



**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



## 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 very seriously.

**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 applications will not be reviewed until all documents are present. Please note the check-off list on the next page that can be used as a guide for completing this application. The Admissions Committee will review and notify each application by mail or by phone as to the status of his or her application.

Complete applications will be forwarded to admissions committee for review. Early acceptances will start June 15th. Some students will be selected for online or telephone interviews with the admissions committee or administration.

Travel will be provided to the school for any student admitted, from their home address from the application only. **Any withdrawals or emergency travel during the school year will be the responsibility of the parent or guardian.**

Sincerely,

Amanda Ward  
Academic Principal

**Return Completed Applications**

By Mail:

Chemawa Indian School  
Attn: Admissions  
3700 Chemawa Road NE  
Salem, OR 97305

By Email: [admissions@chemawa.bie.edu](mailto:admissions@chemawa.bie.edu)

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

**Admission Application Check-List**  
**2021-2022 School Year**

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| 1     | Cover Letter   |
| 2     | Check –List  |
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| 23-24 | Oregon State Sports Physical Form – REQUIRED for any student participating in athletics  |
| 25-26 | School Reference Form – to be filled out by the most recent school and the return to school directly. Reference forms returned by student/guardian will not be accepted. |

**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)
- School Reference Form (sent directly by school, from last school attended)
- 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
- Oregon State Sports Physical Form – If student is participating in sports
- Copy of medical insurance card (front and back) – if student is covered by private insurance
- 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  
2021-2022 Student Enrollment Application**

**ENROLLMENT INFORMATION**

|   |  |
|---|--|
| Name of School: <i>Chemawa Indian School</i><br><i>3700 Chemawa Rd, Salem OR 97305</i>  | Student will be a:<br>Day Student <input type="checkbox"/> Dorm Student <input type="checkbox"/> |
| Trimester Applying For:<br>Fall (Sept) <input type="checkbox"/> Winter (Nov) <input type="checkbox"/> Spring (Feb) <input type="checkbox"/> | Grade Applying For (final determination dependent on credit):                                    |

**STUDENT INFORMATION**

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

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

Street Address (if different): \_\_\_\_\_

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

Student Email Address: \_\_\_\_\_ Student Cell Phone: ( ) \_\_\_\_\_

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

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

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

**PARENT OR LEGAL GUARDIAN INFORMATION  
(WHO STUDENT LIVES WITH OR IS AUTHORIZED TO HAVE INFORMATION)**

|  |  |
|--|--|
| Father's Name: _____   | Mother's Name: _____   |
| Tribal Affiliation: _____  | Tribal Affiliation: _____  |
| Work Phone: ( ) _____  | Work Phone: ( ) _____  |
| Cell Phone: ( ) _____  | Cell Phone: ( ) _____  |
| Email: _____   | Email: _____   |
| Has legal custody of student: Yes <input type="checkbox"/> No <input type="checkbox"/>                               | Has legal custody of student: Yes <input type="checkbox"/> No <input type="checkbox"/>                               |
| Lives with student: Yes <input type="checkbox"/> No <input type="checkbox"/>   | Lives with student: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Please notify regarding grades, behavior, or attendance:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Please notify regarding grades, behavior, or attendance:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

Legal Guardian (if not parent listed above):

*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 student does not live with)**

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

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

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

**LEGAL CUSTODY INFORMATION**

Do **BOTH** parents listed on page 1 have legal physical custody of the student? Yes  No   
*If no, please provide divorce decree/parenting plan.*

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

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.***

## ADMISSIONS AND CONTINUING ENROLLMENT CRITERIA

Admissions criteria and continuing enrollment information may be found in 25 CFR 32.4 (z) and the Parent Student Handbook (2021-2022 volume 20).

### Admissions Criteria:

- Enrolled in a Federally recognized tribe, with enrollment number
- Show  $\frac{1}{4}$  blood quantum through Certificate of Indian Blood or descendency
- Completed 8<sup>th</sup> grade and eligible to register for 9<sup>th</sup> grade

