

**Chemawa Indian School Application for Enrollment
2008-2009**

Before submitting this application to Chemawa Indian School, please use the following checklist to ensure that this packet is complete. The application will not be reviewed unless it includes the following:

- *Certificate of Degree of Indian Blood or documents to prove at least ¼ decendency. This must include the student's birth certificate and copies of parent(s) tribal enrollment that show at least ½ degree.
- *Signed consent for medical services to be provided by Indian Health Services.
- *Drug and Alcohol Free Campus Contract and School Policies
- *School Transcripts – transcripts must include the final grades for the previous school year or, if applying for the 9th grade, a copy of 8th grade diploma, report card or other documentation verifying 8th grade completion. If you have attended more than one school, please provide records from all of them.
Applications without school records will be not be reviewed.
- *Birth certificate for all students applying for the 12th grade.
- *Recent IEP for students requiring Special Education services.
- Immunization records – all states require this
- Physical Exam
- Treatment discharge summaries, aftercare, and counseling records or program plan
- Court orders, PO Reports/Recommendations (if on probation)
- School Leave Permission and Audio-Visual release
- BIE McKinney-Vento Enrollment/Referral Form
- Home Language Questionnaire
- Custodial information and court documents showing custody
- List of last schools attended
- All consents signed by parent/guardian and/or student as designated
- Consent for student participation in surveys and other activities

Please be sure to note that some forms require signatures of parent(s)/guardian(s) and student. Some forms need to be forwarded to schools or treatment facilities.

Chemawa is not responsible for requesting information. No decision on admission will be made if the application packet is incomplete.

If you have any questions, please call (503) 399-5721 ext. 227. Applications may be faxed if they are fully complete to (503) 304-9065.

***These items are mandatory and applications without this information will not be reviewed for admission.**

Student Name: _____

School Year: 2008-2009

Student Alcohol/Drug Policy:

1. When a student is suspected of using alcohol or drugs, an initial assessment will be made by staff at the time of occurrence so as to determine if the student will be taken to the appropriate offices (academic or residential) for further assessment. If appropriate, 911 will be called to transport student for medical advice and/or testing. At this time, staff will begin documentation of intervention.
2. Trained Chemawa staff or medical personnel will complete the Chemawa Health Screening form before the students is transported to Indian Health Services, if the incident occurs during the school day or to the Silverton or Salem Hospital emergency rooms after school hours. Hospital telephone numbers are: Silverton (503) 873-1690 and Salem (503) 561-5373.
3. When it is determined by medical staff through means of formal alcohol/drug assessment that it is safe for a student to return to campus, the student must obtain a medical release from Indian Health Services or the hospital emergency room staff before they will be released to the custody of Chemawa Indian School.
4. Students who are under the influence will not be placed in Sick Bay. Law enforcement or trained personnel will be called to assist for the protection of the student and others.
5. Students determined to be under the influence of alcohol or drugs will be referred for assessment and/or treatment and may face disciplinary action.
6. Noncompliance with or refusal of service(s) will result in immediate Temporary Suspension until such time as a telephonic Disciplinary Hearing will be held.

Acts of Violence:

Any act of violence, to include harassment, threatening or inflicting physical harm, hazing or dragging or assault will result in immediate Temporary Suspension until such time as a telephonic Disciplinary Hearing will be held.

Search Policy:

For reasonable cause and essential in assuring the welfare and safety of students and staff, Chemawa Indian School staff, acting in loco parentis as legal custodian of the school and property may, at their discretion, exercise search and seizure action. Such search and seizure activities will be held in compliance with 25 CFR-Part 42.3,(b), Rights and Responsibilities of the Individual Student. The school may conduct canine searches of school property and residential facilities.

Vandalism Policy:

Chemawa students are made notice that all student acts of vandalism against the property of Chemawa Indian School will be the financial responsibility of the student/parent/guardian. In addition to the cost of the vandalism, student will be required to attend a special off-campus diversion class at the cost of the student or family. Transcripts and grade reports will be held until full compensation is made.

