

Walatowa High Charter School



147 Bear Head Canyon Road
P.O. Box 669
Jemez Pueblo, NM 87024

Voice: (575) 834-0443
FAX: (575) 834-0449

Located on the Jemez Pueblo Indian Reservation

"Think Globally, Create Locally"

Parents/Guardians:

Welcome to the 2025-2026 school year!

We are happy to have your student at the Walatowa High Charter School.

Please fill out the enclosed enrollment forms. These forms are needed every year with updated information. It is very important to have your contact information; therefore, if your contact information changes throughout the year, please contact the school.

Along with the enrollment forms, the following documents are needed:

New Students:

- **State Birth Certificate**
- **Social Security Card**
- **Certificate of Indian Blood (CIB), if applicable.**
- **Current Immunization Records**
- **If a transfer student, transcripts from previous school.**

Returning Students:

- **Current Immunization Records**

If you have any questions, please feel free to contact Mr. Arrow Wilkinson at 505-527-3391 or Ms. Shelley Chinana at cell #505-527-3392.

We look forward to having a great school year!

Thank you,

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Enrollment Form 2025-2026

OFFICE USE ONLY:

Student ID # _____

Student Name: _____ DOB: _____

Gender: ☐ Female ☐ Male Place of Birth: _____

Mailing Address: _____

Physical Address: _____

Social Security No.: _____

Grade Entering: _____ Last School Attended: _____

Ethnicity: (Hispanic) ☐ Yes ☐ No

Race: ☐ Caucasian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander

☐ Asian ☐ American Indian/Alaskan Native: Census No.: _____

Parent/Guardian Information:

Mother/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

Language(s) spoken at home: _____

Marital Status: _____

Father/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

Language(s) spoken at home: _____

Marital Status: _____

Who does the child live with? _____

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Walatowa High Charter School
Emergency Contact Information
(School Year 2025-2026)
(One for each student)

1. Student Name: _____ Grade: _____ Telephone Number: _____

Mother's Information:

Name: _____ Address: _____

Home Number: _____ Cell Number: _____

Place of Employment: _____

Work Number: _____ Ext. _____

Father's Information:

Name: _____ Address: _____

Home Number: _____ Cell Number: _____

Place of Employment: _____

Work Number: _____ Ext. _____

Please give a name of a family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Healthcare Provider Name: _____

Phone Number: _____

Please give the names of two relatives or friends who will resume responsibility for your child in case of illness or accidents until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school.

1. Name: _____ Home Phone: _____ Work Phone: _____

Relation to the student: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

Relation to the student: _____

Signature of Parent/Guardian: _____ Date: _____

School Medical Form

School: Walatowa Charter High School Grade: _____ Birth Date: _____

Student's Name (Last) _____ First _____ MI _____ Home Phone _____

Address (City) _____ State _____ Zip _____

Father's Name _____ Work Phone _____ Mother's Name _____ Work Phone _____

Please give the names of family Health Care Provider and Family dentist to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Health Care Provider/Phone _____ Dentist/Phone _____

Insurance Information: Please check all that apply.

Health Insurance? Company _____ ☐ Medicaid/Salud/HMO ☐ School Insurance ☐ No Insurance

Please give the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school in writing.

1. _____
Name _____ Home Phone _____ Work Phone _____ Relationship to student _____

2. _____
Name _____ Home Phone _____ Work Phone _____ Relationship to student _____

Over the counter Medication Consent

Occasionally, your child may unexpectedly need medication during a school day. For those occasions, we must have written parental permission. The School Nurse/School Health Assistant and pertinent comfort measures will be tried first.

The school nurse/school health assistant has my permission to administer the following nonprescription medication(s):

Tylenol (Acetaminophen) Medication to reduce pain.....	YES	NO
Advil (Acetaminophen) Medication to reduce pain.....	YES	NO
Maalox/Mylanta (Antacid) Medication for upset stomach.....	YES	NO
Throat Spray/Cough Drops for throat pain/mild coughing.....	YES	NO
Benadryl (Allergic reaction).....	YES	NO
Chlorpheniramine (Antihistamine for seasonal allergies).....	YES	NO

Please indicate if student has had or is currently under treatment for any of the following conditions:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Emotional/Behavior Problems	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Ear/Hearing Problems
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Migraines Headaches	<input type="checkbox"/> Tetanus Shot (Last Date: _____)	
<input type="checkbox"/> Long-term Medications:		<input type="checkbox"/> Hospitalized for serious illness, surgery or accident	
<input type="checkbox"/> Other:	Please List:		

If, in the opinion of the principal/school nurse or school health assistant, service involving medical action or treatment is required and the parent cannot be contacted for consent, the parents hereby authorize school authorities to obtain medical service for or transport for medical service the above student. Nothing in this section shall be construed to impose liability on any school official or school employee who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent or Guardian: _____ Date: _____

Note: Parents are responsible for notifying the school about any changes of information contained on this card.

PLEASE RETURN IMMEDIATELY

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Student Pick-Up Authorization Form

(This authorization is effective for the school year 2025-2026)

School Year: _____

Student Name: _____

Grade: _____

Date of Birth: _____

In the event I am unavailable, I give the following people permission to pick up my child listed above from school to take to clinic, home, appt., etc. ***I realize*** that my child will not be released to any other person except the ones listed below. ***I understand*** that **No additions** to this list are allowed to be made except by me, in person (the undersigned parent).

1. _____

Telephone: _____

Relationship to child: _____

2. _____

Telephone: _____

Relationship to child: _____

3. _____

Telephone: _____

Relationship to child: _____

4. _____

Telephone: _____

Relationship to child: _____

5. _____

Telephone: _____

Relationship to child: _____

6. _____

Telephone: _____

Relationship to child: _____

Signature of Parent or Legal Guardian:

Signed: _____ Date: _____

Address: _____



Walatowa High Charter School Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

School Year: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian

- ☐ Alone, not in the care of a parent or court appointed legal guardian

- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Liaison

Walatowa High Charter School

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"Think Globally,

Walatowa High Charter School McKinney-Vento Identification Process

- 1. WHCS Enrollment Packet: Parent/Guardian will complete the McKinney-Vento Form
- 2. WHCS School Counselor: Conducts comprehensive wellness assessment which includes an environmental criteria for homelessness.
- 3. Roster: WHCS Executive Assistant will provide a student roster to POJ Social Services for homelessness verification as a third identification measure.
- *If WHCS identifies a potential student who has indications of homelessness; WHCS McKinney-Vento Liaison will notify the following for verification:
 - 1. Notify the McKinney-Vento Verification Committee
 - 2. Complete referral and submit to the POJ Social Services of Native students and NM State CYFP for non-native students.
 - (Wellness checks will be conducted by either referred agency. Agency will determine appropriate designation)
 - 3. *Complete JHHS Referral: Behavioral Health, Community Wellness, Comprehensive Health Rep. (As needed and/or requested)
- McKinney -Vento Verification: If the POJ Social Services and/or State CYFD designates a student to be in need of homeless services, the WHCS Homelessness Verification Committee will be notified:
 - **McKinney-Vento Verification Committee**
 - WHCS Executive Director
 - WHCS McKinney-Vento Liaison
 - POJ Social Services
 - CYFD Social Services (Non-Tribal)
 - WHCS Indian Ed. Coordinator
 - WHCS Executive Assistant

For more information pertaining to McKinney-Vento please visit the school website

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335