

2018-2019

ENROLLMENT CHECKLIST



NEW ENROLLMENT APPLICATION

The following information is needed for each student at the time of enrollment. **Students will not be permitted to start school until all the required documentations are received and an educational background check completed.**



- Completed Application packet. **Do not sign if you are not the custodial parent or have legal or temporary guardianship documents attached.**
- Student must have a **Certificate of Indian Blood (CIB)**.
- Original copy of student's Birth Certificate.
- Updated Immunization Card/Record.**
According to Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708, students must have proof of all required immunizations, or a valid exemption, in order to attend school.
- Incoming Kindergartners **must be 5 years old before Dec 30, 2018. Due to classroom capacity, enrollment for Kindergartners may close sooner than deadline.**
- Official copy of school Withdrawal Form, if transferring from another school district.
- Copies of Transcripts, Grades, Test Scores, for all transfer students.
- [if applicable] Boundary Waiver, if you reside outside the district area. Navajo Area out of boundary students requires their local School Board Official's approval for enrollment. **Must be completed before student can start class.**
- Legal Documentation. If you are **not** the legal guardian or custodial parent of a student we require one of the following documents for enrollment:
 - o Court Custody Documents
 - o Social Service Placement Letter
 - o Power of Attorney Form signed & notarized.
- Other copies of Court Documents, Restraining Orders, etc, [if applicable]
- Exceptional Education documents [if applicable].
- If enrolling in the dormitory, student must first be approved for enrollment with K-8 school.
- 10 years and older may participate in School Athletics. Physical Exam forms are available in the Elementary Office and available for download at our school's website. *All required Athletic Forms are due before first day of practice.*

Shonto Preparatory K-8 School
Enrollment Contact

Treva A Worker, K-8 Registrar

PO Box 7900, Shonto, Arizona 86054

Phone: 928-672-3530 Fax: 928-672-3505 Email: tworker@shontoprep.org

SHONTO PREPARATORY SCHOOL

APPLICATION FOR BUREAU FUNDED SCHOOLS AND FEDERAL BOARDING SCHOOLS
 UNITED STATES DEPARTMENT OF THE INTERIOR
 BUREAU OF INDIAN EDUCATION



BIA Form 6248
 OMB No. 1076-0122
 06/01/2018

GRADE	
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NEW & TRANSFER STUDENTS ONLY

Has your child been suspended/expelled from previous school? If yes, reason? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your child ever attended Shonto Preparatory School? If yes, when: <input type="checkbox"/> YES <input type="checkbox"/> NO
Retained? (Grade/Year) <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your child participated in an Exceptional Education Program or have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT INFORMATION

Last Name		First		Middle	
Mailing Address		City		State	
Zip					
Physical Address					
Household Contact Number (This number will be used for our School Closure Notifications and Emergencies.)					
Date Of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Status: <input type="checkbox"/> Dorm <input type="checkbox"/> Walk <input type="checkbox"/> Bus Route:	
Tribal Affiliation		Enrollment Number (CIB)		Degree	
What is the language that the student first acquired? <input type="checkbox"/> Navajo <input type="checkbox"/> English Other:		What is the language most often spoken by the student? <input type="checkbox"/> Navajo <input type="checkbox"/> English Other:		What is the primary language used in the home regardless of the language spoken by the student? <input type="checkbox"/> Navajo <input type="checkbox"/> English Other:	

PREVIOUS SCHOOL

School		Address	
Phone		Fax	
		Grade Completed	

FAMILY & BACKGROUND INFORMATION

Child lives with	Name	Contact #	Email	Tribal Affiliation	Enrollment Number	Chapter Affiliation
<input type="checkbox"/> Father						
<input type="checkbox"/> Mother						
<input type="checkbox"/> Temp/Legal Guardian					N/A	
Documents on file?		Valid from			Expires	

EMERGENCY CONTACT (OTHER THAN PARENT)

	Name	Contact #	Physical Address
Contact 1			
Contact 2			

THE FOLLOWING ADDITIONAL PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL

☛ **Limit four (4).** The person(s) on the list **MUST BE OVER 21 YEARS OF AGE.** Any release of a student requires proper check out procedures in the office. The parents/guardians are to notify the office of any changes. This policy is written in the Student Parent Handbook.

