

Leupp Schools, Inc.
Academic Office
HC-61 Box D
Winslow, Arizona 86047
Phone: (928) 686-6211

Welcome to L.S.I
First Day of School
August 4, 2025

School Year
2025-2026

FOR LSI OFFICE USE ONLY

HOME OF THE BRAVES

STUDENT NAME _____ GRADE _____ (BUS) _____ (DORM) _____ (WALK-IN) _____

REQUIRED DOCUMENTS FOR ENROLLMENT

Use this Check Off list as a guide to complete the documents. Use a Black Pen to fill-out the forms. Thank You.

New Student Enrollment Check List

BIE Registration Form	
LSI Registration and Permission to Check out Form	
AZELLA Form	
BIE Home Language Survey	
LSI Medical History	
Current Immunization Record. PRINTED after July 1, 2025. * NO ADMITTANCE without immunization records. (A.R.S. 15-81-874).	
COPY of Birth Certificate	
COPY of Certificate of Indian Blood (CIB).	
Official Notice of School Withdrawal.	
Report Card or High School Transcripts from Previous School for Incoming 1 st Grade to 12 th Grade	
COPY of Eighth Grade Promotion Certificate for Incoming Freshman.	
Records request Form.	
Special Education Records. (If applicable).	
Legal or Temporary Guardianship Documents (If applicable).	
WIHCC Data Base	
WIHCC Consent for School Health Services Form.	
Annual Participation P.E. (If participating in Sports).	

Disclaimer: Completion of required documents does not guarantee enrollment: All required forms must be submitted before attending school. Return forms to Front Office. Thank You

Grade Level: _____
 Residential: _____
 Day Bus: _____

Leupp Schools, Inc.

Student Enrollment Application

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

Student Name: LAST First Middle:			Gender: (Circle) Date of Birth:		Enrollment Number:		Degree of Indian Blood:	
			Female: Male:					
Student Address: City: State: Zip Code:			Birth Place:		Tribal Affiliation:		Chapter Affiliation:	
Home Location:			Language most Spoken at Home:		Language most Spoken by Student:			
			Navajo: English:		Navajo: English:			
With whom does the student live?			Did student participate in ELL?		Did student participate in Special Education?			
Both Parents Father Mother Grandparents Guardian Other								

Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one we must assume that, both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?

Father:		Tribal Affiliation:		Mother:		Tribal Affiliation:	
Address (city,state,zip):				Address (city,state,zip):			
Home Location:				Home Location:			
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Email:		Cell/Pager:		Email:		Cell/Pager:	
Employer:		Census No:		Employer:		Census No:	
Contact Allowed:		Received student mailings?		Contact Allowed:		Received student mailings?	
Guardian Name:				Contact Allowed:		Received student mailings?	
Address (city,state,zip):				Home Location:			
Home Phone:		Work Phone:		Cell/Pager:		Other:	
Employer:				Email:			
Emergency Information: (other than parent/guardian):				Emergency Information: (other than parent/guardian):			
Relationship to Student:		May Pick up Student?		Relationship to Student:		May Pick up Student?	
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Cell/Pager:		Other:		Cell/Pager:		Other:	

SCHOOL HISTORY:For students whose last academic year was 8th grade:

Name of School:	Address:	
Phone Number:	Grade Completed:	Dates Attended:

List all schools you have attended:

Previous School Attended:	Address	Phone No.
Reason for transferring:	Grade Completed:	Dates Attended:
Previous School Attended:	Address	Phone No.
Reason for transferring:	Grade Completed:	Dates Attended:

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? _____.

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

I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

OFFICIAL USE ONLY**Verified by:**

I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of: _____

_____ Degree of Indian Blood.

_____ Enrollment/Census Number.

_____ Agency.

APPROVAL OF SCHOOL APPLICATION: _____ Approved

_____ Not Approved

Signature of Principal or Registrar

Date

Signature of Education Program Administrator

Date

**PERMISSION TO CHECK OUT STUDENTS FROM L.S.I.**

NAME: _____

GRADE: _____

PARENTS/GUARDIANS: _____

PHONE: _____

ALTERNATE #: _____

LOCATION OF
RESIDENCE: _____CLINIC MOST
OFTEN USED: _____

RESIDENTIAL: _____

BUS: _____

WALK IN: _____

(Required for all student of LSI regardless of age)

I give my permission for the following people to check out my child. I will notify the school prior to each checkout, by telephone or a written note.

Name of person: *Must be over the age of 18*	Relationship:	Phone Number:

The following people **CANNOT** check out my child:

Name of person:	Relationship:	Reason for Denial:

Signature of Parent/Guardian_____
Date**FOR OFFICE USE ONLY/NOTES:** _____



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 05-2023)

Home Language Survey
2025-2026 Academic Year
Leupp Schools Inc.

Date: _____
Student's Name: _____
Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:
Beulah Riggs, Registrar at 928-686-6211 Ext. 6020

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?
☐ **Yes:** Go to Question 2
☐ **No:** Go to Question 3

Home Language Survey
2025-2026 Academic Year
Leupp Schools Inc.

