

Nay Ah Shing Schools

Student Enrollment Forms

School Year _____

_____	_____	_____	_____
Last	First	Middle	
_____	_____	_____	_____
SS #	Birth Date	Grade	Sex

Address: _____

Student Lives With: _____

Homeless _____ Yes _____ No

Names of Parents/Guardians/Caretakers:

Telephone #: Mother (C) _____ (W) _____ (H) _____

Father: (C) _____ (W) _____ (H) _____

Emergency Contacts:

Name	Relationship	Telephone #
_____	_____	_____
_____	_____	_____

PLEASE INCLUDE TWO FORMS OF IDENTIFICATION FOR YOUR STUDENT

Nay Ah Shing Schools Student Enrollment Forms

Records Request Form

Student's Name: _____ **Grade:** _____

Nay Ah Shing is committed to providing the most appropriate and relevant services to children in an effort to maximize educational success. Therefore, it is imperative that Nay Ah Shing School has comprehensive and accurate information on all of our students. Pursuant to MS 120. 101, subd. 5c schools are authorized to forward all relevant information regarding student data upon request within 10 working days. Please accept this as official notification that the student has requested enrollment in our school.

I, _____ as parent/guardian request that all information listed below be sent to:

Registrar, Nay Ah Shing Schools, 43651 Oodena Drive, Onamia MN 56359

Phone: (320) 532-4695 Fax: (320) 532-4675

___ Attendance Data

___ Behavior Records and Discipline Reports

___ IEP and Relative Assessment and Referral Information

___ Academic Reports

___ National and State Test Scores

___ Name, Address and phone numbers of agencies involved with Child Probation and Social Services

___ MARSS Number

___ Tribal Information

___ Medical Records and History

Previous School attended: _____

Phone #: _____ Fax # _____

Health Information

Student Name: _____

Please check if student has been treated for any of the following conditions and if medication is currently prescribed for the conditions:

Condition	Medication Prescribed		Currently On Medication	
__Asthma	__Yes	__No	__Yes	__No
__Diabetes	__Yes	__No	__Yes	__No
__Heart Condition	__Yes	__No	__Yes	__No
__Epilepsy	__Yes	__No	__Yes	__No
__Depression	__Yes	__No	__Yes	__No
__Hyper Activity	__Yes	__No	__Yes	__No
__ADD	__Yes	__No	__Yes	__No
__FAS/FAE	__Yes	__No	__Yes	__No

Is student taking any medications at this time? _____

Name of medication: _____ Dose: _____ Time: _____

Allergies: _____

Date of last Physical Examination: _____

Does the student wear glasses or contacts? _____

Does the students wear a hearing aid? _____

Immunizations

We must have the student's immunizations record before the student can attend school. Please include a copy of Immunization Records if you have them.

Medical and Authorizations Release

Authorization for emergency Medical Care and Medical Treatment in case a student becomes sick or injured during the school day, you will be notified. In the event that we are unable to reach you, we will attempt to contact persons listed as emergency contacts. If we cannot contact you or the emergency contacts listed, we will be sure the student receives the needed medical attention. Therefore, it is extremely important that you verify that we can take your child to the doctor in attendance at Ne-la-Shing Clinic or the nearest hospital for medical

attention. School personnel will accompany the student to the clinic until you or emergency contact arrives. The school no way responsible for the medical bills incurred. I hereby authorize the medical providers at Ne-la-shing Clinic or the nearest hospital to provide the necessary treatment to the student and release medical information as needed for insurance purposes. Accept Decline Initials

Authorization for Medication

All prescribed medications given at school by designated school personnel will need to have a signed parent permission form before medication can be given. Any medication prescribed by a doctor must also have a signed information form attached. All medication brought to school must be in the original container. Accept Decline Initials

Authorization to dispense over the counter medications

I hereby authorize school personnel to dispense over the counter medication to the student. Examples would include: Tylenol, Ibuprofen, cough drops, cough syrup, Pepto Bismol, and emergency inhalers if needed. Medication will be given only if it is the best possible solution to the current health need. Accept Decline Initials

Authorization for counseling

Nay Ah Shing Schools has permission to provide assessments and counseling services to the student as deemed necessary by an approved therapist. Parents/guardians will be kept informed of the student's progress. Accept Decline Initials

Authorization for School Field Trips

Nay Ah Shing staff will plan field trips and various engaging learning activities that fall within the parameters of a regular school day, all children are expected to participate in these activities just as they are in the classroom. We assume by enrolling your child in our school you support participation in these activities. If an activity extends beyond regular school hours, you will be notified ahead of time. If you do not want your child to participate, it is your obligation to notify us. The school is responsible to inform the parent of the date and time of departure, destination of the students, and the time return.
 Accept Decline Initials

Any and all students of Nay Ah Shing School, regardless of age and tribal affiliation, must adhere to the rules, codes of conduct, and policies established by the Nay ah Shing School Board. All parents and children will be given a student handbook. It is the responsibility of the parent/guardian to understand and explain these policies to their children.

I have read the above statement: Initials

Bilingual Information

Nay Ah Shing School needs to determine the type of service to provide for your child in language development. For this reason, the school needs accurate information as to whether your child is influenced by his/her native language. For some students the school must provide every day instruction in both the English and Native languages so the child will progress in language development.

You can assist in meeting the needs of your child by checking the response(s) which best describes his/her language ability.

_____ The student has some knowledge of both English and the Native language (understanding/speaking) or is influenced in some manner by a native language.

_____ The student speaks native language most of the time during play or family conversation.

_____ A native language is spoken in the student's home most of the time by family members.

_____ Other (please explain)

For the school to receive additional funds to provide language assistance to your child, it must have this form signed by the parent or guardian. **THIS DOCUMENT WILL BE KEPT IN A CONFIDENTIAL FILE AT THE SCHOOL.** Sign below and return to the school as soon as possible. Please contact the school principals or call me if you have any questions. Thank you for supporting your child's education.

Child's Name (Please Print)

Parent/Guardian (Please Print)