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:								Withd	rawal	Date:		
Native Americar	n Student Inform	nation System	(NASIS)	ID NO	-							
Student Name: LAST	First	Midd	le:		Gende	r:	Date of Birth:		CIB EI	nrollment Numb	er:	Degree of Indian Blood:
					Fema							
Student Mailing Address:	City:		State:	Zip Co	ode:	Birth Place:		Tribal Affiliation:	÷		Chapte	er Affiliation:
Home Location:						Language most S	poken at Home:		Langu	age most Spoke	en by S	tudent:
						Navajo:	English:		Nava			llish:
With whom does the st	tudent live?						ipate in English La					e in Special Education?
Both Parents	Father Mother	Grandparents	Guardian	Other								
Guardianship or Cus both parents can visi									ody to	one parent,	we m	ust assume that
Father:		Tril	bal Affiliation	1:		Mother:				Triba	al Affili	ation:
Address (city,state,zip)	):					Address (city,state,zip):						
Home Location:						Home Location:						
Home Phone:		Work Phone	ə:			Home Phone: Work Phone:						
Email:		Cell/Page	r:			Email: Cell/Pager:						
Employer:		Census No	):			Employer:				Census No:		
Contact Allowed:		Received student	mailings?			Contact Allowed	1:		Recei	ved student m	nailing	\$?
Guardian Name:						Contact Allowed	1:		Recei	ved student m	nailing	\$?
Address (city,state,zip)	):					Home Location:						
Home Phone:		Work Phone	e:			Cell/Pager:				Other:		
Employer:						Email:						
Emergency Informatior	n: (other than parent/g	uardian):				Emergency Info	rmation: (other t	han parent/gua	rdian):			
Relationship to Studen	t:	Мау	Pick up Stud	dent?		Relationship to S	Student:			May P	ick up	Student?
Home Phone:		Work Phone	e:			Home Phone:				Work Phone:		
Cell/Pager:		Othe	r:			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 att	ended:		
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 Kayenta Boarding School. 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 inform 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 Dat	e
OFFICIAL USE OI	VLY	Verified	by:
I certify that the above named student is enro Degree of Indian		bal Indian Census as being of: Enrollment/Census Number.	Agency.
APPROVAL OF SCHOOL APPLICATION:	Approved	Not Approved	
Signature of Principal or Registrar	Date	Signature of Education Program Administrator	Date

#### **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	Μ
Emergency Contact person – Relationship	Telephone #		

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)

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

(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:				
Censu	s No:	Tribe:	Quantum:	() Male	(	) Female	
the Kay followin	enta Boarding ng health servi	School and Kayenta Ir ces for this child:	ndian Health Center Clinic to an	rrange for or to pro	ovide	the	
2. 3. 4. 5.	accu-cheks for Dental care inc necessary emer Mental health s In case of emer parent or guard	diabetes screening and im luding dental examination gency dental care. ervices including evaluati gency health care for acci ian will be notified immed	ns, dental sealants, preventive use ion and treatment as necessary, wi idents or illness, the child will be t	of fluorides, fluoride ith parent consent. taken to the PHS Em	e treat	ment, and cy Clinic, and	
		ive consent for all of th					
·	Exceptions or	Special Instructions:					
			Work #				
			Work #:				
Contact	person in cas	e of emergency:	Telepho	one No.:			
	В	efore completing this fo	orm, please read information or	n 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:



#### **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 c. Blood Pressure
  - b. Height 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 exployer.
- 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:
	<u>Please print name</u>	of Parents/Gu	uardian:
Mother:		Father:	
Cell#:		Cell#:	
Home#:		Home:	
Work#:		Work#:	
Guardian's Name:			Cell#:
Home#:	Work#:		
Home#:	w ork#:		
Your child will only be re	leased to those you have lis	ted below. All	persons listed must be 25 years or older.
Name	Relationship to		Telephone Number
1.			
2.			
3.			
4.			
5.			
6.			

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

- Social Service Order ( )
- Temporary Court Order/Protection Order
- Permanent Court Order/Protection Order () None ( )
- Other: ( )

)

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

## Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please sign)

7.

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

(

## KAYENTA BOARDING SCHOOL Student Transportation Authorization for School Year 2023-2024

Parent(s)/Guardian(s),

Please read the safety rules below, make sure to choose a bus route, then on the  $2^{nd}$  page, date, sign and list your phone number of where the bus driver can reach you. Along with drawing a map to location of drop off.

#### \*PLEASE CHECK BUS ROUTE, PERSONAL RIDE OR WALKING FOR YOUR CHILD(REN), TO AND FROM SCHOOL. \*ALL BUS CHANGES ARE MADE IN PERSON AT THE FRONT OFFICE. \*ONE DAY BUS PASS HAVE TO BE MADE BEFORE 12:00 PM (NOON) IN THE FRONT OFFICE THE DAY OF THE BUSS RIDE.

