



SECOND MESA DAY SCHOOL  
P.O. Box 98  
Second Mesa, Arizona 86043  
(928) 737-2571 / Fax (928) 737-2565



2023 - 2024

**NEW STUDENT REGISTRATION**

**PART 1**

**Student Identification:**

Grade Applying

Student Name: \_\_\_\_\_

Male ☐ Female ☐ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Student Ethnicity (Choose one of the following Federally Mandated Categories)

☐ American Indian or Alaskan Native

☐ Caucasian or White

Tribe: \_\_\_\_\_

☐ Native Hawaiian or Other Pacific Islander

Enrollment#: \_\_\_\_\_

☐ Black or African American

☐ Other \_\_\_\_\_

☐ Asian

**PART 2**

Student's Home Physical Address: **(Please explain in detail the physical location of your home and draw map of your home location or attach google map)**

Student's Mailing Address (PO Box #/City/Zip Code) \_\_\_\_\_

Community/Village Student resides in: \_\_\_\_\_

Student's Dominant Language Spoken at home: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**PART 3 - FAMILY DATA INFORMATION**

**With whom does student live with: If other than father / mother, please provide guardianship documentation.**

☐ Mother ☐ Father ☐ Both Parents ☐ Grandparents ☐ Guardian - Other (Specify) \_\_\_\_\_

**PRIMARY PARENT OR LEGAL GUARDIAN INFORMATION (With whom student lives with)**

**(PARENT/GUARDIAN 1)**

**(PARENT/GUARDIAN 2)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home#: \_\_\_\_\_ Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_ Work#: \_\_\_\_\_

Message # : \_\_\_\_\_ Message #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name: \_\_\_\_\_

- 1. IS STUDENT CURRENTLY UNDER GUARDIANSHIP:** ☐ YES ☐ NO **(If "YES" please answer question #2)**  
**In cases where custody/visitation affects the school, the school shall follow the most recent court order on file with the school. It is the responsibility of the custodial parent or parents having joint custody to provide the school with the most recent court order.**
- 2. Does parent/s have any visitation rights:** Mother: ☐ YES ☐ NO Father: ☐ YES ☐ NO

#### PART 4

##### Students Previous School Information

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: (City/State/Zip) \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_ Has student ever attended Second Mesa Day School? Yes ☐ No ☐Has student ever been retained: Yes ☐ No ☐ If "Yes" what grade: \_\_\_\_\_

#### PART 5

**Special Services (please check all that apply) \*\*IF you answered "YES" to any services below, please provide: (Most Current IEP or Name of School where services were rendered and a contact person)**

<b>SPECIAL EDUCATION</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>GIFTED &amp; TALENTED</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PHYSICAL THERAPY</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>SPEECH THERAPY</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>OCCUPATIONAL THERAPY</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>COMPLETED HEADSTART</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>COUNSELING</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>SECTION 504 PLAN</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### PART 6

**I (Parent/Guardian) am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is officially enrolled.**

Signature of Parent/Legal Guardian

Date: \_\_\_\_\_



SECOND MESA DAY SCHOOL  
P.O. Box 98  
Second Mesa, Arizona 86043  
(928) 737-2571 / Fax (928) 737-2565



**2023 - 2024**  
**STUDENT TRANSPORTATION**

Student Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

I (We) Parents/Guardians of \_\_\_\_\_ give authorization  
(Student Name)  
and/or permission for the following listed individuals (below) to receive my child(ren) after school or take them off the bus. Following individuals also have permission to write bus notes for my child(ren).

Parent/Guardian Name: *(Please Print)* \_\_\_\_\_

Parent/Guardian Phone Contact: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Please PRINT names clearly and list each individual separately (not as "Mr. & Mrs.")

