



MOENCOPI DAY SCHOOL
P.O. BOX 185
322 HWY. 264
TUBA CITY, AZ 86045
PHONE: (928)283-5361 FAX: (928)283-4662



RETURNING STUDENT APPLICATION

Dear Parents and Guardians,

Welcome back! Thank you for choosing to continue your child's education journey at Moencopi Day School, "Home of the Panthers" We're thrilled to have your child with us for another school year.

We take great pride in the accomplishments of all our students and are committed to supporting your child's academic and social growth. Our team is dedicated to creating an environment where every student can thrive and feel successful.

Attached is a complete enrollment application for Moencopi Day School SY2026-2027. The information you provide for your child will be used for annual audit purposes and other school related areas.

Per Indian Health Service (IHS), the Environmental Health Office of the Hopi Tribe and Center for Disease Control and Prevention (CDC), students ages 11-12 years old, in addition to the required vaccines must also include the following:

- * **Tetanus, Diphtheria and Acellular Pertussis (Tdap)**
- * **Meningococcal**

It is very important that you provide all the **required** documents within the enrollment application for your child to be accepted at Moencopi Day School.

- * **Current Immunization Record**
- * **Affidavit of Guardianship (if applicable)**



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SCHOOL YEAR: 2026-2027

RETURNING STUDENT ENROLLMENT APPLICATION

*Student Name: _____ *Grade: _____ *Gender: _____
 Last First MI

*Physical Home Address: _____

*Mailing Address (P.O. Box, City, State, Zip Code): _____

With whom does the student reside with (√): If other than father/mother, please provide guardianship documentation?

Mother Father Both Parents Grandparent Guardian Other (specify) _____

PRIMARY PARENT OR LEGAL GUARDIAN INFORMATION WITH WHOM STUDENT LIVES: MDS will only release educational, health or other information with the listed Legal Parent/Guardian. **Moencopi Day School utilizes the "One Call" system to better our communication with families. The One Call system will send messages via phone, email or SMS text regarding school activities, emergencies, delays, etc. Please print visibly.**

LEGAL PARENT/GUARDIAN 1

(Primary contact)

*Name: _____
 *Relationship to student: _____
 *Tribal Affiliation: _____
 *Village/Agency Affiliation: _____
 *Enrollment/CIB#: _____
 *Home #: _____
 *Cell #: _____
 Work#: _____
 *Email: _____

LEGAL PARENT/GUARDIAN 2

(Secondary contact)

Name: _____
 *Relationship to student: _____
 *Tribal Affiliation: _____
 *Village/Agency Affiliation: _____
 *Enrollment/CIB#: _____
 *Home#: _____
 *Cell#: _____
 Work#: _____
 *Email: _____

***IF STUDENT IS UNDER GUARDIANSHIP: Do parents have any visitation rights: (If no, must provided legal documentation)**

Mother: Yes No Father: Yes No

- In cases where custody/visitation affects the school, the school shall follow the most recent court order on file. It is the responsibility of the custodial parent or parents having joint custody to provide the school with the most recent court order.
- In the case of temporary custody, notarized documentation must be on file and most recent temporary guardianship on file will be followed. (see registrar for form)

***I certify that I am legally responsible for this child and hereby apply for his/her admission to Moencopi Day School. I understand that I may be required to provide additional information to the school before the child is officially enrolled. I will update immediately if changes are made throughout the school of "phone numbers, address, emails."**

*Parent/Legal Guardian Printed Name: _____

*Signature Parent/Legal Guardian: _____ *Date: _____



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PARENTAL CONSENT FOR HEALTH SERVICES

I/We _____ hereby give permission for (student's name) _____
 Date of Birth _____, TCRHCC Chart # _____ or Hopi Health Care chart # _____,
 to receive health and educational services from the Public Health Service, from other contracted health providers,
 and from Moencopi Day School Staff, including:

The following are Mandatory:

- Immunization Update
- Head Lice Screening
- Emergency Health Care for Accidents/Illness
- Height/Weight Assessment (K-6)

Check all that apply:

- Vision Screening
- Hearing Screening
- Dental Screening
- Social/Emotional/Mental Health Screening
 (For counseling services--- see Registrar for additional forms)
- Physical Assessment: Fitness Gram (3rd-6th)

I understand that my child's school health records will be filed at Moencopi Day School. My consent will accompany all my children's visits to the hospital or clinic. I agree to accompany my child to all screenings when requested. I understand that I will receive a copy of the results of all screening.

EMERGENCY

In case of an emergency, the Moencopi Day School staff has my permission to transport my child to a health facility for treatment. School health records will be transported to provide vital information.

RECORDS

I understand that all school records, including Special Services, will be confidential information and parent permission will be required to release any type of information to another source.

TRANSPORTATION

I hereby give permission to allow Moencopi Day School staff to take my child to and from Public Health Services using a Moencopi Day School vehicle when necessary.

