



**United States Department of the Interior**  
**BUREAU OF INDIAN EDUCATION**

Office of Indian Education Programs  
CHEMAWA INDIAN SCHOOL  
3700 Chemawa Road, NE  
Salem, Oregon 97305-1199  
503-399-5721



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**Application for Admission**

Dear Parents:

Thank you for selecting Chemawa Indian School as your choice to educate your child. This is a responsibility that Chemawa Faculty and Staff take seriously. The check-off list on the next page can be used as a guide for completing this application.

**Falsification or withholding any information in this application will be grounds for non-acceptance or revocation of your child's admission.**

Make sure **ALL** necessary copies of documents are attached. Incomplete application packages will not be reviewed. The Admissions Committee will review and notify each applicant by mail or phone as to the status of his or her application. Complete application packages will be reviewed in order of submission.

Travel will be provided to the school for any students admitted; **any withdrawals or emergency travel will be the responsibility of the parent or guardian.**

Sincerely,

Lora Braucher  
School Superintendent

Amanda Ward  
Academic Principal

**Chemawa Indian School  
3700 Chemawa Road NE  
Salem, Oregon 97305**

**Admission Application Check-List  
2017-2018 School Year**

**Student Enrollment Application**

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**CHEMAWA MUST HAVE A COPY THE FOLLOWING TO REVIEW THE APPLICATION:**

- Immunization Record (only if you have not completed page 21)
- CIB or Tribal Enrollment
- Transcripts from ALL high schools attended or, if applying for 9<sup>th</sup> grade, documentation verifying 9<sup>th</sup> grade completion
- Last 8<sup>th</sup> Grade Report Card
- Current IEP for students requiring Special Education services
- Copy of birth certificate
- Copy of social security card (for medical records)
- Copy of medical insurance card (front and back) – if student is covered
- Court documents for legal custody for parent or legal guardian
- PO Reports/Recommendation (if on probation)
- Treatment discharge summaries, aftercare, and counseling records or program plan

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED – ALL FORMS MUST BE FILLED OUT COMPLETELY**

**Bureau of Indian Education  
Student Enrollment Application  
2017-2018**

**ENROLLMENT INFORMATION**

Name of School: <i>Chemawa Indian School</i> <i>3700 Chemawa Rd, Salem OR 97305</i>	Student will be a: Day Student <input type="checkbox"/> Dorm Student <input type="checkbox"/>
Trimester Applying For: Fall (Sept) <input type="checkbox"/> Winter (Nov) <input type="checkbox"/> Spring (Feb) <input type="checkbox"/>	Grade Applying For:
I was referred to Chemawa Indian School by: _____	

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Student Cell Phone: (        ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Do you live with: (circle) Mother      Father      Legal Guardian      Other: \_\_\_\_\_

Gender: (circle) Male      Female      Tribal Affiliation: \_\_\_\_\_

Tribal Agency: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

Father's Name: _____	Mother's Name: _____
Tribal Affiliation: _____	Tribal Affiliation: _____
Work Phone: (        ) _____	Work Phone: (        ) _____
Cell Phone: (        ) _____	Cell Phone: (        ) _____
<i>If different from above:</i>	<i>If different from above:</i>
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Legal Guardian (if not parent): \_\_\_\_\_

*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) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as guardian even if he/she is 18 years of age or older.*

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

**EMERGENCY CONTACT INFORMATION**

**(someone you do not live with)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Work Phone: (        ) \_\_\_\_\_

**LEGAL CUSTODY INFORMATION**

Is the student currently a ward of the court or in state custody? Yes  No  *If yes, please provide documentation.*

I, \_\_\_\_\_, have legal custody of the above student, as set forth by (check one)

Birth Certificate                       Divorce Decree                       Tribal Court Decree

(please provide the above documentation with this application)

Is there a restraining order in place?                      Yes                       No

If yes, please give name of the person: \_\_\_\_\_

**SCHOOL PREVIOUSLY ATTENDED**

School Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Student Participated in Special Education Program:                      Yes                       No

Student Participated in Gifted and Talented Program:                      Yes                       No

Student Participated in AVID Program:                      Yes                       No

Student was Suspended or Expelled:                      Yes                       No

**SIGNATURE**

**I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is admitted.**

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

***Failure to provide inclusive and accurate information may result in immediate dismissal from school.***



**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON<sup>1</sup>  
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

I (We), \_\_\_\_\_  
have read this Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, immunizations, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

- I hereby give consent for all of the above services
- Exceptions or special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Valid Until 5/2018

<sup>1</sup> Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

## PARENTAL CONSENT FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1. FIELD TRIPS Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Chemawa Indian School administration. I (we) understand the student will be properly chaperoned and all precautions will be taken to insure his/her safety.

