

Noli Indian School

Enrollment Requirements

Copy Of

- Birth Certificate
 - Social Security Card
 - Immunization Records and Proof of T-dap Shot
 - Tribal ID Card or Tribal Letter of Enrollment or **MUST** have a CIB card from BIA showing $\frac{1}{4}$ Degree Indian Blood
 - Unofficial transcript from previous high school or report card from previous middle school.
 - Previous attendance, behavior records, and copy of IEP if applicable.
- ❖ Please complete this packet and return along with the Emergency Card provided. A placement test will be given when accepted to Noli on students first day of school.



EST. JUNE 19, 1883



**Noli Indian School
Soboba Band of Luiseno Indians**

Academic Year 20___/20___

Students Name _____ DOB ____/____/____

Male Female (Circle one)? Grade _____ Home Phone (____) _____

Birth Place _____ Tribal Affiliation _____

Students Home Address _____

Students Mailing Address _____

Family Information:

Student Lives with: Mother Father Stepparent Guardian (Circle all that apply)

Name _____ Relationship _____

Phone# (____) _____ Cell# (____) _____ Work# (____) _____

Place of Employment _____

Name _____ Relationship _____

Phone# (____) _____ Cell# (____) _____ Work# (____) _____

Place of Employment _____

Who has legal Custody of Student? _____ Relationship _____

Is this a Foster Child (Circle one?) Yes No Who has educational signing rights

Does the student have a social worker/probation officer/welfare worker (circle one?) Yes No

Name _____ Phone# (____) _____ County _____

Are there any Court orders involved in the custody of this student (Circle all that apply)? Yes No

(Copy of court order must be on file at time of enrollment.)

Emergency Contacts:

Name: _____ **Phone#** (____) _____ **Work#** (____) _____

Name: _____ **Phone#** (____) _____ **Work#** (____) _____

Previous Enrollment:

Former school name: _____ Grade _____

Location: _____ Date last attended _____

Special Education: RSP SDC Severely Handicapped (Circle all that apply)

Disability: Vision Hearing Speech PE Occupational/Psych (Circle all that apply)

If yes please explain _____

Parent Signature

Date

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Students Name: _____ Date _____

Birthdate ____/____/____ Age _____ Sex _____ Grade _____

HEALTH INFORMATION (v)

ADD/ADHD		Earaches		Mumps		Serious Injuries	
Allergy		Epilepsy		Nose Bleeds		Eye Glasses/Contacts	
Asthma		Fainting		Rheumatic Fever		Operation	
Appendicitis		Headache		Scarlet Fever		Other	
Bronchitis		Heart defect/Disease		Seizures			
Chicken Pox		Hernia		Tonsillitis			
Convulsions		Influenza		Tuberculosis			
Diabetes		Measles		Whooping Cough			

For each (v) please explain:

ALLERGIES (v)

Bee Stings		Insects and or animals		Hay Fever	
Foods		Penicillin		Other Allergies	
Oak/Ivy Poisoning		Medication			

For each (v) please explain:

Does your student have any dietary restrictions? Yes ___ No ___

If yes please explain:

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MEDICATIONS

Does your child take daily medication? Yes ___ No ___

If yes please list _____

Will student take medication while in school? _____

Is student under doctor's care? Yes ___ No ___

If yes please explain, _____

Please check, if student has special problems with the following:

_____Hearing _____Vision _____Speech

Other Health Information:

Please contact me before giving any medication Yes ___ No ___

I authorize the following medications to be administered as needed (✓)

NON-PERSCRIPTION MEDICATIONS:

Ibuprofen (Advil)		Lozenges	
Benadryl		Tylenol (Acetaminophen)	
Cough Drops		Pepto Bismol/Antacid	

*Parents please be advised that Benadryl will be given for allergic reactions only, as temporary relief. You will be contacted immediately when this occurs.

Parents and/or Guardians please be advised that it is imperative that this form is filled out to the best of your knowledge and kept updated. Please notify Noli Indian School Immediately with any changes in student's condition (e.g. new diagnosis, allergic reactions, daily medications, etc.). This form will be provided to emergency staff, hospital, and physicians in case of an emergency, along with emergency medical treat form.

Parent/Guardian Signature

Date

Printed Name

Relationship

**Noli Indian School
Soboba Band of Luiseno Indians**

This is to inform you that topics relating to family life will be covered in our classes and in special presentations sponsored by us. These topics may include, but are not limited to: anatomy, physiology, puberty, pregnancy, parenting, marriage, birth control, venereal disease, fetal alcohol syndrome, drugs and alcohol, values and decisions, responsibility and more.

