



# LUKACHUKAI COMMUNITY BOARD OF EDUCATION, INC.

'Commitment to Children, Commitment to Progress'

Phone #: (928) 291-0008 Fax #: (928) 787-3191



## School Year 2024-2025

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### CHECK LIST: Application Requirements

#### **Need the following documents, before enrolling a NEW STUDENT:**

- Student Enrollment Application (**ALL sections must be completed**)
- Withdrawal Slip (From Previous School)
- Certificate of Indian Blood (CIB)
- Birth Certificate
- Report Card (From Previous School)
- Updated Immunization with **CURRENT YEAR** (Computerized Copy Only)
- Update Guardianship Documents (If needed)
- Transcripts Request from previous school
- Allergy Form Required (If your child has a food/medication allergy)
- AIA Physical Examination Form (5<sup>th</sup>-8<sup>th</sup> Graders who will participate in sports)
- Navajo Clan Sheet
- Application for Free and Reduced-Price School Meals
- Health Packet

### RETURNING STUDENTS:

- Student Enrollment Application (**ALL sections must be completed**)
- Updated Immunization with **CURRENT YEAR** (Computerized Copy Only)
- Enrollment Form (**ALL sections must be completed**)
- Updated Guardianship Documents (If needed)
- Allergy Form Required (If your child has a food/medication allergy)
- AIA Physical Examination Form (If your child will participate in Sports)
- Navajo Clan Sheet
- CIB, Birth Certificate, Social Security Card
- Health Packet

Submit the application and required documents directly to the school (Lukachukai Community School).  
**DO NOT SUBMIT TO AGENCY.**

Approved By Principal: *Amelia* Date: 06/04/2024

### Mission Statement:

*"LCBE, INC. provides a strong comprehensive curriculum that enhances and strengthens individuality and independence in our global societies".*

# STUDENT ENROLLMENT APPLICATION

## UNITED STATES DEPARTMENT OF THE INTERIOR FOR STUDENTS ENROLLED IN THE BUREAU-FUNDED SCHOOL

SCHOOL YEAR 2024-2025

GRADE APPLYING FOR (Circle): KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

### 1. STUDENT INFORMATION:

NAME OF STUDENT: \_\_\_\_\_

Last Name

First Name

Middle Name

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHAPTER AFFILIATION: Lukachukai ( ) Round Rock ( ) Tsaile/Wheatfields ( )

Other: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ MESSAGE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FEMALE ( ) MALE ( )

Month Day Year

PLACE OF BIRTH: \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_ DEGREE OF BLOOD: ¼ ½ ¾ Full N/A

AGENCY: \_\_\_\_\_ CENSUS NUMBER: \_\_\_\_\_

### 2. SCHOOL STUDENT PREVIOUSLY ATTENDED (2023-2024 School Year)

( ) LUKACHUKAI COMMUNITY SCHOOL GRADE COMPLETED: \_\_\_\_\_

WAS STUDENT ENROLLED IN SPECIAL EDUCATION?: YES ( ) NO ( )

IF ANOTHER SCHOOL, SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WAS STUDENT ENROLLED IN SPECIAL EDUCATION?: YES ( ) NO ( )

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**3. FAMILY AND BACKGROUND INFORMATION (Please fill out all ):**

**Circle one:** PARENT OR LEGAL GUARDIAN

FATHER/LEGAL GUARDIAN NAME:

MOTHER/LEGAL GUARDIAN NAME:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS:

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

DOMINATE LANGUAGE SPOKEN IN THE HOME:

Navajo ( ) English ( )

TRIBAL AFFILIATION: \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_

HOME AGENCY: \_\_\_\_\_

HOME AGENCY: \_\_\_\_\_

CENSUS NUMBER: \_\_\_\_\_

CENSUS NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

WILL STUDENT HAVE OTHER SIBLINGS ATTEND LUKACHUKAI COMMUNITY SCHOOL? ( ) YES ( ) NO

IF YES, PLEASE LIST BELOW:

1. NAME: \_\_\_\_\_

GRADE: KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

2. NAME: \_\_\_\_\_

GRADE: KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

3. NAME: \_\_\_\_\_

GRADE: KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

4. NAME: \_\_\_\_\_

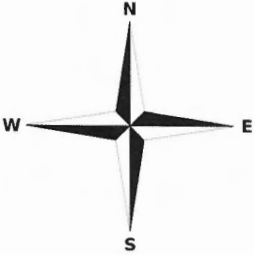
GRADE: KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**Mission Statement:**

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### 3. VERIFICATION OF HOME LOCATION

(PLEASE DRAW MAP)



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#### 4. AUTHORIZED STUDENT CHECK-OUT/EMERGENCY CONTACT LIST

*I/WE AUTHORIZE THE FOLLOWING PERSON(S) TO CHECK OUT MY CHILD OR BE CONTACTED 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.*

*\* NOTE: AUTHORIZED PERSON MUST BE 18 YEARS OF AGE OR OLDER. AN I.D. WILL BE REQUIRED IF NECESSARY.*

	Name of Adult	Relation to Child	Home Location	Phone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*I/WE AM/ARE LEGALLY RESPONSIBLE FOR THIS STUDENT AND HEREBY APPLY FOR HIS/HER ADMISSION TO THIS SCHOOL. I/WE UNDERSTAND THAT ADDITIONAL INFORMATION MAYBE REQUESTED BEFORE THE STUDENT IS ENROLLED.*

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL REGISTRAR

\_\_\_\_\_  
DATE

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# NAVAJO CLAN INTRODUCTION



**Student's  
Name**

---



**Mother's  
Clan**

---



**Father's  
Clan**

---



**Maternal  
Grandfather's  
Clan**

---



**Paternal  
Grandfather's  
Clan**

---

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**SY 2024 -2025 Application for Free and Reduced-Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1**

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Foster Child  Runaway

Check all that apply

**STEP 2**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: \_\_\_\_\_

Write only one case number in this space.

**STEP 3**

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income

--	--	--	--	--	--

\$ \_\_\_\_\_

How often? Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
_____	\$				\$				\$			
_____	\$				\$				\$			
_____	\$				\$				\$			
_____	\$				\$				\$			

How often? Weekly  Bi-Weekly  2x Month  Monthly

**C. Total Household Members**

(Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X	X						
---	---	---	---	--	--	--	--	--	--

Check if no SSN

**STEP 4**

Contact information and adult signature

Mail Completed Form to: **LUKACHUKAI COMMUNITY SCHOOL/ P.O. BOX 230 LUKACHUKAI AZ 865071**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Street Address (if available) \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OFFICE USE ONLY**

Eligibility: Free  Reduced  Denied  \_\_\_\_\_ Date: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case # Application  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_

Income Application  Homeless/Migrant/Runaway

Household Size: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Weeks)  2x Month  Monthly  Annual

Total Income: \_\_\_\_\_ Date: \_\_\_\_\_

Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Error Prone



Dear Parents & Guardians,

Keeping you informed is a top priority at Lukachukai Community School. RemindApp is a notification service that allows us to send text messages, or emails directly to your phone number to provide important information about school events, emergencies, school delays, and/or cancellations.

***What you need to know about RemindApp:***

- Text message and/or email of school general announcement will be sent to your phone
- You may respond with questions/answers
- Your contact information will be saved until you decide to remove
- All conversations are saved

The effective distribution of information depends on accurate contact information of each student. So, please make certain that we have your most current phone numbers. If this information changes during the year, please notify us immediately.

We are excited to integrate RemindApp as a Communication System and to provide information to you of all events within the school.

Thank you for your cooperation and if you any questions, please do not hesitate to contact, Registrar @ (928) 291-0008.

( ) Include me/us in the school's RemindApp messaging.

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

( ) Do not include me/us in the school's RemindApp messaging.