**2. COMPETITIVE SPORTS Initial for Consent: \_\_\_\_\_**

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Chemawa Indian School.

**3. PHOTOGRAPH RELEASE Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission to Chemawa Indian School and the Bureau of Indian Education, Seattle Line Office, for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Chemawa Indian School or Bureau of Indian Education, Seattle Line Office. This includes Chemawa Indian School yearbooks, announcements or web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

**4. TRIBAL EDUCATION INFORMATION RELEASE Initial for Consent: \_\_\_\_\_**

I (we) hereby grant consent/permission/authorization for Chemawa staff to release education records such as report cards, attendance and discipline to the student's Tribal Education Office.

**5. SPECIAL PERMISSIONS**

Initial each activity that your child has your permission to participate in while at Chemawa. A signature on this form indicates that, in case of accident or injury, the parent/legal guardian accepts full responsibility.

_____ Participate in Sweat Lodge ceremonies	_____ Swimming and other water activities
_____ Participate in smudging ceremonies	_____ Paintball activities
_____ On/off campus Bible study/church activities	_____ Skateboarding on/off campus
_____ Haircuts	

## STUDENT CHECK OUT POLICY

Bureau of Indian Education (BIE), policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- **A student may be released only to individuals who are 25 years or older with written parental/guardian permission and administrative approval.**
- **Students will not be released to anyone under the influence of drugs or alcohol.**
- **Residential staff and management may also choose not to release students when other conditions warrant.**
- **Staff will not be allowed to check out students unless they are in the immediate family (and are over 25 years of age) or unless they have permission from the superintendent and the parent.**

Individuals wishing to check out a student must appear on the school campus and follow the school's checkout procedures. The person will be asked to present a photo identification for identification purposes. If checkout occurs during instructional time, it may be considered an unexcused absence, which might affect the grade/performance of the student. Individuals checking out students over the weekend must return students to the dorm by curfew.

- **Students that fail to show up on Monday after the weekend will not be allowed to check-out for the weekend for a period of one week to a maximum of one month, unless prior approval by administration has been given.**
- **Students who miss ten (10) consecutive days of school will be dropped from enrollment.**

The school will not be held responsible for:

- **Any legal problems/expenses incurred by the student when checked out.**
- **Health care expenses incurred while the student is checked out.**
- **Any CHS (contract health service) expenses that accumulate as a result of an injury occurring while the student is checked out will be the responsibility of the parent/guardian.**

**By signing the next page,** the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.



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

I do not wish my child to be checked out of school by anyone other than myself.

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>

**Signing of this form indicates that I have read and agree to the Chemawa Student Checkout Policy. This permission will remain in effect until cancelled by the undersigned parent or legal guardian in writing.**

\_\_\_\_\_  
Printed Name of Parent /Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent /Legal Guardian



## STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of Chemawa Indian School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching – learning – living environment.

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, (c) inhalants; (d) over the counter medications (i.e. Tylenol, Advil, cold medications) and (e) tobacco or vapor products.
2. Unauthorized leave from the campus of the following types are not acceptable: (a) absent without leave (AWOL); (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive checkouts.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus may result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rule of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or replicas of any weapons are not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence or possessing drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form and consequence according to the code of conduct.
8. Engaging in defacement or destruction of personal or government property is prohibited.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students found in violation of the code of conduct may be placed on a behavior contract at any time during the school year.
11. Full rules and code of conduct may be found in the Parent Student Handbook, sent to parents and available online.

***I fully understand the "Code of Conduct" and if accepted as a student at Chemawa Indian School, I agree to abide by the rules.***

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

***I, the parent/guardian, have read the rules and will encourage our child to abide by the prescribed "Code of Conduct." Further, I agree to cooperate in resolving any disciplinary problems that may involve our child.***

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

## STUDENT PROGRAM INFORMATION

This form **MUST be completed** in order for application to be processed

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

Date of Birth: \_\_\_\_\_

### EDUCATIONAL INFORMATION

1. Did the above student miss 15 or more days of school in the last year?  Yes  No
2. Had the student received extra help in school?  Yes  No  
If yes, please circle one of the following: Tutoring                      Special Education                      Talented and Gifted