Shoplifting Policy:

Oregon State Law requires that students who are apprehended for shoplifting will be subject to mandatory attendance at a diversion class. Additionally, store/vendors may demand full reimbursement and damages. All vendor demand letters for compensation will be forwarded to the parent/guardian. Chemawa Indian School is not responsible for costs incurred.

I am legally responsible for this student and hereby apply for his/her admission to Chemawa Indian School. I have read and understand the above policies. I agree to support all program policies, procedures and the Student Code of Conduct while my student is enrolled.

_____/_____/2008-2009 School Year
(Parent Signature)

I have read and understand the above policies. I agree to abide by all program policies, procedures and the Student Code of Conduct while I am enrolled at Chemawa Indian School. I understand that violation of program rules or the Student Code of Conduct may result in disciplinary action and release from school.

_____/_____/2008-2009 School Year
(Student Signature)

Note: Refusal to sign will result in applicant not being considered for enrollment or refused enrollment

Chemawa Indian School
Drug and Alcohol Free Campus
Student/Parent Contract

Student Name: _____ School Year: 2008-2009

Expectations of Parent/Guardian:

- As the parent or guardian of the above named student, I support Chemawa Indian School's **No Alcohol, Drug and Tobacco Policies.**
- I have discussed these policies with my student and will reinforce and support Chemawa's recommendations for services when they are offered. (see previous page of policies)
- I agree to my child being randomly tested for use of alcohol and drugs.
- I understand that refusal or noncompliance with program recommendations may result in my child being suspended or expelled from Chemawa.

Expectations of Students:

- I understand and will follow Chemawa's policies and rules regarding use of Alcohol, Drug or Tobacco while enrolled at school.
- I will abide by recommendations for treatment or services for use of alcohol, drugs or tobacco.
- I understand that refusal or noncompliance with recommended services may result in my release from enrollment at Chemawa.
- I will comply with my Individual Treatment Plan established with my Counselor while residing in the Opportunity Dormitory.
- I agree to be randomly tested for use of alcohol or drugs.

We have reviewed and agree to policies, expectations and consequences for use of alcohol, drugs or tobacco as established at Chemawa Indian School.

_____/_____/2008-2009 School Year
(Parent Signature)

_____/_____/2008-2009 School Year
(Student Signature)

Note: Refusal to sign will result in applicant not being considered for enrollment or refused enrollment

Protection of Pupil Rights Amendment and Consent/Opt Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), U.S.C. & 1232h requires Chemawa Indian School to notify you and obtain consent or allow you to opt out your child's participation in certain school activities. These activities include student survey analysis or evaluation that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the respondents have close family relationships;
6. Legally recognized privileged relationships, such as with doctors, lawyers or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes and certain physical exams or screenings. It may also include anonymous surveys that ask students questions about behaviors such as drug and alcohol use, sexual conduct, violence and other at-risk behaviors. Surveys may also ask questions of a demographic nature including family make-up, the relationship between parents and children, and use of alcohol and drugs at home.

If consent to participate is granted by the parent, the parent may, upon request, receive the results of any surveys or activities. Please complete the following consent:

I _____ parent/guardian of _____ **DO / DO NOT**
Print Name Print Name circle one

give consent for my son/daughter to participate in surveys and activities that may include the above listed.

Signature of Parent/Guardian Date: _____

These rights transfer to students at the age of 18 years at which time he/she may give consent to participate or opt out without parent involvement. If a student making application is already 18, he/she may elect to sign for themselves. If this is the case, the following is for student consent:

I _____ consent to participate in surveys or activities that include the
Print Name (Student) above listed.

Signature of Parent/Guardian Date: _____

This consent does not apply to:

1. Colleges or other postsecondary education recruitment, or military recruitment
2. Book clubs, magazines and programs providing access to low-cost literary products
3. Curriculum and instructional materials used by Chemawa Indian School
4. Tests and assessments used to provide cognitive, evaluative, diagnostic clinical aptitude, or achievement information about students.
5. The sale by students of products or services to raise funds for education or school-related activities
6. Student recognition programs
7. Physical examinations or screening that is permitted or required by State law, including physical examinations or screenings permitted without parental notification.

