



**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  
503-919-2706



# Application for Admission

Dear Parents:

Thank you for selecting Chemawa Indian School as your choice to educate your child. This is a responsibility that Chemawa Faculty and Staff take very seriously.

**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.

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. The Admissions Committee will review and notify each application by mail or by phone as to the status of his or her application once reviewed. Students will be notified by August 10 for final acceptance.

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

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*  
Amanda Ward  
School Superintendent

**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)  
***Please do not fax applications as they do not always come out readable.***

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

**Admission Application Check-List**  
**2026-2027 School Year**

1	Cover Letter
2	Check –List
3-4	Student Enrollment Application
5	Admission and Continuing Enrollment Criteria
6	Student Code of Conduct
7	Student Policies
8	Acceptable Use Policy – Technology Compact Signatures
9	Protection of Pupil Rights
10	Student Travel Information
11	Parental Consent Form
12-13	Student Checkout Policy
14	Home Language Survey
15	McKinney-Vento Intake/Referral Form
16	Student Program Information Form
17	Medical Consent Form (IHS-47)
18-19	Indian Health Insurance Registration Information
20-22	Oregon State Sports Physical Form – REQUIRED for any student participating in athletics

**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 (Most Current)
- 8<sup>th</sup> Grade Final Report Card – 9<sup>th</sup> Grade Only
- 8<sup>th</sup> Grade Promotion or Completion Record (certificate, letter or noted on report card) – 9<sup>th</sup> Grade Only

Will need the following if these pertain to the student:

- Current IEP for students requiring Special Education services
- Oregon State Sports Physical Form – only required 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  
2026-2027 Student Enrollment Application**

**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 (final determination dependent on prior credit earned):

**STUDENT INFORMATION**

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (circle) Male Female

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

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"/>
Enrollment, grade, behavior and attendance can be discussed with this person: Yes <input type="checkbox"/> No <input type="checkbox"/>	Enrollment, grade, behavior and attendance can be discussed with this person: Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Guardian (if not parent listed above): _____ _____	
<i>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.</i>	
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 provide documentation.**

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 Gifted and Talented Program: Yes  No

Student Participated in AVID Program: Yes  No

Student was Suspended or Expelled: Yes  No

Student has attended additional schools in 9-12 grade: Yes  No

If yes, please list them, with location and dates of attendance : \_\_\_\_\_

**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 (2026-2027 volume 25).

### Admissions Criteria:

- Enrolled in a Federally recognized tribe, with enrollment number, OR
- Show  $\frac{1}{4}$  blood quantum through Certificate of Indian Blood or as a descendant
- 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 2022-2023 school year, students were not socially promoted, but will be promoted according to their earned credit according to their official transcripts. Students have the opportunity to advance their grade mid-year if they earn the appropriate number of credits. Beginning 2022-2023, 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 (including marijuana), (c) inhalants; (d) over the counter medications (i.e. Tylenol, Advil, cold medications); (e) tobacco; or (f) vape 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 during the school day.
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, unless used during a sanctioned recreational activity.
6. None of the following will be tolerated and may lead to legal prosecution or restitution: (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, which is 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 school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol or via metal detection technology. Illicit items will be promptly confiscated when found and student may be subject to disciplinary action including participation in peer court system. Students may be searched upon return to campus from any activity or checkout 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, up to removal from school.

### 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, including displaying colors or manner of clothing that are commonly identified as similar to gang activity, to be associated with any aspect of the educational or homeliving 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 may be issued a personal locking case where they will be required to lock up their phones (and keep with them) during the day while in school

### Phones Calls during School

Parents and family should refrain from calling students directly on their personal electronics during school hours (9 am – 4 pm, Monday through Friday). If there is an emergency, calls should be routed through the school office. Students will be held responsible through the code of conduct for any phone calls answered on their personal phones during school time, including those received from guardians.

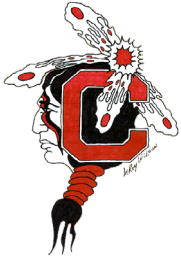
By signing below, you are acknowledging and agreeing to the above student policies.

\_\_\_\_\_  
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 AUP. 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.



## 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, 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. 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. NATIVE AMERICAN HEALTH CURRICULUM RESEARCH STUDY      Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission/authorization for the above student to participate in a Native American health curriculum and research study called the *Journey of Transformation* highlighting youth leadership that uses traditional ways of teaching such as storytelling and cultural activities to promote healthy decision-making around health and relationships. This study is led by Tessa Evans-Campbell (Snohomish) in partnership with the Northwest Portland Area Indian Health Board.

**5. EQUINE ASSISTED THERAPY      Initial for Consent:** \_\_\_\_\_

I (we) hereby grant permission/authorization for the above student to participate in a transformative program offered in partnership with the Center at Heron Hill. Guided by expert professional facilitators, students connect with the land, animals, and each other in a supportive environment, fostering emotional well-being, confidence and resilience.

