



KIN DAH ŁICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES



Child Name: _____

Grade: _____

CHECK LIST: Application Requirements

Need the following documents, before enrolling a **RETURNING STUDENT:**

- Enrollment Forms (All sections must be completed with signature)
- Updated Immunization with current year **2026** (Computerized Copy Only)
- Update Guardianship Documents (if needed)
- Verification of Home location
- Health Forms - Emergency Health, Health History, & Allergy Form Required (If your child has a food/medication allergy)
- McKinney Vento Questionnaire
- Student Handbook Policies & Procedures
- Appendix G, I, L, M, N, and Parent School Compact.
- Physical Examination Form (3rd-6th graders who will participate in sports)

Has student ever received Special Education Services? Grade/ School ___ Yes ___ No _____

Does student have a current IEP? ___ Yes ___ No _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

P.O. Box #800 * Ganado, Arizona 86505 * PH: (928)755-3439/3430 FAX: (928)755-3448

Mission Statement

"KDLO is committed to providing a safe and inclusive learning environment where every student can thrive academically, socially, and culturally."

KIN DAH LICH'I OLTA'
APPLICATION FOR STUDENT ENROLLMENT IN BUREAU FUNDED DAY SCHOOL
UNITED STATES DEPARTMENT OF THE INTERIOR
SCHOOL YEAR 2026-2027

STUDENTS INFORMATION:

GRADE APPLYING FOR: _____

1. NAME OF STUDENT: _____
Last Name First Name Middle Name

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

DATE OF BIRTH: _____ F () M () PLACE OF BIRTH: _____

TRIBAL AFFILIATION: _____ AGENCY: _____

ENROLLMENT NUMBER: _____ DEGREE OF BLOOD: _____

CHAPTER AFFILIATION: _____

TELEPHONE: _____ MESSAGE NUMBER: _____

2. FAMILY AND BACKGROUND INFORMATION (PLEASE FILL OUT ALL INFORMATION):

PARENT OR LEGAL GUARDIAN (circle one)

FATHER NAME: _____ MOTHER NAME: _____

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

TRIBAL AFFILIATION: _____ TRIBAL AFFILIATION: _____

HOME AGENCY: _____ HOME AGENCY: _____

LIVING () DECEASED () LIVING () DECEASED ()

EMPLOYER: _____ EMPLOYER: _____

CELL PHONE NUMBER: _____ CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____ WORK PHONE NUMBER: _____

EMERGENCY NUMBER: _____ EMERGENCY NUMBER: _____

EMAIL: _____ EMAIL: _____

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 BEFORE THE STUDENT IS ENROLLED.

PARENT/GUARDIAN SIGNATURE

DATE

REGISTRAR

DATE

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**SY 2026-2027
KIN DAH LICH'I OLTA'
AUTHORIZED STUDENT CHECK-OUT LIST**

NAME OF STUDENT	GRADE
I/WE	
PARENT/GUARDIAN NAME	RELATION TO STUDENT
PHONE NUMBER	OTHER CONTACT PHONE NUMBER

AUTHORIZED THE FOLLOWING PERSON(S) TO CHECK OUT MY CHILD IN CASE OF EMERGENCY, WHEN I AM NOT AVAILABLE OR CANNOT BE REACHED. IF I DON'T HAVE THEM ON THE LIST I WILL WRITE A NOTE.

NAME OF ADULT	RELATION TO CHILD	HOME LOCATION	PHONE NUMBER:

**** NOTE: AUTHORIZE PERSON MUST BE 18 YEARS OF AGE OR OLDER. AN I.D. WILL BE REQUIRED****

PARENT/GUARDIAN SIGNATURE	DATE
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2026-2027
KIN DAH LICHÍ'I OLTA'
EMERGENCY CONTACT FORM/CONNECT 5:

NAME OF STUDENT _____

GRADE _____

PARENT(S)/GUARDIAN NAME & PRIMARY CELL NUMBER:

TEXT MESSAGING:

1. _____

YES

NO

2. _____

EMAIL: _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

3. DO CHILD HAVE OTHER SIBLINGS ATTENDING KDLO. IF YES, PLEASE LIST BELOW: YES NO

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

Dear Parents,

Keeping you informed is a top priority at Kin Dah Lichi'i Olta. That's why we have adopted the Connect 5 Notification Service which will allow us to send a telephone, text message or e-mail message to you providing important information about school events or emergencies. We anticipate using Connect 5 to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through Connect 5

- Caller ID will display the school's main number when general announcement is delivered.
- Caller ID will display 411 if the message is a dire emergency.
- Connect 5 will leave a message on any answering machine or voicemail.
- If the Connect 5 message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us at (928)755-3439 or 3430.

