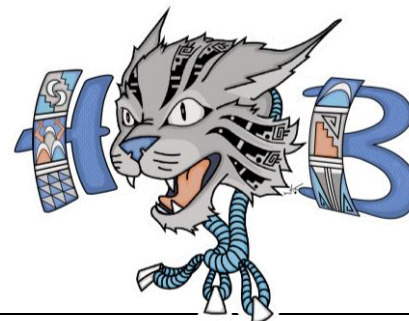


# HOTEVILLA BACAVI COMMUNITY SCHOOL

P.O. Box 48, Hotevilla, Arizona 86030

Phone: 928-734-2462 Fax: 928-734-2225

Website: [www.hbcschool.net](http://www.hbcschool.net)



## School Year 2025-2026 RETURNING STUDENT ENROLLMENT APPLICATION

Welcome Back to HBCS Parents/Guardians!

1. Please read every page thoroughly and sign each page before returning.
2. Enrollment applications must be submitted with an **updated Immunization record**.  
No application will be accepted without one.
3. First come first served into each grade level K-8<sup>th</sup> grade for Enrollment.
4. **Required Documentation List for enrollment:**
  - ☐ Completed Returning Student Enrollment Application (each page completed and signed)
  - ☐ Updated Immunization record (Will be verified at time of Enrollment)
  - ☐ Updated Temporary Guardianship (required to complete an application) \*\*
  - ☐ Updated Annual Physical Examination (3-8<sup>th</sup> grade if participating in sports) \*\*
  - ☐ Any other required document(s) as it pertains to enrollment. \*\*

**\*\*If applicable**

**5. Incomplete applications will not be accepted, please thoroughly check the application and required documentation list for Enrollment before submitting.**

If you have any questions regarding this application or the required documents, please call the office at 928-734-2462.

Thank you,  
Administration,  
Hotevilla Bacavi Community School

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**Returning Student Enrollment Application**

**School Year: 2025-2026**

**Grade:** \_\_\_\_\_

\*\*\*\*\*

Student Name: \_\_\_\_\_  
Last First Middle

Student Mailing Address: PO BOX \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address: \_\_\_\_\_

Who does the student live with: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent

**Updates to Parent/Guardian Information should be made with the Front Office staff when needed. Your phone numbers and Email address will be added to the ONE CALL messaging system.**

**PARENT/GUARDIAN INFORMATION: (If same as above write "SAME" on address line.) A working phone number is required for enrollment.**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Living ( ) Deceased ( ) Living ( ) Deceased ( )

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Land line Phn: \_\_\_\_\_ Land line Phn: \_\_\_\_\_

Cell Phn: \_\_\_\_\_ Cell Phn: \_\_\_\_\_

Work Phn: \_\_\_\_\_ Work Phn: \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_ Telephone No. \_\_\_\_\_

**LEGAL GUARDIAN:** (If living with someone other than parents) Relationship: \_\_\_\_\_  
(Must have Guardianship Document)

Name: \_\_\_\_\_  
Name Address /PO Box City State Zip

Home Phn: \_\_\_\_\_ Work Phn: \_\_\_\_\_ Emergency Phn: \_\_\_\_\_

\*\*\*\*\*

**I 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/Guardian/Legal Guardian**

\_\_\_\_\_  
**Date**

**ACCEPTED BY:** \_\_\_\_\_

**School Official**

**Date**

**Revised: 05/10/18**

**HOTEVILLA BACAVI COMMUNITY SCHOOL  
CHECKOUT PERMISSION FORM  
SCHOOL YEAR 2025-2026**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

I give the following individuals permission to check my child out of school. I understand that anyone not on this list will **NOT** be allowed to check out my child unless they have written permission from me. Parent/Guardians must come into the Office to “check-out” their child(ren).

**YOU MAY UPDATE YOUR LIST AT ANYTIME IN PERSON. Please list their name and telephone/cell number.**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**School Year 2025-2026**

**Competitive Sports Consent Form**  
**For 3<sup>rd</sup>-8<sup>th</sup> grade ONLY**

I (we) hereby grant consent/permission for my child \_\_\_\_\_ to  
NAME  
participate in the following competitive sports:

**(CHECK ONLY THOSE APPROPRIATE)**

\_\_\_\_\_ Basketball      \_\_\_\_\_ Softball      \_\_\_\_\_ Cross Country      \_\_\_\_\_ Flag Football  
\_\_\_\_\_ Cheerleading

\_\_\_\_\_  
Signature of Parent/Guardian      Date

**\*Any student participating in competitive sports must have an updated Physical on file.**

\*\*\*\*\*

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**ON RESERVATION FIELD TRIPS**  
**School Year 2025-2026**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

I (We) hereby grant permission for my child to participate in an on-reservation school sponsored activity trips as approved by the Principal.

I understand I will be informed prior to the field trip of where and when the trip will be taken. I also understand that the students will be properly chaperoned and all precautions will be taken to insure his/her safety.

