Hanaadli Community School/Dormitory, Inc.

Dormitory Program

School Year 2026-2027

REQUIRED DOCUMENTS FOR ENROLLMENT:

- Dorm Enrollment Packet
- Birth Certificate *(new enrollees)*
- Certificate of Indian Blood (CIB)*(new enrollees)*
- Updated Immunization Record (dated 2026 or newer)
- Insurance Medical Card (NM Medicaid, Centennial, etc.)

Enrollment is Open to 1st to 12th Grade Students

attending Bloomfield Schools

03/2026

Hanaadli Community School/Dormitory, Inc.

Dormitory PROGRAM

Checklist for Dormitory Program Enrollment

The following documents are **REQUIRED** for **NEW enrollment** to the Hanaadli Dormitory Program. They **MUST** be attached to the Enrollment packet to be considered **COMPLETE**:

- ☐ Copy of Certificate of Indian Blood (New enrollees)
- ☐ Copy of Birth Certificate (New enrollees)
- ☐ Official Updated Immunization Record (Dated 2025 or newer)
- ☐ Insurance Medical Card (NM Medicaid, Centennial, etc.)
- ☐ Copy of Legal Guardianship/Power of Attorney (if you are not the legal guardian or custodial parent of a student)

The following documents and information must be completed with signatures: New/Returning enrollees

- ☐ Student Dorm Enrollment Application
- ☐ Map of current residence
- ☐ Student Check Out/In Form
- ☐ IHS Consent of Parent for the Care of the Child
- ☐ Student Health Questionnaire
- ☐ Authorization for the Release of School Records
- ☐ Student Activity Form
- ☐ Media Release Form
- ☐ Student/Parent COMPACT Acknowledgement Form
- ☐ Student & Parent Completed & Reviewed the Residential Handbook (August, 2026)
- ☐ Student & Parent attended the Mandatory Training and Residential Orientation (August, 2026)

Hanaadli Community School/Dormitory, Inc.
Dormitory Program
SY 2026-2027

STUDENT DORM ENROLLMENT APPLICATION

Grade: _____

STUDENT INFORMATION:

NAME OF STUDENT: _____
First Middle Last

Date of Birth: _____ **Birth Place:** _____ **Gender:** ( ) Female ( ) Male

Address: P.O. Box _____ Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Residence (Home Location): _____

_____

Tribal Affiliation: _____ **Degree Indian:** _____

Enrollment Number: _____ **Chapter Affiliation:** _____

Language most spoken by student: ☐ Navajo ☐ English **Did student participate in Special Education?**
Language most spoken at Home: ☐ Navajo ☐ English **Yes ( ) No ( ) If yes, IEP? Yes ( ) No ( )**

FAMILY INFORMATION: **Student lives with: ☐ Both Parents ☐ Father ☐ Mother**
☐ Grandparents ☐ Guardian fill out page 2. ☐ Other

FATHER: _____
Address: _____
_____
Tribal Affiliation: _____
Occupation: _____
Employer: _____
Email: _____
TELEPHONE: Home: _____
Work: _____
Cell: _____

MOTHER: _____
Address: _____
_____
Tribal Affiliation: _____
Occupation: _____
Employer: _____
Email: _____
TELEPHONE: Home: _____
Work: _____
Cell: _____

GUARDIAN INFORMATION: (**Complete only if you are a legal guardian, please attach guardianship documents, court custody documents, etc.)**

Guardian Name:_____ Occupation:_____

Address:_____ Employer: _____

_____ Work: _____

Home Phone:_____

Cell:_____ Email:_____

SCHOOL HISTORY: ***(Hanaadli CSD, Inc. will be checking on previous school, if needed)***

Previous School Attended: Dates Attended:_____ Grade Completed:_____

_____

Address: Reasons for Transferring:

_____ _____

City/State: _____

_____

Previous School Attended: Dates Attended:_____ Grade Completed:_____

_____

Address: Reasons for Transferring:

_____ _____

City/State: _____

_____

Has the student ever been removed and/or is the student in the process of being removed from a previous school due to disciplinary action? Yes ( ) No ( )

Reason:_____

Has student been expelled from school and/or dorm? Yes ( ) No ( )

Reason:_____

(If you answered yes to above questions, you will need an administrator's approval before proceeding.)