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**Lukachukai Community Board of Education, Inc.**  
**"Commitment to Children, Commitment to Progress"**  
Navajo Route 13 ~ P.O. Box 230  
Lukachukai, Arizona 86507  
Phone: (928) 787-4405/4406 ~ Fax: (928) 787-4419



### **Technology Agreement and Release of Liability Form**

Lukachukai Community School, Inc. (LCS, Inc) authorizes students to use technology owned or otherwise provided by the school as necessary for instructional purposes. The use of technology is a privilege permitted at the school's discretion and is subject to the conditions and restrictions set forth in applicable policies, administrative regulations, and this Agreement. LCS reserves the right to suspend access at any time, without notice, for any reason. LCS expects all students to use technology responsibly in order to avoid potential problems and liability. LCS may place reasonable restrictions on the sites, material, and/or information that students may access through the system. Each student who is authorized to use school technology and his/her parent/guardian shall sign this Agreement as an indication that they have read and understand the agreement. LCS reserves the right to monitor and record all use of school technology, including, but not limited to, access to the Internet or social media, communications sent or received from school technology, or other uses. Monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity and equipment that is provided by the school. All passwords created for or used on any school technology are the sole property of LCS. The creation or use of a password by a student on school technology does not create a reasonable expectation of privacy.

LCS technology includes, but is not limited to computers, the school's computer network including servers and wireless computer networking technology (Wi-Fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through school-owned or personally owned equipment or devices.

**Students/Parents are expected to use school technology safely, responsibly, and for educational purposes ONLY.** Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. Since the use of school technology is intended for educational purposes, students shall not have any expectation of privacy in any use of school technology. Students are prohibited from using school technology for improper purposes, including, but not limited to, use of school technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying").
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights.
5. Intentionally disrupt or harm school technology or other school operations (such as destroying school equipment, placing a virus on school computers, adding or removing a computer program without permission from a teacher or other school personnel, changing settings on shared computers).
6. Install unauthorized software.
7. "Hack" into the system to manipulate data of the school or other users.
8. Engage in or promote any practice that is unethical or violates any law or policy, administrative regulation, or school practice.
9. Parents are responsible for proper use of issued equipment, if damaged; parents must compensate the school the replacement cost of issued equipment.
10. All equipment issued to your household must be returned immediately if your child(ren) are no longer enrolled with Lukachukai Community School. An appointment will be scheduled to retrieve equipment

If a student uses a personally owned device to access school technology, he/she shall abide by all applicable policies, administrative regulations, and this Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request. If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of school technology, he/she shall immediately report such information to the teacher or other school personnel. Violations of the law, policy, or this agreement may result in revocation of a student's access to school technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, policy, or this agreement may be reported to law enforcement agencies as appropriate.

As mandated by the federal law enacted by Congress to address concerns about access to offensive content over the Internet on school and library computers, the Children's Internet Protection Act (CIPA) was passed. Our school and library is compliant with CIPA, providing technologies that go above and beyond content filtering to ensure our children are protected.

I am responsible for the security and care of the laptop. If items is stolen, lost or damage due to negligence or intentional misuse, the user will assume the financial responsibility for repair cost or fair market value of assessed equipment determined by the LCS, Inc IT department. I understand that all laptop computers, equipment, and/or accessories that the cooperative has provided me are the property of Lukachukai Community School. I agree to the terms outlined. I am personally responsible for any damage theft, or loss of the laptop computer and/or related equipment and accessories due to negligence. I understand that a violation of the terms and conditions set out will result in restriction and/or termination of my use of the laptop computers, equipment, and/or accessories and may result in further disciplinary actions.

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

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Chrome Book.....\$400.00

Chrome Book Charger.....\$20.00

HOTSPOT/WIFI

WI-FI Device.....\$80.00

WI-FI Charger.....\$10.00

All technology devices will need to be returned to LCS, Inc., before releasing any transcripts, withdrawal, and promotion certificates.



