

Shonto Preparatory Technology High School

ENROLLMENT



Thank you for your interest in Shonto Preparatory Technology High School. Below is a checklist to assist you with the application and required forms submission process. Complete all forms listed below **after you have submitted your Enrollment Application** and have been admitted to the school. Please submit all required documents (other than the Enrollment Application) at one time. Any residential enrollments must have prior approval at Shonto Preparatory Technology High School before enrolling in the program.

Required Forms and/or Documents

- ☐ Enrollment Application (Paper Form)
Application must be complete, signed and dated. Do not resend if you have already submitted an application
- ☐ Form A: Arizona Department of Education – Arizona Residency Documentation Form
Form must be complete, signed and dated
- ☐ Form B: State of Arizona – Affidavit of Shared Residence
- ☐ Proof of Arizona Residency - *Provide a copy of proof of residency (utility bill, etc)*
- ☐ Form C: Location of Residency – *draw map of home location*

NOTE: Form A (Proof of Arizona Residency) is included in the Student Enrollment Application. The forms listed above are required to complete the registration process.

Shonto Preparatory Technology High School Enrollment Contact

**Marion Calamity, HS Administrative Assistant/Registrar
PO Box 7900, Shonto, AZ 86054**

Phone: 928-672-3500 opt#2 Fax: 928-672-3504 Email: mcalamity@shontoprep.org

Relationship _____

SIBLING INFORMATION

Please list all siblings in the household that attend Shonto Preparatory Schools:

- | | | | |
|---------------|-------------|---------------|-------------|
| 1. Name _____ | Grade _____ | 4. Name _____ | Grade _____ |
| 2. Name _____ | Grade _____ | 5. Name _____ | Grade _____ |
| 3. Name _____ | Grade _____ | 6. Name _____ | Grade _____ |

STUDENT CHECKOUT RELEASE DATA

I AUTHORIZE THE FOLLOWING PERSON/PEOPLE TO CHECK OUT MY CHILD FROM SCHOOL. The people on this list must be over 18 years old; school personnel may ask to see an ID card. Phone calls and notes will not be accepted as authorization. Any release of a student requires proper check out procedures in the office. This policy is written in the Student Handbook.

- | | |
|---------------|--------------------|
| 1. Name _____ | Relationship _____ |
| 2. Name _____ | Relationship _____ |
| 3. Name _____ | Relationship _____ |
| 4. Name _____ | Relationship _____ |

The following persons/people **ARE NOT** allowed to pick up my child from school at any time.

- | | |
|---------------|--------------------|
| 1. Name _____ | Relationship _____ |
| 2. Name _____ | Relationship _____ |

MILITARY STUDENT IDENTIFIER (MSI) DATA COLLECTION SURVEY

This form is required¹ by the Arizona Department of Education. Please fill out the following form, sign and return to the school.

- ☐ Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty
- ☐ Student is a dependent of a member of the Arizona National Guard (Army, Air Guard or State Guard)
- ☐ Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard)
- ☐ None of the above

¹Shonto Preparatory Technology High School will not deny enrollment if a parent chooses to withhold this information. This item will not be used in the enrollment decision-making process.

I am legally responsible for this student and hereby apply for their admission to Shonto Preparatory Technology High 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 me and other public agencies in accordance with the rules and regulations or the Family Privacy Act to complete the enrollment of my child.

Parent/Guardian Signature

Date

Registrar

Date

Principal

Date

☐ New Enrollment

☐ Returning

☐ Approved

☐ Approved with Contract

☐ Denied

ARIZONA RESIDENCY DOCUMENTATION



State of Arizona
Department of Education
Arizona Residency Documentation Form

Arizona Residency Documentation Form

Student's Name _____ Name of School _____

Name of District or Charter Holder _____

Name of Parent or Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides **(check one and submit a copy of the document with this signed form)**:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid Arizona Address Confidentiality Program authorization card
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Water, electric, gas, cable, or phone bill
- ☐ Bank or credit card statement
- ☐ W-2 wage statement
- ☐ Payroll stub
- ☐ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ Temporary on-base billeting facility (for military families)
- ☐ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card, I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Parent/Guardian Signature _____

