



UNITED STATES DEPARTMENT OF THE INTERIOR
 Bureau of Indian Education
 Lake Valley Navajo School
 PO Box 748
 Crownpoint, NM 87313
 (p) 505-786-5392 (f) 505-786-5956

Dear Parents and Guardians,

June 6, 2022

We are pleased to announce that we are now accepting applications for the 2022-23 school year for returning students. We are also accepting residential enrollment, however dependent on number of interests will determine if it remains open for the school year. To enroll your child, please complete the attached forms and return to Lake Valley Navajo School by August 2, 2022. Any questions, please call 505-786-5392.

Documents needed for enrollment:

RETURNING STUDENTS	NEW STUDENTS
<ul style="list-style-type: none"> Completed enrollment packet <i>all filled</i> Immunization Records (Printed June 2022) <p>If you are enrolling a child and you are not the biological parent you will need one of the following:</p> <ul style="list-style-type: none"> Legal court documents <i>if applicable</i> Care Givers Affidavit <i>if applicable</i> Power of Attorney <i>if applicable</i> 	<ul style="list-style-type: none"> Completed enrollment packet <i>all filled</i> Birth Certificate Social Security Card Certificate of Indian Blood * Immunization Records (Printed August 2020) * Individualized Education Plan (IEP)/Individual Family Service Plan (IFSP) Student attendance/behavior log Previous school report card <p>If you are enrolling a child and you are not the biological parent you will need one of the following:</p> <ul style="list-style-type: none"> Legal court documents <i>if applicable</i> Care Givers Affidavit <i>if applicable</i> Power of Attorney <i>if applicable</i>

*******Only the parent or legal guardian are allowed to enroll a child*******

COMPLETED enrollment packets will only be accepted. Thank you for your continued support & consideration. We can't wait to see the achievements your child will make in the coming year! Remember to fill out all lines and spaces and sign in all signature areas.

1st Day of school: August 3, 2022 (technology & connectivity and meals provided). As we near the start of the school year, more information will be shared dependent upon NNDOH and school status. We are planning on 100% in-person. School supplies will be given to every enrolled student at LVNS funds available through ARPA.

Kind Regards,

Mrs. Teresa Ramone-Wilson,
 Lake Valley Navajo School Principal
 teresa.ramonewilson@bie.edu
 505-786-5392



Bureau of Indian Education
LAKE VALLEY NAVAJO SCHOOL
Student Enrollment Application



OMB No. 1076-0122
LVNS/recvd. 03/10/21
Exp. 05/31/2021
SY 2022-23

Grade Level _____
Boarding: _____
Day-Bus: _____

Entry Date: _____ Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

Student Name: LAST First Middle			Gender: Female: Male:		Date of Birth:	Enrollment Number:	Degree of Indian Blood:
Student Address: City State Zip Code			Birth Place:		Tribal Affiliation:	Chapter Affiliation:	
Home Location:			Language most Spoken at Home: Navajo: English:			Language most Spoken by Student: Navajo: English:	
With whom does the student live? Both Parents Father Mother Grandparents Guardian Other			Did student participate in English Language Learn ELL?			Did student participate in Special Education?	
Guardianship or Custodial Issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?							
Father: Tribal Affiliation:			Mother: Tribal Affiliation:				
Address (city,state,zip):			Address (city,state,zip):				
Home Location:			Home Location:				
Home Phone: Work Phone:			Home Phone: Work Phone:				
Email: Cell/Pager:			Email: Cell/Pager:				
Employer: Census No:			Employer: Census No:				
Contact Allowed: Received student mailings?			Contact Allowed: Received student mailings?				
Guardian Name:			Contact Allowed: Received student mailings?				
Address (city,state,zip):			Home Location:				
Home Phone: Work Phone:			Cell/Pager: Other:				
Employer:			Email:				
Emergency Information: (other than parent/guardian):			Emergency Information: (other than parent/guardian):				
Relationship to Student: May Pick up Student?			Relationship to Student: May Pick up Student?				
Home Phone: Work Phone:			Home Phone: Work Phone:				
Cell/Pager: Other:			Cell/Pager: Other:				

SCHOOL HISTORY:

List all schools you have attended:

Previous School Attended: _____ Address _____ Phone No. _____
Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Previous School Attended: _____ Address _____ Phone No. _____
Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? _____
I am legally responsible for this student and hereby apply for his/her admission to Lake Valley Navajo School. I understand that additional information may be required by the school before this student is officially enrolled.
I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian _____ Signature of Parent/Legal Guardian _____ Date _____

OFFICIAL USE ONLY **Verified by:**

I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of: _____ Degree of Indian Blood. _____ Enrollment/Census Number. _____ Agency.