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

**PHOTOGRAPH AND VIDEO RELEASE**

Lukachukai Community School, Inc. (LCS,Inc) uses photographs and videos of our students in a variety of printed and online media, including, e-newsletters, the school's website, brochures, admissions materials, school sports activity, fundraising efforts, school activity's in general the school's official social media outlets, and occasionally with local or national news media. In promoting the school, we sometimes use students' names, images and samples of work. These might include photographs, video/audio recordings, quotations, student writing, and artwork. In all digital communications, students are, at most, identified only by first name and the first initial of their last name (e.g., John D.). *Full names are never used on digital publications, but may be used in print publications when appropriate.*

Additionally, photographs, video, and/or audio tapes of student performances and samples of student work intended for publication or display may be stored in the school archives and/or library for preservation.

This Media Release form requests your consent to use your student's name, image, words, and/or work in school publications and for the archival purposes outlined above. Students whose families do not consent will be placed on a "Media Consent Denied" list.

This agreement covers only those official LCS.Inc publications that are intended for the general public. All students are presented in in-house publications such as classroom newsletters and online publications that are access restricted requiring a password.

Please choose an option below, sign, and return the form as soon as possible.

**MEDIA RELEASE FORM**

Please check one of the options below, sign and date, and return to LCS.Inc.

I, being the parent or guardian of \_\_\_\_\_, a student  
 at LCS.Inc, hereby:

Consent: \_\_\_\_\_ Do NOT Consent: \_\_\_\_\_

...that video/audio recordings, photographs, electronic images, quotations, and sample work of or by my student may be used by LCS.Inc for materials and publications and may subsequently be digitally archived by LCS.inc.

Failure to return this form will be regarded as "consent" by LCS.Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Navajo Route 13  
P. O. Box 230  
Lukachukai, Arizona 86507  
Phone: (928) 787-4400/4406 Fax: (928) 787-4419

Dear Parent (s) / Guardian (s),

WELCOME to School Year 2024-2025.

You will find a list of things you will need to bring for your child to complete his/her health packet. These are required documents that need to be filed in his/her health record. ALL medical information will be kept **CONFIDENTIAL**.

Every year we require new forms to be filled out so we can ensure that we have up to date parent / guardian contact information, medication, health condition or any changes.

Epi-pens, Albuterol, Benadryl, Children’s Tylenol, Children’s Motrin or any other medications are **not** supplied by the school. Medications of any type, even over the counter medications, **should never be delivered to school by the child**. We ask the parent to please bring medications to the health office and fill out a medication administration form and/or action plans prior to administering medication.

Update all information regarding any changes in addresses, mailing address, any form of phone contact, medical (Immunization or health condition) and household changes.

We are looking forward to a safe and healthy school year.

**Please check off all documents**

- Check Off Sheet**
- Health Permit Form**
- Physical Exam Form (NOT AIA Forms)**
- Immunization Form (updated)**
- Dental Permission Form (IHS)**
- Any Court Ordered Protection Documents**
- Guardianship / Power of Attorney if any**

## HEALTH AUTHORIZATION FORM

School Year 2024-2025

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. **PLEASE COMPLETE ALL THREE SECTIONS!**

Last Name:	First Name:	Middle Initial:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
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**NAME OF SCHOOL ATTENDED LAST SCHOOL YEAR:** \_\_\_\_\_

### SECTION ONE - STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or to the ER, the school health office will always attempt to reach the Parent/Guardian listed below FIRST. Secondary contacts will be called if the parent/guardian cannot be reached. **PLEASE KEEP THESE NUMBERS CURRENT!**

Parent/Guardian Name:	Address:	Phone #1		
		Phone #2		
Check all that apply: <input type="checkbox"/> Lives with <input type="checkbox"/> Legal Guardian		Phone #3		
Parent/Guardian Name:	Address:	Phone #1		
		Phone #2		
Check all that apply: <input type="checkbox"/> Lives with <input type="checkbox"/> Legal Guardian		Phone #3		

	Emergency Contact List	Relationship	Phone #1	Phone#2	Phone #3
1.					
2.					
3.					
4.					