We are very excited to incorporate Connect 5 as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

P.O. Box #800 * Ganado, Arizona 86505 * PH: (928)755-3439/3430 FAX: (928)755-3448

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KIN DAH ŁICHI'Í ÓLTA'

HOME OF THE WOLVERINES

The School's Health Office extends a warm welcome to all children and their parent(s) or guardian(s) to SY 2024-2025 Kin Dah Lichi'i Olta for another exciting school year. Here are a few reminders from the School's Health Office when parent(s) or guardian(s) are concerned about their child(ren).

The following information is intended as a guide to help with their decision.

- ❖ If your child has vomited or had diarrhea within the pass 24 hours
- ❖ If your child has open sores or a rash of unknown origins
- ❖ If your child has head lice
- ❖ If your child has redness, irritated, or discharged from the eye(s)
- ❖ Persistent cough or persistent running nose
- ❖ After an illness and until your child has eaten a full mean and their temperature has been normal for at least 24 hours without medication
- ❖ If he/she has had a throat culture, wait until you have received the results and know that it is not strep throat.
- ❖ Until 24 hours after antibiotic treatment is started and your child has a normal temperature for 24 hours without fever reducing medication

If your child has been sick and missed two or more days, a doctor statement is required to excuse absences.

Immunization:

Arizona Revised Statues (ARS) 15-872 (B) states that “a pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless the pupil is exempted from immunization”. This means upon enrollment to KDLO you are required to submit a current up-to-date with current year immunization record for your child(ren) unless you have written documents for exemptions.

Kindergarten and 6th grader's immunizations are reported annually to the Arizona Department of Health Services on November 15 of every year. Please check with the school health office to see if your child has updated immunization on file. A 10 day grace period is given to ensure enough time to turn in your child immunization. If your child's immunization record is not updated, your child may not be allowed to attended school until their immunization record is updated with the school health office. **Student taken home due to inadequate immunization is NOT an EXCUSED ABSENT.**

Vision and Hearing Screening:

All vision and hearing screening are done at KDLO by the Health Assistant. Rescreening are required for students whom fail the first screening and will be determine by the Health Assistant.



BACK

Sport Physical Exam:

Before your child can participate in any sport at KDLO a Sport Physical Examination is required. Obtaining a Sport Physical is the responsibility of the parents for their child(ren) to participate in any sort of organized sport activities that requires a Sport Physical.

Prescription Medication(s):

Prescription medication(s) must be brought to the school by the parent or guardian. **NO MEDICATION IS TO BE TRANSPORTED BY STUDENT ON SCHOOL BUS.** All prescribed medication(s) must be in original pharmacy container with the student's name, name of medication(s), doctor's name and specific instruction for administration. A written doctor's statement is required for medication(s) to be administered at school and for your child(ren) record. Parent or guardian must sign a school consent form for the School Health Assistant to dispense or administer medication.

Head Lice:

The School Health Office recommends that each parent or guardian periodically screens their child(ren) hair for lice. Head lice is most common communicable childhood infestation and outbreaks among Preschool and elementary school-age children. Head lice can spread among children who engage in behaviors such as sharing combs, brushes, jackets and hats. Head Lice Treatment can be bought at any department store such as Wal Mart, Walgreens, Family Dollar and Safeway. You can come by the Health Office to get more information on head lice transmission, infestation, treatment and nit removal.

Chronic Head Lice incidents will be referred to the local CHR or Public Health Nurse.

Educating your child on head lice may prevent infestation among school children. Please work with school personnel to attain a louse-free, education-oriented environment. If you need additional information, please contact the school health office. **Your child can return to back to school as long as Head Lice is completely gone.**

The School Health Office is for Emergency and First Aid purpose. It is the responsibility of the parents or guardian to take their child(ren) to their routine medical or dental appointments including triage clinic. Accidents that happen at home should be treated and take care at home. All injury that occur on KDLO property will be handle as an Emergency bases and parent or guardian are require to comply with KDLO polices.