	Name of Individual	Relationship to Student	Phone Contact
1.	_____ /	_____ /	_____
2.	_____ /	_____ /	_____
3.	_____ /	_____ /	_____
4.	_____ /	_____ /	_____

**Bus Transportation Arrangement:**

Primary Pick-up location: \_\_\_\_\_

Primary Drop-off location: \_\_\_\_\_

**PLEASE READ & INITIAL**

- \* ☐ Pick-Up & Drop-Off destination points will be scheduled as closest to student's residence. During bad weather months when off road/dirt roads get muddy– buses **WILL NOT** transport students on dirt roads. (Parents/Guardians will need to drop-off/pick-up students on paved roads).
- \* ☐ Parents/Guardians – **PLEASE...have your children utilize the primary arrangements** – This will eliminate the over-crowding of buses and mix-ups with destination points. Unless there is an urgent or emergency need for alternate arrangement.
- \* ☐ If student will be picked up or dropped-off at an alternative site due to **URGENT** or **EMERGENCY** situations, a written note is required from the primary as listed on the registration specifying the location and signed by the authorized parent or guardian. **ALL NOTIFICATIONS NEED TO BE TURNED INTO THE OFFICE BY 12:00 PM - NO LATER.**



SECOND MESA DAY SCHOOL  
P.O. Box 98  
Second Mesa, Arizona 86043  
(928) 737-2571 / Fax (928) 737-2565



2023 - 2024  
PARENTAL CONSENT FORM  
FIELD TRIPS AND SPORTS

Student Name: \_\_\_\_\_

I (We) hereby grant permission for my/our child to participate in an organized school sponsored activity trip as approved.

I (We) understand the students will be properly chaperoned and all precautions will be taken to insure his/her safety.

**(NOTE TO PARENTS: Permission slips will be sent home prior to field trips – IF student does not return his/her permission slip, this form will be utilized as parent consent for student to participate in field trip unless otherwise notified by parent/guardian)**

**(CHECK ONLY THOSE APPROPRIATE)**

**FIELD TRIPS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Recreational          | <input type="checkbox"/> Town Trips       | <input type="checkbox"/> Overnight Trips |
| <input type="checkbox"/> On Reservation        | <input type="checkbox"/> Out of State     | <input type="checkbox"/> School Clubs    |
| <input type="checkbox"/> Off Reservation       | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Camping         |
| <input type="checkbox"/> Ceremonial Activities | <input type="checkbox"/> Extra Curricular | <input type="checkbox"/> Summer School   |

\*\*\*\*\*

I (We) hereby grant consent/permission/authorization for the following *(Parents will be notified, if the following should occur)*

- ☐ Transport student to nearest medical facility:  
☐ Hospital/Clinic to provide student with health services.  
☐ Emergency Medical Care (On and off the reservation)

Comments: \_\_\_\_\_

\*\*\*\*\*

I (We) hereby grant consent/permission/authorization for student to participate in the following competitive sports: (All sports participations will require a Physical Examination before student can participate)

- |                                       |                                     |  |  |                                 |
|---------------------------------------|-------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Softball   | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Chess         |                                 |

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



SECOND MESA DAY SCHOOL  
P.O. Box 98  
Second Mesa, Arizona 86043  
(928) 737-2571 / Fax (928) 737-2565



**2023 - 2024**  
**STUDENT CHECKOUT FORM**

Student Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

PRIMARY PARENT/GUARDIAN NAME and RELATIONSHIP TO STUDENT:

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please list the names of individuals authorized to **CHECK-OUT** your child from school. *If at any time during the school year INCLUDING sports, you wish for another individual (not listed) to check out your student, the primary Parent or Guardian must send a written permission to check out student. (NOTE: Only up to 4 individuals plus PRIMARY parent/guardian will be authorized unless parent/guardian wish to make changes)*

Please PRINT names clearly and list each individual separately (not as "Mr. & Mrs.")

	NAME OF INDIVIDUAL	RELATIONSHIP TO STUDENT
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

**\*\*\* ONLY 4 LIMIT - PLEASE DO NOT ADD ON TO THE LIST – THANK YOU. This is due to safety of all our Little Bobcats.**

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



**2023 - 2024**  
**Medical Attention Form**



**Student Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Second Mesa Day School provides a health care program for all our students. Clinical care will be provided during preset clinic hours by qualified and authorized medical personnel in the nurse's station. Parents/Guardians must take students to the hospital/clinic for care during times when the nurse's station is not staffed by the medical personnel.

