



# Noli Indian School

## Enrollment Requirements

Provide a copy of the following:

- Birth Certificate
- Social Security Card
- Immunization Records and Proof of T-dap shot
- Tribal ID Card or Tribal Letter of Enrollment
  - Or MUST have a CIB from BIA showing  $\frac{1}{4}$  Degree Indian Blood
- Unofficial Transcript from previous high school or report card from previous middle school
- Previous attendance, behavior records, and copy of IEP (if applicable)
  
- Please complete this packet and return along with the Emergency Card Provided. A placement test will be given when accepted to Noli on student's first day of school.

# Student Enrollment Application

Academic Year 2023-2024

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Male Female (mark one) Grade \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Birth Place \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

## Family Information:

Student lives with (mark all that apply): Mother Father Guardian Other \_\_\_\_\_

Primary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Secondary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Who has legal custody of student? \_\_\_\_\_ Relationship \_\_\_\_\_

Are there any court orders involved in the custody of this student (mark one)? Yes No  
(Copy of court order must be on file at school site at time of enrollment)

Does the student have a social worker/probation officer/welfare worker (mark one)? Yes No

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Is the student a foster child? Yes No Who has educational signing rights? \_\_\_\_\_

## Emergency Contacts:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Previous Enrollment:

Former School \_\_\_\_\_ Grade \_\_\_\_\_

Location \_\_\_\_\_ Last date attended \_\_\_\_\_

Special Education (if applicable): RSP SDC Severely Handicapped

Disability (mark all that apply): Vision Speech PE Occupational/Psyc.

If yes, please explain:

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Noli Indian School  
Soboba Band of Luiseño Indians

**Family Life Notification and Consent Form**

This is to inform you that topics relating to family life will be covered in our classes and in special presentations sponsored by us. These topics may include, but are not limited to: anatomy, physiology, puberty, pregnancy, parenting, marriage, birth control, venereal disease, fetal alcohol syndrome, chugs and alcohol, values and decisions, responsibility and more.

In order for your child to participate in classes and special presentations, sign and return the following:

I approve of my child, \_\_\_\_\_ participating in classes, lectures, presentations, etc. in which family life issues are discussed.

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

\_\_\_\_\_  
Date

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**DECLARATION OF A DRUG-FREE LEARNING ENVIRONMENT**

This Declaration is to be delivered to each family having a child enrolled in the Noli Indian School and shall be read by every family and student, verified by the signing of exhibit 1. "Students shall include all enrolled scholars, attendees at tutorial programs and those attending alternative or independent study classes."

Drug and alcohol testing may be required as a condition of continued enrollment and this information will be provided to all students and their families.

Any use of drugs or alcohol at or around the school site, including the site of any field trips or special school-sponsored events, is cause for disciplinary action or expulsion from the school-by-school staff with approval of the school board.

Manufacture, distribution, possession, dispensing or selling of drugs or alcohol with the learning environment (that is, the school grounds or the site of any school activity), is cause for immediate expulsion. Any student expelled for the above reasons may appeal to the Noli School Board, providing the appeal is filed within 30 days of the decision to expel.

The drug free learning environment is to an on-going program for all students. This declaration is enforceable within the physical boundaries of the Soboba Indian reservation and on field trips and at events and activities, which constitutes part of the education program.

I \_\_\_\_\_ have received, read and understand the Noli Indian School Declaration of a Drug-Free Learning Environment. I further agree to abide by the requirements of the School Declaration of a Drug-Free Learning Environment and accept it as part of my enrollment as a student at Noli Indian school.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**Medical Authorization**

TO WHOM IT MAY CONCERN:

I the undersigned being the legal guardian of \_\_\_\_\_ do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic authorization to grant treatment to my child when accompanied by or escorted to the treating facility by a teacher, coach, principle, or any school designee.

Further, should the attending physician determine after examination that lifesaving surgery or other life-saving procedures may be necessary; permission is hereby extended to the above parties to grant same.

By my action of granting said permission, I agree to hold harmless school personal, designees, the Soboba Band of Luiseño Indians, and Noli Indian School.

