field trips that will take place out of the State of New Mexico

Parent's Signature

Date

Parent Consent for Photo Release

I, _____ hereby give permission for my child, _____ for the Ramah Navajo Residential Program to use my child's photograph and likeness in all forms and media for advertising, trade and any other lawful purposes.

Parent's Signature

Date