Date _____



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this ____ day of _____, 20 ,

By _____

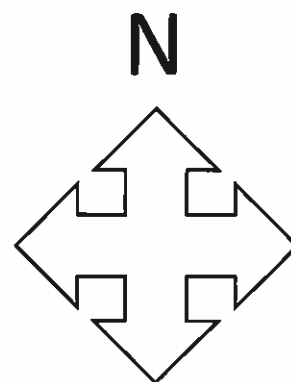
My Commission Expires:

Notary Public

LOCATION OF RESIDENCY

In the space provided, please indicate the location of your home.

Description of Home and its location



Shonto Preparatory Technology High School

REGISTRATION



Thank you for your interest in Shonto Preparatory Technology High School. Below is a checklist to assist you with the application and required forms submission process. Complete all forms listed below **after you have submitted your Enrollment Application** and have been admitted to the school. Please submit all required documents (other than the Enrollment Application) at one time. Any residential enrollments must have prior approval at Shonto Preparatory Technology High School before enrolling in the program.

Required Forms and/or Documents

- ☐ Form A(1): PHLOTE Home Language Survey – *Form must be completed, signed and dated*
- ☐ Form A(2): McKinney-Vento Eligibility Questionnaire- *Form must be completed, signed and dated*
- ☐ Form D: Title VI ED 506 Indian Student Eligibility Certification Form
Form must be completed, signed and dated.
- ☐ Form E: Impact Aid Program Survey Form- *Form must be completed, signed and dated*
- ☐ Form F: Health Information and Medical Consent Forms- *Form must be completed, signed and dated*
- ☐ Form K: ESEA (Title I) Income Eligibility – *Form must be completed, signed and dated*
- ☐ Form M: Up-to-date Immunization Records-*Provide a copy of the up-to-date Immunization Records*
- ☐ Form N: Guardianship Documentation (if applicable)-*Provide a copy of the Guardianship Document*

NOTE: Form B (Proof of Arizona Residency) is included in the Student Enrollment Application. The forms listed above are required to complete the registration process.

Shonto Preparatory Technology High School Enrollment Contact

**Marion Calamity, HS Administrative Assistant/Registrar
PO Box 7900, Shonto, AZ 86054**

Phone: 928-672-3500 opt#2 Fax: 928-672-3504 Email: mcalamity@shontoprep.org



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



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

**20____ - 20____ Parental Notification and Consent Form
for Student Placement in an English Language Learner (ELL) Program**

To the parent or guardian of _____
Last Name First Name M.I. SAIS ID

Student I.D. School Grade

Your child's English proficiency has been measured using the *Arizona English Language Learner Assessment*. The results of this assessment show that your child is at the "limited English proficiency" level, and qualifies for placement in a language instruction educational program.

English Language Learner programs adjust instruction to the child's strengths and needs. Instructional strategies, practices, and methods to help each child learn English and meet age appropriate academic standards are based upon scientific research. The expectations for the ELL students are to fully transition into mainstream classes, meet appropriate academic achievement standards for grade promotion, and to graduate from high school at the same rate as mainstream students. The teachers of special education ELL students will meet with the special education personnel to ensure that the objectives of the Individual Education Plans are incorporated into classroom instruction.

The status of your child's academic achievement is: (circle one) below grade level at grade level above grade level

Your child has been placed in one of the following:

- _____ Structured English Immersion Program*
_____ Mainstream Classroom
_____ Bilingual Education Program with required waiver*

*See the attached LEA program description as defined by A.R.S. § 15-751 and A.R.S. 15-753
Description includes methodology, content, instruction, goals, use of English and a native language in instruction, how the program will meet the educational strengths and needs of their child, and the rate of transition to mainstream. See Title III Section 3302 (a) (3) (4) (5)

A student must obtain a composite score of proficient, as designated by the publisher, in order to achieve English language proficiency and exit the program.**

**See Title III, Section 3302 (a) (6)

Parents have the right to choose among available program options, as well as to decline their child's enrollment in or to immediately remove their child from an ELL program.