SY 2026-2027

**KIN DAH LICH'I OLTA'
EMERGENCY HEALTH FORM**

Gender

MALE

FEMALE

STUDENT: LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH

MOTHER/GUARDIAN NAME: CELL NUMBER WORK NUMBER LOCATION OF HOME

FATHER/GUARDIAN NAME: CELL NUMBER WORK NUMBER LOCATION OF HOME

ADDRESS CITY STATE ZIP CODE

EMERGENCY CONTACT (WHEN PARENT/GUARDIAN NOT AVAILABLE)

(1) CONTACT NAME: _____ (2) CONTACT NAME: _____
CONTACT NUMBER: _____ CONTACT NUMBER: _____
RELATION TO STUDENT: _____ RELATION TO STUDENT: _____
DOES THIS CONTACT HAVE PERMISSION TO PICK UP AND CARE FOR YOUR CHILD? ___ YES ___ NO
DOES THIS CONTACT HAVE PERMISSION TO PICK UP AND CARE FOR YOUR CHILD? ___ YES ___ NO

ALLERGIES/MEDICAL CONDITIONS TO BE AWARE OF:

___ ALLERGIES _____ EPILEPSY _____ DIABETES
___ SEASONAL _____ HEART PROBLEMS _____ NONE
___ FOOD: _____ RECURRING ILLNESS _____
___ MEDICATION: _____ OTHER: _____
___ OTHER (EXPLAIN): _____ COMMENT/SPECIAL INSTRUCTION: _____
___ ASTHMA IS A PLAN OF ACTION NEEDED? ___ YES ___ NO

A PHYSICIAN'S STATEMENT WILL BE REQUIRED FOR ALL FOOD ALLERGIES, MEDICAL CONDITONS, EPILEPSY MEDICATION, PRESCRIBED MEDICATION(S) OR EPI PEN. A MEDICATION CONSENT FOR WILL NEED TO BE COMPLETED AND SIGNED IF YOU CHILD SHOULD NEED HIS/HER MEDICATION ADMINISTERED DURING SCHOOL HOURS.

THE SCHOOL HEALTH OFFICE HAS LIMITS AS TO WHAT MEDICATIONS CAN BE ADMINISTERED TO STUDENTS. LISTED BELOW ARE WHAT IS AVAILABLE IN TREATING MINOR ILLESSES AND/OR INJURIES THAT MAY OCCUR DURING SCHOOL HOURS. WITH YOUR PERMISSION, AND AT THE DISCRETION OF THE SCHOOL HEALTH PROFESSIONAL, PLEASE INDICATE (WITH A CHECK) THE MEDICATIONS YOU GIVE CONSENT TO ADMINISTER.

___ YES ___ NO ACETAMINOPHEN (TYLENOL) ___ YES ___ NO ANTIBOTIC OINTMENT ___ YES ___ NO ANTIPRUITIC OINTMENT
___ YES ___ NO IBPROFEN (FOR MONOR CUTS/SCRAPES) (FOR ITCHING) * ANTI-ITCH CREAM
___ YES ___ NO ORGAL ___ YES ___ NO EYE DROPS * HYDROCORTISONE CREAM
___ YES ___ NO COUGH DROPS * CALADRYL LOTION

AS A PARENT OR LRGAL GUARDIAN OF THE ABOVE NAMED STUDENT, I ENTRUST KIN DAH LICH'I OLTA' HEALTH PERSONNAL TO CARE AND PROVIDE FOR MY CHILD'S HEALTH/MEDICAL CARE WHILE IN SCHOOL. IN THE EVENT OF AN EMERGENCY, I GIVE MY CONSENT FOR 911 TO BE NOTIFIED AND BE TRANSPORTED TO LOCAL HOSPITAL. THE SCHOOL HEALTH PERSONNEL HAS MY PERMISSION TO EXCUTE NECESSARY DECISIONS UNTIL MY ARRIVAL. I FURTHER UNDERSTAND THAT THE SCHOOL DOES NOT CARRY HEALTH INSURANCE FOR MY CHILD. FOR THAT REASON, I HAVE PROVIDED THE SCHOOL HEALTH OFFICE WITH THE REQUIRED INFORMATION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

HEALTH OFFICE DEVELOPMENTAL HISTORY FORM

ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE FILL OUT THE FORM COMPLETELY.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

A. FAMILY HISTORY

Who ALL lives in the home besides the student: _____

Are there any recent family problems? (Illness, accidents, separations, divorce, death): _____ NO _____ YES

Explain: _____

B. BIRTH/HEALTH HISTORY

Condition of infant at birth: _____ Any complications at birth? _____ NO _____ YES

Explain: _____

Does the student have problems with any of the following: (if yes, please explain)?