In order for your child to participate in classes and special presentations, please sign and return the following:

I approve of my child, _____ participating in classes, lectures, presentations, etc. in which family life issues are discussed.

I do not approve of my child, _____ participating in classes, lectures, presentations, etc. in which family life issues are discussed.

Parent/Guardian Signature

Date

DECLARATION OF A DRUG-FREE LEARNING ENVIRONMENT

1. This Declaration is to be delivered to each family having a child enrolled in the Noli Indian School and shall be read by every family and student, verified by the signing of exhibit 1. "Students shall include all enrolled scholars, attendees at tutorial programs and those attending alternative or independent study classes."
2. Drug and alcohol testing may be required as a condition of continued enrollment and this information will be provided to all students and their families.
3. Any use of drugs or alcohol at or around the school site, including the site of any field trips or special school-sponsored events, is cause for disciplinary action or expulsion from the school-by-school staff with approval of the school board.
4. Manufacture, distribution, possession, dispensing or selling of drugs or alcohol with the learning environment (that is, the school grounds or the site of any school activity, is cause for immediate expulsion.
5. Any student expelled for the above reasons may appeal to the Noli School Board, providing the appeal is pled within 30 days of the decision to expel.
6. The drug free learning environment is to an on-going program for all students. This declaration is enforceable within the physical boundaries of the Soboba Indian reservation and on field trips and at events and activities, which constitutes part of the education program.

I, _____ have received, read and understand the Noli Indian School Declaration of a Drug-Free Learning Environment. I further agree to abide by the requirements of the School Declaration of a Drug-Free Learning Environment and accept it as part of my enrollment as a student at Noli Indian school.

Student Signature

Date

Parent/Guardian Signature

Date

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Soboba Band of Luiseno Indians**

HEAD LICE SCHOOL POLICY

Head lice continues to cause concern and frustration for some parents, teachers and children. This school policy is intended to outline roles, responsibilities and expectations of the school community to assist with treating and controlling head lice in a consistent and coordinated manner. The Soboba Band of Luiseno Indians is following a no-nit policy which means children with nits or live bugs may not attend school and/or school programs.

While parents have the main responsibility for detection and treatment of head lice, our school community will work in a cooperative will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

It is the expectation of parents/guardians and families attending school activities that you will:

- Check your student’s hair for head lice weekly at home, using the recommended conditioner/combing detection method
- Not allow your student to attend school and or functions while infected with lice
- Regularly inspect all household members and treat them if necessary
- Treat head lice safely and as recommended
- Notify the school so they can check their students
- Maintain a sympathetic attitude and avoid stigmatizing or blaming families who are finding it hard to control head lice
- Bring a note from a doctor or clinic verifying that your students is free from lice upon returning to school if your child has been sent home due to lice
- Sign an agreement accepting the terms of the school Head Lice Policy

To Support parents and the school community to achieve a consistent, collaborative approach to managing head lice, the school will:

- Distribute up to date and accurate information on finding, treating and controlling head lice to parents and staff at the beginning of the year or more frequently if required
- Encourage students to learn about head lice to help reduce stigma or bullying
- Discretely conduct head checks of all students once a case of head lice has been confirmed

I have received and acknowledge the “No Nit” policy for the Soboba school and youth programs. I understand that my child must be excluded from school and/or youth functions until he/she is clear of lice.

Student Signature

Date

Parent/Guardian Signature

Date

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TITLE VII STUDENT ELIGABILITY VERIFICATION

Elementary And Secondary Education act, title VII, Part A, Subpart 1

Parents: Please return this completed form to your student's school.

In order to apply for a formula grant under the Indian Education Program, your student's school must determine the number of Indian students enrolled. Any student who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your student's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian bands terminated since 1940, and those recognized by the state in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the secretary of the interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994

Name of Student _____ Date of Birth _____

(As shown on school enrollment records)

Name of school: Noli Indian School Grade _____

Name of Tribe, Band, or Group _____

Tribe, Band, or Group is: (Check One) Federally Recognized State Organized Indian
 Including Alaska Native Recognized Terminated group meeting #5
_____ of the group above

Name of Individual tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of Membership, as defined by tribe, band, or group is: _____

A. Membership or enrollment number (If available) _____ or
Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band, or group:

I verify that the information provided above is accurate:
Parents Signature _____ Date _____

Mailing Address _____ Telephone _____