

Grade Level: _____
 Boarding: _____
 Day-Bus: _____

Bureau of Indian Education
Kayenta Boarding School
 Student Enrollment Application

BIA Form 6248
 OMB No. 1076-0122
 mfhs/rev. 08/10
 Exp. 03/31/2012

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.														
Student Name: LAST			First			Middle:		Gender:		Date of Birth:	CIB Enrollment Number:	Degree of Indian Blood:		
								Female: Male:						
Student Mailing 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 English Language Learn 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 parent, 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:				

**KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA**

EMERGENCY/HEALTH ASSESSMENT RECORD

To: Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child’s health needs. This information will be shared to alert school staff on your child’s health status as necessary.

State law requires complete primary immunization to be on file in your child’s personal folder.

To be completed by Parent/ Guardian (Please print)

Name of Student	Birth Date	F	M
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Emergency Contact person – Relationship	Telephone #
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Medical facility your child is seen when he/she is sick: _____

Student Health History

Please check answers to the following questions in columns on the left. (Explain all “Yes” answers in the space provided below)

- | | |
|--|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p><i>Do you have any concerns about your child’s general health (eating and sleeping habits, weight, teeth etc.)?</i></p> <p><i>Does your child have any other specific illness or problem?</i></p> <p><i>Does your child have any allergies (food, insects, medications, etc.)?</i></p> <p><i>Does your child take any medication (daily or occasionally)? Does it need to be given at the school? Yes ___ No ___</i></p> <p><i>Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubs, hearing aids)?</i></p> <p><i>Has your child had any hospitalization, operation, or major illness (specify problem)?</i></p> <p><i>Has your child had any significant injury or accident (specific problem)?</i></p> <p><i>Would you like to discuss anything about your child’s health with the school administrator?</i></p> <p><i>Has your child had chicken pox or received the chicken pox vaccine?</i></p> <p><i>If yes, that your child got chicken pox, give date when your child got the chicken pox. _____.</i></p> |
|--|---|

(Please explain any “Yes” answers here. For illnesses/injuries/etc., include the year or your child’s age at the time.)

I give permission for release of information on this form for confidential use in meeting my child’s health and educational needs in school.

Parent/Guardian: (Please print) _____

Telephone Number: (Home/Cell): _____ Work: _____

Signature: _____ Date: _____

To be maintained in child’s health record file.

**KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA**

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY
RESPONSIBILITY FOR THE CARE OF THE CHILD**

Name of student: _____ Birth Date: _____

Census No: _____ Tribe: _____ Quantum: _____ () Male () Female

(Parents/Guardian) I, (We) _____, have read the Consent Form for the Kayenta Boarding School and Kayenta Indian Health Center Clinic to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, tuberculin skin test, accu-cheks for diabetes screening and immunizations.
2. Dental care including dental examinations, dental sealants, preventive use of fluorides, fluoride treatment, and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary, with parent consent.
4. In case of emergency health care for accidents or illness, the child will be taken to the PHS Emergency Clinic, and parent or guardian will be notified immediately.
5. The parents and/or school, as needed, will provide transportation of the child to and/or from another facility for these services.

_____ I/We hereby give consent for all of the above services.

_____ Exceptions or Special Instructions: _____

Signature (Parent/Guardian) _____

Address: _____

Telephone No: _____ Work #: _____

Date: _____ Valid Until: _____

Contact person in case of emergency: _____ Telephone No.: _____

Before completing this form, please read information on the reverse side

PRIVACY ACT SIGNATURE RECORD

I have read the Privacy Act Notice. I have been informed that my child's record is or will be kept in the Health and Medical Records System at:

Name of Facility and Address: Kayenta Boarding School, P.O. Box 188, Kayenta, Arizona 86033

Name of Facility and Address: Kayenta Indian Health Center, P.O. Box 368, Kayenta, Arizona 86033

I understand that the information given by me and/or collected and stored in my child's health record is necessary for Indian Health Service Staff, Indian Health Contractors and School Health Personnel to provide services for my child's health and well-being. I/We give our permission for our child's School Health Records to be forwarded to the next school where our child will be reenrolled.

Signature of Parent/Guardian: _____ Date: _____

DEFINITIONS OF CONSENT

(1) Person is defined as one who is in the absence of the parent or legal guardian provides a home for the child such as next of kin.