The Nurse's Station at Second Mesa Day School will include the following:

1. **EMERGENCY MEDICAL CARE** for accidents or serious illnesses occurring during school hours. When necessary, the student will be transported to the Hopi Health Care Center.
2. **ROUTINE HEALTH CARE**, including preventive health screening and health counseling. Available services may include immunizations, care for common adolescent physical concerns, drug and alcohol assessment and counseling. Dental care including sealants and preventive use of fluorides.
3. **CARE FOR NON-EMERGENT ILLNESSES**, including antibiotics and indicated medical prescriptions.
4. **IMMUNIZATIONS**, State Law require that **ALL** school age children **MUST** have current immunization records on file to be enrolled or to attend school. Please bring your child's immunization record with you during the enrollment process so the school can make a copy. (Please refer to the Arizona School Immunization Law for more information)
5. **VISION, HEARING AND SCOLIOSIS SCREENING** of selected students (in accordance with state regulations) and any student requesting an examination.
6. **SPORTS PHYSICALS** - Students who will be participating in any sports activities during the school year 2022-2023 **MUST** have a physical done prior to start of any sport activities. Forms are available on the school website and at the school office. These physicals are good for one (1) year. It is best to try and schedule these physical appointments during the summer months to avoid delay in student's sports participation.

All medical records will be kept confidential. No medical information will be shared between medical staff and school personnel. No elective procedures will be performed without parental permission. Student will be guaranteed confidential care in accordance with Arizona State Law.

I (We) fully understand all statements/guidelines indicated above and hereby grant permission for my child to receive full school services as described above while attending Second Mesa Day School.

☐ I hereby give consent for all of the services listed above.

☐ Exceptions or Special Instructions: \_\_\_\_\_

**In case of emergency, please provide an emergency contact names and phone numbers of at least 3-4 names. Individuals must not have the same phone number. (Phone numbers must be current and working number at all times)**

**NAME:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

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

**Valid Until: June 30, 2023**



**SECOND MESA DAY SCHOOL**  
P.O. Box 98  
Second Mesa, Arizona 86043  
(928) 737-2571 / Fax (928) 737-2565



**2023 - 2024**  
**Student Health History**  
**Part I**

Student Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of Family Physician/Dentist if other than PHS/IHS: \_\_\_\_\_

Family Physician/Dentist Phone #: \_\_\_\_\_

Please indicate the change in your child's health and date:

	Yes	No	Date
ANEMIA	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARTHRITIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEIZURES	<input type="checkbox"/>	<input type="checkbox"/>	_____
MIGRAINE HEAD ACHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEART PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Date
TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
JOINT PAINS	<input type="checkbox"/>	<input type="checkbox"/>	_____
KIDNEY TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
SORE THROATS	<input type="checkbox"/>	<input type="checkbox"/>	_____
BACK PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPINAL INJURIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does your child wear prescriptive glasses: ☐ YES ☐ NO If "YES" indicate at what AGE: \_\_\_\_\_

Has your child had any surgery or operations: ☐ YES ☐ NO (If "Yes" please explain) \_\_\_\_\_

Has your child had any sprains or fractures? ☐ YES ☐ NO (If "Yes" please explain) \_\_\_\_\_

Is your child allergic to any medication? ☐ YES ☐ NO (If "Yes" please explain) \_\_\_\_\_

Does your child have any allergic reactions to certain foods or insect bites/stings? ☐ YES ☐ NO \_\_\_\_\_

Does your child use and asthma inhaler of any type? ☐ YES ☐ NO (If "Yes" please explain) \_\_\_\_\_

Has your child been diagnosed by Physician with ADHD? ☐ YES ☐ NO If "YES" Date Diagnosed: \_\_\_\_\_

List any other health concern not listed above: \_\_\_\_\_

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

## **Administering Medicine To Students**

### **Part II**

#### **PRESCRIBED MEDICATIONS**

Student Name: \_\_\_\_\_

GRADE: \_\_\_\_\_

## **Administering Medicine To Students**

### **Part II**

Medications may be administered to your child/children if you follow these simple guidelines:

1. The medication must be in its original container as prepared by a pharmacist and labeled with patient's name with all directions, dosage compound contents and proportions clearly marked.
2. A parental permission form must be signed and on file.
3. All medications are to be given to the Medical Technician to be stored where it will be marked with the student's name and kept in a locked cabinet. Any medication remaining will be returned to the student at the end of the school year.