- Speech Yes No
Heart Yes No
Joint Yes No
Extremities Yes No
Abdomen Yes No
Seizure Yes No
Asthma Yes No
Ears/Hearing Yes No
Eyes/Vision Yes No
Other Yes No

- Has student ever been examined by an Eye Doctor? When? Yes No
Does he/she wear glasses? Yes No
Is Eye Prescription up-to-date? Yes No
Has student ever fainted or become unconscious? When? Yes No
Has student ever been hospitalized? Why/When? Yes No
Has student ever had any surgeries? Explain Yes No
Has student ever received Special Education Services? Grade/ School Yes No
Does student have a current IEP? Yes No

Has student had any of the following childhood diseases/illnesses: When?

- Chicken Pox Yes No
Measles Yes No
Mumps Yes No
Hepatitis A or B Yes No
Meningitis Yes No
Pertussis (Whooping Cough) Yes No

- Does student have problems with bedwetting or incontinence? How long? Yes No
Does student have any current behavioral problems? (Mental/Emotional) Yes No
Is student taking any prescribed medication? (Explain) Yes No

INITIALS OF PARENT/LEGAL GUARDIAN

DATE

SY 2026-2027

Medical Statement for Special Dietary Accommodations.

In order for your child to have their school meals modified or substituted

<u>OFFICE STAFF ONLY</u>		
Send to Nutritionist as soon as form is received.		
Date Received:	_____	Initials: _____
Complete:	<input type="checkbox"/>	Incomplete: <input type="checkbox"/>

Part I (To be completed by Parent/Guardian)

Name of Student (Last): _____ (First): _____ Date of Birth: ___/___/___

School Year: _____ Grade: _____ Student ID#: _____

Which Meals will the child eat at school? (please circle) Breakfast Lunch After School Snack

Parent/Guardian Name: _____ Phone Number: _____

I give Student Services/Child Nutrition Services permission to speak with the below named medical authority to discuss the dietary needs described below.

Parent/Guardian Signature _____ Date: _____

Part II (To be completed by a State Recognized Medical Authority only)

Medical Condition: _____

Does this medical condition restrict the student's diet? Yes No

If yes, please explain how the medical condition or disability restrict their diet: _____

Does the child have a food allergy? Yes No

If yes to any of the above questions, Part III must be completed and signed by a State Recognized Medical Authority. If no to both question accommodations are not required to be made through Child Nutrition Services.

Foods to be omitted due to food allergy or disability:

- | | | | |
|--------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Gluten | <input type="checkbox"/> Eggs | <input type="checkbox"/> All eggs protein (albumin, etc.) |
| <input type="checkbox"/> Soy Protein | <input type="checkbox"/> Milk | <input type="checkbox"/> All dairy products | <input type="checkbox"/> All milk protein (casein, whey, etc.) |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Peanuts | <input type="checkbox"/> All Nuts | <input type="checkbox"/> Tree Nuts |

Other (please be specific): _____

Foods to be substituted: _____

Other dietary modification required: _____

Part III (to be completed and signed by a State Recognized Medical Authority)

This diet order is: ___ Permanent (this diet order will remain in effect during the time the student is enrolled at KDLO. A new diet order will be required to change any aspect of information provided in this diet order.)

This diet order is: ___ Temporary (this diet order is effective for the current school year. A new form will be required annually.)

Name of Medical Authority (please Print): _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

please have a State Recognized Authority fill out this form in full.

Please read the backside

INSTRUCTIONS

Part I (to be filled out by parent or guardian):

Name of student: Enter the student's last name then first name in the appropriate fields.

Date of Birth: Enter the student's six-digit date of birth, e.g., May 12, 1988 = 05/12/88.

