



MOENCOPI DAY SCHOOL
P.O. BOX 185
322 HWY. 264
TUBA CITY, AZ 86045
PHONE: (928)283-5361 FAX: (928)283-4662



Dear Parents and Guardians.

Welcome and thank you for selecting Moencopi Day School “Home of the Panthers!” as your choice to educate your child(ren). We are very proud of our past student accomplishments and our current efforts to ensure your student is excelling both academically and socially.

Enclosed is a complete enrollment application for Moencopi Day School SY2022-2023. The information you provide for your child will be used for annual audit purposes and other school related areas.

Students entering Kindergarten must be 5 years old by September 1, 2022. No exceptions to the age requirement will be accommodated.

Students entering Kindergarten or First Grade, for the first time, must have the following vaccines listed on their immunizations before they will be accepted for enrollment:

- * **DTP/DT (5 doses)**
- * **MMR 1 & 2**
- * **OPV/IPV Polio (4 doses)**
- * **HIB B**
- * **Hepatitis A & B**

Students ages 11-12 years old, in addition to the required vaccines must also include the following:

- * **Tetanus, Diphtheria and Acellular Pertussis (Tdap)**
- * **Meningococcal**

It is very important that you provide all the **required** documents within the enrollment application for your child to be accepted at Moencopi Day School.

- * **Birth Certificate**
- * **Current Immunization Record**
- * **Certificate of Indian Blood**
- * **Affidavit of Guardianship (if applicable)**
- * **Social Security Card**



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SCHOOL YEAR: 2022-2023
New Student Enrollment Application

Student Name: _____ Grade: _____ Gender: _____
Last First MI

Physical Home Address: _____

Mailing Address (P.O. Box, City, State, Zip Code): _____

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| Tribal Affiliation: _____ | <input type="checkbox"/> Asian |
| Village/Agency Affiliation: _____ | <input type="checkbox"/> Caucasian/White |
| Enrollment/CIB #: _____ | <input type="checkbox"/> African American/Black |
| | <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ |

With whom does the student reside with (√): If other than father/mother, please provide guardianship documentation?

- Mother Father Both Parents Grandparent Guardian Other (specify) _____

PRIMARY PARENT OR LEGAL GUARDIAN INFORMATION WITH WHOM STUDENT LIVES WITH: MDS will only release educational, health or other information with the listed Legal Parent/Guardian. Moencopi Day School utilizes the "One Call" system to better our communication with Parents/Guardians. The One Call system will send messages via phone, email or text with information on activities, emergencies, delays, etc. **Please print visibly.**

LEGAL PARENT/GUARDIAN 1

Name: _____
 Relationship to student: _____
 Tribal Affiliation: _____
 Village/Agency Affiliation: _____
 Enrollment/CIB#: _____
 Home#: _____
 Cell#: _____
 Work#: _____
 Email: _____

LEGAL PARENT/GUARDIAN 2

Name: _____
 Relationship to student: _____
 Tribal Affiliation: _____
 Village/Agency Affiliation: _____
 Enrollment/CIB#: _____
 Home#: _____
 Cell#: _____
 Work#: _____
 Email: _____

IF STUDENT IS UNDER GUARDIANSHIP: Does parent/s have any visitation rights: If no provided legal documentation) Mother: __Yes __No Father: __Yes __No

- 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.
- In the case of temporary custody, a notarized documentation must be on file, most recent temporary guardianship on file with the school will be followed. (see registrar for form)



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SCHOOL YEAR: **2020-2021**
New Student Enrollment Application

SCHOOL(S) PREVIOUSLY ATTENDED: (Fill out only if new to Moencopi Day School)

School Name: _____ Grade: _____

School Address: (City/State/Zip) _____

Date Withdrawn: _____ Has student ever attended Moencopi Day School: YES ___ NO ___

Has student ever been retained: YES ___ NO ___ If "YES" what grade: _____

SPECIAL SERVICES (if applicable)

