Enrollment Packet

SY 25-26



12181 La Push Rd La Push, Wash 98350 p: 360.963.4100

New Registration: birth co	ertificate, immuniz	ation record & Tr	ibal Enrollment.
Tribal ID # T			
Not enrolled REQUIRED: parent & student	meeting with the pr	rincipal before Ist do	ay of school.
Student Name:		Gender:	Gr
Student Name:// Cit	y & State borr	7:	
Name & City of last school attended	L		
Name & City of last school attended 	·		
Does your child receive Special Services:	No Special E	Ed 504 Plan	
Is or has your child been suspended or exp	pelled from schoo	ol? No Yes	6
Parent Information: Name of paren	0	<mark>In:</mark>	
Father:			
Mother:			
Mailing address:	Physical a	ddress:	
La Push [circle] Forks	La Push	[circle] Fork	(S
Cell/home #:	Work #:_		
Email address:			
Emergency Contact Info:			•
I st Contact Name: Relationship:		Phone:	
2 nd Contact Name:		Dhone:	
Relationship:		PHOHE:	
MILITARY: Does your child have a pare	ent/auandian who	is:	
U.S. Armed Forces active duty	U.S. Armed Fo	orces reserves	
More than one member of Armed U.S. Armed Forces reserves			_ Not Affiliated
Attendance Incentive:			
PUD #	OR Lone	some Cre	ek

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Returning	
Student Name:	Gender: Gr
Date of Birth:/	
Does your child receive Special Service	es: No Special Ed 504 Plan
Is or has your child been suspended or experience and had a supply the supply that the supply that is a supply that is a supply that the supply that is a supply that it is a supply that is a supply that is a supply that it is a supply that it is a s	
If yes, would you request a meeting is held school year, so that your child/teen can sto	
No Yes If yes, please list date	,
	.
	August:
Parent Information: Name of parent	<mark>-/legal guardian:</mark>
Father:	
Mother:	
A A side and a side an	
Mailing address:	Physical address:
La Push (circle) Forks	La Push (circle) Forks
LU FUOTI (CITCIE) FUTKS	LU MUDIT (CINCIE) FONKS
Cell/home #:	Work #:
	· · · · · · · · · · · · · · · · · · ·
Email address:	
Frank Co. L. L. T. O.	
Emergency Contact Info: st Contact Name:	Phone:
Relationship:	1 110110·
	
2 nd Contact Name:	
Relationship:	_
MILITARY: Does your child have a pare	ent/auandian who is:
U.S. Armed Forces active duty	U.S. Armed Forces reserves
More than one member of Armed F	Forces/National Guard
	National Guard member Not Affiliated
Attendance Incentive:	
	OR Lonesome Creek
PUD #	OK FOLICACI IE CLEEK

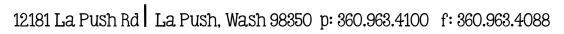
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Disaster Preparedness, Medical Release Information

Child's Name:	
Medications needed:	
Please list: Siblings and	their grades:
situation if we can't co aware that they are o your child know who is	ple you trust to pick up your child in a disaster ontact you. Be sure that these people are an emergency pick-up for your child. Also let on the list. One person may pick up several he will need to appear on each child's form.
I. Name	Phone #
2. Name	Phone #
3. Name	Phone #
4. Name	Phone #
5. Name	Phone #
people have my permis	Staff member or any of the above named ssion to seek any medical attention my child may ng the school year at the closest medical facility.
Printed Name	Signature

Enrollment Packet





School Health Records

Child's Nam	ne:		
	Last	First	Middle
Phone#:			
Work#:	any of the following	ng health concerns your child/te	een has:
Allergie Stoma Epileps Seizers Vision Wears Past se Headad Hearing Asthm Freque Speech Difficul	es to: ch y glasses erious illness: ches g problems a Uses inhale ent colds	er: Yes No	
Medication	name:	For:	
Other:			
Grade:			
I give permissi	in an emergency and s	mber or one of my emergency con- eek medical care for my child at an	y medical facility
[Parent/Gu	ardian Signature]	Date:	

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Student Photo & Video Release

