Quileute Tribal School

Enrollment Packet SY 25-26

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

_____ **New Registration:** birth certificate, immunization record & Tribal Enrollment.

Tribal ID # _____ Tribe: _____

☐ Not enrolled REQUIRED: parent & student meeting with the principal before 1st day of school.

Student Name: _____ Gender: ____ Gr. ____

Date of Birth: ____/ ____/ _____ City & State born: _____

Name & City of last school attended: _____

Does your child receive Special Services: ☐ No ☐ Special Ed ☐ 504 Plan

Is or has your child been suspended or expelled from school? ☐ No ☐ Yes

Parent Information: Name of parent/legal guardian:

Father: _____

Mother: _____

Mailing address: _____

La Push [circle] Forks

Physical address: _____

La Push [circle] Forks

Cell/home #: _____ Work #: _____

Email address: _____

Emergency Contact Info:

1st Contact Name: _____ Phone: _____

Relationship: _____

2nd Contact Name: _____ Phone: _____

Relationship: _____

MILITARY: Does your child have a parent/guardian who is:

____ U.S. Armed Forces active duty ____ U.S. Armed Forces reserves

____ More than one member of Armed Forces/National Guard

____ U.S. Armed Forces reserves ____National Guard member ____ Not Affiliated

Attendance Incentive:

PUD # _____ OR Lonesome Creek _____

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_____ Returning

Student Name: _____ Gender: ____ Gr. ____

Date of Birth: ____/ ____/ _____

Does your child receive Special Services: ☐ No ☐ Special Ed ☐ 504 Plan

Is or has your child been suspended or expelled from school? ☐ No ☐ Yes

If yes, would you request a meeting is held to discuss a contract for the upcoming school year, so that your child/teen can start the year off successfully?

☐ No ☐ Yes If yes, please list dates in August that would work for you.

August: _____

Parent Information: Name of parent/legal guardian:

Father: _____

Mother: _____

Mailing address:

_____

La Push (circle) Forks

Physical address:

_____

La Push (circle) Forks

Cell/home #: _____ Work #: _____

Email address: _____

Emergency Contact Info:

1st Contact Name: _____ Phone: _____

Relationship: _____

2nd Contact Name: _____ Phone: _____

Relationship: _____

MILITARY: Does your child have a parent/guardian who is:

____ U.S. Armed Forces active duty ____ U.S. Armed Forces reserves

____ More than one member of Armed Forces/National Guard

____ U.S. Armed Forces reserves ____National Guard member ____ Not Affiliated

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Disaster Preparedness, Medical Release Information

Child's Name: _____

Medications needed: _____

Please list: Siblings and their grades:

_____

_____

Please list up to 5 people you trust to pick up your child in a disaster situation if we can't contact you. Be sure that these people are aware that they are an emergency pick-up for your child. Also let your child know who is on the list. One person may pick up several children, but their name will need to appear on each child's form.

Emergency Pick-Up

1. Name_____Phone #_____

2. Name_____ Phone #_____

3. Name_____Phone #_____

4. Name_____Phone #_____

5. Name_____ Phone #_____

A Quileute Tribal School Staff member or any of the above named people have my permission to seek any medical attention my child may need in their care during the school year at the closest medical facility.

_____ _____

Printed Name Signature

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School Health Records

Child's Name: _____
Last First Middle

Phone#: _____

Work#: _____

Please check any of the following health concerns your child/teen has:

_____ Allergies to: _____
_____ Stomach
_____ Epilepsy
_____ Seizers
_____ Vision
_____ Wears glasses
_____ Past serious illness: _____
_____ Headaches
_____ Hearing problems
_____ Asthma _____ Uses inhaler: Yes No
_____ Frequent colds
_____ Speech problems
_____ Difficulty walking/running
Past surgeries: _____

Medication name: _____ For: _____

Other: _____

Grade: _____

Parent/Guardian Name: _____

I give permission for a QTS staff member or one of my emergency contacts to use their best judgment in an emergency and seek medical care for my child at any medical facility when I cannot be reached.

_____ Date: _____
[Parent/Guardian Signature]

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Student Photo & Video Release

Child's Name: _____

I _____ hearby authorize the Quileute Tribal School to
(first name)
use my child/teen's _____ picture for general
(first & last name)

purposes. These would include school newspaper, webpage, video or our QTS Yearbook, any classroom bulletin boards and articles related to special events such as graduation or accomplishments that may also go in tribal or other newspapers. This includes University of Washington to publish any story or print pictures they have taken of my child in their magazine, Newsletter, Video or Web-based materials for educational purposes.

_____ _____

Printed Name Signature

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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 [circle] Forks

☐ I authorize the La Push Dental Clinic to treat my child at the school or the dental clinic. _____ **initial**

☐ I give permission for my child to be transported to and from the dental clinic by the clinic staff or school transportation when available. _____ **initial**

☐ I do not want my child to participate in the La Push dental treatments. _____ **initial**

_____ _____

Date: Signature

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Parent-to-School Compact Agreement

Parent/Guardian Responsibilities

To help my child achieve in school, I will help by doing the following:

1. 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 learn. _____ **initial**
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. Attend parent-teacher conferences. _____ **initial**
8. Talk to my child/teen daily about what he/she is learning at school. _____ **initial**
9. Volunteer time at Quileute Tribal School. Complete background check for volunteers. _____ **initial**
10. Show respect and support for my child/teen, the teacher, and the school. _____ **initial**
11. 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. _____ **initial**
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

_____ _____

Date: Signature

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Student-to-School Compact Agreement

Student Responsibilities

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

1. Attend school. _____ **initial**
2. Be on time to class. _____ **initial**
3. 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. Take off the hood of my hoodie upon entry until exiting school every school day including while on field trips. _____ **initial**
6. Follow all directions and classroom/school rules. _____ **initial**
7. Use appropriate language towards self, peers, and staff of Quileute Tribal school at ALL times. _____ **initial**
8. Give my best effort on classwork, testing, and projects. _____ **initial**
9. Work cooperatively with all peers. _____ **initial**
10. Respect Quileute Tribal School by keeping it safe and clean. _____ **initial**
11. Report any suspicious or unsafe activity. _____ **initial**
12. Be kind, not a bully. Be healthy, no vaping/smoking. _____ **initial**
13. Communicate with teachers about grades, pathways, and being absent. _____ **initial**
14. Participate in safety drills: fire, evacuation, tsunami, shelter-in-place and lockdowns. _____ **initial**
15. Come to school rested, so I am ready to learn! _____ **initial**

"The best way to predict your future, is to create it."
-Abraham Lincoln

_____ _____

Date: Signature

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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]

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