

HOTEVILLA BACAVI COMMUNITY SCHOOL

P.O. Box 48, Hotevilla, Arizona 86030

Phone: 928-734-2462 Fax: 928-734-2225

Website: www.hbcschool.net



NEW STUDENT ENROLLMENT APPLICATION School Year 2025-2026

Dear Parent/Guardian:

Thank you for expressing interest in sending your child(ren) to Hotevilla Bacavi Community School for the 2025-2026 school year. Please read the application thoroughly and sign/complete every page before you submit.

Required Documents:

- ☐ Certificate of Indian Blood or Document Verifying Tribal Enrollment
- ☐ Current Immunization Record
- ☐ Certified Birth Certificate
- ☐ Legal Guardianship Documents (as it applies)
- ☐ If applicable: Medical Statement for Students with Special Dietary Accommodations (HBCS has a form to be completed by your child(ren's) Physician.)
- ☐ If applicable: HBCS Annual Participation Physical Examination Form (3-8th grade) A copy will be provided upon request.

Please thoroughly check the Enrollment application and provide the required documentation.

The following criteria have been established for Enrollment at HBCS for all grades 1-8th grade: Attendance, Grades, BIE Assessment scores, Arizona Academic Standard Assessment scores and Behavior/Attitude will be reviewed from their former school.

HBCS Administration will review the enrollment application and all the required documents that were submitted. Notification of approved enrollment to HBCS will be mailed.

If you have questions regarding the application, you may call 928-734-2462. We look forward to working with you and your child in the upcoming school year.

Thank you,
HBCS Administration

HOTEVILLA BACAVI COMMUNITY SCHOOL
NEW Student Enrollment Application

School Year: 2025-2026

Grade: _____

Updates to Parent/Guardian Information should be made with the Front Office staff when needed. Your phone numbers and Email address will be added to the ONE CALL messaging system.

Student Name: _____ Male () Female ()
Last First Middle

Mailing Address: _____
PO Box City/State/ Zip Code Physical Address (Be detailed-use the back to draw a map if needed)

Date of Birth: ____/____/____ Place of Birth: _____
City State

Village Affiliation: _____ Tribal Affiliation: _____

Enrollment/Census No. _____ Degree Indian Blood: _____ BIA Home Agency: _____

Last school attended: _____ Dates attended: From: _____ to _____

Reason for leaving: _____

Student participated in Special Education? Yes () No () Dominate Language Spoken by the Student: _____

Any pending disciplinary action from previous school attended? If yes, explain _____

Who does the student live with: ☐ Mother and Father ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent(s)

PARENT/GUARDIAN INFORMATION: **A valid working telephone/cell phone number is required for enrollment.**

Father: _____ Mother: _____

Address: _____ Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____
Living () Deceased () Living () Deceased ()

Employer: _____ Employer: _____

Cell/Home Phn: _____ Cell/Home Phn: _____

Work Phn: _____ Work Phn: _____

E-mail address _____ E-mail address _____

In case of emergency contact: _____ Telephone No. _____

LEGAL GUARDIAN: (If living with someone other than parents)

Relationship: _____

Name: _____
Name Address /PO Box City State Zip

Home Phn: _____ Work Phn: _____ Emergency Phn: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is officially enrolled.

Signature of Parent/Guardian/Legal Guardian

Date

ACCEPTED BY:

School Official

Date

Revised: 07/16/2020

**HOTEVILLA BACAVI COMMUNITY SCHOOL
RELEASE OF RECORDS
SCHOOL YEAR 2025-2026**

I hereby authorize the release of the following school records regarding my child: TRANSCRIPTS, STANDARDIZED TEST RESULTS, AND ANY HEALTH RECORDS. WHEN APPLICABLE; MOST RECENT IEP DOCUMENT INCLUDING MDT NOTES), PSYCO EDUCATIONAL REPORTS (INCLUDING PSY SUMMARY REPORT), INITITAL CONSENT TO EVALUATE, INITIAL CONSENT FOR PLACEMENT AND ANY OTHER PERTINENT DOCUMENTS NECESSARY FOR PROPER ASSESSMENT AND/OR PLACEMENT.

