



# DZIL DITŁ'OOÍ SCHOOL OF EMPOWERMENT, ACTION, AND PERSEVERANCE (DEAP)

***PO Box 156 Navajo, NM 87328 + 505-777-2053 + [deapschool.org](http://deapschool.org)***

## **ENROLLMENT CHECKLIST**

Student: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*The following information is the responsibility of parent/guardian prior to enrollment.  
Students will be enrolled when all information is provided.*

1. \_\_\_ Student Registration Form (**yellow**)
  - School Transcripts and/or withdrawal form
  - Copy of Social Security Card
  - Copy of Birth Certificate
  - Withdrawal Forms (if applicable)
  - Verification of NM Residency (Utility Bill, Lease Agreement, signed Affidavit)
  - If entering from residential treatment center/institution: exit report from facility
  - If legal Guardian, Custody Papers or Power of Attorney
  - DEAP Gear Information
2. \_\_\_ Emergency Contact and Health Information Form (**red**)
  - Updated Immunization Records
  - Copy of COVID Vaccination Card (if applicable)
  - Self-Administering/Self-Carry Medication Form (if applicable)
  - NM Asthma Action Plan Form (if applicable)
  - Vision and Hearing screening
3. \_\_\_ Special Education/Gifted Information (**orange**)
  - Records from last school attended (current Diagnostic Evaluation/IEP/504 Plan)
4. \_\_\_ Title VI Eligibility 506 form (**white**)
  - Copy of CIB for qualifying individual
5. \_\_\_ Photo Release Form (**blue**)

Additional forms to be distributed at orientation:

- Title One Compact
- Notification of Rights under FERPA
- Student/Parent Handbook confirmation page
- Communications/Electronic Devices Policy
- Student Computer Use and Internet Access
- Parent Volunteer Pledge

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Dził Dítł'ooí School of Empowerment, Action, and Perseverance (DEAP)</b>	<b>Grade to Attend in SY</b> 6 7 8 9 10 11 12	<b>Student ID#</b>
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**STUDENT INFORMATION**

Last Name	First Name	Middle
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Mailing Address	City	State	ZIP
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Physical Address	City	State	ZIP
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Household Contact Number
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1st Clan:	3rd Clan:	Chapter Affiliation
2nd Clan:	4th Clan:	

Date of Birth_____/_____/_____ Student's current age:_____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Transportation Information <input type="checkbox"/> Parent drop-off <input type="checkbox"/> Walk
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**Ethnicity and Race**  
 American Indian or Alaskan Native  Caucasian  African American/Black  Asian/Pacific Islander  Hispanic  Other \_\_\_\_\_

Tribal Affiliation (if applicable)	What Languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Navajo <input type="checkbox"/> Zuni <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
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**LAST SCHOOL ATTENDED**

School:	Address:
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Phone:	Fax:	Grade started here:	Grade completed (previous school)
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**FAMILY CONTACT INFORMATION**

Check who the student lives with	Address	Phone Number	Place of work and phone number
<input type="checkbox"/> Mother's Name	Mailing:  Physical:	Home:  Mobile:	
<input type="checkbox"/> Father's Name	Mailing:  Physical:	Home:  Mobile:	
<input type="checkbox"/> Temporary or Legal Guardian's Name	Mailing:  Physical:	Home:  Mobile:	

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) who will be the primary contact person.

**EMERGENCY CONTACT (OTHER THAN PARENT)**

Name (Last, First, MI)	Relationship to student	Address	Phone Number
1			
2			

**ADDITIONAL ADULTS LIVING IN THE HOME**

Name (Last, First, MI)	Relationship to student	Address	Phone Number
1			
2			
3			

**ADDITIONAL SCHOOL AGED CHILDREN LIVING IN THE HOME**

Name of sibling (Last, First, MI)	Date of Birth	School currently attending
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		

**THE FOLLOWING ADDITIONAL PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL**

Limit four (4). The person(s) on the list **MUST BE OVER 21 YEARS OF AGE**. Any release of a student requires a proper check out procedure in the office. The parent/guardians are to notify the office of any changes. Name (Relationship).

