



**ROCK CREEK**  
GRANT SCHOOL

## ROCK CREEK GRANT SCHOOL

### School Registration Packet

The following information must be provided to the school **BEFORE** students will be allowed to attend.

1. \_\_\_ For **NEW** students, enrollment packet must include:  
*Social Security Card (Must provide the school with a copy if student is on an I.E.P.), Certificate of Indian Blood, Certified Copy of Birth Certificate or Baptismal Record, Updated Immunization Record, Custody Paper (if applicable)*
2. \_\_\_ Registration Form
3. \_\_\_ Authorization to Dispense Medication
4. \_\_\_ Field Trip Consent Form
5. \_\_\_ E S Form #4
6. \_\_\_ Title VII Student Eligibility Certification
7. \_\_\_ Computer / Internet Use Agreement
8. \_\_\_ Application for Free and Reduced Meals (1 application per family)
9. \_\_\_ I.H.S. Form 47 (Triplicate form)
10. \_\_\_ **TRANSFER STUDENTS ONLY:** Has student been involved in a Special Education Program in another school? If yes, please sign a release form with our Special Education Department.



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**REGISTRATION FORM K - 8th Grades**

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

Dear Parent / Guardian:

In order to simplify registering your child in our school, please fill out this questionnaire. (If a question does not apply to the child, mark it N/A for Not Applicable).

Child's Full Name \_\_\_\_\_

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

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

Grade \_\_\_\_\_ School Last Year: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Any physical or health problems? \_\_\_\_\_ If yes, explain:(or provide a Doctor Statement)

Person(s) and relationship to which we are authorized to release the child from school.

\_\_\_\_\_

\_\_\_\_\_



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**AUTHORIZATION TO DISPENSE MEDICATION FROM FIRST AID KIT**

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

Date of Birth: \_\_\_\_\_ Allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**LISTED BELOW ARE MEDICATIONS AVAILABLE IN THE FIRST AID KIT IN THE OFFICE. PLEASE CHECK MARK ONLY WHICH ITEM THAT CAN BE DISPENSED TO STUDENTS REQUEST.**

- Acetaminophen \_\_\_\_\_
- Antacid Tablets \_\_\_\_\_
- Ibuprofen \_\_\_\_\_
- Tylenol Tablets \_\_\_\_\_
- Cough Drop \_\_\_\_\_
- Throat Lozenge \_\_\_\_\_
- Dilotab II – Sinus Cold Tablet \_\_\_\_\_
- Histenol – Multi-symptom cold tablet \_\_\_\_\_
- Pain Aid – Premenstrual Formula \_\_\_\_\_
- First Aid Cream – Moisturizing Cream w/ Aloe \_\_\_\_\_
- Hydrocortisone 1% cream – anti-itch \_\_\_\_\_
- Eye Wash – saline solution \_\_\_\_\_
- Band-Aid \_\_\_\_\_
- Ice Pack \_\_\_\_\_

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



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**Field Trip Consent Form**

**2020 - 2021**

I, \_\_\_\_\_ Parent/ Guardian (print) of \_\_\_\_\_  
(student)

hereby give consent to the Rock Creek Grant School to provide him/ her with the following services:

1. Local trips on the reservation
2. Off the reservation trips
3. Overnight trips
4. Extended trips - for two or more days
5. Emergency Medical Care

I also give my permission to transport my **child** to and from locations of localities where travel services are provided. I understand that my child will be chaperoned and all precautions taken to insure his/ her safety will be taken.

**This consent will cover all SCHOOL TRIPS and no other consent forms will be sent out during the school year.** Reminders, Notices and Calendars of events will be sent home with the student or through the mail.

\_\_\_\_\_  
Parent/ Guardian Signature - Date

I hereby allow Rock Creek Grant School to use my students photograph as needed. Ex. Student of the Month, Honor Roll, Athletics, etc.

\_\_\_\_\_  
Parent/ Guardian Signature - Date