Student Name _____

Grade

Date of Birth

SEND TO:

Hotevilla Bacavi Community School
P.O. Box 48
Hotevilla, Arizona 86030

PREVIOUS SCHOOL ATTENDED:

Name of School: _____

Address: _____

Phone Number: _____

If a student left your school before the end of this semester, please also include grades to date of leaving in order that they may be averaged with grades to be earned for the remainder of the semester.

SIGNATURE: _____
(Parent/Guardian) _____ Date _____

This is in accordance with the Education Amendment Act of 1974

**HOTEVILLA BACAVI COMMUNITY SCHOOL
CHECKOUT PERMISSION FORM
SCHOOL YEAR 2025-2026**

STUDENT NAME: _____ GRADE: _____

I give the following individuals permission to check my child out of school. I understand that anyone not on this list will **NOT** be allowed to check out my child unless they have written permission from me. Please indicate Name and contact information for anyone on the Checkout Form.

YOU MAY UPDATE YOUR LIST AT ANYTIME IN PERSON. Please list the individual's name and telephone/cell number.

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Parent/Guardian

Date

HOTEVILLA BACAVI COMMUNITY SCHOOL
School Year 2025-2026

Competitive Sports Consent Form
For 3rd-8th grade ONLY (N/A for K-2)

I (we) hereby grant consent/permission for my child _____ to
NAME
participate in the following competitive sports:

(CHECK ONLY THOSE APPROPRIATE)

_____ Basketball _____ Softball _____ Cross Country _____ Cheer Leading

Signature of Parent/Guardian

Date

***Any student participating in competitive sports must have an updated Physical on file.**

HOTEVILLA BACAVI COMMUNITY SCHOOL
ON RESERVATION FIELD TRIPS
School Year 2025-2026

STUDENT'S NAME: _____ GRADE: _____

I (We) hereby grant permission for my child to participate in an on-reservation school sponsored activity trip as approved by the Principal.

I understand I will be informed prior to the field trip of where and when the trip will be taken. I also understand that the students will be properly chaperoned, and all precautions will be taken to ensure their safety.

These field trips will include walking to and from Hotevilla and Bacavi Villages and surrounding areas within walking distance.

I (WE) HAVE READ THIS CONSENT FORM FOR THE HOTEVILLA BACAVI COMMUNITY SCHOOL AND FULLY UNDERSTAND ITS CONTENTS:

Signature of Parent/Guardian

Date

Revised: 05/14/18

HOTEVILLA BACAVI COMMUNITY SCHOOL
HEALTH CONSENT/MEDICAL FORM--SCHOOL YEAR 2025-2026

Student Name: _____
Last First MI DOB Grade

I (We) give permission to Hotevilla Bacavi Community School to arrange for and/or to provide the following health services for my child.

1. Dental care including dental examinations, preventative use of fluoride and necessary emergency dental care.
2. Health care including screening for vision and hearing.
3. Emergency health care in case of an accident.
4. Immunization Clinic.
5. Transportation for the child from school to a health facility for these services.

_____ I HEARBY GIVE CONSENT FOR ALL OF THE ABOVE SERVICES

_____ EXCEPTIONS OR SPECIAL INSTRUCTIONS

Please complete the following:

Is your child Allergic to any medications, materials, items, or food? If "yes" please explain. For Food allergies, please provide appropriate documentation from Health provider. _____

Any physical restrictions, explain: _____

History:	Yes	No	Explain:
Heart Condition	☐	☐	-----
Diabetes	☐	☐	-----
Asthma	☐	☐	-----
Corrective lenses	☐	☐	-----
Hearing Impairment	☐	☐	-----
Prescribed medication (At home or School?)	☐	☐	-----
Epilepsy	☐	☐	-----

Does your child have allergy medications or an Inhaler they will need to bring to school? _____

Does your child have an EpiPen for school? _____

Will your child bring the EpiPen to school in case of emergency? _____

All medication brought to school will be stored in a locked cabinet.