School Year: Enter the current school year that your child will be attending.

Circle which meals the child eats at school: You may circle multiple options. Please circle even if the child only eats the meals occasionally.

Parent/Guardian: Enter the full name of the student's parent(s) or legal guardian(s).

Phone number: Complete with the area code(s) and phone number, in case of emergency.

Signature of Parent/Guardian: Enter the signature of parent or legal guardian's name. Enter the date when the form was signed.

Part II (to be filled out by medical authority):

Medical Condition: Enter the patient's clinical diagnosis for the condition which requires dietary modification.

Circle Yes or No if the medical condition restricts the patient's diet.

Explain how the medical condition restricts their diet: This is description of the patient's conditions related to dietary modification. Indicate the necessary dietary modification and specify the changed to be made.

Check Yes or No if the child has food allergy.

Check all of foods that need to be omitted due to the food allergy, medical condition or disability. If the items are not listed, please fill in the additional foods items under "other".

Food to be substituted: State which food substitutions, if any, must be made related to the medical condition or food allergy.

Other dietary modification required: Provide an explanation of what must be done to accommodate the child if it is not listed above. For example, this could include caloric modification related to medical condition.

Check if the diet order is permanent or temporary. The diet order is permanent if the child will need to have dietary modifications for the rest of their life. The diet order is temporary if the diet modification is necessary for one year or less.

Name of Medical Authority: Print the name of the medical authority completing this form.

Medical Authority Signature: Enter the signature of the medical authority filing out the form and the dates signed. Enter phone and fax number.

Recognized Medical Authority: The seven medical professional listed below are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona.

- Physicians (A.R.S §§ 32-1454(N), 32-1491)
- Physician Assistants (A.R.S. §32-2532)
- Dentists (see A.R.S. §§ 32-1263.01€, 32-1298)
- Nurse Practitioners (A.R.S. § 32-1663(G))
- Homeopathic Physicians (A.R.S. §§ 32-2934(O), 32-2951)
- Naturopathic Physicians (A.R.S. §§ 32-1501, 32-1551(I), 32-1581)
- Osteopathic Physicians (A.R.S. §§ 32-1855(J), 32-1871)



Tséhootsooí Medical Center Consent Form

- **Dental screening:**

Is visual screening without dental x-rays. The dentist will gently examine your child's teeth, oral tissues, and jaw.

- **Preventive Care:**

Oral hygiene, brushing, flossing, fluoride treatment, proper diet and dental development. (Children will be given a toothbrush for better home care).

PLEASE FILL OUT FORM IN INK (PRINT)

I give consent for my child to participate in the above programs.

Student's name: _____ Date of Birth: _____

School Name: Kin Dah Lichii Olta'

Medical history **MUST** be completed on the reverse side of this page. Thank you.

Parent / Guardian Signature: _____ Date: _____

Medical History

Child's Name: _____ Date of Birth: _____

Child's FDHIB Inc. Medical Chart #: _____

Please complete the information below: (Check)

Allergies: Yes No

If yes, what kind? _____

Heart Murmur: Yes No

Seizures: Yes No

Liver Disease/Hepatitis: Yes No

Bleeding Problems: Yes No

Heart/Vascular Disease: Yes No

Asthma: Yes No

Is your child under the care of a doctor at this time? Yes No

If yes, specify: _____

Is your child taking any medication (prescription or over the counter)? Yes No

If yes, please list: _____

Does your child have any disease, condition, or problems not listed? Yes No

If yes, please specify: _____

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

Thank You!



PHOTO/VIDEO/SOUND RECORDING CONSENT AND RELEASE FORM

Event organizers: Fill in the blanks before photocopying this form for use at your event.

Tsehootsoo Medical Center G.K.A.S.

Event Name _____ **Date of Event** _____

KIN DAH ŁICHÍ'Í ÓLTA'

Location of Event **Valerie Long, RDH 928-729- 8907**
valerie.long@fdihb.org

Event Contact Name and Phone/Email

By signing this Photo, Video, and Sound Recording Consent and Release Form ("Consent and Release Form"), you are irrevocably giving permission to the American Dental Association, ADA Foundation and **FDIHB, Inc.** [insert name of organization] (collectively, the "Organizations" and individually, an "Organization"), and their respective officers, agents, and employees, to take and use photographs, video, and/or sound recordings ("Images") of yourself and/or your child. Granting this permission is completely voluntary on your part.