3. Has the above student ever been suspended?  Yes  No      Expelled?  Yes  No

**IF YES, DATE AND REASON MUST BE GIVEN:** \_\_\_\_\_

### MEDICAL INFORMATION

1. List any medical diagnoses (i.e., diabetes, traumatic brain injury, ADD/ADHD, etc) that might interfere with school performance or require medical care while in school.  
\_\_\_\_\_

2. List any medications taken regularly: \_\_\_\_\_

3. Is the student allergic to anything? \_\_\_\_\_

4. Does student wear glasses or contacts?  Yes  No      Examination needed?  Yes  No

5. Hearing and/or ear problems?  Yes  No

If yes, please explain: \_\_\_\_\_

### SOCIAL INFORMATION – ALL INFORMATION MUST BE COMPLETE IN ORDER FOR APPLICATION TO BE REVIEWED

1. Is the student a ward of the court?  Yes  No      If yes, a copy of the court order must be submitted.

2. Has student ever been arrested?  Yes  No

If yes, what was the specific violation(s): \_\_\_\_\_

3. Has student ever been in jail or detention center?  Yes  No      If yes, how many times? \_\_\_\_\_

4. Does the student have a probation officer?  Yes  No

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Has the student received counseling?  Yes  No      Dates: \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Has the student been in a treatment program?  Yes  No

Inpatient       Outpatient      Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/legal guardian of the above student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Chemawa Indian School will verify all information. Complete and accurate information does not automatically result in denial of application. ***Any false statement or misrepresentation or omission of the above required information may result in immediate dismissal.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

## STUDENT POLICIES

The staff of Chemawa Indian School wants to provide a positive learning environment for our students. Our priorities are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

### Search and Confiscation Policy

Chemawa Indian School, in our intention to provide for health, safety and general welfare of students with whom they are entrusted will conduct periodic random searches for illicit drugs and alcohol and weapons. The search may include all personal items, including and not limited to cell phones, and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found and turned over to the Marion County Sherriff's office for possible legal action. Students will be searched upon return to campus from any activity and any contraband found will be confiscated.

### Gang Behavior Policy

Chemawa Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the educational process. Chemawa Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or the health or safety of students and staff.
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing/behavior)

### Electronics

Personal electronics are not appropriate in classrooms during instructional time. Each teacher will provide a written syllabus that sets out the expectations of personal electronics in their classroom. Students not abiding by these expectations may have their electronics confiscated and phone call home.

### Phones Calls during School

Parents and family should refrain from calling students directly on their personal electronics during school hours (8 am – 3:15 pm, Monday through Friday). If there is an emergency, calls should be routed through the school office.

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Student Signature

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Parent/Legal Guardian Signature

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Date

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Date



**Chemawa Indian School  
Computer Acceptable Use Policy**

Internet and network access is provided to the students and staff at Chemawa Indian School. Education is the primary function and computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in the ACP. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords
- Users shall not damage computers, which includes altering software components
- Transmitting or intentional receipt of hate mail, harassment and other antisocial behaviors are prohibited
- Shall not use the network to access pornographic material, inappropriate files or illegal activity.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges
- Additional disciplinary action as determined at the administrative level regarding behavior.
- Referral to law enforcement authorities for criminal or civil prosecution.

**STUDENT FULL NAME:** (please print) \_\_\_\_\_

I understand and will abide by the terms and conditions for the Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

\_\_\_\_\_  
User's Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN AGREEMENT**

As the parent or guardian of this student, I have read the terms and conditions for Internet access. I understand that this access is designed for education purposes and that Chemawa Indian School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Chemawa Indian School to restrict access to all controversial materials, and I will not hold Chemawa Indian School responsible for such materials acquired on the network outside of the network filters. Further, I will accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child, assign them Google for Education email account, and certify that the information contained on this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_

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

**Chemawa Indian School  
Gifted and Talented Program  
Consent for Testing and Placement**

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

**Consent to Collect Data**

I, \_\_\_\_\_, give permission for data to be collected on my son/daughter (circle one)  
(Parent/Guardian Printed Name)

for the Chemawa Gifted and Talented Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent to Test**

I, \_\_\_\_\_, give permission for my son/daughter (circle one) to be tested or  
(Parent/Guardian Printed Name)

otherwise identified for the Chemawa Gifted and Talented Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent to Place**

I, \_\_\_\_\_, give permission for my son/daughter (circle one) to be placed and  
(Parent/Guardian Printed Name)

receive services in the Chemawa Gifted and Talented Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note: All parts of the consent must be signed if the student is to receive services.**