**\*\* Student's will not self-administer medication at school due to possible over dosage, and/or hinder complications. A SIGNED PHYSICIAN'S STATEMENT INDICATING THE NECESSITY MUST ACCOMPANY ANY REQUEST FOR SELF-ADMINISTERING OF PRESCRIBED MEDICATION.**

#### **PRESCRIBED MEDICATIONS**

Is your child currently taking prescribed medications: ☐ Yes ☐ No (If "NO" – PLEASE SIGN below and go to next page)

Type of Medication: \_\_\_\_\_

Diagnosis/reason for giving medication: \_\_\_\_\_

\_\_\_\_\_

Times medication is given: \_\_\_\_\_

Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Hospital Name/City/State: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_

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





**Second Mesa Day School**  
P.O. Box 98  
Second Mesa, AZ 86043  
Phone: (928) 737-2571  
Fax: (928) 737-2565



Dear Parents/Guardians,

This letter is to inform you of the policy for the Second Mesa Day School Library books check out system.

1. Students will be coming to the library once a week to check out books and other materials.
2. These items will be due back in the library in one week.
3. It is expected that the items be returned in the same condition as when they were checked out.
4. If any items are lost or damaged, you as parents/guardians will be responsible for the cost of the item.
5. All students must return Library materials on the date they are due.



In addition to checking out books, the students will be learning Library skills, Library manners, and be introduced to the pleasure of reading. We hope that these experiences will prove enriching and develop lifelong reading appreciation.

We encourage all students to participate as library readers. Do all you can to encourage your child to read.

Thank You,

Librarian

---

*Second Mesa Day School Policy*

*I (we) hereby grant consent/permission/authorization for my child to participate in the school Library check out system and agree to abide by the above set policies for SY 2022-2023.*

Student Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

Parent/Guardian (Please print): \_\_\_\_\_

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

*Office Use – Only*

Student Enrollment Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

Assigned Teacher: \_\_\_\_\_



**SECOND MESA DAY SCHOOL**  
**P.O. Box 98**  
**Second Mesa, Arizona 86043**  
**(928) 737-2571 / Fax (928) 737-2565**  
**2023 – 2024**



**RELEASE OF RECORDS**  
**Office of Registrar**

**PARENT REQUEST FOR RELEASE OR EXCHANGE OF STUDENT INFORMATION**

**DATE OF 1<sup>st</sup> REQUEST:** \_\_\_\_\_ **DATE OF 2<sup>nd</sup> REQUEST:** \_\_\_\_\_ **DATE OF 3<sup>rd</sup> REQUEST:** \_\_\_\_\_

<b>Students Legal Name</b>	<b>Date of Birth</b>	<b>Grade</b>

**I authorize**

<b>Previous School Attended</b>	
<b>Address / City / State / Zip Code</b>	
<b>Phone</b>	<b>Fax</b>

To Release and/or exchange the following information:

- ☐ School Academic History – Cumulative Records (Report Card, Test Scores, etc)  
☐ Developmental/Medical Records (Immunizations, Physical, etc.)  
☐ Attendance Records  
☐ Behavioral/Disciplinary Records  
☐ Individual Education Plan (IEP), Evaluation Reports  
☐ Other \_\_\_\_\_

Please send requested information in reference to my son/daughter to:

<b>Please EMAIL records to:</b> <a href="mailto:Jolene.Lomakema@secondmesa.org">Jolene.Lomakema@secondmesa.org</a>	<b>OR</b>	<b>Second Mesa Day School</b> <b>PO Box 98</b> <b>Second Mesa, AZ 86043</b>	<b>PHONE: (928) 737-2571</b> <b>FAX: (928) 737-2565</b>
---	-----------	---	--

I understand that information given and received will be used only by professional staff and will not be released to any other party or agency (other than another school) without my prior written consent. I am aware of my rights to review and obtain copies of these records if I so request.

<b>Parent/Legal Guardian Signature</b>	<b>Date</b>
<b>Address:</b>	<b>Phone:</b>

**\*\* This is in accordance with the Education Amendment Act of 1974.**