Your consent to the use of the Images is permanent. You will not receive compensation for the use of the Images now or in the future. The Organizations may use the Images in any manner or media, including but not limited to TV/video broadcast and internet/web. The Images may be used in whole or in part, alone or with other recordings. The Images may be used for any educational, promotional, advertising, fundraising, or commercial purpose, or any other purposes whatsoever. Any Organization has the right to copy, edit, alter, retouch, revise, and/or otherwise change the Images at the Organization's discretion. In addition, an Organization may permit sponsors to use the Images in furtherance of the ADA's and ADA Foundation's activities. All right, title, and interest in the Images belong solely to the party taking the Images.

I release each Organization and their respective officers, agents, and employees from any and all liability which may or could arise from the taking, recording, publication, distribution, or other use of photography and audio/video media.

Release for children appearing in the Images:

Release for others appearing in the Images:

Name(s) of Child (please print)

Name

Name of Parent/Guardian (please print)

Signature

Signature of Parent/Guardian

Date

Date



KIN DAH LICH'I' OLTA'
HOME OF THE WOLVERINES



APPENDIX G
Kin Dah Lichi'i' Olta'
SY 2026/2027
Permission and Release to Publish
Student's First Name and/or Picture on the Media.

As the parent or guardian of _____, I understand the benefits
(Students Name)
and risks of publishing works on the Internet or other forms of publication. In consideration of the benefits of
allowing my student to publish his/her work, first name and/or picture on the School's Web page or other
forms of publication.

I hereby give permission for the student's

- a. First name and Last name ONLY to be published on the Web or other forms of publication.

Name of student

Yes No Initials

OR

- b. First name and photograph with no identifying information to be published on the web or other forms of publication.

Name of student

Yes No Initials

Further, I accept full responsibility for the publication of the student's name and/or picture as set forth in the publication attached hereto and agree to release and hold the School harmless from any and all damages or injury to me or to the student arising from said publication.

Parent or Guardian (printed)

Parent or Guardian (signature)

Date



KIN DAH ŁICHI'Í ÓLTA'
HOME OF THE WOLVERINES



APPENDIX I
Kin Dah Lichi'i' Olta'
SY 2026/2027
USER ACCEPTABLE USE AGREEMENT

Student User Name: _____ Grade: _____

I understand that my computer use is not private and that the School will monitor my activity on the computer system.

I have read the School's electronic communications system policy and administrative regulations and net etiquette guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access and/or disciplinary action against me.

User's signature _____ Date: _____
(Student)

Parent Initial _____

Staff Signature/Title _____ Date: _____



KIN DAH LICHÍ'Í ÓLTA'
HOME OF THE WOLVERINES



APPENDIX L
Kin Dah Lichi'i' Olta'
SY 2026/2027
PARENT/GUARDIAN ACCEPTABLE AGREEMENT, RELEASE AND WAIVER

Student Name: _____

Grade: _____

PARENT OR GUARDIAN

I do not give permission for my child to participate in the School's electronic communication system.

I have read the School's electronic communications system policy, administrative regulations and net etiquette information. In consideration for the privilege of my child using the School's electronic communications system and in consideration for my child having access to the public networks, I hereby release the School, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system including, without limitation, the types of damage identified in the School's policy and administrative regulations.

I give permission for my child to participate in the School's electronic communication system and certify that the information contained on this form is correct.

Signature of Parent or Guardian

Date

Phone Number



KIN DAH ŁICHI'Í ÓLTA'
HOME OF THE WOLVERINES



APPENDIX M
Kin Dah Lichi'i' Olta'
SY 2026/2027
Student Handbook-Parent Acknowledgement

I, _____ have read and discussed the Student Handbook with my child and I
(Parent/Guardians Name)
will support my child to abide by these rules and regulations.

Parent/Guardian Signature _____ Date: _____

Please return this form to your homeroom teacher within two weeks after enrollment or as established by
the Principal

Kin Dah Lichi'i' Olta'
Student Handbook -Parent Acknowledgement

Check all that apply:

- 1. _____ I have read the KDLO Handbook
2. _____ My teacher has reviewed the Student Handbook with me.
3. _____ I understand and will abide by the rules and regulations.