**HOME LANGUAGE SURVEY**  
**GRADES 9-12**

**Please Print all Information Except for Signature**

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

1. Is a language other than English used in your home?  Yes  No
  
2. If yes, English used  more often  less often (check one) than any other language?
  
3. What is the other language? \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## Protection of Pupil Rights Amendment and Consent/Opt Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), U.S.C. & 1232h requires Chemawa Indian School to notify you and obtain consent or allow you to opt out your child's participation in certain school activities. These activities include student survey analysis or evaluation that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the respondents have close family relationships;
6. Legally recognized privileged relationships, such as with doctors, lawyers or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes and certain physical exams or screenings. It may also include anonymous surveys that ask students questions about behaviors such as drug and alcohol use, sexual conduct, violence and other at-risk behaviors. Surveys may also ask questions of a demographic nature including family make-up, the relationship between parents and children, and use of alcohol and drugs at home.

**If consent to participate is granted by the parent, the parent may, upon request, receive the results of any surveys or activities. Please complete the following consent:**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO / DO NOT**  
Print Name Print Name circle one

give consent for my son/daughter to participate in surveys and activities that may include the above listed.

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

**These rights transfer to students at the age of 18 years at which time he/she may give consent to participate or opt out without parent involvement. If a student making application is already 18, he/she may elect to sign for themselves. If this is the case, the following is for student consent:**

I \_\_\_\_\_ consent to participate in surveys or activities that include the  
Print Name (Student)  
above listed.

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

This consent does not apply to:

1. Colleges or other postsecondary education recruitment, or military recruitment
2. Book clubs, magazines and programs providing access to low-cost literary products
3. Curriculum and instructional materials used by Chemawa Indian School
4. Tests and assessments used to provide cognitive, evaluative, diagnostic clinical aptitude, or achievement information about students.
5. The sale by students of products or services to raise funds for education or school-related activities
6. Student recognition programs
7. Physical examinations or screening that is permitted or required by State law, including physical examinations or screenings permitted without parental notification.

**McKINNEY-VENTO INTAKE AND REFERRAL FORM**  
**Chemawa Indian School**  
**Grades 9-12**

Name of Student: \_\_\_\_\_  
*First Middle Last*

Gender:  Male  Female      Date of Birth: \_\_\_\_\_      Grade: \_\_\_\_\_

Tribe: \_\_\_\_\_      Physical Address: \_\_\_\_\_

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

**Where is the student currently living?** (please check **ONE** box)

- In a shelter
- With more than one family or other person in a house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): \_\_\_\_\_
  
- In a permanent home

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHEMAWA INDIAN HEALTH CENTER  
PHONE 503-304-7600 - FAX-503-304-7678  
PARENTS AND / OR LEGAL GUARDIAN

Father's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address, City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer name \_\_\_\_\_ Address \_\_\_\_\_

Mother's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address, City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Legal Guardian (if other than parents) name \_\_\_\_\_

Mailing Address, City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer name \_\_\_\_\_ Address \_\_\_\_\_

Type of Insurance (Copy front & back of card)

Medical Private Insurance Yes No Medicaid Yes No IHS Yes No

Name of Insurance Company \_\_\_\_\_

Insurance Company Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Group no \_\_\_\_\_ ID no \_\_\_\_\_

Dental Yes No Same As Above ( )

Name of Insurance Company \_\_\_\_\_

Insurance Company Address: City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Pharmacy Yes No Same As Above ( )

Name of Insurance Company \_\_\_\_\_

Pharmacy Address: City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Medicaid State: \_\_\_\_\_ ID#: \_\_\_\_\_ Termed Date: \_\_\_\_\_

Student Information

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (circle) Female Male

Tribe Enrolled \_\_\_\_\_ Roll Number \_\_\_\_\_ SSN \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Indian Health Service needs:

- Tribal ID, CIB, or CDIB,
- Birth Certificate
- SS number card
- Front and Back Copy of Insurance Card or Medicaid Card
- Legal Name Change Documentation if other than what is on the birth certificate

NOTICE TO PARENTS AND GUARDIANS

PLEASE BE AWARE--OREGON LAW REQUIRES HEPATITIS B VACCINE FOR ALL 9<sup>TH</sup> GRADE STUDENTS. (ORS 433.273). YOUR CHILD SHOULD HAVE THIS VACCINE COMPLETED BEFORE ENROLLING AT CHEMAWA INDIAN BOARDING SCHOOL. PLEASE REMEMBER TO INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IN THE CHEMAWA SCHOOL APPLICATION PACKET. ALSO, EACH STUDENT WILL BE COMPLETING AN OREGON HEALTH PLAN APPLICATION FOR MEDICAL BENEFITS—OHP WILL BE SECONDARY TO ANY PRIVATE INSURANCE.