1.	Relationship	3.	Relationship
2.	Relationship	4.	Relationship

DISCLAIMER AND SIGNATURE

I am legally responsible for this student and hereby apply for his/her admission to this school. Therefore I certify that the foregoing information is accurate and complete to the best of my knowledge. I also understand that additional information may be requested by the school from myself and other public agencies in accordance with the rules and regulations or the Family Privacy Act to complete the enrollment of my child.

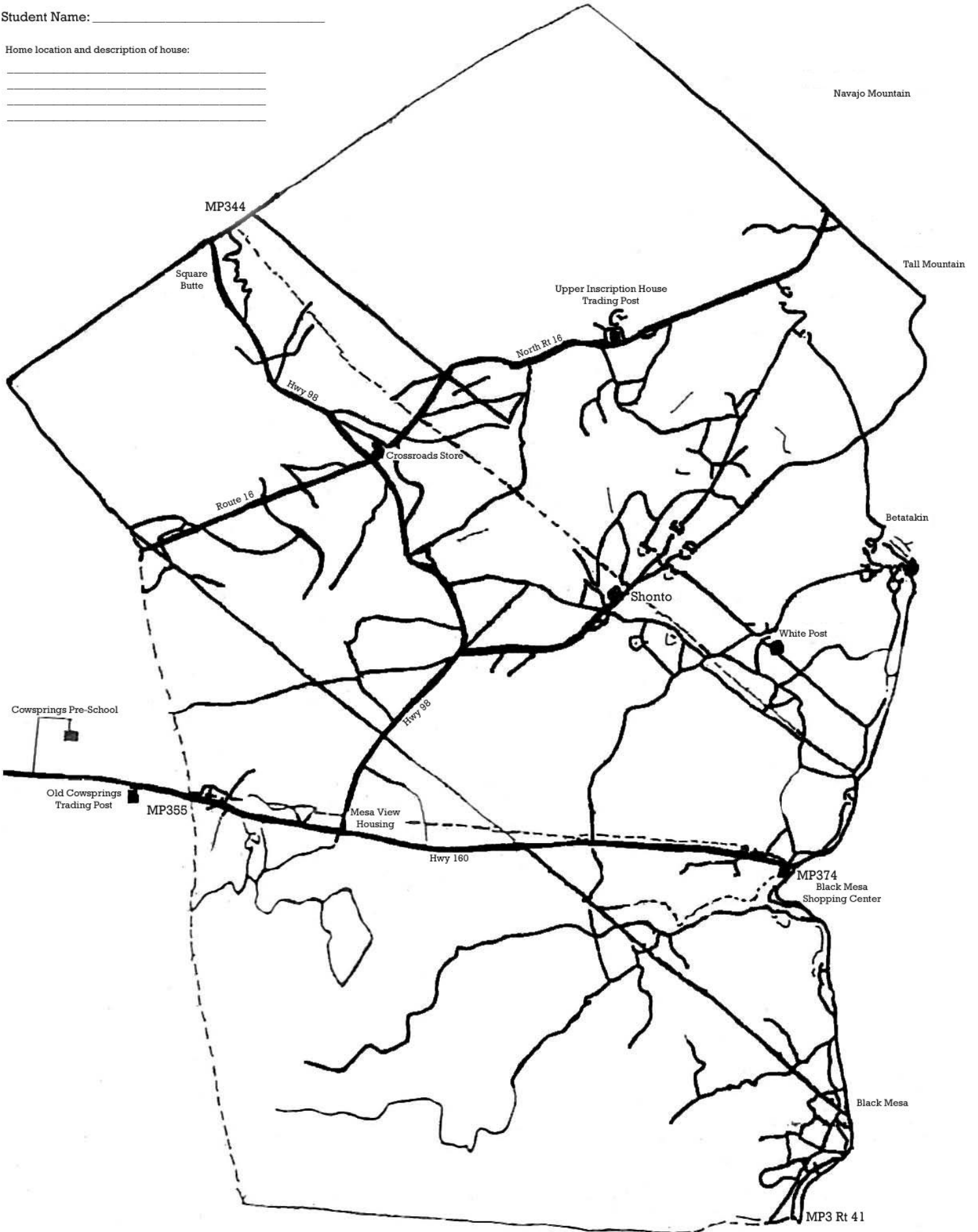
Signature _____ Date _____

THIS STUDENT PROVIDED ALL NECESSARY DOCUMENTS AND BACKGROUND CLEARANCE TO ATTEND SHONTO PREPARATORY K-8 SCHOOL.

Registrar	Date	Principal	Date
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Returning	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Contract <input type="checkbox"/> Denied	2018-2019 SY

Student Name: _____

Home location and description of house:



**SHONTO PREPARATORY SCHOOL (SY 2018-2019)
HEALTH HISTORY QUESTIONNAIRE & CONSENT FORM**

GRADE: _____

DORM: Yes or No

Student Name: _____ **DOB:** _____ **Gender:** Male () or Female ()

Parent(s): _____ **Home Location:** _____

Phone #'s: _____
 (Home) _____ (Cell Phone) _____ (Message) _____

If the school cannot contact either parent/guardian, please list a "Next of Kin" or a relative who would have authority to advise us regarding your child and/or to locate you immediately.

Name: _____ **Relation to Child:** _____ **Phone #:** _____

HEALTH HISTORY QUESTIONNAIRE

Has your child had any of the following health conditions listed below? Circle YES or NO.

ADD/ADHD	NO	YES	Heart Murmur/Disease	NO	YES	Allergic to food(s);	NO	YES
Anemia	NO	YES	Hepatitis	NO	YES	_____		
Asthma (diagnosed)	NO	YES	High Blood Pressure	NO	YES	Allergic to Medicine(s);	NO	YES