These field trips will include walking to and from Hotevilla and Bacavi Villages and surrounding areas within walking distance.

**I (WE) HAVE READ THIS CONSENT FORM FOR THE HOTEVILLA BACAVI COMMUNITY SCHOOL AND FULLY UNDERSTAND ITS CONTENTS:**

\_\_\_\_\_  
Signature of Parent/Guardian      Date

**Revised: 05/03/18**

HOTEVILLA BACAVI COMMUNITY SCHOOL  
HEALTH CONSENT/MEDICAL FORM--SCHOOL YEAR 2025-2026

Student Name: \_\_\_\_\_  
Last First MI DOB Grade

I (We) give permission to Hotevilla Bacavi Community School to arrange for and/or to provide the following health services for my child.

1. Dental care including dental examinations, preventative use of fluoride and necessary emergency dental care.
2. Health care including screening for vision and hearing.
3. Emergency health care in case of an accident.
4. Immunization Clinic.
5. Transportation for the child from school to a health facility for these services.

\_\_\_\_\_ I HEARBY GIVE CONSENT FOR ALL OF THE ABOVE SERVICES

\_\_\_\_\_ EXCEPTIONS OR SPECIAL INSTRUCTIONS

**Please complete the following:**

Is your child Allergic to any medications, materials, items, or food? If "yes" please explain. If no, write N/A "Not Applicable". For Food allergies, please provide appropriate documentation from Health provider.

Any physical restrictions, explain: \_\_\_\_\_

History:	Yes	No	Explain:
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	-----
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	-----
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	-----
Corrective lenses	<input type="checkbox"/>	<input type="checkbox"/>	-----
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	-----
Prescribed medication (At home or School?)	<input type="checkbox"/>	<input type="checkbox"/>	-----
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	-----

Does your child have allergy medications or an Inhaler they will need to bring to school? \_\_\_\_\_

Does your child have an EpiPen for school? \_\_\_\_\_

Will your child bring the EpiPen to school in case of emergency? \_\_\_\_\_

All medication brought to school will be stored in a locked cabinet.

Is there anything else we did not mention? \_\_\_\_\_

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

\_\_\_\_\_  
Date



Public Health Service  
Indian Health Service

Hopi Health Care Center  
P.O. Box 4000  
Highway 264, MM 388  
Polacca, Arizona 86042

## Influenza and COVID Vaccination Clinic

### 2025-2026 PARENT CONSENT FORM

#### Section 1: Information about Student to Receive Vaccine(s) - (please print)

STUDENT INFORMATION		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>
<u>Student's Date of Birth</u>	<u>HHCC Chart #</u>	<u>Student's Gender</u> Male or Female
PARENT / LEGAL GUARDIAN		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>

#### Section 2: Student Health History

	YES	NO
1. Does the student have a serious allergy to eggs or previous dose of Flu?		
2. Is the student sick today?		
3. Does the student have allergies to medications, food or other: (if yes, please list below)		
4. Has the student had a serious reaction to any vaccine in the past?		
5. Last dose of the COVID-19 vaccination? _____		
6. Does the student have a health condition or undergoing treatment (i.e. cancer, leukemia, or AIDS), that makes them moderately or severely immunocompromised?		
7. Has the student had a allergic reaction to any component or previous dose of the COVID-19 vaccine?		
8. Does the student take Cortisone, Prednisone, other steroids, anti-cancer drugs or x-ray treatments?		
9. Has the student received a transfusion of blood plasma or a medicine called Gamma Globulin?		
10. Is the student pregnant or at risk of becoming pregnant within the next month? ** First day of Last Menstrual Period (Date): _____ **		

#### Section 3: Consent for Immunization(s) - VIS form(s) provided at time of vaccination.

<input type="checkbox"/> <b>I GIVE CONSENT FOR:</b>	
<input type="checkbox"/> <b>DECLINE:</b>	
<p style="text-align: center;">_____ Flu      _____ COVID Monovalent</p>	
<p style="text-align: center;">_____ Signature of Parent / Legal Guardian</p>	<p style="text-align: center;">_____ Date</p>
<p><b>** Parent/Legal Guardian Contact Phone #:</b> _____</p>	

**Please return consent to the student's school as soon as possible.**

For more information about the immunizations, please call the Hopi Health Care Center PHN office at (928) 737-6257.

## **2025-26 Hopi Health Care Center School-Dental Disease Prevention Program**

Name of Child/Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

The **IHS Hopi Health Care Center Dental Clinic** is excited to restart our school based outreach program with the intention of **screening for and preventing dental disease** (cavities). A licensed Indian Health Service doctor will be on site at all times to oversee all activities. This screening **DOES NOT** take the place of regular dental visits. For any further questions please call 928-737-6162.

Please Circle **One** of the Following:

**YES** - I am the parent/ legal caregiver and give my consent for the school-based dental screening program. (patients may continue to see their pediatric dentist elsewhere.)