### Continuing Enrollment Criteria:

- Must maintain 2.0 grade point average or higher throughout the school year. Students failing to maintain minimum weekly grade requirements (no F's) will be placed on restriction and assigned additional tutoring and study hours.
- At the progress report (5 weeks) and end of the trimester, grades will be evaluated and those students receiving 2.0 or lower will be placed on academic probation.
  - Students will be given until the end of the following trimester to bring their grades to 2.0 grade point average or higher.
  - Students that are unwilling to take advantage of additional tutoring and conditions of academic probation, or those that cannot maintain 2.0 GPA at the end of the following trimester will be asked to withdraw or will be dropped from enrollment.
- Follow Student Code of Conduct as it relates to major rule violations and above.
- Be an active partner in their education with staff, faculty and administration

Beginning the 2021-2022 school year, students will not be socially promoted, but will be promoted according to their earned credit according to their official transcripts. Students will have the opportunity to advance their grade mid-year if they earn the appropriate number of credits. Students will be placed in grade levels according to the following table:

|           |              |
|-----------|--------------|
| Freshman  | 0-5 credits  |
| Sophomore | 6-11 credits |
| Junior    | 12-17 credit |
| Senior    | 18+ credits  |

***I fully understand the "Continuing Enrollment Criteria" and if accepted as a student at Chemawa Indian School, I agree to abide by the policy.***

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

***I, the parent/guardian, have read the Continuing Enrollment Criteria will encourage our child to achieve the stated classroom grade expectations. I also agree to support interventions put into place to help my child meet adequate academic progress.***

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

## 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 the following policies to promote an atmosphere of education.

### 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 may be searched upon return to campus from any activity and any contraband found will be confiscated.

### Student Success Program

Data over the past few years has shown that the increase in marijuana use seems to be the major barrier to student success, including apathy, truancy and behavior. The Student Success Program is designed to address the choices that students make during their academic and free time by requiring students that are caught with drugs or in use participate in an alternative educational program. This program will involve small group education, community service, physical activity, counseling and a reduction in free time. Students refusing to positively participate in this program will be subject to additional disciplinary measures.

### 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.

### Electronics

Personal electronics are not appropriate in classrooms during instructional time. Electronics seen or heard in the classrooms without express permission of the teacher will be confiscated by administration for the period of time as set out in the code of conduct. Students unable to regulate the use of their electronics, or those that are failing classes, may be required to lock up their phones during the academic day.

### 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.

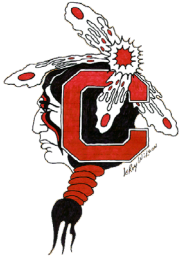
By signing below, you are acknowledging and agreeing to the above student policies.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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. Each classroom and dormitory have access to technology to support their educational experience.

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: \_\_\_\_\_



## 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.

**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: \_\_\_\_\_

**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/from the **student's address of record.**

**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**

**Tickets will only be rebooked 1 time for flights missed without prior notification to travel department**

***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:** \_\_\_\_\_

**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. DATA COLLECTION    Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission/authorization for the above student to participate in providing data to create a normed sample for the Behavior Assessment System for Children, Third Edition.

**6. 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.**
- **Administration may 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.**

**Checkout restrictions are subject to current COVID-19 pandemic conditions and may change without notice.**

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.**

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

**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 VII, Part B of the Every Student Succeeds 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

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

2. Had the student received extra help in school?  Yes  No

If yes, please circle one of the following: Tutoring 504 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 QUESTIONS MUST BE ANSWERED AND INFORMATION PROVIDED

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.**

\_\_\_\_\_  
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 5/2022

---

<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.



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

May 1, 2020

Dear Family and Students,

It's that time of year again — time to prepare for the 2020-2021 school year at Chemawa! On behalf of Chemawa Indian Health Center, we would like to give you some information about the services available at our clinic, which is located next door to the school.

Chemawa Indian Health Center and the Chemawa Indian School want to ensure your child receives the best possible healthcare services. We currently offer medical, dental, behavioral health, and optometry (vision care). We also have a full-service lab and pharmacy. If a student needs specialty services like endocrinology (diabetic specialist) or orthopedics (bone specialist), we coordinate their care with the doctors in our local area. Behavioral health offers individual and group counseling, substance abuse treatment, and medication management. We strive to offer culturally relevant services, like specialized music, art and activity-based therapy groups. The clinic staff works together with teachers, school administrators, and community and tribal partners to develop new programs and provide education to promote health, wellness, learning and resiliency. Many of our prevention and Positive Youth Development programs are open to all students and are offered in partnership with the school.

As a Federal Indian Health Service clinic operating in Oregon, we follow the consent and privacy laws of the State of Oregon. It is important to know that Oregon's health care laws may be different than those in your Nation or State. We have included a separate page with information about health care consent and confidentiality for youth in Oregon.