Is there anything else we did not mention? _____

Signature of Parent/Guardian

Date

Revised 05/31/22

Valid Until: **June 30, 2026**



Public Health Service
Indian Health Service

Hopi Health Care Center
P.O. Box 4000
Highway 264, MM 388
Polacca, Arizona 86042

Influenza and COVID Vaccination Clinic

2025-2026 PARENT CONSENT FORM

Section 1: Information about Student to Receive Vaccine(s) - (please print)

STUDENT INFORMATION		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>
<u>Student's Date of Birth</u>	<u>HHCC Chart #</u>	<u>Student's Gender</u> Male or Female
PARENT / LEGAL GUARDIAN		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>

Section 2: Student Health History

	YES	NO
1. Does the student have a serious allergy to eggs or previous dose of Flu?		
2. Is the student sick today?		
3. Does the student have allergies to medications, food or other: (if yes, please list below)		
4. Has the student had a serious reaction to any vaccine in the past?		
5. Last dose of the COVID-19 vaccination? _____		
6. Does the student have a health condition or undergoing treatment (i.e. cancer, leukemia, or AIDS), that makes them moderately or severely immunocompromised?		
7. Has the student had a allergic reaction to any component or previous dose of the COVID-19 vaccine?		
8. Does the student take Cortisone, Prednisone, other steroids, anti-cancer drugs or x-ray treatments?		
9. Has the student received a transfusion of blood plasma or a medicine called Gamma Globulin?		
10. Is the student pregnant or at risk of becoming pregnant within the next month? ** First day of Last Menstrual Period (Date): _____ **		

Section 3: Consent for Immunization(s) - VIS form(s) provided at time of vaccination.

☐ I GIVE CONSENT FOR:	
☐ DECLINE:	
_____ Flu _____ COVID Monovalent	
_____ Signature of Parent / Legal Guardian	_____ Date
** Parent/Legal Guardian Contact Phone #: _____	

Please return consent to the student's school as soon as possible.

For more information about the immunizations, please call the Hopi Health Care Center PHN office at (928) 737-6257.

2025-26 Hopi Health Care Center School-Dental Disease Prevention Program

Name of Child/Student: _____

Date of Birth: _____ School: _____ Grade _____

The **IHS Hopi Health Care Center Dental Clinic** is excited to restart our school based outreach program with the intention of **screening for and preventing dental disease** (cavities). A licensed Indian Health Service doctor will be on site at all times to oversee all activities. This screening **DOES NOT** take the place of regular dental visits. For any further questions please call 928-737-6162.

Please Circle **One** of the Following:

YES - I am the parent/ legal caregiver and give my consent for the school-based dental screening program. (patients may continue to see their pediatric dentist elsewhere.)

Or

NO - I do not want my child to participate in any school based dental outreach programs.

If **NO**, who is the child's regular dental provider: _____

The following preventive treatment **MAY** be provided as determined by the dentist on site:

- Dental Screening / Examination
- Fluoride Varnish (for prevention of cavities)
- Oral Hygiene Instruction (teaching about how to clean your teeth)

In URGENT situations involving severe pain, infection, or trauma, EVERY ATTEMPT WILL BE MADE TO CONTACT THE CAREGIVER AT THE NUMBER BELOW prior to providing dental services.

_____	_____	_____
Signature	Relationship to Student	Date

_____	_____
Clearly Print Name	Contact Phone

Notes: _____

HOTEVILLA BACAVI COMMUNITY SCHOOL
Technology Policy Plan

School Year 2025-2026
ACCEPTABLE INTERNET AND COMPUTER USE GUIDELINES

We are pleased to offer students at Hotevilla Bacavi Community School access to the world wide web of computer network systems and the Internet learning tools currently available to us. We believe the Internet offers an incredibly vast, diverse, and unique learning experience that is intended to serve both the students and the staff. Our goal in offering this service is to promote educational excellence at HBCS by facilitating resource sharing, student innovation, and communication with other schools and professionals throughout the United States and the world abroad. The Internet, when properly used, is an extremely valuable educational tool.

This guideline is intended to specifically outline the school policies regarding the use of HBCS computers and address the issues you should be aware of before your child begins using the Internet and any World Wide Web applications.