**6. SPECIAL PERMISSIONS**

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

Please initial each line in which you are GIVING CONSENT below:

- |   |  |
|---|--|
| _____ Participate in Sweat Lodge ceremonies       | _____ Swimming and other water activities  |
| _____ Participate in smudging ceremonies          | _____ Paintball activities - on/off campus |
| _____ 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.**
- **Students will not be allowed to check out overnight during the week with anyone other than parent/guardian.**

**Checkout restrictions are subject to current COVID-19 pandemic conditions on campus 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 on Sunday night.

- **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:

- **Transportation to and from checkout location.**
- **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 (back at curfew)</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 (back at curfew)</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 (back at curfew)</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 (back at curfew)</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

**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



## 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. 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 (please note that the school/clinic cannot facilitate gender affirming care, including hormone replacement therapy): \_\_\_\_\_

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. Is the student in official Foster Care?  Yes  No

3. Has student ever been arrested?  Yes  No Specific violation(s): \_\_\_\_\_

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

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

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

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

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

7. 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. ***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 Chemawa Indian School 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. Prescription or over-the-counter medications, as necessary.
3. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
4. Mental health services including evaluation and treatment as necessary.
5. Emergency health care for accidents or illness.
6. 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 6/2027

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 US PUBLIC HEALTH SERVICE – INDIAN HEALTH SERVICE (IHS) INDIVIDUAL APPLICATION FOR HEALTH CARE SERVICES

LEGAL NAME OF PATIENT: _____ _____ First Middle Last MAILING ADDRESS: _____ _____ City State Zip Date moved to this address: _____ HOME PHONE: _____ CELL PHONE: _____ BIRTH DATE: ____/____/____ Sex at Birth <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE BIRTH PLACE: City _____ State _____ SOCIAL SECURITY NUMBER: ____/____/____ If no Social Security Number, what is the reason? _____	Do you go by any OTHER NAME? If so, please list: _____ TRIBE ENROLLED: _____ TRIBE BLOOD QUANTUM: _____ TOTAL BLOOD QUANTUM: _____ DO YOU HAVE INTERNET ACCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work E-MAIL ADDRESS? _____ FATHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____ Last First MN EMERGENCY CONTACT NAME: _____ RELATIONSHIP TO PATIENT: _____ ADDRESS: _____ PHONE: _____
--	--

RACE:  AMERICAN INDIAN/ ALASKAN NATIVE  NATIVE HAWAIIAN/PACIFIC ISLANDER  ASIAN  
 BLACK/AFRICAN AMERICAN  WHITE/CAUCASIAN  UNKNOWN  DECLINE TO ANSWER

ETHNICITY:  HISPANIC OR LATINO  NON-HISPANIC OR LATINO  UNKNOWN  DECLINE TO ANSWER

PRIMARY LANGUAGE: \_\_\_\_\_ ASL/Interpretive Services Needed?  YES  NO

DO YOU HAVE DENTAL INSURANCE?  YES  NO (Please attach copy of card front & back)  
 DO YOU HAVE MEDICAL INSURANCE?  YES  NO (Please attach copy of card front & back)

INSURANCE COMPANY'S NAME: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_  
 GROUP NUMBER: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 POLICY HOLDER'S NAME: \_\_\_\_\_ AND DATE OF BIRTH: \_\_\_\_\_  
 POLICY HOLDER'S SSN NUMBER \_\_\_\_\_

MEDICAID NO: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ (please attach copy of card)

**STUDENT at CHEMAWA INDIAN HIGHSCHOOL?**  YES  NO **If yes, form is complete. Proceed to signatures on the back.**

EMPLOYED?  YES  NO If yes, Position? \_\_\_\_\_  Full time  Part time

VETERAN?  YES  NO  
 If yes, do you have a Veterans Health Identification Card?  YES  NO If yes, DOD ID NUMBER: \_\_\_\_\_

**\*\*\* SIGNATURES REQUIRED ON THE BACK \*\*\***

IHS # \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Registration Completed by: \_\_\_\_\_

**Chemawa Indian Health Center  
3750 Chemawa Rd. NE  
Salem, Oregon 97305-111**

I understand that the information I have given to provided to IHS is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Patient, Legal Guardian, or Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signer

**SUBMISSION OF ELECTRONIC CLAIMS  
AND CONFIDENTIALITY OF CLIENT INFORMATON**

All information as to personal facts and circumstances obtained by the facility on the patient shall be treated as privileged communications. Shall be confidential, and shall not be divulged without the written consent of the client, their attorney, the responsible parent of a minor child or their guardian. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals.

The use, or disclose of information concerning patients shall be limited to persons directly connected with the submission of electronic claims. Confidentiality policies shall be applied to all requests from outside sources.

\_\_\_\_\_  
Signature of Patient, Legal Guardian, or Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signer

# HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

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

**Over the last two weeks, how often have you been bothered by any of the following problems?**  
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
--	---	---	---	---	---------------------------------------	---	---	---	---

Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

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

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
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, flutter in your chest, 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, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. 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 (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 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. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

# PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

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."

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## 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

**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.

**Graduated, Step-wise Return-to-Participation Progression:** A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

**\*\*Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

### 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 April 2023 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. If the form is produced from an electronic medical record, it 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 May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

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

Statutory/Other Authority: ORS 326.051

Statutes/Other Implemented: ORS 336.479