Health Care: Health Care is the provision of health services of preventive, diagnostic, therapeutic and/or rehabilitative nature that do not involve major surgical procedures. These procedures will be performed either by the school nurse or the Indian Health Service Clinic.

The purpose of Health Care is to:

1. Appraise the child's health and physical condition.

The appraisal includes:

1. Questions regarding the health of the child are past and present.
2. Thorough health assessment of the child's body includes:
 - a. Weight
 - b. Height
 - c. Blood Pressure
 - d. Vision and hearing screening
3. Laboratory Studies of urine and blood.
4. X-rays taken to see if there is any abnormality in the body.
5. Immunizations given as needed according to the child's Immunization Record. To be given by the school nurse or at the Indian Health Service Clinic. Law requires current immunizations of the school age child.
6. Skin tests to child for Tuberculosis and/or Valley Fever. If the child has a positive skin test –x-rays of the chest will be taken to determine if the child has or has had Tuberculosis or Valley Fever.
7. Accu Chek (Diabetes Screening). To check for elevated blood sugar.

DENTAL CARE

Dental Examinations include:

1. Examination of teeth, gums, tongue, and other parts of the mouth with the aid of a dental mirror and explorer.
2. Dental X-rays as needed to determine if there are any cavities or infected gums.

Routine Dental Care Includes:

1. Prevention of loss of teeth.
2. Cleaning of teeth.
3. Fluoride treatments.
4. Filling decayed teeth.
5. Pulling teeth that are infected.
6. Medications to treat existing infection.

Emergency Dental Consist of:

- a. Relief of pain.
- b. Treating of infections.
- c. Control of bleeding.

MENTAL HEALTH SERVICES

Mental Health Services Include:

1. Psychological testing.
2. Psycho-Educational testing.
3. Psychiatric evaluation, consultation and assessment by a qualified Mental Health Professional.
4. Information from evaluation is used to determine if it is appropriate or necessary to develop a treatment for the child.

EMERGENCY HEALTH CARE

Emergency Health Care Consists of:

1. Surgical and/or non-surgical procedures that cannot wait without endangering the child's health or life.
2. Emergency care will be provided by a qualified school nurse at the school and referred to the Indian Health Service Clinic as soon as possible.
3. This consent form does not cover surgical procedures that are not emergent.
4. The parent or legal guardian requires specific authorization for major surgical procedures.

**KAYENTA BOARDING SCHOOL
P.O. BOX 188
Kayenta, AZ 86033**

CHECKOUT AUTHORIZATION FORM

School Year 2023-2024

Student Name: _____ Grade: _____

Please print name of Parents/Guardian:

Mother: _____	Father: _____
Cell#: _____	Cell#: _____
Home#: _____	Home: _____
Work#: _____	Work#: _____

Guardian's Name: _____	Cell#: _____
Home#: _____	Work#: _____

Your child will only be released to those you have listed below. All persons listed must be 25 years or older.

Name	Relationship to Child	Telephone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		

RED FLAG for the following reasons: Check with (X) – Documents will be placed in your child's confidential folder.

- | | |
|---|---|
| <input type="checkbox"/> Social Service Order | <input type="checkbox"/> Temporary Court Order/Protection Order |
| <input type="checkbox"/> Permanent Court Order/Protection Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

Name of Person(s) and relationship that is involved: _____

Parent/Guardian Signature: _____ **Date:** _____
(Please sign)

Please notify school of any changes regarding the above information immediately.



UNITED STATES DEPARTMENT OF THE INTERIOR
Kayenta Boarding School
P.O. Box 188
Kayenta, AZ 86033

Telephone: 928-697-3439 Fax: 928-697-3490



STUDENT MEDIA CONSENT AND RELEASE FORM

Throughout the school year, students may be highlighted in efforts to promote KBS activities and achievements. For example, students may be features in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give Kayenta Boarding School (KBS) and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a) This is with the understanding that neither KBS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.
- b) I further release and relieve KBS, its School Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its term and conditions.

Please Print

Name of child: _____ Grade: _____

Address: _____

City, State, Zip: _____

Signature of parent or guardian: _____

Date: _____ Phone Number: _____