Check	Bus No.	Driver	Bus Routes
			Chilchinbeto MP 27, Chilchinbeto Indian Route 6530,
	465 Lizard	Richard Sullivan	Redflat Point 595, Route 59, Church Rock, East Hwy
			160 New NHA, Old PHS Trailer Court
	356 Rabbit	Jennifer Clark	White Mesa, Cody Hill, Harvest Time Rd, ADOT Rd,
	550 Rabbit	Jemmer Clark	Route 6485, Wetherill Heights Housing
	186 Eagle	Elouise Sullivan	Cowspring Hwy 160 West, Skeleton Mesa, New/Old
	160 Lagie	Liouise Suilivali	Trailer Court, Estate Housing
	335 Dolphin	Roselyn Holiday	Hat Rock, Oljato, Goulding, MV Jct., Promise Rock,
	555 Dolphin	Koseryn Honday	Mystery Valley, Narrow Canyon, Cane Valley
			Comb Ridge, Laguna Creek, KES Housing, MVHS
	336 Turtle	Mary Stanley	Housing, Old NHA, NTUA, Rocket Tower, Behind
			Kayenta Business Center
	Personal	Parent(s)/Guardian(s)	Child(ren) will be brought to school and picked up after
	Transportation	i ai chi(s)/ Guai ulali(s)	school every day by personal transportation.
	Walker	Student	Child(ren) will be walking to/from school and home.

Student's N	ame:	Dorm/Day	Grade/ Teacher
1.			
2.			
3.			
4.			
5.			

**Bus Rider's Safety Rules:** Each student who is provided transportation services by Kayenta Boarding School is expected to obey the rules for the safety and welfare of all students. Behavior on the school bus should be comparable to the type of behavior required in the classroom. Unacceptable behavior shall result in disciplinary action by the school authorities. Such action may include a conference with the parents, if necessary, suspension of the bus rider privilege.

- Be at the designated loading area five (5) minutes early and wait for the bus. Stay off the roadway and be alert to traffic dangers.
- > Horse play and bullying is not permitted on or around the school bus.
- > Be considerate of others while on the bus and use good language at all times.
- > Follow the instructions of the bus driver or chaperone.
- Permission to walk home, ride another bus, use a different bus stop or any changes regarding student pick up or drop off must be signed by the parent/guardian and turned into the Front Office immediately. A copy of this written request will be given to the bus driver and teacher.

Acknowledgement of Rules: We, my child(ren), have read and discussed the above rules and understand the rules in order that all students may safely ride the bus to and from school and school activities.

Parent/Guardian Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Telephone Number:

Location of Residence:

Location of Residence: (Please draw a map)

Ν

# Home Language Survey 2023-24 Academic Year Kayenta Boarding School

Date:	Grade:
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 1<sup>st</sup> -12<sup>th</sup> 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:

Place contact person here

#### 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
- 2. When at home, does this student hear or use a language <u>other than English</u> 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 <u>other than English</u> more than half of the time?

\_\_\_\_\_ Yes: Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (check 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.

## **KAYENTA BOARDING SCHOOL INTERNET USAGE PERMISSION FORM**

Grade:

(Please Print)

Dear Parent or Guardian:

With your permission your child will be able to access the Internet at school as part of their class instruction for the School Year. Below are the rules for use at the school. Please read before you consider granting permission.

#### **GUIDELINES FOR INTERNET USAGE:**

- 1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
- 2. Respect for the equipment of the school and its network is a condition for use of the computers.
- 3. Students are to notify the teacher/librarian immediately of any disturbing material they may encounter on the web or in e-mail.
- 4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
- 5. Students are to never give anyone their password or any of their accounts or allow another student to use their account to access the Internet or school network.
- 6. Students must gain clearance from the teacher/librarian before downloading any programs from the internet.

#### Violation of any of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action. Please sign below if granting permission and have the entire form returned. DO NOT tear off the bottom.

#### PERMISSION

I give permission for my child to access the Internet and publish class-related information on it in accordance with the above guidelines.

Parent Signature: Date;

I have also read and will honor the Guidelines for Internet Usage at Kayenta Boarding School. Please read and explain to your child to him/her before he or she signs this form. Thank You



## **Student Residency Verification Document**

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (Check one box)

Section A		Section B		
□ In a shelter		□ Choices in Section A do not apply		
$\square$ With more than one family in a house or				
Apartment				
□ In a motel, car or campsite				
□ With friends or family members (other than parent/guardian)		<i>STOP</i> : If you checked this section, you do not need to complete the remainder of this form. Submit to		
<i>CONTINUE</i> : If you checked a box in Section A, complete #2 and the remainder of this form		school personnel.		
<ul> <li>2. The student lives with:</li> <li>□ 1 parent</li> <li>□ a relative, friend(s)</li> </ul>		ve, friend(s) or other adult(s)		
$\Box$ both parent $\Box$ alone with		ith no adults		
$\Box$ 1 parent & another adult $\Box$ an adult that is not the parent or the legal guardian				
School:				
Name of Student:		$\Box$ Male $\Box$ Female		
irth Date: Age: Social Security # (if appropriate):				
Name of Parent(s)/Legal Guardian(s)				
Address:	_ Zip:	Phone:		
Signature of Parent/Legal Guardian		Date		
School Use Only – School Administrator's determination of Section A circumstances:				

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a school Contact Person who may know of the family's situation:

Signature



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 likeliness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeliness. 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:	
·····		