Is your child covered by any medical or dental insurance program (mark one)      Yes      No

If yes, please fill out the following:

Insured Name \_\_\_\_\_ Name of insurance company \_\_\_\_\_

Address \_\_\_\_\_

Insured Group # \_\_\_\_\_ Insured ID # \_\_\_\_\_

Students Physician Name/Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Hospital/Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I declare under penalty or perjury that the above is true and correct.

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature

Date

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**Healthcare Questionnaire**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

**Health Information (check all that apply)**

|              |                          |                      |                          |                 |                          |                      |                          |
|--------------|--------------------------|----------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|
| ADD/ADHD     | <input type="checkbox"/> | Diabetes             | <input type="checkbox"/> | Influenza       | <input type="checkbox"/> | Tonsillitis          | <input type="checkbox"/> |
| Allergy      | <input type="checkbox"/> | Earaches             | <input type="checkbox"/> | Measles         | <input type="checkbox"/> | Tuberculosis         | <input type="checkbox"/> |
| Asthma       | <input type="checkbox"/> | Epilepsy             | <input type="checkbox"/> | Mumps           | <input type="checkbox"/> | Whooping Cough       | <input type="checkbox"/> |
| Appendicitis | <input type="checkbox"/> | Fainting             | <input type="checkbox"/> | Nose Bleeds     | <input type="checkbox"/> | Serious Injuries     | <input type="checkbox"/> |
| Bronchitis   | <input type="checkbox"/> | Headache             | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Eye Glasses/Contacts | <input type="checkbox"/> |
| Chicken Pox  | <input type="checkbox"/> | Heart Defect/Disease | <input type="checkbox"/> | Scarlet Fever   | <input type="checkbox"/> | Operation            | <input type="checkbox"/> |
| Convulsions  | <input type="checkbox"/> | Hernia               | <input type="checkbox"/> | Seizures        | <input type="checkbox"/> | Other: _____         | <input type="checkbox"/> |

If selected, please explain:

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**Allergies (check all that apply)**

|                   |                          |                      |                          |                           |                          |
|-------------------|--------------------------|----------------------|--------------------------|---------------------------|--------------------------|
| Bee Stings        | <input type="checkbox"/> | Insect and/or Animal | <input type="checkbox"/> | Hay Fever                 | <input type="checkbox"/> |
| Foods             | <input type="checkbox"/> | Penicillin           | <input type="checkbox"/> | Other Allergies:<br>_____ | <input type="checkbox"/> |
| Oak/Ivy Poisoning | <input type="checkbox"/> | Medication           | <input type="checkbox"/> |                           | <input type="checkbox"/> |

Does your student have any dietary restrictions?      Yes      No

If yes, please explain:

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**Medications**

Does your child take daily medication?      Yes      No

If yes, please list \_\_\_\_\_

Will student take medication while in school? \_\_\_\_\_

Is student under doctor's care?      Yes      No

If yes, please explain \_\_\_\_\_

Please check, if student has special problems with the following:

Hearing                      Vision                      Speech

Other health information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact me before giving any medication      Yes      No

I authorize the following medications to be administered as needed

**Non-Prescription Medications:**

|                 |  |                       |  |
|-----------------|--|-----------------------|--|
| Ibuprofen/Advil |  | Lozenges              |  |
| Benadryl        |  | Tylenol/Acetaminophen |  |
| Cough Drops     |  | Pepto Bismol/Antacid  |  |

\*Parents please be advised that Benadryl will be given for allergic reactions only, as temporary relief. You will be contacted immediately when this occurs.

Parents and/or Guardians please be advised that it is imperative that this form is filled out to the best of your knowledge and kept updated. Please notify Noli Indian School Immediately with any changes in student's condition (e.g. new diagnosis, allergic reactions, daily medications, etc.). This form will be provided to emergency staff, hospital, and physicians in case of an emergency, along with emergency medical treatment form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

Noli Indian School  
Soboba Band of Luiseño Indians

**HEAD LICE SCHOOL POLICY**

Head lice continues to cause concern and frustration for some parents, teachers and children. This school policy is intended to outline roles, responsibilities and expectations of the school community to assist with treating and controlling head lice in a consistent and coordinated manner. The Soboba Band of Luiseno Indians w following a no-nit policy which means children with nits or live bugs may not attend school and/or school programs.