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____



KIN DAH LICHÍ'Í ÓLTA'
HOME OF THE WOLVERINES



APPENDIX N

Kin Dah Lichí'í' Olta'

SY 2026/2027

Notification and Acknowledgement of School Enrollment of
Truancy and Attendance Policies

Student: _____ Teacher: _____ Grade: _____

ARIZONA STATE TRUANCY LAW

A.R.S. §15-802 requires that a person having custody of a child between six (6) and sixteen (16) years of age must send the child to school full time when the school is in session, unless statutorily excused. Failure to ensure that a child attend school is a criminal offense and subjected to a fine of up to \$500 plus surcharges and a possible jail sentence of up to 30 days.

A.R.S §13-3613 and 13-3612 require parent(s) guardian(s) to not commit any act which causes, encourages or contributes to a child's dependency. A dependent child is one who, among other acts, refuses to attend school. Contributing to the Dependency of a Minor is a criminal offense, which carries a fine of up to \$2500 and a possible jail sentence of up to six (6) months in jail.

Pursuant to school policy, the school will notify the parent(s)/guardian(s) upon determining that the minor child is absent from school without permission. The parent(s)/guardian(s) must contact the school within twenty-four (24) hours of the notice regarding the unexcused absence and inform the appropriate school personnel the reason for the absence.

The school's attendance department must determine if the excuse is valid and acceptable. The attendance department may require further documentation to substantiate the reason for the absence. Students and parents must understand that school attendance is not a matter of choice, but a legal requirement.

NAVAJO NATION TRUANCY LAW

(Title 10 Subsection §502 Compulsory School Attendance-Generally §118) Education in Navajo schools shall be compulsory as to children between the ages of five (5) and eighteen (18) years as prescribed and defined in 10 NNC §118 of the Navajo Nation Education Code.

(Title 10 Subsection §503 Application of State Laws and Navajo Nation Laws §118) The Navajo Nation Council consents to the application of state compulsory school attendance laws to the Indian of the Navajo Nation and their enforcement on Indian lands of the Navajo Nation wherever an established public school district lies or extends within the Navajo Nation. In addition, 10 NNC §118 of the Navajo Education Policies regarding compulsory attendance shall apply to all Navajo minors between ages five (5) and eighteen (18) and to all persons having care and custody of such minors who are within the civil and criminal jurisdiction of the Navajo Nation.

I HAVE BEEN NOTIFIED OF THE ABOVE TRUANCY LAWS AND THE KDLO ATTENDANCE POLICIES AND ACKNOWLEDGE AND COMMIT TO COMPLIANCE WITH SAID POLICIES.

Parent/Guardian Name

Parent/Guardian Signature

Date



KIN DAH LICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

PARENT/SCHOOL COMPACT

TITLE 1

Kin Dah Lichi'i' Olta'

SY 2026/2027

Kin dah Lichi'i Olta' has been designed as a title school wide plan. All students in Kin dah Lichi'i Olta' are considered Title 1 students and are eligible for supplement education services.

At Kin Dah Lichi'i Olta' we feel that good communication between teachers and parents is essential to the education process. We send individual students' progress reports home to parents four times each year. We schedule a time for parents/teacher conferences three times each year for discussion about your child's teacher(s) at any time. You are encouraged to observe and participate in school and classroom activities throughout the school year. In addition to these activities, the following are the expectations of the school and from the parents to provide the best education for our students:

As a staff we will:

Give our best effort.

- Continuously expand your child's educational ability.
- Expect high quality performance.
- Expect social acceptable behavior.
- Discipline with dignity

As a parent I will:

- Contact the school with any concerns.
- Work with the school so my child can gain full potential from the education experience.
- Help teach responsible behavior to my child.
- See that my child attends school regularly.
- Encourage daily reading, interactive and limits television/video games.
- Stress the importance to my child to do their work.
- Set aside the time each day for homework.

As a student I will:

- Attend school regularly and be on time.
- Be prepared for class.
- Listen and participate in class.
- Respect and cooperate with teacher(s)/others.
- Follow all school rules.
- Complete and return all work/homework assignments.

I have read and agree to the above compact expectations. I will discuss them with my child.

Student's Signature

Parent/Guardian Signature

Date

Principal/Registrar Signature