A. Internet Outline

The Internet – also referred to as the World Wide Web- is an electronic highway connecting millions of computers and databases all over the world. Though complex in its design, the Internet's greatest advantage is how easy it is for anyone to use – young or old. As a network of databases and shared files, the World Wide Web acts as a huge reference library of information. In essence, the Internet is one huge directory of almost anything a person could imagine.

Through the HBCS computer system, students and teachers will have access to:

1. Information and news from around the United States and the world.
2. Access to any library, museum, or database with shared files.
3. Instant electronic communication with other schools, students, and professionals.
4. Access to any public domain or shared software.
5. Discussion groups or web courses on limitless topics.

Internet access is coordinated through a complex association of government agencies, and both profit and non-profit organizations from the United States and abroad. Smooth operation of this network depends upon the proper conduct of the users and agencies. These guidelines are provided to familiarize you with the Internet itself and what will be expected of your child when using network-based programs and equipment. In general, the Internet is an extremely useful tool, but it requires efficient, ethical, and legal utilization for network resources. At HBCS, one of our primary technology goals is to use the Internet as a resource in our curriculum and instruct the children on how to use it responsibly. This guideline helps to clarify that.

PARENT COPY

B. HBCS Internet Use

Students are responsible for good behavior on school computer networks just as they are in the classroom or other school facility. Using the Internet is a vital part of learning in today's classroom, but it is important that parents and guardians be aware of what the Internet brings with it. Access to the Internet and web applications like electronic mail or electronic classes will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with other students and schools throughout the world. Using the Internet will be left up to individual teachers and subject specific teachers, such as, special education or art. The intention is to extend classroom learning and use the Internet for outside resources and material that would typically not be available to our students. The primary concern in using the Internet is the thoroughness of some material. Families should be warned that some material accessible via the Internet could contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. However, while students are using the Internet they will be monitored, and in most cases, will only be given specific projects on specific web pages. We believe the benefits to students using the Internet outnumber any disadvantages. It is a valuable tool when properly used and understood. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their child should follow when using any media and information sources. To that end, Hotevilla Bacavi Community School supports and respects each family's right to decide whether or not to apply for access. General school rules still apply when using the Internet, but most of all good sense is the most important habit we can instill in our students. This document helps support that.

C. Internet Rules and Regulations

As outlined in Hotevilla Bacavi Community School's policy and procedures manual on student rights and responsibilities, the following acts are not permitted while using the school's computers or the Internet:

1. Sending or displaying offensive messages or pictures.
2. Using obscene language.
3. Harassing, insulting or attacking others.
4. Damaging computers, computer systems or computer networks.
5. Violating copyright laws.
6. Using false passwords.
7. Trespassing in other's work or in their files.
8. Intentionally wasting limited resources.
9. Employing the network for commercial purposes.

PARENT COPY

**HOTEVILLA BACAVI COMMUNITY SCHOOL
COMPUTER/INTERNET USER AGREEMENT AND PARENT PERMISSION FORM
SCHOOL YEAR 2025-2026**

As a user of Hotevilla Bacavi Community School's computer system, I agree that I have read and understand the rules and information given to me. When using the computers and Internet I will be using them under the instruction of my teacher.

Student Name: _____ Grade: _____

I ACCEPT THE FOLLOWING GUIDELINES FOR APPROPRIATE USE

- I will use the Internet for constructive educational purposes.
- I will not visit sites that contain items that are illegal, defamatory, pornographic, or otherwise offensive.
- I will observe the rules and laws regarding copyright and plagiarism.
- I will never give out personal information such as: my home address, telephone number, or the location of my school.
- I will never sign up for any kind of free Internet E-mail services, (hotmail, yahoo mail, etc.) but instead will use the school's internet services.
- I agree to follow any other rules for the use of the Internet that my school has established.

Student Signature: _____

As the parent or guardian of this student, I have read the guidelines for acceptable Internet and computer use. I understand that Internet access is designed for educational purposes the HBCS has taken every available precaution to eliminate controversial material. However, I also recognize the impossibility of HBCS to realistically restrict all controversial materials and I will not hold the school or any of its staff responsible for materials acquired while utilizing the available technology.