2. When at home, does this student hear or use a language other than English more than half of the time?

____ **Yes:** Go to Question 3

____ **No:** Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?

____ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.



LEUPP SCHOOLS INCORPORATED

Building the Future, Keeping the Past

Medical History Permission and Medical Consent Form

Students Name: _____ Grade: _____ DOB: _____

Mailing Address: _____

Community in Which Student Lives / From: _____

Emergency Contact: _____ Phone #: _____

Relationship to Student: _____

Medical Insurance: _____ Policy#: _____

Physician: _____ Phone#: _____

What Health Facility does the Student go to: _____

Medical Conditions: (Example: Asthma, Scoliosis, Eye Conditions, Diabetes, Eczema, Anxiety, etc.): _____

Food Allergies: _____

Seasonal Allergies: _____

Allergic to Medications: _____

Previous Operations or Illnesses: _____

Medication Instructions: (If your child is taking prescribed Medication, please list below)

Medication	Dose	Start Date	End Date	Frequency Route

I authorize the Leupp School's, Inc. Nursing Staff and Faculty Staff to give the medication(s) listed above to my child. Furthermore, I understand that if my child is to carry specific 'As Needed Medications, Leupp Schools, Inc. will not be held liable for any loose or damaged medication(s) or dispensing devices.

Parent / Guardian Signature Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

All prescribed Medications must be checked in with Leupp Schools, Inc. Nursing Staff must be checked in with Leupp Schools, Inc. Nursing Staff and must have a pharmacist's label with recommended dosage. Medication must be brought in to school in its original container labeled by a pharmacist. Students are not permitted to have prescription or over-the-counter medications in their possessions on campus, except those required to treat asthma. At the end of the school year the parent or guardian must retrieve remaining medications. Medications not claimed at the end of the school year will be discarded.



ACADEMIC OFFICE

Leupp Schools, Inc.
HC 61 Box D
Winslow, Arizona 86047
928.686.6211



SCHOOL RECORDS RELEASE

Name of School: _____ School Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other Schools Attended (if applicable) _____

All educational records for student(s) named below to be released to Leupp Schools, Inc.

STUDENT	DATE OF BIRTH	GRADE

Progress Records: To include transcripts of grades, records of attendance, test results related to achievement and measurement of ability.

Behavior Records: To include psychological test/reports, personality evaluations, and records of suspension or expulsion.

Special Ed Records: To include speech and language evaluations, educational assessment, Child Study Team reports, most recent IEP, permissions to test and place, signed psychological reports, other eligibility data/determination and behavior intervention plans.

AUTHORIZATION

Parent/Guardian

Date

Registrar or Counselor

Date



WINSLOW INDIAN HEALTH CARE CENTER

DATABASE

NAME (LAST, FIRST, MIDDLE)				OTHER NAMES USED(MAIDEN NAME)				WIHCC NO.				SEX M F											
BIRTH DATE				PLACE OF BIRTH (CITY, STATE)				SOCIAL-SECURITY NO.				MARITAL STATUS				INTERNET Y N Email Address:							
CURRENT COMMUNITY				DATE MOVED				LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)															
MAILING ADDRESS								CITY/STATE				ZIP CODE											
HOME PHONE NUMBER				MESSAGE PHONE NUMBER				WORK PHONE NUMBER															
INDIAN BLOOD QUANTUM				TRIBE				DEGREE				CENSUS NUMBER				CIB Y N							
				OTHER TRIBE				DEGREE				RELIGION											
FATHER'S NAME								CITY OF BIRTH				STATE OF BIRTH											
MOTHER'S MAIDEN NAME								CITY OF BIRTH				STATE OF BIRTH											
EMPLOYER(IF APPLICABLE)								SPOUSE'S EMPLOYER(IF APPLICABLE)															
EMPLOYER'S ADDRESS								SPOUSE'S EMPLOYER'S ADDRESS															
EMPLOYER PHONE NUMBER								SPOUSE'S EMPLOYER PHONE NUMBER															
IF YOU ARE UNEMPLOYED, PLEASE GIVE SOURCE OF INCOME																							
UNEMPLOYMENT				RETIREMENT				SSI				SSB				WELFARE				OTHER			
NAME OF EMPLOYER (FATHER)18 & UNDER								EMPLOYER ADDRESS								EMPLOYER TELEPHONE NUMBER							
NAME OF EMPLOYER (MOTHER)18 & UNDER								EMPLOYER ADDRESS								EMPLOYER TELEPHONE NUMBER							
EMERGENCY CONTACT PERSON								NEXT OF KIN CONTACT PERSON															
RELATIONSHIP				PHONE NUMBER				RELATIONSHIP				PHONE NUMBER											
ADDRESS								ADDRESS															
HEALTH INSURANCE INFORMATION																							
DO YOU HAVE MEDICARE COVERAGE?								YES		NO		DO YOU HAVE RAILROAD RETIREMENT COVERAGE?								YES		NO	
DO YOU HAVE AHCCCS (MEDICAID)?								YES		NO		DO YOU HAVE PRIVATE INSURANCE COVERAGE?								YES		NO	
MILITARY SERVICE?				YES		NO		BRANCH				CLAIM NUMBER				ENTRY DATE				SEPARATION DATE			
VIETNAM VETERAN?								YES		NO		SERVICE CONNECTED?								YES		NO	
HOUSEHOLD INFORMATION: How many family members in your household – including children?																							
PLEASE READ AND SIGN CAREFULLY																							
I authorize Winslow Indian Health Care Center to release any medical information or records necessary to process my Medicare, Medicaid or other insurance claims. I authorize my insurance company to pay medical benefits directly to Winslow Indian Health Care Center. If I am a non-beneficiary, I understand co-payments and deductibles will be requested at the time of service. I understand that I will be responsible for all costs if my account should be turned over to collections.																							
SIGNATURE OF PATIENT, PARENT OR GUARDIAN												DATE											