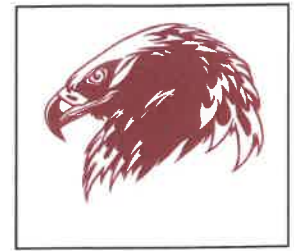


Nixyáawii Community School Admission Application 2024-2025 School Year

Submission of this document is required to begin the admission process.



Applicant

Legal Last Name, First Name, Middle Name _____

Preferred Name _____

Gender _____

Date of birth (month/day/year) _____

Social Security Number _____

Is this student enrolled in Special Education or on and IEP? _____

Grade applying for in 2024-25 _____

Student's Physical Home Address _____

City _____

State _____

Zip _____

Student's Mailing address, if different than physical _____

Parent/Guardian Primary Phone _____

Parent/Guardian Cell Phone, if different _____

Parent/Guardian primary email address: _____

Has the applicant previously applied to or attended Nixwáayii? ___ No ___ Yes

School Information

Last/Current School _____

City _____

State _____

Grade(s) attended _____

Previous School

School Name _____

City _____

State, _____

Grade(s) attended _____

Optional Information

 Please mark the ethnic group with which your child identifies:

Native American ___ Tribe _____

Pacific Islander American ___ Tribe _____

Asian/Indian/Asian American _____

Latino/Hispanic American _____

African/African American _____

Middle Eastern/Middle Eastern American _____

Caucasian _____

Multi-racial/Other (please specify) _____

Parent/Guardian (A) Information Correspondence will be sent here
Parent's/Guardian's Name Relationship to applicant

Spouse/Partner

Physical Address, City, State, Zip (if different than student)

Mailing Address, City, State, Zip (if different than above)

Occupation

Employer/Firm Name

Work Phone

Parent/Guardian (B) Information if in different household

Parent's/Guardian's Name Relationship to applicant

Spouse/Partner

Physical Address, City, State, Zip

Mailing Address, City, State, Zip (if different than above)

Primary phone

Cell Phone

Occupation

Employer/Firm Name

Work Phone

Emergency Contact

Phone

Relationship to student

1.

2.

Family Information

Please describe the family pattern and custody arrangement if the applicant does not live with both parents in one household.

Additional siblings attending school

Name

Birthdate

Current School

Grade

Signature of Parent or Guardian

Date

Parent Statement

Student's Name

Grade applying for

Date

1. Please explain why you want your child to attend Nixyáyii Community School.

2. Please elaborate on your child's academic strengths, weaknesses, learning styles, IEP and special needs.

3. Does your child have any particular interests or affinities that you would like to share?

Parent's Signature

Student Self-Recommendation

Applicant's Name _____

1. Please tell us why you would like to attend Nixyáawii.

2. What are your strengths?

3. What are your weaknesses?

4. How was your attendance in your previous school? (Please check one)

Great _____ Average _____ Poor _____

Student's Signature



2001 SW Nye Avenue, Pendleton, Oregon 97801
main 541.966.3100 | fax 541.966.3240
www.imesd.k12.or.us

Student Health History: Other

Dear Parent/Guardian: Thank you for providing this information to us to help keep your child safe and healthy at school. Your school nurse will be in contact with you if follow up information is needed. Please return all forms to your child’s school office or email them to Tamara.Bow@imesd.k12.or.us

Student's Name: _____ Date of Birth: _____ Today's Date: _____

School: _____

Parent/Guardian(s): _____

Health Care Provider: _____ Phone: _____ Fax: _____

History and Treatment:

What is your child’s health condition? _____

When was your child diagnosed with this health condition?

Has your child required hospitalization for this health condition? When?

Will your child be taking medication during school hours for this health condition? What is the name and dose of the medication(s)? **All medications at school must be kept in their original containers.**

Prescription medications must have pharmacy labels attached.

Has your child’s health care provider given you any orders or specific written directions for the care of your child during school hours? If yes, please return a copy of the school orders with this form.

Is there any additional information we should know about your child’s health?

Who filled out this form? _____
(printed name) (signature) (date)

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Student name _____

Student tribal affiliation _____

The following information may be requested by outside agencies during the year. The parent or guardian must complete this form and give their signed and dated written permission for the school to release personally identifiable information. The parent or guardian must initial in the space to the left, any items to **NOT** be released.

- ___ Transcript
- ___ Attendance records
- ___ State test scores
- ___ National college aptitude test scores
- ___ Individualized education plan (IEP)
- ___ Mailing address
- ___ Physical address
- ___ Phone number
- ___ Date of birth
- ___ Height and weight for athletic participation
- ___ Photographs to the media: newspaper, television
- ___ Photographs to the internet including but not limited to school websites
- ___ Tribal affiliation

Signature of parent/guardian relationship to student date

**NIXYÁAWII COMMUNITY SCHOOL
EXTRA-CURRICULAR PARTICIPATION AGREEMENT**

This completed form, along with a completed physical form, must be received by the Athletic Director prior to the student's participation in extra-curricular activities. To participate in athletics, each student athlete must pass a physical examination from a licensed medical physician prior to participation in interscholastic athletics. If a participant has an illness and/or injury that is serious enough to require a physician's care, he/she must present his/her coach with a physician's release before resuming participation.