Child's Name:			
Ι	hearby autho	orize the Quileute Tribal School to	Э
(first name) use my child/teen's	(first & last no	picture for general ame)	
our QTS Yearbook, of to special events su also go in tribal or of Washington to publis	any classroom buch as graduation other newspapers on parties on parties any story or pazine, Newslette	ol newspaper, webpage, video or culletin boards and articles related or accomplishments that may s. This includes University of corint pictures they have taken of er, Video or Web-based materials	f
Printed Name	 Signa	ature	



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Dental Treatment & Transportation Authorization

The Quileute Tribal School is working with the La Push Dental Clinic to provide dental care for each student throughout the school year. If permission is given, your child may be seen for dental check-ups, cleanings, x-rays, fluoride treatments, sealants, and or simple fillings [which many require anesthetic]. Some of these treatments are applied at the school; other treatments are at the dental clinic. If your child should need extensive dental work the parent/guardian will be contacted. Further questions? Call: 360.374.6984

Child's Name:	D.O.B
Parent/Guardian	Phone #:
Mailing address:La Push [ci	rcle] Forks
☐ I authorize the La Push Dent school or the dental clinic	al Clinic to treat my child at the initial
I give permission for my child dental clinic by the clinic staff of available initial	I to be transported to and from the or school transportation when
□I <u>do not</u> want my child to par treatments initial	ticipate in the La Push dental
Date:	Signature



Parent/Guardian Responsibilities

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Parent-to-School Compact Agreement

То	help my child achieve in school, I will help by doing the following:
l.	See that my child/teen attends school daily. The school goal is 96% attendance. This means 7.4 or fewer absences per school year initial
2.	See that my child/teen is not tardy. [school starts at 8:20a for all classes and grades] initial
3.	I will work with my child/teen to have routines [regular bedtimes, meals supervision], so they come to school well rested and ready to learninitial
4.	Insist that my child/teen maintain appropriate behavior standards and be aware of the rules outlined in the Student Handbook initial
5.	See that my child is read to or reads for 20 minutes each night initial
6.	Communicate regularly with my child's/teen's teachers by phone, email, or personally initial
7.	
8.	Talk to my child/teen daily about what he/she is learning at schoolinitial
9.	Volunteer time at Quileute Tribal School. Complete background check for volunteers initial
Ю.	
I I.	It is understood that my child/teen may not wear hoodies [hoods] upon entering until exiting Quileute Tribal School initial
12.	It is understood that my child's/teen's cell phones will be locked up in a YONDR pouch kept in the possession of my child/teen upon entering until exiting Quileute Tribal School for students in grades 5-12.
13.	It is understood that my child/teen is not allowed to use inappropriate language towards self, peers, or staff of Quileute Tribal School. initial
	"What it's like to be a parent: It's one of the hardest things you'll ever do but in exchange it teaches you the meaning of unconditional love." -Nicholas Sparks
	te: Signature
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Student Responsibilities

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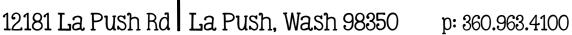


Student-to-School Compact Agreement

It is important that I work to the best of my ability; therefore, I will do the

fol	lowing:
l.	Attend school initial
2.	Be on time to class initial
	Go to class to check-in before going elsewhere initial
4.	Lock and keep phone locked in YONDR pouch from entry to exit of every
_	school day including MOST field trips initial
5.	1 1 1 - 1
,	day including while on field trips initial
6. 7	
7.	
0	school at ALL times initial
8. a	
9. 10	Work cooperatively with all peers initial
10. II	Respect Quileute Tribal School by keeping it safe and clean initial
. 2	Report any suspicious or unsafe activity initial
12.	·
13.	Communicate with teachers about grades, pathways, and being absent.
Ш	Participate in safety drills: fire, evacuation, tsunami, shelter-in-place and
1 1.	lockdowns initial
15	Come to school rested, so I am ready to learn! initial
ال.	Corre to school rested, so I diffreday to learning minimum
	"The best way to predict your future, is to create it."
	-Abraham Lincoln
	, 101 G.161.11 E.1100111
	te: Signature
νu	te: Signature

Enrollment Packet





f: 360.963.4088 Request For Student Records

Date:
TO: [Name of School]
[Address]
[City, State, Zip]
Student Name:
Grade:
Parent/Guardian Name:
My child will be/has enrolled in Quileute Tribal School. Please forward all school records you have on file including Special Education files to the address or fax number above.
[Parent/Guardian Signature]