Please check all that apply. If "V" please provide most up to date information (i.e, IEP, ect.)

| | YES | NO | | YES | NO |
|---------------------|-----|----|----------------------|-----|----|
| Special Education | | | Physical Therapy | | |
| Counseling | | | Occupational Therapy | | |
| Section 504 Plan | | | Speech Therapy | | |
| Gifted and Talented | | | Completed Headstart | | |

***I certify that I am legally responsible for this child and hereby apply for his/her admission to Moencopi Day School. I understand that I may be required to provide additional information to the school before the child is officially enrolled. I will update immediately if changes are made throughout the school of "phone numbers, address, emails."**

Parent/Legal Guardian Printed Name: _____

Signature Parent/Legal Guardian: _____ Date: _____



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PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Date of Request: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

I HEREBY AUTHORIZE

Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

To release any and all information on file concerning my child, this may be of value in formulating the best plan for his/her education. This request includes:

- *Education Transcript
- *Standardized Test Results
- *Assessment Test Results
- *Legal
- *Psychological
- *Medical
- *Speech/Language/Audio
- *Special Education Documents
- *504 Documents
- * Attendance Record

TO BE RELEASED TO:

Moencopi Day School (Grant)
 P.O. Box 185
 Tuba City, AZ 86045

It is understood that the confidential nature of these records will be maintained.

 Parent or Guardian Signature

 Relationship to Student

According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students," Section 438, Subsection (B) (1), Parts A & B, Page 97; school officials, including teachers with the educational institution and offices of other schools in school systems in which the students may intend to enroll, may receive a student's records without a written consent for such release.

FOR OFFICIAL USE ONLY

| 1 ST Request | 2 nd Request | 3 rd Request |
|-------------------------|-------------------------|-------------------------|
| | | |



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**PARENT CONSENT FORM
FIELD TRIPS AND SPORTS**

Student Name: _____ Grade: _____ School Year: _____

Last
First
MI

FIELD TRIPS

I (We) consent for the above named student to participate in organized school sponsored trips and activities that require travel away from the school campus in the local area. This consent is for the school year indicated above and with the following stipulations.

1. All trips and off-campus activities will be organized, properly chaperoned and all precautions will be taken to insure the safety and health of all participants.
2. Should the student violate any school rule or regulation while participating in a trip or off-campus activity the school reserves the right to contact the parent/guardian to have the child removed from the trip or activity, and from the supervision of the school.
3. The consent granted herewith applies to all trips and off-campuses activities during the school year indicated above with the exception of overnight trips. Specific consent will be required for each overnight trip.
4. The school will notify the parent/guardian of each trip or off-campus activity.
5. Field trips out of the local area will require additional permission slips being sign. Information will be provided by classroom teacher.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

SPORTS/PERFORMANCE

Moencopi Day school does offer year round sports. The following documents are required for participation in all sports or performance activities. Please see registrar or Athletic Director for more details.

- Physical Examination on file
- MDS Code of Conduct
- MDS Health/Consent packet



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STUDENT CHECKOUT FORM

Student Name: _____ Grade: _____ School Year: _____
 Last First MI

Please list the name(s) of the individuals who have your permission to **CHECK-OUT** your child from school. Your child will only be released to those you have listed. Individuals **must be 18 years or older no exceptions.** At any time during the school year, you wish to add or remove individuals to or from the checkout list, please visit the school to complete a new form.

PHONE CALLS WILL NOT BE ACCEPTED FOR CHECK OUT AUTHORIZATION.

Note: A person checking out a student must be prepared to show proper identification.

- This form does not authorize any of the individuals listed below to write excuse notes, bus notes or contact student’s teacher.
- Only legal parent/or guardian(s) are allowed to write notes for their child.