I am legally responsible for this student and hereby apply for his/her admission to this school/dorm. I understand that additional information may be requested by the school/dorm before the student is enrolled. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

_____ _____

Signature of Parent/Legal Guardian **Date**

Office Use Only: Approval of Enrollment Application

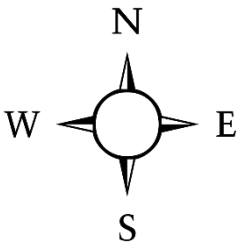
Approved:_____ **Disapproved:**_____ **Contract**_____ **Hold**_____

Hanaadli Community School/Dormitory, Inc.

MAP OF CURRENT RESIDENCE

Student Name: _____ Grade:_____
Name of Parent/Guardian: _____
Location of Residence: _____
Description of the House: _____

Use landmarks and road markers to the location of the residence



(GPS)

Hanaadli Community School/Dormitory, Inc.

Dormitory PROGRAM

STUDENT CHECK OUT/IN

STUDENT NAME	GRADE	SY 2026-2027

PARENT/GUARDIAN	PRIMARY PHONE	SECONDARY PHONE

I give full authority for the individuals listed below to check out and check in my child from Hanaadli Community School/Dormitory, Inc. Dormitory Program. I understand that the individuals listed must be 25 years or older and that Dormitory Staff will ask for ID should the need arise.

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

I understand and acknowledge that if my child is absent ten (10) consecutive days from the Hanaadli CSD, Inc. Dormitory Program, he or she will automatically be dropped. I understand and acknowledge that I will have to sign an Attendance Contract should my child decide to return to the Dorm.

_____ _____

Parent/Guardian Signature Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

Name of Student _____ Birthdate _____

I (We),_____, have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child.

1. Dental Care include dental examinations, preventive use of fluorides and necessary emergency dental care.
2. Emergency health care for accident or illness.
3. Health care include medical examinations, sport physicals, screening, routine laboratory studies, x-ray procedures, skin tests and routine immunizations.
4. Mental health services include evaluation and treatment as necessary.
5. Optometry care for eye examinations, including full dilation, and eye glasses.
6. Psychiatric services to include assessment, treatment, and medication as necessary.
7. Transportation of child to and/or from a health facility for these services.

PLEASE CHECK THE APPROPRIATE BOX (ES):

☐ - I hereby give consent for all the above services.

☐ - Exceptions or Special Instructions: _____

☐ -I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Hanaadli Community School/Dormitory, Inc. staff while my child is in attendance.

Parent/Guardian Signature:_____

Please Print Name: _____

Address:_____City:_____Zip:_____

Phone#:_____Alternate Phone#:_____

Relationship: _____Date: _____

***Valid Until: JUNE 2027**

✓Check the one that applies: ☐ Chart # IHS_____ ☐ Medicaid

☐ No Health Insurance ☐ Other

Please be advised that Hanaadli Community School/Dormitory, Inc. will make every attempt to contact you before any of the above services are rendered. *This consent is only valid for one year from the date it was signed, a new one needs to be signed yearly.

Hanaadli Community School/Dormitory, Inc.
HEALTH SERVICES/MEDICATION/TREATMENT SY 2026-2027

Student Name: _____ DOB:_____ Gender: ☐ Female ☐ Male

Please list any recent illness, injuries, or hospitalization: _____

Is your child presently receiving treatment for any Medical Problems? ☐ Yes ☐ No

If YES, what is the treatment? _____

Is your child taking any medication on a daily basis? ☐ Yes ☐ No **If YES, what kind and for what reason?**

1. _____ 3. _____

2. _____ 4. _____

All prescribed medications should be brought to the dormitory in the container dispensed by the clinic with the directions on the label.

MEDICAL HISTORY & CURRENT HEALTH PROBLEM

Has your child ever had or now have?

☐ Yes ☐ No Allergies, to what? _____

☐ Yes ☐ No Vision Problems	☐ Yes ☐ No Epilepsy	☐ Yes ☐ No Eczema
☐ Yes ☐ No Eyeglasses	☐ Yes ☐ No Heart Murmur	☐ Yes ☐ No Broken Bones/Frac.
☐ Yes ☐ No Hearing Problems	☐ Yes ☐ No Asthma	☐ Yes ☐ No Joint Pain
☐ Yes ☐ No Frequent Ear Infection	☐ Yes ☐ No Anemia	☐ Yes ☐ No Chicken Pox
☐ Yes ☐ No Concussion-Head Injury	☐ Yes ☐ No High Blood Pressure	☐ Yes ☐ No Cancer/Tumor
☐ Yes ☐ No Fainting	☐ Yes ☐ No Diabetes/Insulin	☐ Yes ☐ No AIDS Exposure
☐ Yes ☐ No Migraine Headaches	☐ Yes ☐ No Kidney Problem-Dialysis	☐ Yes ☐ No Tuberculosis
☐ Yes ☐ No Hepatitis/Liver Disease		☐ Other _____