CHEMAWA INDIAN HEALTH CENTER  
3750 CHEMAWA ROAD NE  
SALEM OR 97305-1119  
503-304-7600

AUTHORIZATION TO FURNISH INFORMATION

THE INDIAN HEALTH SERVICE (IHS) MAY DISCLOSE ALL OR ANY PART OF THE PATIENT'S RECORD TO ANY PERSON OR CORPORATION THAT IS OR MAY BE LIABLE FOR ALL OR PART OF THE VENDOR'S CHARGES FOR CARE; INCLUDING BUT NOT LIMITED TO HOSPITAL OR MEDICAL SERVICE COMPANIES, INSURANCE COMPANIES, WORKERS' COMPENSATION CARRIERS, WELFARE AGENCIES, OR THE PATIENT'S EMPLOYER.

HOWEVER, A SPECIAL CONSENT MUST BE GRANTED BY THE PATIENT FOR ANY INFORMATION REGARDING CARE OR TREATMENT FOR ALCOHOL ABUSE, DRUG ABUSE, OR CONDITIONS RELATED SPECIFICALLY TO ALCOHOL, OR DRUG ABUSE.

ASSIGNMENT OF BENEFITS

I AGREE THAT IHS MAY SEEK INSURANCE BENEFITS THAT I MAY HAVE PERTAINING TO PAYMENT FOR ALL SERVICES AND SUPPLIES, THIS ASSIGNMENT APPLIES TO ALL SERVICES AND SUPPLIES FURNISHED TO THE PATIENT NAMED BELOW BY IHS DURING A PERIOD OF HOSPITALIZATION OR OUTPATIENT VISITS, INCLUDING EMERGENCY ROOM SERVICES.

SUBMISSION OF ELECTRONIC CLAIMS AND CONFIDENTIALITY OF CLIENT INFORMATION

ALL INFORMATION AS TO PERSONAL FACTS AND CIRCUMSTANCES OBTAINED BY THE FACILITY ON THE PATIENT SHALL BE TREATED AS PRIVILEGED COMMUNICATIONS, SHALL BE HELD CONFIDENTIAL, AND SHALL NOT BE DIVULGED WITHOUT THE WRITTEN CONSENT OF THE CLIENT, HIS OR HER ATTORNEY, THE RESPONSIBLE PARENT OF A MINOR CHILD, OR HIS OR HER GUARDIAN, NOTHING PROHIBITS THE DISCLOSURE OF INFORMATION IN SUMMARIES, STATISTICS, OR OTHER FORMS THAT DO NOT IDENTIFY PARTICULAR INDIVIDUALS.

THE USE OR DISCLOSURE OF INFORMATION CONCERNING PATIENTS SHALL BE LIMITED TO PERSON DIRECTLY CONNECTED WITH THE SUBMISSION OF ELECTRONIC CLAIMS. CONFIDENTIALITY POLICIES SHALL BE APPLIED TO ALL REQUESTS FROM OUTSIDE SOURCES.

X \_\_\_\_\_  
Policy Holder's Signature for Private Insurance Date

\_\_\_\_\_  
Print Full Legal Name of Signer

\_\_\_\_\_  
Print Full Legal Name of Patient (if Different)

# Medical History Form

Directions:

- 1) Complete items below
- 2) Attach a copy of student's immunization record or have faxed to: 503-304-7677 (Attention: PHN)
- 3) Complete the Oregon Sports Physical form. Out of state forms will not be accepted.

## STUDENT DEMOGRAPHICS

Print last name:	Print first name:	Date of birth:
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## STUDENT MEDICAL HISTORY

Medical (health) problems:  <input type="checkbox"/> No health problems	Medications (prescription/over the counter):  <input type="checkbox"/> No medications
Allergies (medications, foods...list reaction):  <input type="checkbox"/> No known allergies	
<i>Females only:</i> Are you on birth control (circle one)? YES NO If yes, which one (type/name, dose)? Date started:	

\*Oregon law requires the following shots for school attendance:

Vaccine	# of doses
Diphtheria/Tetanus/Pertussis (DTaP)	5
Tdap	1
Polio	4
Varicella	1
MMR	2
Hepatitis B	3

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

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

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability. Explain any YES answers on back.