Bleeding Disorder	NO	YES	Kidney Disease	NO	YES	_____		
Bronchitis	NO	YES	Meningitis	NO	YES	Allergic to insect bites	NO	YES
Chicken Pox	NO	YES	Migraine Headache	NO	YES	Allergic to pet dander	NO	YES
Diabetes	NO	YES	Pneumonia	NO	YES	Thyroid problem	NO	YES
Dietary Restrictions	NO	YES	Rheumatoid Arthritis	NO	YES	Tuberculosis	NO	YES
Epilepsy/Seizures	NO	YES	Scoliosis	NO	YES	Under Physician's Care	NO	YES
Eyeglasses/Contacts	NO	YES	Vision/Hearing Problems	NO	YES	Other: _____	NO	YES

Explain "YES" answers here or "other"; _____

NON-PRESCRIPTION MEDICATION CONSENT

"I, _____, (Parent or Legal Guardian), authorize the following non-prescription medication to be administered as needed for my child by the School Nurse or designated SPS personnel";

- | | | | |
|--------------------------|-----------------------------|--------------------|--|
| ___ Children's Tylenol | ___ Allergy Relief Eye Drop | ___ Blistex | ___ Children's Pepto Bismol Tablets |
| ___ Tylenol (325 mg) | ___ Eye Lubricant | ___ Carmex | ___ Hydrocortisone 1% Cream |
| ___ Children's Ibuprofen | ___ Cough Suppressant | ___ Neosporin | ___ Head Lice Shampoo |
| ___ Ibuprofen (200 mg) | ___ Throat Lozengers | ___ Wart Band-Aid | ___ Children's Benadryl (Administered) |
| ___ Orajel Toothache | ___ Children's Sudafed | ___ Mouth Sore Gel | only as a temporary relief). |

Special Instructions: _____

"My child's prescription medication(s) will be provided in a labelled container with his/her name, the prescription name, specific instructions and expiration date. If at any time the information must be changed, I will notify the school nurse or administrator in writing. I agree to and do hereby hold SPS and its employees harmless from any and all claims, demands, causes of actions, liability or loss of any sort, because of or arising out of act or omissions with respect to this medication."

