



**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  
Fax: 503-399-5757



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**Application for Admission**

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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  
2018-2019 School Year**

**Student Enrollment Application**

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

- CIB or Tribal Enrollment
- Copy of birth certificate
- Copy of social security card (for medical records)
- Transcripts from ALL high schools attended (unless applying for 9<sup>th</sup> grade, see below)
- Immunization Record

**Applying for 9<sup>th</sup> Grade (only):**

- 8<sup>th</sup> Grade Final Report Card
- 8<sup>th</sup> Grade Promotion or Completion Record (certificate, letter or noted on report card)

**Will need the following if these pertain to the student:**

- Current IEP for students requiring Special Education services
- 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  
2018-2019**

**ENROLLMENT INFORMATION**

Name of School: <i>Chemawa Indian School</i> 3700 Chemawa Rd, Salem OR 97305	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:
How did you hear about Chemawa Indian School? _____	

**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.***

**APPLICATION ESSAY**

**(to be completed by the student)**

Please complete the following questions in essay format. This is your chance to tell the admissions committee something special about yourself – something they might never know. You may attach additional pages if necessary. Please print/write legibly.

1. What are your goals for yourself?

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2. Why do you want to attend boarding school away from home?

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3. What are your greatest strengths? What do you struggle with?

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Applications will NOT be considered without this essay

**OUT OF STATE  
STUDENT TRAVEL INFORMATION**

**STUDENT INFORMATION:** (as it appears on their I.D.)

Full Student Name: \_\_\_\_\_  
                                         First                                                       Middle                                                       Last

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

**TRAVEL INFORMATION:**

Closest Airport: \_\_\_\_\_

Closest Train Depot: \_\_\_\_\_

**SIBLINGS/RELATIVES:**

*\*Please list any siblings or relatives that should travel together:*

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

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

Full Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**For Information Regarding Student Travel, please contact:**

Gary Lay                                Phone: 503-399-5721 x1286

**Chemawa will only pay for travel on official travel days** (beginning of the year, round-trip at Christmas and end of the academic year) to the **student's address of record**.  
                                         Luggage fees are the responsibility of the parents.  
                                         **ALL other travel is at the expense of the student's family.**  
                                         **Students who are withdrawn from enrollment by the parents are responsible for travel expenses for returning home, including shuttle service to the airport from Salem, Oregon**

***Please initial here indicating that you have read and understand the above statement regarding paid travel and responsibilities of the student's family.*** \_\_\_\_\_

# 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.

Please initial each in the space provided, those in which you are giving your consent for participation:

- |                                                   |                                           |
|---------------------------------------------------|-------------------------------------------|
| _____ 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 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. Students will be held responsible for any phone calls answered on their personal phones during school time.

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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.**

## 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.

**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

**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

**STUDENT PROGRAM INFORMATION**



**Incomplete answers will result in the application to be not reviewed and returned.**

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

**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 5/2019

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<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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES ADMINISTRATION

INDIAN HEALTH SERVICE  
WESTERN OREGON SERVICE UNIT  
CHEMAWA INDIAN HEALTH CENTER  
3750 CHEMAWA ROAD, N.E.  
SALEM, OR. 97305-1198

March 30, 2018

Dear Parent and/or Legal Guardian,

Students attending the Chemawa Indian Boarding School will apply for the Oregon Health Plan (OHP) when they arrive on campus. **Students who have out-of-State Medicaid will need to close their benefits—out-of-State Medicaid does not cover in Oregon (please do this ASAP).** The Oregon Health Plan will cover medical, dental, optometry, lab, and pharmacy—**but will not cover if the out-of-State Medicaid is still active.**

When your student returns home, in May for the summer, the Oregon Health Plan will end May 31. If you the Parent/Legal Guardian needs the home-Medicaid to open sooner than June 1<sup>st</sup>-- you will need to call the Oregon Health Plan at: 1-800-699-9075 and request this by phone.

Anytime throughout the school year--if your student leaves campus and decides not to return to Chemawa—and you need the home-Medicaid to open right away—you will need to call the Oregon Health Plan and request this by phone. Otherwise it might take one or two months for the OHP to end.