**Medical Provider:** Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
			1. Has anyone in the athlete's family died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
			4. Is the athlete allergic to any medications or bee stings?
			5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			6. Has the athlete ever had a head injury or concussion?
			7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
			8. Has the athlete ever suffered a heat-related illness (heat stroke)?
			9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
			12. Has the athlete ever had prior limitation from sports participation?
			13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
			14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
			16. Has the athlete ever been hospitalized overnight or had surgery?
			17. Does the athlete lose weight regularly to meet the requirements for your sport?
			18. Does the athlete have anything he or she wants to discuss with the physician?
			19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			20. Are you unhappy with your weight?
			21. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: \_\_\_\_\_

Parent/Guardian

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

*ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*

# School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME: _____		BIRTHDATE: ____/____/____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal _____ Unequal _____
		BP: ____/____ (____/____/____)	
		Rhythm: Regular ____ Irregular ____	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			

### MUSCULOSKELETAL

Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

\* Station-based examination only

### CLEARANCE

\_\_\_\_\_ Cleared

\_\_\_\_\_ Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ (print or type) Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_

*ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*

# SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

Revised May 2010

## MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

## CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

### 581-021-0041 Form and Protocol for Sports Physical Examinations

The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination May 2010" that must be used to document the physical examination and sets out the protocol for conducting the physical examination. Medical providers conducting physicals on or after June 30, 2010 must use the form dated May 2010.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) Website [www.osaa.org](http://www.osaa.org).

Stat. Auth: ORS 326-051

Stats. Implemented: ORS 336.479

Hist.: ODE 24-2002, f. & cert. ef. 11-15-02; ODE 29-2004(Temp), f. & cert. ef. 9-15-04 thru 2-25-05; ODE 4-2005, f. & cert. ef. 2-14-05





Indian Health Service  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem, OR 97305-1198

**Parents, while your child is attending school at Chemawa Indian School in Salem, Oregon, they will receive their primary health and dental care at Chemawa Indian Health Center. To ensure a complete Vaccine Record at their primary health care facility, we will fax their vaccine records when they return home. Please fill in the required information below letting us know where you want the record fax to.**

**Authorization for Release of Information**

I (Parent or Guardian's Name) \_\_\_\_\_

Authorize Chemawa Indian Health Center to release the **Vaccine Record** of

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

Date of Birth: \_\_\_\_\_

To their Primary Health Facility listed below:

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

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

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

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 USC 552a(i)(3))



Indian Health Service  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem, OR 97305-1198

March 23, 2017

Dear Parents and Students,

It is that time of year again – time to prepare for the 2017-2018 academic school year at Chemawa. It is the family's support and involvement that inspires our young people to do their best. You may not be a member of the teaching faculty at Chemawa or a member of the Indian Health Service staff, but you are just as important to your child's education and health and well-being. Together we can help your child achieve their best!

It is the Chemawa Indian School and Indian Health Service's goal that your child receives the best education and healthcare services while they attend school here at Chemawa. The dedicated teachers and healthcare providers work as a team to continually improve our services to support your child in realizing their potential while attending school here.

New programs and services are being developed to help us continually improve and positively impact young people, both at the school and within our clinic. At present, the programs we have available on campus to support adolescent youth who attend Chemawa include the following: healthcare, dental, and optometry care; comprehensive behavioral health counseling programs, to include individual, group, and specialized school-based prevention programs. We strive to provide culturally relevant services within our counseling and prevention programs, such as specialized music and art therapy, and nationally recognized best practice prevention programs like the National Indian Youth Leadership Project (NIYLP) *Project Venture* program.

Thank you for your commitment to your child's education, health, and wellness. If your child plans on attending, we will have some additional paperwork for parents/guardians to complete to help us ensure we can offer the best care to the youth we serve in the Chemawa community. This paperwork will be mailed out with the school acceptance packet. We look forward to being part of an amazing team this fall in supporting your child.

Sincerely,

Micah Woodard, LICSW, BCD

Behavioral Health Director

Western Oregon Service Unit

Telephone (503) 304-7656

## **SCHOOL-BASED PROJECT VENTURE PROGRAM**

*“The concept of experiential education, learning by doing, is as old as Native communities themselves. Before language came into being, experience was the way education was imparted. It is part of our DNA.”*

~ Institute of American Indian Art

Over the past few years, Chemawa Indian School and Indian Health Services have worked closely together to pave the way in offering experiential education/activity-based learning opportunities for students to learn and grow mentally, physically and emotionally. Whether that be learning life skills in a teamwork activity on the ropes course, learning job skills by removing blackberry and other invasive species on a service project or through learning healthy ways to express or manage feelings through music, art, or eco-therapy.