CHEMAWA INDIAN SCHOOL TECHNOLOGY ACCEPTABLE USE POLICY

Internet access, network access and staff email are made available for to all students and staff at Chemawa Indian School. The Internet, through computers, connects millions of individual users worldwide. Staff and students have access to electronic mail, information, research, news, weather, graphics, etc. relevant to educators and students.

Content filtering and logging has been established to monitor any and all Internet and intranet transmissions for the security of students, staff and network resources. No right to privacy shall be construed, nor do academic freedom issues apply.

The following guidelines are provided so that users are aware of the responsibilities of appropriate technology use. All Chemawa Indian School users (and parents) are required to sign an Acceptable Use Policy, with agreements kept on file in the school offices. The signatures on this document are legally binding and indicate agreement with the terms and conditions and understand their significance.

Terms and Conditions of Use

Acceptable Use – The purpose of technology at Chemawa Indian School is to support research and education in and among academic institutions by providing access to unique resource and the opportunity for collaborative work. Your use must be in support of education and research and consistent with the educational objectives of the school. The use of chat lines is prohibited unless under teacher direction. Transmission of any material in violation of any national, state or local regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Users granted computer access through Chemawa Indian School's network assume all responsibility and liability, both civil and criminal, for their use of this service. Complete and detailed network use guidelines and procedures can be found in the Parent/Student Handbook and in the computer lab and are covered under this Acceptable Use Policy.

Privileges – The use of technology is a privilege, not a right, and inappropriate use will result in a cancellation of this privilege. Inappropriate use and/or content is at the sole discretion of the administration and their decision is final.

Email – Understanding that students at Chemawa Indian School are away from their homes and families for extended periods of time, email is an option for students to keep in touch with friends and family. This email is to be done during free time, unless given permission by the teacher in charge. Students and staff are prohibited from sending, forwarding, or posting sexually explicit messages, profanity, and harassing or violent messages. Messages relating to or in support of illegal or inappropriate content and/or activities will be reported to authorities and privileges suspended.

Security – Security on all computer systems is a high priority. You are under obligation to notify the system administrator if you become aware of any security problems. Use of another person's account is strictly prohibited. Use of proxy avoidance systems to bypass filters and blocks is prohibited. Unauthorized entry into any directory is considered a serious offense and is subject to disciplinary procedures.

Privacy – All data and personal files are the property of Chemawa Indian School. Routine maintenance and monitoring of the system may lead to discover that a user has been or is violating this AUP, the student or employee code, Oregon or Federal laws. Such violations will be reported to Bureau IT Security Office and Supervisors. Privileges will be suspended until the situation is resolved.

Vandalism – Any damage to technology equipment, access, resources or data as a result of negligence or vandalism is the direct responsibility of the user. Repair or replacement of said equipment or resources and any costs construed is at the discretion of the administration and the responsibility of the user.

Chemawa Indian School makes no warranties of any kind, either expressed or implied, that the services provided will be continuous, error free or without defect. Chemawa will make every reasonable effort to maintain the integrity of the data and services but will not be held responsible for any damage the user may

suffer, including but not limited to loss of data stored on the network, interruption of service, accuracy or quality of information obtained from the Internet, and/or financial obligations resulting from unauthorized use of the network.

Violations of Chemawa’s Technology Policy can be reported to the system administrator or administration for investigation. Violations will be then handled in accordance with the school’s general student disciplinary code.

User Certification

I understand and will abide by the above Technology Acceptable Use Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Date: _____

Student Name Print: _____ Sign: _____

Parent Name Print: _____ Sign: _____

Chemawa Indian School

Applications will not be reviewed without a copy of the student's Certificate of Degree of Indian Blood. If a student is not enrolled, he/she must prove at least ¼ decendency of a federally recognized tribe. This includes parent CIB(s) and the student's birth certificate.