### Siblings in Other Schools

	Name	School/Daycare	Grade	DOB
1.				
2.				
3.				

### SECTION TWO - STUDENT HEALTH HISTORY – Please check appropriate box

My child has no health conditions including those listed below

<input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Food (List): _____ <input type="checkbox"/> Other Allergy (List): _____ <input type="checkbox"/> Has EpiPen prescription
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Congenital/Genetic <input type="checkbox"/> Ear/Nose/Throat <input type="checkbox"/> Pulmonary (Other than Asthma) <input type="checkbox"/> Asthma <input type="checkbox"/> Eye/Vision <input type="checkbox"/> Diabetes (circle one) <input type="checkbox"/> Cardiovascular (List) _____ Needs Inhaler at School: <b>Y N</b> Wears glasses/contacts: <b>Y N</b> Type 1 Type 2 High Blood Pressure: <b>Y N</b>
<input type="checkbox"/> Cancer <input type="checkbox"/> Dermatologic/Skin <input type="checkbox"/> Stomach/GI <input type="checkbox"/> Musculoskeletal Long Term Medications (List): <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Bladder/GU <input type="checkbox"/> Dental/Oral <input type="checkbox"/> Endocrine Other than Diabetes <input type="checkbox"/> Hematology/Bleeding Disorders <input type="checkbox"/> Psychiatric (List Meds): _____ <input type="checkbox"/> Any Other Health Conditions: _____ <input type="checkbox"/> Migraines

### SECTION THREE - INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
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#### TO GRANT CONSENT

In case of an emergency involving my child AND I CANNOT BE REACHED; I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:

Healthcare Provider:	Phone:
Dentist:	Phone:
Hospital:	Phone:

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only. I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings.

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

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_



## SPORTS PARTICIPATION PHYSICAL EXAM FORM

Name:	DOB:	Date of Visit:
-------	------	----------------

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_ HR: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: R: 20/\_\_\_\_ L: 20/\_\_\_\_ Corrected: Yes or No

Allergies (Food and Medicine):

Medications:

Significant Past Medical History:

History of Concussion: Yes or No

Family History of Sudden Death: Yes or No

PHYSICAL EXAM	NORMAL	ABNORMAL
<b>Medical</b>		
Appearance		
HEENT		
CV		
Lungs		
Abdomen		
Genitourinary		
Skin		
<b>Musculoskeletal</b>		
Neck		
Back		
Shoulder/Arm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Neuro		

Notes: \_\_\_\_\_

Cleared Without Restrictions

Not Cleared for:  All Sports  Certain Sports \_\_\_\_\_  Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Provider (Print) \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: Chinle Hospital PO Drawer PH, Chinle, Arizona Phone: (928) 674-7070

Signature of Provider: \_\_\_\_\_ MD/DO/NP/PA-C



Chinle Comprehensive Health Care Facility  
Indian Health Service  
P.O. Box PH  
Chinle, Arizona 86503

June 3, 2024

Dear Parent or Guardian,

In partnership with your child's school, the Chinle Service Unit Dental Clinics of the Indian Health Service will be performing screenings, sealants, and fluoride treatments during March and April of 2025. With your permission, your child can be transported with classmates from the school, be seen by a dentist, and transported back to the school.

Studies have shown that children with poor oral health do not perform as well in school. Oral pain in children has been associated with greater numbers of absences from school and lower Grade Point Averages. Giving permission for your child to have this screening will enable us to diagnose any oral health problems you may not be aware of. Fluoride treatment helps increase the strength of tooth enamel making teeth less susceptible to tooth decay. Sealants are applied to grooves on the top surfaces of molar teeth and applied to the pits on all teeth (when pits are found) to prevent bacteria from getting in the grooves and causing tooth decay. Sealants and fluoride treatment have all been found to significantly reduce the incidence of tooth decay.