Please print clearly the name of each individual include: Yourself: Parent/Guardian(s). List individuals full name and not as “Mr. & Mrs.” One person per line and no more than 10 people.

| Individual Name (ONE NAME PER LINE) | Relationship |
|--|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian signature: _____ Date: _____



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STUDENT TRANSPORTATION

Student Name: _____ Grade: _____ School Year: _____
Last First MI

New forms must be submitted with the registrar for transportation change

Student will ride the bus: Both Morning Only Afternoon Only Neither Parent Drop off/ Pick up

| | |
|---------------------------------------|--|
| Physical Address of Pick-Up Location | |
| Physical Address of Drop Off Location | |

***Please provide a map of your home location on the second page even if you are a parent drop off/pick up.**

- Pick-up & Drop-off location 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.)
- **It is Mandatory for Kindergarten/First Grade students to have a visible adult present at their P.M. drop off. No visible adult present will result in your child being brought back to the school.**
- Alternate pick-up and drop-off arrangements are to be communicated in advance.
Only a Parent/Guardian written/emailed/fax note will be accepted.
 - o All notifications need to be submitted to the **front office by 11:00 AM- NO LATER.**
 - o Emergencies and urgent changes after the listed times without a written note must be approved by the CSA.
 - o **NO CALLS IN WILL BE ACCEPTED FOR ANY BUS CHANGES/STUDENT PICK UP.**
 - o If you are picking up your child after school and did not provide a note, you must be here before bus departure time, or your child will be on the bus. **NO EXCEPTIONS.**
- Afterschool pickup must sign with designated Homeroom teacher or designee.

Parent/Legal Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Bus Driver: _____ Bus #: _____



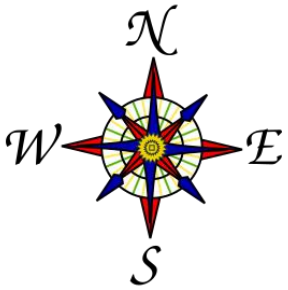
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Student Name: _____ Grade: _____ School Year: _____
Last First MI

Map must be field out for all students' home location.

Map of your location





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PHOTOGRAPH/TECHNOLOGY/LIBRARY CONSENT

Student Name: _____ Grade: _____ School Year: _____
Last First MI

MEDIA CONSENT; PHOTOGRAPH, VIDEO, PUBLISHING

- I grant Moencopi Day School, its representatives and employees the right to take photographs, video and/or publish items related to my child and their property in connection with school wide activities. I authorize MDS, its assignees and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that MDS may use such photographs of my child with or without my name and for any lawful purposes, including publicity, illustration, advertising, and web content.
- I accept full responsibility for the publication of the student's name and/or 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 students arising from said publication.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

TECHNOLOGY CONSENT *(Section 10.01-10.07/Appendix X-B)*

- I grant permission for my child to use the school technology and access Moencopi Day School's networked computer services such as, individual educational media and the internet.
- I understand that all students use a filtered connection to the internet that is designated to protect them from inappropriate materials, and further understand that no filter can catch 100% of these sites, but Moencopi Day School makes a good faith attempt in this area.
- I understand that there could be disciplinary consequences if my child does not follow the guidelines set for acceptable use of the school technology.
- I agree as the Parent/Guardian, my child will be responsible for any fees owed to Moencopi Day School, if my child misuses or damages any technology equipment.

Signature of Parent/ Legal Guardian

LIBRARY CONSENT

As part of the library program, students at MDS will be checking out books on a regular basis during their scheduled class library time. Every student is expected to bring their library book with them during their library time to either turn in or to renew. When returning books, they should be in the same condition as when they were checked out. Books that are lost or damaged become the responsibility of the student/parent/guardian and are obligated to replace the book at equal value or pay for lost/damaged books.