If you would like more information about the programs or instruction, or assistance in selecting a program, please contact your child's school.

Classroom teacher/Language Arts teacher signature

Date

Parent or legal guardian's signature

Date

This form should be placed in the student's cumulative folder.
(Revised: July 2006)



SHONTO PREPARATORY TECHNOLOGY HIGH SCHOOL

Promote creative problem solving through critical thinking while embracing Dine Language and Culture to create collaborative life-long learners.

East Hwy 160 & Route 98 ~ PO Box 7900 ~ Shonto, AZ 86054 ~ (928) 672-3500 ~ www.shontoprep.org

Shonto Preparatory Technology High School

McKinney-Vento Student Identification

Student Name:	Grade:
Parent/Guardian Name:	Date:

This document is to support the identification of children and youth, who can be assisted under the McKinney-Vento Act. Section 725(2) of the McKinney-Vento Act 10 defines individuals who:

- ☐ lack a fixed, regular, and adequate nighttime residence
- ☐ sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as “doubled-up”)
- ☐ living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
- ☐ living in emergency or transitional shelters
- ☐ abandoned in hospitals
- ☐ Children and youths who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; (storage units)
- ☐ Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- ☐ Migratory children who they are living in circumstances described above.
- ☐ None of the above

Office Use only:

The student qualifies for McKinney-Vento Act Section 725(2) funding purposes:

- ☐ Student qualifies
- ☐ Student does not qualify

High School Personnel who reviewed document

Date

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 _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

Impact Aid Survey Form

The survey date is: _____

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name	
Home Address on the Survey Date (No P.O. Boxes)		City		State	Zip Code
If the student lives on federal property, enter the name of the property.		Name of Federal Property			

OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name

PARENT/GUARDIAN EMPLOYMENT INFORMATION: EMPLOYED ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian with whom the student resides if either person was employed on federal property or reported to work on federal property <i>on the survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.				
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Name of Federal Property				
Address of Federal Property		City	State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was <i>on active duty</i> in the Uniformed Services <i>on the survey date</i> . This does not include members of the National Guard activated for State service under Title 32.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer <i>on the survey date</i> .			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Signature of Parent/Guardian _____ Date _____

About Impact Aid

Many local school districts across the United States include within their boundaries parcels of land that are owned by the Federal Government or that have been removed from the local tax rolls by the Federal Government, including Indian Lands. These school districts face special challenges – they must provide a quality education to the children living on the Indian and other Federal lands and meet the requirements of the No Child Left Behind Act, while sometime operating with less local revenue than is available to other school districts, because the Federal property is exempt from local property taxes.

Since 1950, Congress has provided financial assistance to these local school districts through the Impact Aid Program. Impact Aid was designed to assist local school district that have lost property tax revenue due to the presence of tax-exempt Federal property, or that have experienced increased expenditures due to the enrollment of federally connected children, including children living on Indian Lands. The Impact Aid law (now Title VIII of the Elementary and Secondary Education Act of 1965 (ESEA) provides assistance to local school districts with concentrations of children residing on Indian lands, military bases, low-rent housing properties, or other Federal properties and, to a lesser extent, concentrations of children who have parents in the uniformed services or employed on eligible Federal properties who do not live on Federal Property.

This information below is required for the Impact Aid program:

Name of Student: _____ **Grade:** _____

Chapter Affiliations:

- ☐ Kaibeto
- ☐ Kayenta
- ☐ Naatsis'aan
- ☐ Shonto
- ☐ Tonalea
- ☐ To Naneesdizi
- ☐ Ts'ah Bii Kin
- ☐ Other: _____

Registered Agency:

- ☐ Central Navajo
- ☐ Eastern Navajo
- ☐ Ft. Defiance
- ☐ Northern
- ☐ Western Navajo

Navajo Housing Authority Information:

- ☐ Rental
- ☐ Home Ownership

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

PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT/LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE YOUTH.