Continuing a student's education away from home is a big decision for many families. We are honored that you trust us with the care of your child, and want you to know we are dedicated to helping your child have a productive, safe, and healthy year.

Sincerely,

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

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



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

April 2, 2021

Dear Parents or Guardians,

When students arrive on campus, Chemawa Indian Health Center partners with the State of Oregon to enroll the student into Oregon's Medicaid program. We enroll up to 400 students within four business days with the assistance of State employees. The State of Oregon approves the Students for Medicaid regardless of income.

Enrolling the students is fast and easy, but the State of Oregon's process to remove the Medicaid takes 15-45 days depending on when Chemawa Indian Health Center's Business Office submits the request. We make removing the Medicaid a priority and can assure you that we submit the request promptly. Unfortunately, the delay can cause problems for the students who return home and reapply for your State's Medicaid /State Insurance. Because the State systems can see if there is an open case in another State, they will deny your application. If your child needs immediate coverage by your State's Medicaid / State Insurance, please contact me with your caseworker's name, telephone number, fax number and your Case number. I will work directly with your caseworker to help your approval process.

Second, as you know with all Indian Health Service or tribally run facilities, Native Americans must exhaust other resources prior to Indian Health Service paying for any referred care or emergencies. We must adhere to this process; as a result, if your child applies for Oregon State Medicaid coverage and they deny coverage due to no Tribal Identification and/ or no Social Security Card, Chemawa Indian Health Center will be unable to pay for any outside services that your child may need while attending Chemawa Indian Boarding school. Therefore, it is critical that the Tribal ID, Social Security Card, Court Paperwork, and Birth Certificates all have the same name and the documents are legible. If your child has a name change, please remember that you must contact your local social security office to change the name on their social security card.

If you have any questions, please do not hesitate to call me. It is our pleasure to work with our Chemawa students and their families.

Respectfully,

Judith Adams, BS  
Business Office Manager

Portland Area Indian Health Service  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem, Oregon 97305  
Direct: (503) 304-7628  
Fax: (503) 304-7672



Our Mission...to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

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.

# 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:<br><br><input type="checkbox"/> No health problems | Medications (prescription/over the counter):<br><br><input type="checkbox"/> No medications |
|---|---|

|  |
|--|
| Allergies (medications, foods...list reaction):<br><br><input type="checkbox"/> No known allergies |
|--|

|  |
|--|
| <p><i>Females only:</i></p> Are you on birth control (circle one)? YES NO<br>If yes, which one (type/name, dose)?<br>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?"<br>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:<br>____ High blood pressure      ____ A heart murmur<br>____ High cholesterol        ____ A heart infection<br>____ Kawasaki disease        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<br>•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.



**PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH YOUR APPLICATION**

**THE SCHOOL REFERENCE FORM ON THE FOLLOWING PAGE  
MUST BE EMAILED OR FAXED FROM THE PREVIOUS SCHOOL  
DIRECTLY TO:**

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

**Email: [admissions@chemawa.bie.edu](mailto:admissions@chemawa.bie.edu)**

**Fax: 503-399-5757**

**We cannot accept reference forms returned with the  
application packet by the student or guardian**

## Student Reference Form

**This form is to be completed by former Principal, Teacher or Counselor**

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

The above student has applied for admission to Chemawa Indian School. Please fill out the following information and return directly to the school

1. School Attended/Location: \_\_\_\_\_
2. How long have you known the student? \_\_\_\_\_
3. Current Grade Level? \_\_\_\_\_ (2020-2021 School Year)
4. What discipline and/or attendance problems, if any, have you encountered with the student? \_\_\_\_\_  
\_\_\_\_\_
5. Has the student ever been suspended?     Yes     No  
If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_
6. Has the student ever been expelled?     Yes     No  
If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_
7. What is the student's cumulative Grade Point Average? \_\_\_\_\_
8. How is the student's classroom behavior? \_\_\_\_\_  
\_\_\_\_\_
9. Does the student have:     IEP     504     Academic or Behavior Intervention Plan  
IEP Category? \_\_\_\_\_

Comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, email or fax **directly** to:

Chemawa Indian School  
3700 Chemawa Road NE, Salem OR 97305  
[admissions@chemawa.bie.edu](mailto:admissions@chemawa.bie.edu)  
Fax: 503-399-5721