Criteria for Boarding School Enrollment

Social

In his/her environment, the student:

- Was rejected or neglected
- Does not receive adequate parental supervision
- Well being is imperiled due to family behavior problems
- Has behavior problems too difficult for solution by family or local resources
- Has sibling or other close relative enrolled who would be adversely affected by separation

Education

Federal/Public Schools near the students home:

- Grade level not offered
- Are severely overcrowded
- Exceeds 1½ mile walking distance to school
- Does not offer special vocational/preparatory necessary for gainful employment
- Does not offer adequate provisions to meet academic deficiencies
- Receiving school offers special academic program

Signature of Social Services Official

Date

Signature of Education Official

Date

Social Summary: Applicants must submit a Social Summary in narrative form that identifies in more detail the primary needs of the prospective boarding student. Applicants must clearly identify the primary reason for attending a "Boarding High School" as meeting the presenting issues of the student.

This student has been accepted for enrollment at Chemawa Indian School.

School Supervisor or Designee

Date

Student Name: _____

Chemawa Indian School

Education Information

Has your child received services in the following: Yes No (Circle all that apply)

Special Education Resource Room Gifted & Talented Chapter I Tutoring

Has your child been experiencing difficulty in: (Circle all that apply)

Mathematics Reading Written Language Behavior

Has your child had problems with (Circle all that apply): ear problems/infections eyes asthma

speech seizures or convulsions serious accidents epilepsy allergies (including bee venom)

diabetes head injury other: _____

Have you missed more than 0-15 days, 16-25 days, 25-50+ days of school this past year? (circle)

Were you in school this past year? Yes No

Have you ever been suspended or expelled? Yes No If yes, give the reason for the suspension or expulsion: _____

List the last 3 schools you have attended: (please request transcripts)

_____ City _____ St _____

_____ City _____ St _____

_____ City _____ St _____

Social Information

Are you a ward of the court? Yes No If yes, include court orders

Have you ever been arrested? Yes No How many times? _____ For what? _____

Are you on probation? Yes No Have you ever been incarcerated? Yes No

If you have been arrested or incarcerated, explain: _____

Provide the name, address and telephone number of your Probation/Parole Officer:

Have you ever had: Drug/Alcohol Treatment, Aftercare Services or Counseling ? Yes No

(Please include the discharge summary or other records related to your services. This information will be used to refer you to appropriate programs so that services can continue at Chemawa. Complete the Release of Information included in this packet and send it to the treatment facility).

Intensive Residential Guidance Program

Students enrolling at Chemawa School participate in the Intensive Residential Program.

Counseling, structured evening program activities, education components and aftercare support services for drug/alcohol abuse and recreation therapy are offered. All students will be in a support group depending on their needs.

If you have specific areas of concern you would like addressed with your child, please write a brief description of what those are.

Chemawa Indian School School Leave Permission

1. I give _____ my permission to attend special school sponsored activities and field trips (day or overnight) when chaperoned by qualified school personnel. This includes out of state school sanctioned activities.
2. I give _____ my permission to check off campus overnight with the following persons:

Name of Person who may check out student	Overnight? Y/N	Relationship	Address	Phone

3. I DO NOT give the following persons permission to check out my child: _____

Name of Person who May NOT check out student	Relationship	Please list any information that may help us in regards to reasons why check-out should be denied

4. Parent/Guardian Signature: _____

Note: Checkout privileges may be forfeited if students are not checked out properly or returned at the agreed upon time. The school reserves the right to deny check out privileges if it is not in the best interest of the student. Only persons 25 years of age or older are allowed to check students off campus.

Audio/Visual Release

Chemawa photographs, videotapes, or records of students and activities for publication in the yearbook, newsletter, and in local newspapers for promotional purposes in the community.