Signature of Parent/ Legal Guardian



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(b) (1), (2), (a-c)

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Student Name: _____ Student ID _____

Date of Birth: _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix Arizona 85007-602-542-0753-www.azed.gov



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PARENTAL CONSENT FOR HEALTH SERVICES

I/We _____ hereby give permission for _____

Date of Birth _____, Tuba City Reginal Health Care Corporation Chart # _____

Or Hopi Health Care Center chart # _____, to receive health and educational services from the Public Health Service, from other contracted health providers, and from Moencopi Day School Staff, including **check all that apply:**

- Physical Examination
- Vision Screening
- Hearing Screening
- Language Screening

*** Head Lice Screening (Mandatory)**

*** Immunization Update (Mandatory)**

- Growth Assessment (height & weight)
- Social/Emotional/Mental Screening
- Dental Screening

*** Emergency Health Care for Accidents/Illness**

I understand that my child's school health records will be filed at Moencopi Day School. My consent will accompany all of my child's visits to the hospital or clinic. I agree to accompany my child to all screenings when requested. I understand that I will receive a copy of the results of all screening.

EMERGENCY

In case of an emergency, the Moencopi Day School staff has my permission to transport my child to a health facility for treatment. School health records will be transported to provide vital information.

RECORDS

I understand that all school records including Special Services will be confidential information and parent permission will be required to release any type of information to another source.

TRANSPORTAION

I hereby give permission to allow Moencopi Day School staff to take my child to and/ or from Public Health Services from school in the Moencopi Day School vehicle when necessary.

I am granting permission I release Moencopi Day School staff from liability, which might be incurred as a result of injury or incident. I understand that Moencopi Day School staff cannot assume liability or responsibility beyond normal care and supervision. It is further understood that this is intended to extend throughout the current school year.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



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STUDENT HEALTH INFORMATION

Part 1

Student Name: _____ Grade: _____ School Year: _____
 Last First MI

Parent/Guardian Name: _____

Home Phone: _____ Cell#: _____

Work# _____ Emergency# _____

Please check (v) whether your child has ever had any of the following medical conditions: If you answered “yes” please indicate at what age:

| CONDITION | YES | NO | AGE | CONDITION | YES | NO | AGE |
|---|-----|----|-----|------------------------|-----|----|-----|
| Anemia | | | | Joint Pains | | | |
| Arthritis | | | | Tuberculosis | | | |
| Asthma | | | | Kidney Problems | | | |
| Back Problems | | | | Migraine Headaches | | | |
| Behavioral Health (anxiety, depression, anger issues, etc.) | | | | Seizures/Epilepsy | | | |
| Brain Injury/Concussion | | | | Spinal Injury | | | |
| Diabetes | | | | Sore Throats | | | |
| Heart Problems | | | | Surgeries or Operation | | | |
| Hepatitis | | | | Sprain or Fractures | | | |
| Hyperactive | | | | Skin irritation | | | |

If you answered “YES” to any of the above please explain briefly: (if more room is needed attach additional document)

***NOTE: Food allergies will need a Doctor’s statement submitted to MDS. (See Registrar for form for food allergies that will need to be field out for food service.)**

Does your child have any allergies in the following areas?

| | YES | NO | If “YES” please list item allergic to and explain care required: |
|------------|-----|----|--|
| Medication | | | |
| Insect | | | |
| Plants | | | |
| Food | | | |
| Other | | | |



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STUDENT HEALTH INFORMATION

Part 2

Yes No Does your child wear prescription glasses? (if "Yes" indicate at what age child started wearing glasses) _____

Yes No Does your child use an asthma inhaler of any type? (if "YES" please explain)

Yes No Has your child been diagnosed by a Physician with ADHD? (If "Yes" please indicate date)

Yes No Does your child have any chronic or reoccurring illness, which affects your child to participate in any activity? (Please Explain) _____

Yes No Are there any activities, such as strenuous activities that are to be restricted for your child?
 Please explain: _____

Yes No Is your child currently taking medication? (If "Yes" Please fill information out below list all prescribed medication, inhaler medication, etc.)