I give permission to my child to use the Internet only under their teacher's instruction and for specific projects or research where it serves an educational need.

In addition, I understand that from time to time the school may wish to publish examples of student projects, photographs, and other examples of HBCS work on the internet for information on a school related web site.

PLEASE CHECK ONE

_____ **YES**-My child's work can be published on HBCS related initial web pages.

_____ **NO**-My child's work cannot be published on HBCS related initial web pages.

Parent or Guardian: (please print) _____

Signature: _____ Date: _____

*Internet permission forms will be completed yearly with the school enrollment forms.

Please return this page to the school as soon as possible. Your child will not be able to use the Internet until this form is completed and returned.

Hotevilla Bacavi Community School
Student Name/Photo Release Form School Year 2025-2026

HBCS Parent/Guardian:

Please check one box, sign and date form, and return with registration materials. This form must be on file for each student and is valid as long as your child attends Hotevilla Bacavi Community School. If you choose to change your child's release status, you must submit a new form.

Student Name: _____ **Grade:** _____

School: Hotevilla Bacavi Community School

☐ **Yes, I give permission for my child's first and last name to be released and for my child to be photographed or videotaped while in school or during school-related activities outside the classroom.**

By checking "yes" and signing this consent form, I give permission for my child's **first and last name and/or photograph** to be used in publications, presentations, videos, or Web pages, or news releases produced by Hotevilla Bacavi Community School or by agencies working with HBCS. My child's first and last name and/or photograph may be included in news releases distributed to newspapers and other news media.

NOTE: No payment will be made to a child photographed under terms of this release or to his/her family if and when the photographs are used in district publications, presentations, video productions, or Web sites. Parents/guardians waive the right to preview or approve the finished photographs or video.

OR

☐ **No, I do NOT want my child's first and last name released nor my child to be photographed or videotaped while in school or during school-related activities outside the classroom.**

Checking "no" and signing this form means that my child's name and/or photograph may NOT appear in any Hotevilla Bacavi Community School, presentation, video, Website, or news release produced by Hotevilla Bacavi Community School or by agencies working with the school that gets distributed outside of the school. (Annual school yearbooks are considered internal school publications and are not subject to these restrictions. If you wish your child's name/photo not be included in the annual school yearbook, please notify your school principal in writing.)

It also means that my child's name and/or photograph may NOT be included in news releases distributed to newspapers and other news media.

**Parent/
Guardian
Signature** _____

Date _____

We, the Hotevilla Bacavi Community School, established this compact to foster the success of our students. We believe this is accomplished through the planned partnership of parents, families, students, teachers, and administrators. Goals that ensure academic achievement of the state standards; help every student develop a sense of responsibility and respect of self and others; and provide guidelines for meaningful two-way communication between home and school are guaranteed through the following responsibilities in this agreement.

Teachers will provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet Arizona academic standards.

In addition, I will:

Reading/Literacy

- Keep parents informed of the reading and math skills their children are learning, and how they can reinforce these skills at home.
- Guide students in selecting reading materials that match their interests and independent reading levels.

Study habits/Self-directed learning

- Teach students how to study and encourage active listening skills.
- Provide homework assignments relevant to daily instruction in accordance with the school homework guidelines.

Respect/Responsibility

- Model and display responsible decision making and citizenship in all aspects of daily life.
- Maintain appropriate student behavior in the classroom so that all students can learn and be safe.

Community

- Communicate frequently with parents about their children's progress through quarterly report cards, and by notes, phone calls, and e-mails.
- Respond promptly to families' concerns, messages and requests for information.
- Hold parent-teacher conferences, bi-annually, during which this compact will be discussed as it relates to the individual child's achievement.
- Encourage families to participate in school community programs and events.

Teacher Signature _____

Students benefit when adults in their school community are bonded by strong relationships. They recognize that they, too, are partners with their parents and teachers in their success. I will:

Reading/Literacy

- Read regularly for pleasure as well as to learn.
- Ask my family to read with me or read to me 15 minutes each day 5 days a week.