CONSENT OF PARENT OR LEGAL GUARDIAN WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

In case of a minor accident or illness, I give permission for my child to receive the following medication at the discretion of the Residential Staff. It is noted that alternative methods of care will be used before any medication is given, with the exception of a doctor's prescription.

(Please check those over-the-counter medicines you wish your child to receive)

☐ Yes ☐ No Nutralox – Antacid	☐ Yes ☐ No Nit Free (headlice treatment)**
☐ Yes ☐ No Acetaminophen (headaches/fever/pain)	☐ Yes ☐ No Lip Moisturizer (chapped lips)
☐ Yes ☐ No Cetafen - Cough & Cold Relief	☐ Yes ☐ No Hydrocortisone (Anti-itch cream)
☐ Yes ☐ No Nasal Decongestant	☐ Yes ☐ No Neosporin (Topical Ointment)

***Hanaadli CSD, Inc. policy regarding head lice: student must return home and are able to come back to the dorm when they are nit-free.*

Where does your child go for Health Care Services? _____

Do you have any health concerns you would like us to know? _____

In case of an emergency or illness of my child, and I cannot be reached by phone or be contacted immediately, I give permission for the residential staff to transport my child to the nearest Indian Health Clinic or hospital for medical treatment.

_____ _____

Parent/Guardian Signature Date

Hanaadli Community School/Dormitory, Inc.
P.O. Box 639, Bloomfield, NM 87413
Phone: (505) 960-3411 Fax: (505) 960-3591

CONSENT FORM FOR RELEASE OF STUDENT SCHOOL RECORDS

School Year 2026-2027

Attention: School Registrar

Date: _____

To: Bloomfield Schools
Phone: _____ Fax: _____

Student Name: _____ D.O.B. _____

Grade: _____

I, the undersigned, do hereby authorize the release of education records maintained under the above student's name to include but not limited to the following:

- Grades & transcripts
- School health records
- Discipline
- Other: _____
- Power school
- Special Education records
- Counseling psychology

The education records shall be delivered to Hanaadli Community School/Dormitory, Inc. Dormitory Program for the purposes of assisting with educational goals and if, and when needed, medical care and treatment of the student.

This is to certify that I agree to the release of the records above with the understanding that the information will be released only for the purpose stated above and only to Hanaadli Community School/Dorm, Inc. Dormitory Program.

_____ _____
Parent/Guardian Signature Date

Hanaadli Community School/Dormitory, Inc.

Dormitory PROGRAM

STUDENT ACTIVITY

School Year 2026-2027

Student Name: _____ **Grade:** _____

Age: _____ Birthdate: _____ Gender: □ Female □ Male

I/We hereby give consent and permission for my/our child to participate in any Dormitory Program activities of her/his choice (listed below). Furthermore, I will not hold Hanaadli CSD, Inc. responsible for accidents or injuries to my child, provided the Hanaadli CSD, Inc. has reasonably adequate supervision. I understand a chaperone will be with my child when my child is participating in all Hanaadli CSD, Inc. sponsored extracurricular activities.

I also hereby give and grant any doctor of any medical center consent and authorize them to render such aid, treatment, or care to said student, as in the judgement of said doctor or any medical center, may be required, on an emergency basis in the event said student be injured while participating in a Hanaadli CSD, Inc. sponsored field trip.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

_____ _____

Parent Emergency Phone Number Secondary Emergency phone number

The following are some of the activities available to your child for school year:

- Recreation (Dine YOUTH Center)
- Educational Field Trips
- Arts & Crafts
- Culture/Religious Teachings
- Family Groups
- Weaving/Beading
- Ceramics/Pottery
- Town Trips (CI purchases)
- Water related activities

Please indicate any activities you do not wish your child to participate:

_____

Hanaadli Community School/Dormitory, Inc.
Dormitory PROGRAM

STUDENT MEDIA RELEASE FORM

SCHOOL YEAR 2026-2027

Student Name: _____ Date: _____

Dear Parent/Guardian:

Hanaadli Community School/Dormitory, Inc. may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters; on the school/dorm website, or other special school/dorm events.