In granting this permission, I release Moencopi Day School staff from liability, which might be incurred as a result of injury or incident. I understand that Moencopi Day School staff cannot assume liability or responsibility beyond normal care and supervision. It is further understood that this is intended to extend throughout the current school year.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



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STUDENT HEALTH INFORMATION
Part 2

Yes No Does your child wear prescription glasses? (if "Yes" indicate at what age child started wearing glasses) _____

Yes No Does your child use an asthma inhaler of any type? (if "YES" please explain)

Yes No Has your child been diagnosed by a Physician with ADHD? (If "Yes" please indicate date)

Yes No Does your child have any chronic or reoccurring illness, which affects his/her ability to participate in any activity? (Please Explain) _____

Yes No Are there any strenuous activities that are to be restricted for your child?
 Please explain: _____

Yes No Is your child currently taking medication? (If "Yes" Please fill information out below list all prescribed medication, inhaler medication, etc.)

Type of Medication:	
Diagnosis/Reason for Medication:	
Time (s) Medication is Administered:	
Type of Medication:	
Diagnosis/Reason for Medication:	
Time (s) Medication is Administered	

(Only answer if your child takes medication)

Yes No Does your child need prescribed medication administered during school hours? (If "Yes" see Registrar for Administering Prescribe Medication form)

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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Permission to Administer Over-The-Counter Medication Form

Student Name: _____ Grade: _____ D.O.B.: _____

Moencopi Day School keeps a limited supply of over-the-counter medication for occasions of unexpected health concerns during the school day. The Registrar, Administration Assistant or approved designee can administer medication upon parents/guardian notification of health concern. Medication dosages will be followed by the manufacturers' recommendations.

DO NOT SEND STUDENTS TO SCHOOL IF HE/SHE IS EXPERIENCING A FEVER

YES	NO	
		Acetaminophen/ Tylenol Tablet - Fever or pain. <i>(If fever is over 100 degrees, students will be sent home)</i>
		Acetaminophen Liquid - Fever or pain. <i>(If fever is over 100 degrees, students will be sent home)</i>
		Ibuprofen/ Advil - Injury, pain, swelling
		Diphenhydramine/Benadryl – Antihistamine for allergies; allergy symptoms and motion sickness
		Loratadine/ Claritin – Antihistamine for allergies; sneezing, runny nose, itching, watery eyes, and hives
		Eye Drop – Allergies, Itchy/ Red eyes
		Cortisone Cream/ Anti-Itch Cream – Insect bites, itching, and inflammation of skin
		Bacitracin Zinc Ointment/ Neosporin – Antibiotic ointment for minor cuts, scrapes, and burns
		Aloe Vera Gel – Burns, sunburns, bug bites, skin irritation, moisturizer
		Chloraseptic Spray - Sore throat, mouth pain (numbing sensation)
		Menthol Cough Drops – Cough suppressant
		Pepto Bismol – Upset stomach, nausea, diarrhea (will be sent home for diarrhea and vomiting)
		Anti-acid tablets/ Tums – sour stomach, stomachache, heartburn
		Carmex/ Lip Balm/ Lotion – dry, chapped lips/ dry, chapped skin

Legal Parent/Guardian Printed Name: _____ Date: _____

Legal Parent/Guardian Signature: _____



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Student Name: _____ Grade: _____ School Year: _____
Last First MI

A map must be provided for ALL students' home location. Google Map printout showing home location is acceptable.

Map of your physical address:





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McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. Your response to these questions will help determine eligibility and services a student and their family may be eligible to receive. **All information is confidential and will be kept separately from the Student Permanent Record for audit purposes.**

Name of Student: _____ Date of Birth: _____

Age: _____ Gender: _____ Grade: _____ School most recently attended: _____

Name of Parent(s)/Legal Guardian(s): _____

Physical address: _____

City: _____ Zip Code: _____ Phone Number: _____

Length of time at address: _____

	Yes	No
Is your current address a temporary living arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
If temporary, is this living arrangement due to loss of housing or economic hardship?		
• Loss of housing	<input type="checkbox"/>	<input type="checkbox"/>
• Economic hardship	<input type="checkbox"/>	<input type="checkbox"/>
• Natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
• Lack of adequate housing	<input type="checkbox"/>	<input type="checkbox"/>
• Mutual agreement for mutual benefits	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to the questions above, please complete the remainder of this form. If you answered NO to both questions above, you may STOP here. In either case, please sign below. Thank you.

Where is the student currently living?

- In a motel
- Moving from place to place
- In a place not designed for ordinary sleeping accommodation such as a car, park, campsite, or the forest.
- In a shelter (e.g., Primavera Foundation Shelter for families, New Beginnings, Gospel Rescue Mission, etc.)
- Temporarily** staying with one or more families in a residence.
In a place **without** electricity, water, or heat.

The student lives with:

- 2- parents
- 1- parent
- 1 parent & another adult
- a relative, friend(s) or other adult(s)
- alone with no adults
- an adult that is not the parent or legal guardian

The undersigned Parent/Legal Guardian certifies that the information provided is correct. False claim about living situations may affect enrollment for McKinney-Vento.

*Parent/Legal Guardian Signature: _____ Date: _____