I **DO NOT** want my child photographed, videotaped or recorded for any reason:

Parent/Guardian Signature

Chemawa Indian School

Custodial Parent/Guardian Information

This form is to be completed when the student is NOT living with both parents. Unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect and receive school records and to consult with staff concerning the child's welfare and education to the same extent as the custodial parent may inspect and receive such records and consult with staff. To assist us with carrying out our responsibilities, please complete the following:

Custodial Parent

1. Do you have sole custody of this child? Yes No
2. Is this custody by court order? Yes No
3. Are there any restrictions in the court order denying the non-custodial parent the right to inspect and receive records or consult with staff? Yes No
If yes, what are the restrictions? _____
4. Are there any restrictions on the non-custodial parent's right to visit your child at school?
If yes, what are the restrictions? _____
5. Do you wish to be advised of any inquiry or visit by the non-custodial parent?
Yes No Your contact phone number: () _____
6. What is the name of the non-custodial parent? _____

Additional Comments: _____

Guardian

1. Does this child live with you by court order? Yes No (attach documents)
2. Do you have restrictions limiting access to information or records for this student?
Yes No List the restrictions: _____
3. Do you have restrictions on visitations by persons with this child? Yes No
Please provide the name(s) of the person(s): _____

Additional Comments: _____

**Chemawa Indian School
New Student Intake Process
Consent to Screen**

Student Name: _____

Consent to General Screening

I, _____ give permission for my son/daughter/ward (circle one) to
(Parent/Guardian Printed Name)

participate in Intake Screening to identify individual needs while a student at Chemawa Indian School.

(Parent/Guardian Signature)

(Date)

Consent to Place

I, _____ give permission for my son/daughter/ward (circle one) to
(Parent/Guardian Printed Name)

be placed and receive services in the Chemawa Residential Intensive Guidance Program. As a referred student, Intensive Residential Guidance will create an individualized guidance program for my son/daughter/ward. Based on his/her needs, Intensive Residential Guidance will provide special leisure activities, recreation, counseling opportunities, referrals to substance abuse services, developmental education, and guidance activities. In all cases, students enrolled in Intensive Residential Guidance will receive services specifically designed to enhance the success of my son/daughter/ward through programming which occurs outside the academic day.

(Parent/Guardian Signature)

(Date)

Note: Both parts of the consent must be signed if the student is to receive services.

Chemawa Indian School

Consent to Release Information – Treatment

Student Name: _____ Date of Birth: ____ / ____ / ____

Students applying for admission to Chemawa Indian School who have had drug/alcohol treatment or counseling services must complete the following and mail directly to the treatment facility or counseling office where services were received.

I, _____, do authorize the _____
(parent name)

(facility name and address)

to disclose to Chemawa Social Services Program, Chemawa Alcohol Education Center and Western Oregon Service Unit – Indian Health Services the following: Assessment summary; aftercare treatment recommendations; counseling logs; treatment compliance summaries and all other pertinent information related to services received by the above named child.

Purpose of Information

To determine if Chemawa Indian School and the Chemawa Alcohol Education Center have resources available to develop and provide a necessary aftercare treatment program and/or continuing services. I understand that records are protected under CFR 25, Part 43, 1-23 and cannot be disclosed without my written consent to parties other than the above mentioned. I also understand that I may revoke this consent at any time except to the extent that the action has been taken in reliance on it and that in any event, this consent expires upon discharge from Chemawa Indian School or the Chemawa Alcohol Education Program(s).

_____ has my permission to release all records to Chemawa Indian School and the Chemawa Alcohol Education Center.

(parent signature)

(date)

(student/client signature)

(date)

Send records to: Kathy Murray, Registrar
Chemawa Indian School
3700 Chemawa Road
Salem, OR 97305

Remove this form from the packet and send to the facility

**Chemawa Indian School
School Records Release**

Send records for the following student to:
Chemawa Indian School
3700 Chemawa Road
Salem, Oregon 97305
Attn: Registrar

Student Name: _____

Date of Birth: ____/____/____

I am requesting all educational records from:

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Progress Records: to include transcripts of grades, records of attendance, test results related to achievement and measurement of ability

Health Records: immunization and other health related records

Behavior Records: to include psychological test/reports, personality evaluations, and records of suspension or expulsion

Special Ed Records: to include speech and language evaluations, educational assessment, Child Study Team reports, most recent IEP, permissions to test and place, signed psychological reports, other eligibility data/determinations and behavior intervention plans

I hereby authorize the release of all records for the above named student to Chemawa Indian School.