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 youth. (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, school health screenings, routine laboratory studies, x-ray procedure 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. ____ Emergency transportation of youth 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 youth to Shonto Preparatory School staff while my youth is in attendance.

Parent/Guardian Signature: _____

Please Print Name: _____

Address: _____ City: _____ Zip: _____

Phone#: _____ Alternate Phone #: _____

Relationship: _____

Date: _____

***Valid Until: July 2024**

✓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.

SHONTO PREPARATORY TECHNOLOGY HIGHSCHOOL
STUDENT HEALTH HISTORY FORM (SY 2023-2024)

UTD: _____

Grade: _____

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

Parent(s): _____ Home Location: _____

Cell phone: _____ Work phone: _____

EMERGENCY CONTACT NUMBER(S):

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 adolescent and/or to locate you immediately.

Name: _____ Relation to Youth: _____

HEALTH HISTORY

Please check all conditions your adolescent has or has had, and explain below.

ADD/ADHD	NO	YES	Hearing problems	NO	YES	Allergic to foods	NO	YES
Arthritis/joints	NO	YES	Heart problems	NO	YES	Allergic to insect bites	NO	YES
Asthma	NO	YES	High cholesterol	NO	YES	Allergic to pet dander	NO	YES
Birth defects	NO	YES	Kidney problems	NO	YES	Environmental allergies	NO	YES
Blood disorder	NO	YES	Menstrual problems	NO	YES	Stomach problems	NO	YES
Bowel problems	NO	YES	Mental health issues	NO	YES	Surgeries	NO	YES
Cancer/tumor	NO	YES	Migraine headaches	NO	YES	Thyroid problems	NO	YES
Developmental delays	NO	YES	Physical limitation(s)	NO	YES	Urinary problems	NO	YES
Depression	NO	YES	Relationship issues	NO	YES	Visual problems	NO	YES
Diabetes	NO	YES	Seizures/epilepsy	NO	YES	History of Covid-19	NO	YES
Head Injury	NO	YES	Skin problems	NO	YES	Other	NO	YES

Explain "yes" or "other" _____

NON-PRESCRIPTION MEDICATION CONSENT

I, _____, (Parent or Legal Guardian), authorize the following nonprescription medication to be administered as needed for my youth by the School Nurse or designated SPTHS staff:

____ Allergy Relief Eye Drop	____ Blistex Ointment	____ Carmex Ointment	____ Head Lice Shampoo
____ Ibuprofen 200 mg	____ Eye Lubricant	____ Cold & Cough Suppressant	____ 1st Aid & Burn Cream
____ Midol	____ Sudafed Cold	____ Mouth Sore Gel	____ Benadryl (Given as a temporary relief)
____ Orajel toothache	____ Throat Lozengers	____ Neosporin Ointment	
____ Tylenol 325 mg	____ Visine (anti-itch)	____ Pepto Bismol Tablets	

Special Instructions: _____

"My minor'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 SPTHS 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."

Signature of Parent/Guardian _____

Print Name _____

Date: _____

ESEA Guidelines to Determine Student Eligibility

The Arizona Department of Education provides the following FY 2023/24 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the ESEA Eligibility Guideline schedule below (please check one)?

- ☐ Yes, using Indicator 1 (Reduced)
- ☐ Yes, using Indicator 2 (Free)
- ☐ Not Eligible (N)

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name (only children ages 5-17 inclusive)	Name of School	Grade

I hereby certify that all of the above information is true and correct.

Parent/Guardian's Signature: _____ Date: _____

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2023 to June 30, 2024											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	14,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	988	493
3	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	30,000	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	50,560	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	557	279	257	129