Before your child can participate in any of the above activities, you must give your permission by signing and returning this page to the school/dorm. Thank you for your cooperation.

☐ **I give my permission** for my child to be interviewed, photographed, or videotaped for use in school/dorm publications, productions, and for his/her name to be published in school/dorm publications and websites.

☐ **I do not give my permission** for my child to be interviewed, photographed, or videotaped for use in school/dorm publications, productions, and for his/her name to be published in school/dorm publications and websites.

Parent/Guardian signature: _____ Date:_____

This form will be retained at the school/dorm, with the student's records.

Updated: 03/2026

Hanaadli Community School/Dormitory, Inc.

Drug and Alcohol-Free Campus

Student/Parent Consent

Student Name: _____ School Year: 2026-2027

Hanaadli Community School/Dormitory, Inc. students are given the opportunity to develop: Home Living & Social Skills, and become well-rounded individuals able to function in our society after graduation. Drugs, alcohol, vaping, tobacco, and other mind-altering substances are contrary to that outcome and are not tolerated on our campus. HCSD, Inc. is a drug free school zone and will be strictly enforced as such. Every student deserves the right to learn in a safe and drug free environment. As such, the following must be agreed to prior to acceptance into the residential program.

Expectation of Parent/Guardian:

- As the parent or guardian of the above-named student, I support Hanaadli Community School/Dormitory, Inc. NO Alcohol, Drugs, Vaping and Tobacco Free Policy.
- I have discussed these policies with my student and will reinforce and support Hanaadli Community School/Dormitory, Inc. recommendations for services when they are offered.
- I agree to my child being randomly tested for use of alcohol and drugs if suspected of use.
- I understand that refusal or noncompliance with dormitory program recommendations may result in my child being suspended or expelled from Hanaadli Community School/Dormitory, Inc.

Expectation of Students:

- I understand and will follow Hanaadli Community School/Dormitory, Inc. policies and rules regarding use of alcohol, drugs, vaping or tobacco while enrolled at HCSD, Inc.
- I agree to be randomly tested for use of alcohol or drugs.
- I will abide by recommendations for treatment or services for use of alcohol, drugs, vaping or tobacco.
- I understand that refusal or noncompliance with recommended services may result in my release from enrollment at Hanaadli Community School/Dormitory, Inc.
- I will comply with my individual Treatment Plan established with my counselor while residing at the Hanaadli Community School/Dormitory, Inc.

We have reviewed and agree to policies expectations and consequences for use of alcohol, drugs, vaping or tobacco as established by Hanaadli Community School/Dormitory, Inc.

_____ _____/_____/_____School Year

(Parent Signature) Date

_____ _____/_____/_____School Year

(Student Signature) Date

Hanaadli Community School/Dormitory, Inc.

Dormitory Program SY 2026-2027

Student/Parent COMPACT Acknowledgement Form

AS A STUDENT, I COMMIT TO:

- Follow the rules of the Hanaadli Dormitory Program Student Handbook
- Academic SUCCESS throughout the school year.
- Adhere to the Hanaadli Attendance Policy.
- Show RESPECT, Be SAFE, Be RESPONSIBLE and Be KIND to Students, Staff, Community and Property.

AS A PARENT, I COMMIT TO:

- Read and Reinforce the Rules of the Dormitory Program Handbook with my child.
- Communicate the importance of EDUCATION and LEARNING with my child.
- PARTICIPATE in school activities and attend parent conferences.
- Keep my child enrolled in the Dormitory Program the entire school year.
- SUPPORT and RESPECT the Dormitory Program Staff, Students, Administrators, and Property

AS A STAFF MEMBER, I COMMIT TO:

- MENTOR, COACH, AND LEAD students to a successful school year.
- Providing a SAFE and SUPPORTIVE environment for all students.
- Enforcing and facilitating the Dormitory Discipline policies.
- Student academic SUCCESS.
- Providing a FUN and challenging student-centered environment that promotes high student achievement
- Participate in school activities and attend parent conferences
- RESPECT and SUPPORT Students, Staff, and Community through effective COMMUNICATION for the benefit of ALL

_____ _____

STUDENT SIGNATURE DATE

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

_____ _____

Residential Manager SIGNATURE DATE