Students who have private insurance will need to provide a clear front and back copy of all private insurance cards. The policy holder will need to sign and date the Assignment of Benefits form that is on the back of the “Student/Parent” information form. The policy holder’s information will need to be completed as well. Private insurance will be billed primary (unless otherwise noted) and the Oregon Health Plan will be billed secondary.

If you have any questions in regard to this letter—you may call my direct line: 503-304-7638, M-F; 7:30 am to 4:30 pm.

Thank you,

Kaye Stainbrook  
Benefits Coordinator  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem OR 97305  
503-304-7638

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:
------------------	-------------------	----------------

## 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

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Foods  Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/Year ____/____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS	YES	NO
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY	YES	NO
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of 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."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_

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

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

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

Signature of 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."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.



## 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

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>

Stat. Auth.: ORS 326.051 Stats.

Implemented: ORS 336.479



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

May 1, 2018

Dear Parents/Care Givers and Students,

It is that time of year again – time to prepare for the 2018-2019 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, 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. New programs and services are continually being developed to 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 Positive Youth Development programs.

It is our goal to promote health and wellness, learning, and resiliency. As a Federal Indian Health Service clinic, we operate under the national confidentiality laws and additionally operate under the privacy laws of the State of Oregon. This includes Chemawa students being able to independently consent to receive most services for healthcare at age 15; and independently consent to receive most behavioral health services at age 14. These privacy and access to care laws are intended to ensure timely, confidential, and effective comprehensive healthcare. To learn more about Oregon's laws, please review the following link:

<http://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Youth/Documents/minor-rights.pdf>

Thank you for your commitment to your child's education, health, and wellness. Included within the school application is a Student Individual Success Plan form. Please encourage your child to take some time to share with us their goals and their preferences on how we can best support them while at Chemawa. We look forward to being part of an amazing team this fall in supporting your child.

Sincerely,

Micah Woodard, LICSW, BCD  
Behavioral Health Director  
Telephone (503) 304-7600

Philippe Champagne, MD, MPH  
Medical Director  
Telephone (503) 304-7600

### Student Individual Success Plan Feedback

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

Todays Date \_\_\_\_\_  
Grade \_\_\_\_\_

What are your school goals? Is there anything you need that would help you to be more successful at school?

What goals do you have for your physical, mental, spiritual, emotional, and social health?

What do you, your family, and your community need to be more successful?

What are you good at or what strengths help you most in life?

Please check as many options below as you would like to let us know which activities you are interested in participating in to help you meet your goals and or to support you socially and emotionally.

- |                                                                              |                                                                   |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Music                                               | <input type="checkbox"/> Beading                                  |
| <input type="checkbox"/> Art                                                 | <input type="checkbox"/> LGBTQ & Two Spirit                       |
| <input type="checkbox"/> Eco (Outside/Environmental/Animals)                 | <input type="checkbox"/> Healthy Relationships                    |
| <input type="checkbox"/> Equine (Horse Therapy)                              | <input type="checkbox"/> Marijuana Education                      |
| <input type="checkbox"/> Ropes Course/Challenge Course                       | <input type="checkbox"/> Alcohol Education                        |
| <input type="checkbox"/> Cultural/Traditional Arts                           | <input type="checkbox"/> Stress Management                        |
| <input type="checkbox"/> Fitness/Personal Trainer                            | <input type="checkbox"/> Leadership Development                   |
| <input type="checkbox"/> Youth Coalition                                     | <input type="checkbox"/> Understanding and recovering from trauma |
| <input type="checkbox"/> Adventure-Based Learning/Recreation                 | <input type="checkbox"/> Grief & Loss                             |
| <input type="checkbox"/> Service Learning/Service Projects                   | <input type="checkbox"/> Violence Prevention/Conflict Resolution  |
| <input type="checkbox"/> Spending time with Elders                           | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Community Building (camp fire, talking circle, BBQ) | <input type="checkbox"/> Other: _____                             |

Please fill in what you would like for your 1st, 2nd, and 3rd choice of groups.

1st Choice \_\_\_\_\_  
2nd Choice \_\_\_\_\_  
3rd Choice \_\_\_\_\_

New Student?

Returning Student?



**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.