Parent Signature

Date

OR

Kathy Murray, Registrar

Remove this form from the packet and mail to the last school attended

BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Is your current address a temporary living arrangement? Yes _____ No _____
2. Is your temporary address due to loss of housing or economic hardship? Yes _____ No _____

If your answer to both questions is, "yes," please continue, otherwise stop here. Thank You.

Student Information:

Student Name(s): _____

Age(s): _____

Parent/Guardian Name(s): _____

School Sites: _____

Grade Level(s): _____

Parent/Guardian/Youth Phone No(s): _____

Circle one: Home Work Cell Shelter Family/Friend's Residence

Residency Information:

Are you a high school student who is currently living on your own? Yes _____ No _____

Where does the student stay at night?

_____ Shelter _____ Temporary Housing _ Other: _____

Address/Directions: _____

Shelter Contact Person: _____

The family/youth has been residing within the school district boundaries and intends to stay. _____(please initial)

Does the student wish to continue at school of origin? Yes _____ No _____

Is school of origin a boarding school? Yes _____ No _____

If present school is a boarding school, will student be enrolled in a residential dorm? Yes ____ No ____

Agreed Upon Services

Educational Services: (please describe) _____

After School Services: (please describe) _____

Transportation Services

Pick-up Location: _____

Drop Off Location (if different): _____

Health Services:

Immunizations: _____

Dental: _____

Food/Clothing: _____

Free Lunch: _____

Counseling: _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will not be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the School Liason/Designee immediately.

Parent/Guardian

Youth

School Designee/Liaison

**Chemawa Indian School
Gifted and Talented Program
Consent for Testing and Placement**

Student Name: _____

Consent to Test

I, _____, give permission for my son/daughter (circle one) to be tested or
(Parent/Guardian Printed Name)

otherwise identified for the Chemawa Gifted and Talented Program.

Parent/Guardian Signature

Date

Consent to Place

I, _____, give permission for my son/daughter (circle one) to be placed and
(Parent/Guardian Printed Name)

receive services in the Chemawa Gifted and Talented Program.

Parent/Guardian Signature

Date

Note: Both parts of the consent must be signed if the student is to receive services.

Department of Health and Human Services
Public Health Service
Indian Health Service

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Name of Student _____ Birthdate _____

I (We), _____
have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services

Exceptions or special instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ Valid Until _____

PLEASE RETURN THIS FORM TO THE SCHOOL

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHEMAWA INDIAN HEALTH CENTER
Parent Information

Father's Name _____
Father's Birthdate _____
SSN _____

Mother's Name _____
Mother's Birthdate _____
SSN _____

Legal Guardian (Other than Parents)

Name _____

Private Insurance Information

Medical: Yes No
Name of Insurance Company: _____
Insurance Company Address: _____
Name of Insured: _____
SSN: _____ Date of Birth: _____ Group #: _____

Dental: Yes No Same as Medical:
Name of Insurance Company: _____
Insurance Company Address: _____
Group Name: _____ Group #: _____

Pharmacy: Yes No Same as Medical:
Name of Insurance Company: _____
Insurance Company Address: _____
Group Name: _____ Group #: _____

STUDENT INFORMATION

Legal Name _____
Tribe Enrolled _____ Roll Number _____
SSN _____ Date of Birth _____

Chemawa Indian Health Center needs to have copies of your student's:

- Birth certificate
- Tribal ID and/or CIB
- SSN Card
- Medical Consent Form
- Front and Back Copy of Insurance Cards

NOTICE TO PARENTS AND GUARDIANS

Please be aware that Oregon Law requires Hepatitis B Vaccine for all 9th grade students (ORS 433.273). Your child should have this vaccine completed before enrolling at Chemawa Indian School. Please remember to include a copy of your child's immunization record from the application packet. Each student will be completing an application for the Oregon Health Plan Benefits for Medical Services only.