NORTHERN CHEYENNE TRIBAL SCHOOLS
RETURNING STUDENT APPLICATION

Name of Student _____
Last First Middle

Will this student be returning to N.C.T.S.? Yes_____ No_____ Current Grade Level_____

Parent Information Updates:

Mother_____ Home/Cell #_____ Work#_____

Father_____ Home/Cell #_____ Work #_____

Guardian_____ Home/Cell #_____ Work#_____

Emergency Contact_____ Home/Cell #_____ Work#_____

Do you have an email address? Yes_____ No _____ If yes, address: _____

Has your mailing address changed? Yes _____ No _____

If yes: Street/P.O. Box _____ City _____ State _____ Zip Code _____

Current Bus Route _____

Physical Address with directions: _____

_____

Students will only be allowed to ride a different bus if we have permission from the parent/guardian and if they have a bus pass signed by a school official.

PARENTAL PERMISSION SLIP: As the parent/guardian of _____

( ) NCTS has my permission to transport my child to and from school and/or from all school functions.
( ) I allow my child to participate in all extra-curricular activities on or off the school grounds including, but not limited to, athletic events or school functions.
( ) I approve the use of photographs, digital images or video of my child for, among other things, public Relations, school activities, advertisements, web site and fundraising.

Parent/Guardian Signature _____ Date _____

Please return application **along with updated immunization record and sealant program form** to:

Northern Cheyenne Tribal School, P.O. Box 150, Busby, Mt. 59016

*Applications will not be accepted if the requested documents are not attached.

*If your student will be joining fall sports, they will also need a current sports physical. If you have health insurance, please provide a copy of your insurance card.

Superintendent: 406-592-3646 ext. 132 * Principal (K-12) 406-592-3646 ext. 100

Student Name: _____ Grade: _____

NORTHERN CHEYENNE TRIBAL SCHOOL
HEALTH HISTORY FORM AND PARENTAL CONSENT

HEALTH HISTORY

Please place an "X" on the appropriate line if your child has, or has had, any of the following conditions:

_____ Asthma

_____ Bee or Insect Sting Allergy

Mild _____ Severe _____

_____Kidney/Bladder Disease

_____ Arthritis

_____ Heart Murmur

_____ Heart Disease

_____ TB (tuberculosis)

_____ Blood Transfusion(s)

_____ Diabetes

_____ Gallbladder Disease/Surgery

_____ Hepatitis

_____ Vision problems/Wears Glasses/Contacts

_____ Drug or Alcohol Problems

_____ Cancer

_____ Other Allergy: (list) _____

_____

_____ Menstrual Problems (females)

_____ Ulcers

_____ Stomach/Bowel Disease

_____ Seizures/Epilepsy

_____ Bleeding problem that required treatment

_____ Migraine or severe headache

_____ Frequent colds/sore throats

_____ Bronchitis/Lung Problems

_____ Hearing Problems/Earaches

_____ Mental Health/Behavioral Issues

_____ Skin Condition: _____

Please describe any other health conditions, surgeries, etc., not listed above:

_____

_____

Please list all medications and supplements your child currently takes on a regular basis, including over-the-counter medications and supplements and emergency medication such as an inhaler, epi-pen, or migraine/headache medication:

_____

_____

_____ _____

Parent or Guardian Signature Date

(2 pages-complete back side)»

Consent of Parental/Legal Guardian

I/we hereby give informed consent for _____ to:
STUDENT

1. Receive first aid and/or medical/dental services in the event of an emergency, illness or injury.
2. Be transported to a clinic or hospital in the event of an emergency.
3. Take prescription medication properly ordered by a physician and labeled by a pharmacist while at school. (A note from a parent/guardian must also be signed and sent with all prescriptions).
4. Receive mental/emotional health services including evaluation and recommended treatment as necessary.
5. Be transported home or to another residence or place previously listed by parent/guardian in case of an illness for above listed services.

My signature below indicates that I have read and I understand the consent is being given by me. I have crossed out all items listed for which I do not give consent.

_____ _____

Signature of Parent or Guardian Date

Information on Minimum Requirements for School Immunization

Vaccine	**Total Number**	**Additional Dose Requirements**
Polio	3 doses and	at least on dose after the fourth birthday
DTP/DT/DTaP/Td *(tetanus/diphtheria/ Pertussis)*	4 doses and	one dose must be given after the fourth birthday
Td Booster *(tetanus/diphtheria)*	1 dose	Prior to entering the 7th grade a pupil must receive a dose of Td. This schedule applies To pupils who have completed the prior 4 Doses listed above.
MMR *(measles, mumps Rubella)*	Dose 1 on or after 1st birthday	Dose 2 prior to kindergarten entry. *A pupil entering any grade from 7-12 who has not already received the 2nd dose at kindergarten age must receive the 2nd dose.*

Northern Cheyenne Services Unit
Lame Deer Dental Clinic

Dear Parent / Guardian:

The Northern Cheyenne Service Unit is offering a School Sealant Program to Native American students to prevent tooth decay. Participants will have sealants, preventive fluoride treatment(s) and interim restorative care if needed. These services will be provided at the school by an Indian Health Service dentist or dental hygienist. When your child is seen the school will send you a report on the status of your child's oral health.

This project is very important to the oral health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child / children to participate in this valuable health project. This preventive program, however, should not take place of proper home care and visits to your dental professional. If you have any questions regarding this project please contact Marti Caywood at 477-4464.

Please complete and **return this form to the school ASAP** to ensure your child is seen.

_____ I **want** my child to participate in the school sealant program.

_____ I **don't** want my child to participate in the school sealant program.

Name of child: _____ Date of birth:_____

Age: _____ Gender: _____ Grade: _____ Teacher: _____

Signature (Parent / Guardian): _____ Date: _____