I give my consent for _____ to participate in the following extra-curricular activities:

athletics _____ school clubs _____ drumming _____ activities trips _____

Parent/Guardian Name _____

Daytime Phone _____ Evening Phone _____

Family Physician _____ Phone _____

Address _____

Preferred Hospital _____ City _____

Personal Insurance _____ ID# _____

_____ I certify that this student is covered by accident/medical insurance and agree to maintain said coverage through the duration of the extracurricular season. I understand that Nixyáawii Community School will not be responsible for medical expenses incurred through participation in school activities.

If, in the event of serious injury or illness, your family physician is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the school have your permission to seek medical attention from the nearest physician?
_____ yes _____ no

If an emergency arises while participating in an away activity, do you consent to treatment by a physician recommended by the host authorities? _____ yes _____ no

IF YOUR ANSWER IS "NO" TO EITHER OF THE ABOVE QUESTIONS, PLEASE SPECIFY ON A SEPARATE PAPER AND ATTACH THE PROCEDURE YOU WISH THE SCHOOL TO FOLLOW, SIGN AND DATE.

I have read the Extra-Curricular Activities Agreement

Parent/Guardian signature Student signature Date

PLEASE SIGN AND RETURN TO OFFICE Received by _____

FIELD TRIP PERMISSION FORM

Dear Parent/Guardian,

Nixyáawii Community School requires a permission slip for every student who attends a school sponsored field trip. From time to time, your student's class will go on various day field trips on the Umatilla Indian Reservation or within the region. If you grant approval for your student to attend all local field trips taken by Nixyáawii Community School, please sign the form at the bottom of this sheet and return it to the school.

No student will be allowed to participate on any trip without a permission slip on file.

Separate permission slips will be requested for overnight trips or longer trips out of Umatilla County.

Thank you for your cooperation in this matter.

LOCAL DAY FIELD TRIP PERMISSION SLIP

I give my permission for _____ to accompany his/her class on various Nixyáawii Community School field trips on the Umatilla Indian Reservation and within the region. All trips will be under the direction of certified staff members.

parent/guardian signature

date

**NIXYÁAWII COMMUNITY SCHOOL
OPEN CAMPUS APPLICATION**

Nixyáawii Community School has a limited open campus policy which means during lunch and breaks, students are required to remain on campus. Students will be allowed to leave campus for lunch only if they have completed the Open Campus application and it is approved. See Parent-Student Handbook for further details.

***** ***** ***** ***** *****

I grant permission for _____ to leave campus
for lunch during the 2024-2025 school year.

Parent/guardian signature

date

Pendleton School District – Electronic Communications System Agreement

Your student needs your permission to use the district’s electronic communications system. Your student will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems/networks.

With this educational opportunity also comes responsibility. Inappropriate system use may result in discipline, up to and including expulsion from school, suspension or revocation of your student’s access to the district’s electronic communications system, and/or referral to law enforcement officials.

Although the district is committed to practices that ensure the safety and welfare of system users, including the use of technology protection measures such as Internet filtering, please be aware that there may still be material or communications on the Internet that district staff, parents and students may find objectionable. While the district neither encourages nor condones access to such material, it is not possible for us to eliminate that access completely.

Attached to this letter is an agreement for your student and you to read and sign stating agreement to follow the district’s electronic communications system policy and administrative regulation. The district’s policy IIBGA – Electronic Communications System and administrative regulation are accessible from the district’s website or upon request and include provisions on, but are not limited to, student use under General Use Prohibitions and Guidelines/Etiquette and student-related rules under Violations and Consequences.

Please review the district’s Electronic Communications policy and administrative regulation, and the provision therein, carefully with your student and return the attached agreement form to the school office indicating your permission for your student to use the district’s electronic communications system.

Policy IIBGA: Electronic Communications System

https://policy.osba.org/pendletn/search.asp?si=75853865&pid=r&nsb=1&n=0&_charset_=windows-1252&bcd=%F7&s=pendletn&query=electronic+

Student Agreement for an Electronic Communications System Account

*Student agreement must be renewed each academic year.

Student Name: _____

Grade: _____

School: _____

I have received notice of and read the district’s Electronic Communications System policy and administrative regulation. I give my permission to the district to issue an account for my student and certify that the information contained in this form is correct. I will monitor my student’s use of the system and the access to the Internet and will accept responsibility for supervision in that regard if and when my student’s use is not in a school setting. In consideration for the privilege of using the district’s electronic communications system and in consideration for having access to the public networks, I hereby release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student’s use, or inability to use, the system including, without limitation, the type of damages identified in the district’s policy and administrative regulation.

Parent Signature: _____

Date: _____

Parent Name: (please print) _____