This past school year we began weaving even more of these opportunities into the school day. Indian Health Services solidified a partnership with the National Indian Youth Leadership Project (NIYLP) and began offering a *Project Venture* program on the Chemawa campus. *Project Venture* curriculum is made up of a series of educational lessons and activities that is delivered throughout the school day, after school and weekends. *Project Venture* curriculum includes: connection to the natural and spiritual; outdoor adventure activities; indigenous ways of life and culture exploration; and service learning in a research-supported, yearlong program. Some of the ways your student may benefit from *Project Venture* include: building positive behaviors in a proactive way; increasing social skills; improving coping skills; creating connections with peers, staff, earth, culture and community; and building a more positive sense of self and service to the community.

Chemawa Indian School, in partnership with the Indian Health Service and established community partners (NIYLP, Synergo, Outward Bound, Northwest Youth Corps and Wisdom of the Elders), plans to continue to facilitate this curriculum. In order for your student to be able to participate in off campus activities, however, we need your help by filling out the following forms.

Please take a moment to review and opt in or out of activities offered by our community partners. ***Without your consent, your student will not be able to participate in off campus activities.***

<b>Please return the forms attached by fax or USPS to:</b>
Chemawa Indian Health Center Attention: Behavioral Health 3750 Chemawa Road NE Salem, OR 97305 Fax: (503) 304-7676 Phone: (503) 304-7656

If you have questions, please contact Lindsay Hatch at **(503) 304-7656**, Monday through Friday.

## CHEMAWA'S COMMUNITY PARTNERS

*\*Complete and return*



### National Indian Youth Leadership Project (NIYLP)

*Initial for Consent: \_\_\_\_\_*

NIYLP is a New Mexico-based non-profit and for over 30 years, NIYLP has been empowering the lives of Native youth through experiential education in a positive learning environment. *Project Venture* curriculum includes: connection to the natural and spiritual; outdoor adventure activities; indigenous ways of life and culture exploration; and service learning in a research-supported, yearlong program. Some of the ways your student may benefit from *Project Venture* include: building positive behaviors in a proactive way; increasing social skills; improving coping skills; creating connections with peers, staff, earth, culture and community; and building a more positive sense of self and service to the community.



### Synergo

*Initial for Consent: \_\_\_\_\_*

Synergo is an organization that empowers youth and adults to empower themselves and has been operating since 1994. We discovered long ago that people learn best through their experiences, so we created a company that utilizes individual and group experiences to assist our participants in the understanding of themselves and their relationships to others. Synergo designs and facilitates youth and adults through personal empowerment, relationship / team building, and organizational development programs. At Chemawa, program activities are held on our challenge course, in the classroom and occasionally off-site in camp/conference center type settings.



**OUTWARD  
BOUND**

### Northwest Outward Bound School (NWOBS)

*Initial for Consent: \_\_\_\_\_*

With almost 50 years of innovation in experiential and outdoor education in the Pacific Northwest, NWOBS continues to change lives through challenge and discovery. Whether a student discovers a leadership style, physical fortitude, a love of whitewater, options for the future, the majesty of the outdoors, or compassion for their teammates, these discoveries change the participant, the community, and the world. NWOBS operates transformative wilderness educational courses in some of the most dramatically stunning parts of the United States. Our course areas traverse world-renowned rock climbing sites, the longest undammed river in the country, volcanic landscapes, world-class kayaking waters, and some of the only glaciers in the continental United States. While kayaking, backpacking, rafting, canoeing, or climbing in the Cascade Mountains, the Puget Sound, northwest rivers, or Ross Lake, NWOBS students test their strengths, challenge their fears, and discover that they are capable of far more than they ever thought possible.



### Northwest Youth Corps (NYC)

*Initial for Consent: \_\_\_\_\_*

NYC was created in 1984 to offer teenagers an education-based, work experience modeled after the historic Civilian Conservation Corps of the 1930's. In 1984, support from Oregon's forest products industry and grants from four northwest foundations, allowed NYC to start its' first program serving 52 teens. Today, we serve over 1,000 youth each year across a five state region. Our purpose is to provide opportunities for youth and young adults to learn, grow, and experience success. Our programs focus on education, challenge, community, leadership and empowerment, giving youth critical life skills and confidence. NYC programs stress teamwork, inclusion, and leadership while promoting a solid work ethic and individual achievement. Youth leave NYC knowing they can overcome obstacles, solve problems, make friends, and attain their objectives in life.