1	Relationship	
2	Relationship	
3	Relationship	
4.	Relationship	

**MAP DRAWING**

Provide a drawing below of where you and your student currently reside



## COURT ORDERS

1. Are there any court orders you wish to notify the school about regarding legal custody, physical custody, or restricted contact with the school or child? If yes, a copy of the court order must be provided to the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Student lives with a foster family? If yes, relative caregiver or non-relative caregiver? _____ Children's Social Worker (CSW): _____ Contact Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Complete this section if student's address is a licensed children's institution/family foster agency/group home/adult residential facility Facility Name: _____ Facility Type: _____ License Number: _____ Facility Address: _____ City: _____ State: _____ Zip Code: _____ Contact Person: _____ Facility Phone Number: _____ Children's Social Worker (CSW): _____ Phone Number: _____	

## STUDENT SERVICES HISTORY

1. Was the student receiving Special Ed at his/her previous school? Y N 2. Does the student have a current IEP at the previous school? Y N 3. If yes, do you have a copy of it? Y N 4. Has the student been identified for Gifted and Talent Education? Y N 5. Did the student have a 504 plan at the previous school? Y N	6. If yes, do you have a copy of it? Y N 7. Has the student been identified as an English Learner? Y N 8. Was the student receiving ELL services at the previous school? Y N
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## DISCLAIMER AND SIGNATURE

I am legally responsible for this student and hereby able complete his/her admission to this school. Therefore, I certify that the foregoing information is accurate and complete to the best of knowledge. I also understand that additional information may be requested by the school from myself and other public agencies in accordance with the rules and regulations of the Family Privacy Act to complete the enrollment of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY STAFF

<b>STUDENT BIRTH CERTIFICATE VERIFICATION</b> Student Name: _____ DOB: _____ M__ F__ Certificate File Number: _____ Certificate File Date: _____ County of Birth: _____ State: _____ Country: _____ Father's Name: _____ Mother's Name: _____	<b>PROOF OF NEW MEXICO RESIDENCY</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Other (Specify) _____
<b>DOCUMENTS ON FILE TO CONFIRM LEGAL CUSTODY?</b> Yes__ No__	If yes, Valid from _____/_____/_____

*I verify that the above information is accurate to the documents provided by the Parent/Guardian*

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## **EMERGENCY CONTACT & HEALTH INFORMATION**

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

HEALTH INFORMATION				
1st Emergency Contact	First Name	Last Name	Relationship	Phone Number
2nd Emergency Contact	First Name	Last Name	Relationship	Phone Number

STUDENT HEALTH CONDITIONS (Check Yes or No below and explain when necessary)			
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head injury/Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart problems (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney/Urinary problems (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Autism/Asperger's	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic problems (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bipolar	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancer (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures/Neurological problems (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stomach problems (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (If yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating disorder issues	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Headaches (not migraines)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**STUDENT VISION AND HEARING CONDITIONS**

Does your student have vision problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are glasses/contacts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your student have hearing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is a hearing aid worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, is preferential seating needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STUDENT MEDICATION (List medications student is taking - If taken at school, a form from your healthcare provider must be on file)**

For what condition?	Name of medication	Does this medication need to be given at school?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
For what condition?	Name of medication	Does this medication need to be given at school?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
For what condition?	Name of medication	Does this medication need to be given at school?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I voluntarily provide this health information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.	_____
	Parent/Guardian Signature
	_____
	Date



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## **SPECIAL EDUCATION/GIFTED INFORMATION**

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Level (current) \_\_\_\_\_ Student ID# \_\_\_\_\_

Services required - Please check all that apply:

- Gifted
- OT - Occupational Therapy
- PT - Physical Therapy
- RT - Recreational Therapy
- SW - Social Work
- SLP - Speech & Language
- Other (specify): \_\_\_\_\_

Please provide DEAP with a copy of your student's IEP, Evaluations, or 504 plan.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number



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## **PHOTO RELEASE FORM**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

During the school year, please be advised that your student may be photographed, videotaped, or interviewed at various DEAP sponsored events. DEAP may also use and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media (i.e. newsletters, social media posts, year books, presentations)

**YES**, I give DEAP consent to take pictures, videos, and interviews of my student for non-profit use.

**NO**, I do not give DEAP consent to take pictures, videos, and interviews of my student.

Parent Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **DEAP GEAR INFORMATION**

In the past years, DEAP had the opportunity to give the students custom made DEAP shirts, beanies, hats, sweatpants, jackets, and shorts. With active participation in school wide activities and consistently good academic behavior, your student may be eligible to receive DEAP gear!

Please check your clothing sizes below:

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

	X-Small	Small	Medium	Large	X-Large	2X	3X
<b>Shirt Size:</b>							
<b>Pants Size</b>							
<b>Sweatshirt size</b>							

Parent/Guardian Name: \_\_\_\_\_

	X-Small	Small	Medium	Large	X-Large	2X	3X
<b>Shirt Size:</b>							
<b>Pants Size</b>							
<b>Sweatshirt size</b>							