Parent Signature: _____ Print Name: _____ Date: _____

PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

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

I (We), _____, Parent(s) of _____
(Parent/Legal Guardian) (Student)

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. (Please Check Mark ✓)

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 procedure, skin tests and routine immunizations.
4. ___ Mental health services include evaluation and treatment as necessary.
5. ___ Optometry care for eye examinations 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 of 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 Shonto Preparatory School staff while my child is in attendance.

Parent/Guardian Signature: _____

Please Print Name: _____

Address: _____ City: _____ Zip: _____

Phone#: _____ Alternate Phone #: _____

Relationship: _____

Date: _____

***Valid Until: June 2019**

✓Check the one that applies: ___ Enrolled in AHCCCS, ___ No Health Insurance,
___ Other Health Insurance, # _____

Please be advised that Shonto Preparatory School staff 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.

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Is your current address a temporary living arrangement? Yes _____ No _____
2. Is your temporary address due to loss of housing or economic hardship? Yes _____ No _____

If your answer to both questions is, "yes," please continue, otherwise stop here. Thank You.

Student Information:

Student Name(s): _____

Age(s): _____

Parent/Guardian Name(s): _____

School Sites: _____

Grade Level(s): _____

Parent/Guardian/Youth Phone No(s): _____

Circle one: Home Work Cell Shelter Family/Friend's Residence

Residency Information:

Are you a high school student who is currently living on your own? Yes _____ No _____

Where does the student stay at night?

_____ Shelter _____ Temporary Housing _ Other: _____

Address/Directions: _____

Shelter Contact Person: _____

The family/youth has been residing within the school district boundaries and intends to stay. _____(please initial)

Does the student wish to continue at school of origin? Yes _____ No _____

Is school of origin a boarding school? Yes _____ No _____

If present school is a boarding school, will student be enrolled in a residential dorm? Yes ____ No ____

Agreed Upon Services

Educational Services: (please describe) _____

After School Services: (please describe) _____

Transportation Services

Pick-up Location: _____

Drop Off Location (if different): _____

Health Services:

Immunizations: _____

Dental: _____

Food/Clothing: _____

Free Lunch: _____

Counseling: _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will not be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the School Liason/Designee immediately.

Parent/Guardian

Youth

School Designee/Liaison

REQUEST FOR RECORDS



Date: _____

I hereby authorize Shonto Preparatory School to access the cumulative school records and special educational records of:

_____ Student's Full Name _____ Date of Birth _____ Entering Grade

Previous School:

School Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

I hereby authorize the release of my child's school records to Shonto Preparatory School:

_____ Signature _____ Relationship _____ Date

Federal Law 99.31 1-78: No parent signature is required for educational records sent from one educational agency to another educational agency.

Bottom portion FOR OFFICE USE ONLY

Please send the following information for admissions:

- | | |
|---|--|
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Transcripts of Grades | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Copy of Immunization/Health Records |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Special Education Records and/or IEPs (If Applicable). Please make to the attention of our Exceptional Student Services. |
| <input type="checkbox"/> Standardized State Assessment Scores | |
| <input type="checkbox"/> Other: _____ | |

Additional comments/request: _____

Please send/fax records to:

Shonto Preparatory K-8 School
Attn: T. Worker, Registrar
PO Box 7900
Shonto, Arizona 86054
(928) 672-3530

By Fax:
Attn: Registrar
(928) 672-3505

You may also scan and email records to:
tworker@shontoprep.org

2nd Notice _____

3rd Notice _____