WISDOM OF THE ELDERS, INC

### Wisdom of the Elders, Inc.

*Initial for Consent: \_\_\_\_\_*

With a vision of Native American cultural sustainability, multimedia education and race reconciliation, Wisdom of the Elders, Inc. (Wisdom) is a 501(c)(3) Native American nonprofit corporation located in Portland, OR. Wisdom records, preserves and shares Native oral history, cultural arts, language concepts, and traditional ecological knowledge of exemplary indigenous elders, storytellers and scientists in collaboration with arts and cultural organizations and educational institutions. Wisdom is committed to serve Native American youth at Chemawa Indian School and provide our youth leadership initiative, Four Seasons Community Mentoring. This includes Discovering Our Story, Discovering Yidong Xinag\* (\*means "discovering the old wisdom" in Athabascan) and traditional and contemporary cultural arts including storytelling, music and filmmaking.

## CONSENT TO PARTICIPATE

***\*Complete and Return***

Salem Oregon is rich with opportunity to explore and engage in nature. The Chemawa campus is a ten minute drive to the Willamette River and Keizer Rapids Park where students can engage in hiking, Frisbee golf and paddle sports. We are about a thirty minute drive to the mountains where students can hike/backpack in the Fall and Spring and snowshoe/ski in the Winter. An hour to the west lays the Pacific coast where students can enjoy combing the beach for shells or camping. Due to the residential nature of Chemawa, students *greatly* look forward to off campus activities.

In order for your child to participate in off campus activities, we need your consent. Please take a moment to complete the following information. This will allow us to continue to coordinate permissions for your child to participate in off campus activities. Once we receive this form back, we will send you more detailed release forms for each of the community partner organizations you have provided consent.

Parent Information		
Parent Name (print): _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: (    ) _____	Work Phone: (    ) _____	
Cell Phone: (    ) _____	Fax number: (    ) _____	
Best way to contact you?: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell		

Student Information		
Student Name (print): _____	DOB: _____	Age: _____
Relevant Health Conditions (e.g. asthma, allergies, diabetic, seizures): _____		
_____		
_____		

Please place your initials in the space provided next to each activity that your child has your permission to participate in while at Chemawa. Activities our community partners provide include the following:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Frisbee Golf</b>  | <input type="checkbox"/> <b>Ropes Course Activities</b> |
| <input type="checkbox"/> <b>Rock Climbing</b>   | <input type="checkbox"/> <b>Hiking</b>                  |
| <input type="checkbox"/> <b>Service Projects (trail building, invasive species removal, etc.)</b> | <input type="checkbox"/> <b>Backpacking</b>             |
| <input type="checkbox"/> <b>Camping</b>   | <input type="checkbox"/> <b>White Water Rafting</b>     |
| <input type="checkbox"/> <b>Horseback Riding</b>  | <input type="checkbox"/> <b>Kayaking</b>                |
| <input type="checkbox"/> <b>Canoeing</b>  | <input type="checkbox"/> <b>Snowshoeing</b>             |
| <input type="checkbox"/> <b>Skiing/Snowboarding</b>   |   |

Our community partners follow industry standard safety practices to minimize risk and conduct activities with the highest regard for safety. Due to the nature of some of these activities, there is inherent risk of accident or injury. A signature on this form indicates that, in case of accident or injury, the parent/legal guardian accepts full responsibility.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**United States Department of the Interior  
BUREAU OF INDIAN EDUCATION  
CHEMAWA INDIAN SCHOOL**

3700 Chemawa Road, NE  
Salem, Oregon 97305-1199  
Phone: 503-399-5721 ext. 1227 Fax: 503-304-9065



**Records Request**

**Please give this form to current school**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

The student listed above is requesting potential enrollment in our school.

I am requesting educational records from: \_\_\_\_\_  
Current School

Records requested: *Check one box*

- Unofficial Transcript
- Verification of 8<sup>th</sup> grade completion and 8<sup>th</sup> Grade Report Card

Special Education Records:

- Speech and Language Evaluations    Educational Assessment    Most Recent IEP
- Permission to test and place    Signed Psychology Reports    Behavior Intervention Plans
- Other Eligibility Data/Determination

**Send to:** Chemawa Indian School  
Attn: Registrar  
3700 Chemawa Road NE  
Salem, OR 97305

I hereby authorize the release of all records for the above named student to Chemawa Indian School.

\_\_\_\_\_  
Parent Signature Date

**OR**

\_\_\_\_\_  
Melinda Puerta, Registrar Date

**Chemawa will not make the request for the official records until the student has been accepted.** It's the parents/guardians responsibility to obtain/provide the unofficial transcript and Special Education information with the application.