Study habits/Self-directed learning

- Listen to my family, teachers, and others who help me learn, and ask questions when I need help.
- Complete my homework on time and in a thorough and legible way.

Respect/Responsibility

- Come to school on time, and ready to learn.
- Always try my best.
- Respect myself and the rights of others.

Community

- Deliver messages from school to home and home to school to help inform my parents and teachers of events and activities that help support my learning experience.
- Encourage my family to participate in events and programs sponsored by my school community (e.g., Open House, Family Nights, Parent-Teacher-Student Conferences.)

Student Signature _____

Parents/Families understand that involvement in their child's education is the number one determining factor in a child's academic success. To make education a top priority in our home, I will:

Reading/Literacy

- Read to or with our child 15 minutes per day 5 days a week.
- Help to reinforce our child's reading and math skills with direction of the teacher.
- Know our child's interests and encourage reading for pleasure.
- Discuss our child's progress in reading and math in ways that show our high expectations.

Study habits/Self-directed learning

- Make sure our child has a routine for homework that works for our family and follows our school's homework guidelines. If our child doesn't have homework on any given day, we will encourage independent reading time, (or read together if in K or 1st grade), review reading or math skills, or prepare for projects, quizzes or tests.
- Review our child's homework and sign student planner each night.
- Discuss our child's effort and potential in ways that show high expectations.

Respect/Responsibility

- Make sure our child attends school regularly, is on time, and is prepared to learn.
- Stress the importance of school and classroom behavior expectations in family conversations.
- Encourage my child to demonstrate respect for school personnel, classmates, and school property.

Community

- Communicate promptly with my child's teacher whenever a concern or question arises.
- Respond promptly to my child's teacher or the school regarding requests or information.
- Attend/participate in open house, parent/teacher conferences, Family Nights or other school events.

Parent Signature(s) _____

Principal supports and encourages the efforts of all family-school partnerships in this school community.

Our school helps to strengthen the family-school partnership to enhance student learning through our School Community Council, Parent Teacher Organization, Family Nights, parent workshops, classroom visits by parents, and communication about students' progress toward learning standards and state assessments. Family activities are posted on the school's website, the parent bulletin board in the foyer, and distributed through student delivery.

Please read and sign this Compact, then return it to your child's teacher. Please post your copy in a place that can serve as a reminder of each school community member's responsibilities toward the success of each and every child in our school community. We will refer to this compact at parent-teacher conferences and meetings that confirm our family-school partnership to enhance our students' learning.

Principal Signature _____

**U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1**

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child 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 child'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 tribe or 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.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, _____ Including Alaska Native	_____ State _____ Recognized	_____ Terminated	Organized Indian Group Meeting #5 of the _____ Definition Above
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Name of individual with 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 readily 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'S SIGNATURE _____ **DATE** _____

Mailing Address _____ Telephone _____

Hotevilla Bacavi Community School

HBCS Families: This questionnaire will be used to assist in determining if you child will qualify as an ESL (English as a Secondary Language) learner. THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT.

Child's Name _____ Grade _____ Date of Birth _____ Age _____

1. **What language is commonly spoken in your home:**

☐ English ☐ Another language (please specify) _____

2. **Does the child you are enrolling speak a language other than English?**

☐ Yes ☐ No *If yes, what language is spoken: _____

3. **What language did your child use when he/she first began to talk?**

☐ English ☐ Another language (please specify) _____

4. **What language does your child read and/or write?**

☐ English ☐ Another language (please specify) _____

5. **What language do you most often use when speaking with your child?**

☐ English ☐ Another language (please specify) _____

6. **What language does your child use most often when speaking with you?**

☐ English ☐ Another language (please specify) _____

7. **If your child is cared for by another person on a regular basis, what language is most often used?**

☐ English ☐ Another language (please specify) _____

8. **Do you as a parent/guardian need to communicate with the school in a language other than English?**

☐ Yes ☐ No

If, based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

AND

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

Parent Signature _____ Date _____

School Use Only-Administrator's determination of Section A circumstances:

Based on the information provided this student:

☐ DOES QUALIFY

☐ DOES NOT QUALIFY