The above procedures are useful and helpful in helping your child have an enjoyable time at school and to reach their learning potential, but most important is regular brushing and flossing of teeth with a fluoridated toothpaste and helping them to avoid drinking sugar containing or diet drinks and eating candy between meals.

After the screening we will mail you a report of our findings and which teeth had sealants placed if they were needed. We will also let you know on the report if further treatment is needed. If further treatment is needed we will call you to offer you an opportunity to schedule your child for an appointment in the dental clinic to get the problem teeth fixed.

We are excited to offer this care in partnership with your child's school and GKAS, and to be able to help your child have optimal oral health. For us to see your child during this event, please fill out the attached forms and return them to your child's teacher.

Respectfully,

Benjamin Glick DMD  
Dental Program Director  
U.S. Indian Health Service; Navajo Area; Chinle Service Unit

**Chinle Dental Clinic**  
**Chinle Hospital**  
**928-674-7152**

**Pinon Dental Clinic**  
**Pinon Health Center**  
**928-725-9505**

**Tsaile Dental Clinic**  
**Tsaile Health Center**  
**928-724-3618**

# Student Information

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Census#: \_\_\_\_\_ CHC#: \_\_\_\_\_ Grade: \_\_\_\_\_

**FAMILY CONTACT INFORMATION:**

Please check the check box to indicate primary contact:

Mother / Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father / Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

**INSURANCE INFORMATION:** The Chinle Dental Clinics are part of Indian Health Services. Therefore, they will bill insurance and AHCCCS accordance with Indian Health Service policies. You will not receive a bill or owe any money for this service.

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer or Group Insured: \_\_\_\_\_

## Medical History

Allergies: If yes, to what:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excessive Bleeding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver Disease / Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart / Vascular Diseases:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma: Use inhaler? If so, what medicine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Takes medication: If yes, what?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Chronic Illness, bad reactions to medicine and treatment: \_\_\_\_\_

I have indicated above any chronic illnesses, allergies and any bad reactions to medicine my child has had in the past.

\_\_\_\_\_  
Parent / Guardian name and signature

\_\_\_\_\_  
Date



# CONSENT FORM

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I want my child to be seen during this event and give permission to the following to be performed, indicated by my initials in the line in front of each paragraph:

\_\_\_\_\_ **Dental screening** performed by licensed I.H.S. Dentist. We can't fix it, if we don't know what is broken. This screening will include looking closely at the teeth for caries, evaluating the health of the gums, include an oral cancer screening, evaluation and evaluation of the TMJ and orthodontic relationships. (Please initial your consent for the dentist to perform a dental exam).

\_\_\_\_\_ **Fluoride varnish** is effective in preventing and reversing the early signs of dental caries (tooth decay). Fluoride incorporates into the tooth structure making it stronger resulting in teeth that are more resistant to decay. Fluoride also acts to repair areas in which minor decay may have already begun. Fluoride treatments are most effective when applied after all the plaque and build up have been removed from teeth during a dental cleaning. With consent we will apply fluoride to your child's teeth after they are cleaned. (If you do not consent, we will perform the cleaning and not apply Fluoride varnish).

\_\_\_\_\_ **Dental sealants** are "plastic like" materials placed in the pits and fissures (grooves) of teeth to prevent bacteria from growing in the "crevices" and causing caries. Pits and fissures of teeth are often difficult areas to get clean, and often the bristles of the brush may not even be able to enter these pits and fissures to remove dental plaque. Dental sealant is used to fill in these "Crevices" to keep plaque out. Dental sealants have been shown to be safe and very effective at reducing decay rates. Regular checkups are important to ensure sealants are not broken which could lead to dental decay. The application of sealants is painless, but as with any dental procedure sometimes gagging or swallowing of dental materials (non-toxic) could occur. For a few days after sealant placement your child may notice minor changes to their bite, this will become less noticeable as the excess sealant material wears away over time. (If you would like us to place dental sealants, on any teeth that they are indicated for, please place your initials on the appropriate line).

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Parent / Guardian Name and Signature

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Date