| | |
|--------------------------------------|--|
| Type of Medication: | |
| Diagnosis/Reason for Medication: | |
| Time (s) Medication is Administered: | |
| | |
| Type of Medication: | |
| Diagnosis/Reason for Medication: | |
| Time (s) Medication is Administered | |

(Only answer if your child takes medication)

Yes No Does your child need prescribed medication administered during school hours? (If "Yes" please see Registrar for Administering Prescribe Medication form)

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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Permission to Administer Over-The- Counter Medication Form

Student Name: _____ Grade: _____ D.O.B.: _____

Moencopi Day School has a limited supply of “over the counter medication in our designated area for occasions of unexpectedly health alerts during the school day. Medication will not be administered until Parents/Guardians are informed of health alert. Medication will be administer by Registrar, Administration Assistant or approved designee. If you would like Moencopi Day School to offer your child these medicines, please circle “Yes” or “No” for the following over the counter medication. All given medication will be followed by the manufactures recommended dosage. Otherwise, parents/guardians will have to come and supply medication to be administered to your child during the school day.

Yes No **Acetaminophen/Tylenol Tablet** (Fever or pain) if fever is over 100 degrees he/she will be sent home.

Yes No **Acetaminophen liquid** (Fever or pain) if fever is over 100 degrees he/she will be sent home.

Yes No **Advil/Ibuprofen** injury, pain, swelling

Yes No **Benadryl/Diphenhydramine** Allergies

Yes No **Claritin/Loratidine** Allergies

Yes No **Eye Drop** Allergies/Itchy red eyes

Yes No **Cortisone Cream/Anti-itch Cream** Insect bites, itching, and inflammation of skin

Yes No **Bacitracin Zinc Ointment/Neosporin** Anti-infection ointment

Yes No **Aloe Vera Gel** Burns

Yes No **Chloraseptic Spray** Sore throats, numbing sensation

Yes No **Menthol Cough Drops** cough

Yes No **Pepto Bismal** Diarrhea, nausea, upset stomach (student will be sent home for diarrhea and vomiting)

Yes No **Tums/Anti-acid** Stomachache, heartburn

Yes No **Carmex/lip balm/lotion** dry chap lips, dry chap skin

Legal Parent/Guardian Printed Name: _____ Date: _____

Legal Parent/Guardian Signature: _____



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McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. The answer to these questions will help determine eligibility and services a student may be eligible to receive. **All information is confidential.**

| | Yes | No |
|---|--------------------------|--------------------------|
| Is your current address a <u>temporary</u> living arrangement? | <input type="checkbox"/> | <input type="checkbox"/> |
| If temporary, is this living arrangement due to loss of housing or economic hardship? | | |
| • Loss of housing | <input type="checkbox"/> | <input type="checkbox"/> |
| • Economic hardship | <input type="checkbox"/> | <input type="checkbox"/> |
| • Natural disaster | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lack of adequate housing | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mutual agreement for mutual benefits | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to questions above, please complete the remainder of the form.
 If you answered NO to both questions above, you may STOP here. Thank you.

Name of Student: _____ Date of Birth: _____

Age: _____ Gender: _____ Grade: _____ School most recently attended: _____

Name of Parent(s)/Legal Guardian(s): _____

Temporary/Physical address: _____

City: _____ Zip Code: _____

Length of time at address: _____ Phone Number: _____

Where is the student currently living?

- In a motel
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, campsite, or the forest.
- In a shelter (e.g., Primavera Foundation Shelter for families, New Beginnings, Gospel Rescue Mission, etc.)
- Temporarily** staying with one or more families in a residence.
- In a place **without** electricity, water, or heat.

Other children in the family:

| Name | School | Grade |
|------|--------|-------|
| | | |
| | | |
| | | |

The undersigned Parent/Legal Guardian certifies that the information provided is correct. False claim about living situation may affect enrollment for McKinney-Vento.

Parent/Legal Guardian Signature: _____ Date: _____