While parents have the main responsibility for detection and treatment of head lice, our school community will work in a coope will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

It is the expectation of parents/guardians and families attending school activities that you will:

- Check your student's hair for head lice weekly at home, using the recommended conditioner/combing detection method
- Not allow your student to attend school and or functions while infected with lice
- Regularly inspect all household members and treat them if necessary
- Treat head lice safely and as recommended
- Notify the school so they can check their students
- Maintain a sympathetic attitude and avoid stigmatizing or blaming families who are finding it hard to control head lice
- Bring a note from a doctor or clinic verifying that your students is free from lice upon returning to school if your child has been sent home due to lice
- Sign an agreement accepting the terms of the school Head Lice Policy

To Support parents and the school community to achieve a consistent, collaborative approach to managing head lice, the school will:

- Distribute up to date and accurate information on finding, treating and controlling head lice to parents and staff at the beginning of the year or more frequently if required
- Encourage students to learn about head lice to help reduce stigma or bullying
- Discretely conduct head checks of all students once a case of head lice has been confirmed

I have received and acknowledge the "No Nit" policy for the Soboba school and youth programs. I understand that my child must be excluded from school and/or youth functions until he/she is clear of lice.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**TRANSPORTATION DEPARTMENT BUS AND VAN RULES**

Riding the bus is a privilege provided. by Noli Indian School Bus riders are expected to comply with bus rules at all times. Students are expected to:

1. Follow the directions of the bus driver.
2. Stay seated at all times and wear safety belts where provided.
3. Observe the same conduct as in the classroom.
4. Be courteous; use no profane language.
5. Do not eat, drink, chew gum, or smoke on the bus.
6. Keep all body parts inside the bus.
7. Keep hands and feet to themselves.
8. Do not damage the school bus or other student property.
9. Respect other students: no cursing, loud talk, or fighting
10. No pupil shall get off or on the bus anywhere other than his/her established bus stop without 24 hr. advance notice to transportation or designee.
11. Parents are responsible for their students' transportation should the student choose not to use the transportation provided by the school
12. The driver shall be responsible for the orderly conduct of pupils while they are on the bus or being escorted across a street, highway or road.
13. Under no circumstances shall animals, intoxicating liquors, illegal substances, or weapons be carried on the bus.
14. Bus/Van drivers are authorized to assign seats.
15. After 3 warnings the driver may suspend a student from riding the bus/van for a day.
16. Drivers will wait 3 minutes at each designated bus stop.

\*Due to the increase in requests for changes to pick up and drop off locations Noli Transportation has instituted the following policy: any change in drop off or pick up requires 24 hour notices. Students transported in a school bus/van shall be under the authority of and responsible directly to, the driver of the bus and the driver will be responsible for the orderly conduct of students while they are on the bus, or being escorted across a street, highway, or road. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for the student to be denied transportation. A bus driver shall not require any pupil to leave the bus in-route between home and the school or other destinations. (SCCR1 4103/CID'827)

- If any student is caught destroying school property his/her parents/guardians will be financially responsible for repairs or replacements.
- Failure to abide by these rules may lead to suspension from the bus.
- Failure to sign below will result in no transportation until signed

I Student/Parent/Guardian have read the above rules fully, and will abide by them.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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**TITLE VII STUDENT ELIGABILITY VERIFICATION**

**Elementary And Secondary Education act, title VII, Part A, Subpart 1**

**Parents: Please return this completed form to your student's school.**

In order to apply for a formula grant under the Indian Education Program, your student's school must determine the number of Indian students enrolled. Any student who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your student's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian bands terminated since 1940, and those recognized by the state in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the secretary of the interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.*

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of School Noli Indian School Grade \_\_\_\_\_ Name of Tribe/Band/Group \_\_\_\_\_

Tribe, Band, or Group is (mark one):

Federally Recognized (including Alaska Native)                                  State Recognized  
Terminated                                  Organized Indian group meeting #5 of the group above

Name of Individual tribal membership \_\_\_\_\_

Individual named is (check one):                  Child                  Child's Parent                  Child's Grandparent

Proof of Membership, as defined by tribe, band, or group is: \_\_\_\_\_

A. Membership or enrollment number (if available) \_\_\_\_\_ or  
Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band, or group:

\_\_\_\_\_  
I verify that the information provided above is accurate:

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

\_\_\_\_\_  
Date

Mailing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_