APPROVAL OF SCHOOL APPLICATION: _____ Approved _____ Not Approved

Signature of Principal or Registrar _____ Date _____ Signature of Programs Support Assistant _____ Date _____



Release Form

CULTURE • KNOWLEDGE • LEADERSHIP • CULTURE • KNOWLEDGE • LEADERSHIP • CULTURE • KNOWLEDGE • LEADERSHIP

U.S. Department of the Interior
Bureau of Indian Education
1849 C Street N.W.
Washington, DC 20240

Permission to Photograph / Video / Audio Record

Subject _____
(Student's Name)

Location Lake Valley Navajo School & affiliated activities

I grant to the U.S. Department of the Interior, Bureau of Indian Education, its representatives and employees, the right to take photographs / video / audio recording of me and my property in connection with the above identified subject. I authorize the U.S. Department of the Interior, Bureau of Indian Education, its assign and transferees to copyright, use and publish the same in print and / or electronically.

I agree that the U.S. Department of the Interior and the Bureau of Indian Education may use such photographs / video / audio recording of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) Lake Valley Navajo School, BIE Navajo- Bureau Operated School

Address _____

Date _____

Signature of parent or guardian _____

(if under age 18)

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____

(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:

- Y N Has your child had measles, chicken pox, whooping cough, and pneumonia, and asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
- Y N Has your child ever been hospitalized or had surgery?
- Y N Has your child ever been "knocked out", had a concussion or serious head injury?
- Y N Has your child ever had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or pain reliever?
- Y N Has your child had a shoulder, knee or ankle injury?
- Y N Has your child had a broken bone?
- Y N Has your child had more than three ear infections?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain with exercise?
- Y N Do you have any concerns about your child being in sports?
- Y N Does your child have any allergies (to food, animals, plants, etc.)?
- Y N Does your child take any medication on a daily basis for a chronic medical problem?
- Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE: _____

If you answered "yes" to any questions above, please provide additional information: _____

FAMILY HISTORY:

- Y N Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
- Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
- Y N Do you have other children with serious health problems?

If you answered "yes" to any questions above, please provide additional information: _____

OTHER HEALTH CONCERNS:

- Y N Does your child have trouble hearing, seeing or talking?
- Y N Does your child wear glasses or contact lenses?
- Y N Does your child have problems in school?
- Y N Does your child have behavior problems?

If you answered "yes" to any questions above, please provide additional information: _____

If you have any other health concern other than those listed in this questionnaire, please provide info: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Computer/Internet Usage Policy Lake Valley Navajo School 2022-23

The primary purpose of the Internet connection is for educational pursuits. In formulating this policy, the School recognizes that students have a constitutional right to freedom of speech. However, that right is not unlimited, and we encourage students to be thoughtful about their words and actions.

The system administrator and the school principal have determined what constitutes inappropriate use of the school's computer system and equipment. Inappropriate use includes but is not limited to the following activities:

- 1) Sending or displaying offensive/ pornographic/threatening/subversive images and messages;
- 2) Accessing, viewing, or transmitting material related to drugs, alcohol, gangs, sexual activity, or hate groups;
- 3) Tampering with or damaging school computer equipment and/or system;
- 4) Violating copyright laws;
- 5) Allowing others access to username and password;
- 6) Using another user's username and password. Trespassing in another user's account, folders, and/or files;
- 7) Intentionally wasting limited resources, such as forwarding chain letters; streaming internet radio or video; downloading music, video, or software;
- 8) Using a proxy server to bypass system network filters and controls;
- 9) Using the schools BIE Internet system for commercial activities, or making personal purchases;
- 10) Participating in chat rooms or other live communication;
- 11) Cyberbullying which may include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

Violations will result in loss of access, confiscation of equipment, and/or further disciplinary or legal action, and:

- 1) Any cost/expense incurred by the user becomes the liability of the user.
- 2) The user will be billed by the school for loss/damage to the computer system and/or equipment as a result of inappropriate use as listed above.

All computer network usage is subject to BIE/Federal filtering and monitoring. Therefore, be reminded there is no expectation of privacy.

Students must have a current signed Student Computer/Internet Usage Policy and Agreement on file before they can use the Internet on any of the school computers. The school's Wi-Fi network is limited to school-purchased devices.

My child, _____, is authorized to access the internet and will abide by all school computer/internet usage policies.

Parent Signature
Student Signature
Principal Signature

[Handwritten Signature]

Date: _____
Date: _____
Date: 06.06.2022