**Or**

**NO** - I do not want my child to participate in any school based dental outreach programs.

If **NO**, who is the child's regular dental provider: \_\_\_\_\_

The following preventive treatment **MAY** be provided as determined by the dentist on site:

- Dental Screening / Examination
- Fluoride Varnish (for prevention of cavities)
- Oral Hygiene Instruction (teaching about how to clean your teeth)

**In URGENT situations involving severe pain, infection, or trauma, EVERY ATTEMPT WILL BE MADE TO CONTACT THE CAREGIVER AT THE NUMBER BELOW prior to providing dental services.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clearly Print Name

\_\_\_\_\_  
Contact Phone

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

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**COMPUTER/INTERNET USER AGREEMENT AND PARENT PERMISSION FORM**  
**SCHOOL YEAR 2025-2026**

As a user of Hotevilla Bacavi Community School's computer system, I agree that I have read and understand the rules and information given to me. When using the computers and Internet I will be using them under the instruction of my teacher.

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

**I ACCEPT THE FOLLOWING GUIDELINES FOR APPROPRIATE USE**

- I will use the Internet for constructive educational purposes.
- I will not visit sites that contain items that are illegal, defamatory, pornographic, or otherwise offensive.
- I will observe the rules and laws regarding copyright and plagiarism.
- I will never give out personal information such as: my home address, telephone number, or the location of my school.
- I will never sign up for any kind of free Internet E-mail services, (hotmail, yahoo mail, etc.) but instead will use the schools internet services.
- I agree to follow any other rules for the use of the Internet that my school has established.

**Student Signature:** \_\_\_\_\_

As the parent or guardian of this student, I have read the guidelines for acceptable Internet and computer use. I understand that Internet access is designed for educational purposes and the HBCS has taken every available precaution to eliminate controversial material. However, I also recognize the impossibility of HBCS to realistically restrict all controversial materials and I will not hold the school or any of its staff responsible for materials acquired while utilizing the available technology.

I give permission to my child to use the Internet only under their teacher's instruction and for specific projects or research where it serves an educational need.

In addition, I understand that from time to time the school may wish to publish examples of student projects, photographs, and other examples of HBCS work on the internet for information on a school related web site.

**PLEASE CHECK ONE**

\_\_\_\_\_ **YES**-My child's work/photo can be published on HBCS related initial web pages.

\_\_\_\_\_ **NO**-My child's work/photo cannot be published on HBCS related initial web pages.

Parent or Guardian: (please print) \_\_\_\_\_

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

\*Internet permission forms will be completed yearly with the school enrollment forms.



Hotevilla Bacavi Community School  
Student Name/Photo Release Form 2025-2026

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HBCS Parent/Guardian:

Please check one box, sign and date form, and return with registration materials. This form must be on file for each student and is valid as long as your child attends Hotevilla Bacavi Community School. If you choose to change your child's release status, you must submit a new form.

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

**School:** Hotevilla Bacavi Community School

☐ **Yes, I give permission for my child's first and last name to be released and for my child to be photographed or videotaped while in school or during school-related activities outside the classroom.**

By checking "yes" and signing this consent form, I give permission for my child's **first and last name and/or photograph** to be used in publications, presentations, videos, or Web pages, or news releases produced by Hotevilla Bacavi Community School or by agencies working with HBCS. My child's first and last name and/or photograph may be included in news releases distributed to newspapers and other news media.

NOTE: No payment will be made to a child photographed under terms of this release or to his/her family if and when the photographs are used in district publications, presentations, video productions, or Web sites. Parents/guardians waive the right to preview or approve the finished photographs or video.

**OR**

☐ **No, I do NOT want my child's first and last name released nor my child to be photographed or videotaped while in school or during school-related activities outside the classroom.**

Checking "no" and signing this form means that my child's name and/or photograph may NOT appear in any Hotevilla Bacavi Community School, presentation, video, Web site, or news release produced by Hotevilla Bacavi Community School or by agencies working with the school that gets distributed outside of the school. (Annual school yearbooks are considered internal school publications and are not subject to these restrictions. If you wish your child's name/photo not be included in the annual school yearbook, please notify your school principal in writing.)

It also means that my child's name and/or photograph may NOT be included in news releases distributed to newspapers and other news media.

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

**Date** \_\_\_\_\_

We, the Hotevilla Bacavi Community School, establish this compact to foster the success of our students. We believe this is accomplished through the planned partnership of parents, families, students, teachers, and administrators. Goals that ensure academic achievement of the state standards; help every student develop a sense of responsibility and respect of self and others; and, provide guidelines for meaningful two-way communication between home and school are guaranteed through the following responsibilities in this agreement.

**Teachers will provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet Arizona academic standards.**

In addition, I will:

Reading/Literacy

- Keep parents informed of the reading and math skills their children are learning, and how they can reinforce these skills at home.
- Guide students in selecting reading materials that match their interests and independent reading levels.

Study habits/Self-directed learning

- Teach students how to study and encourage active listening skills.
- Provide homework assignments relevant to daily instruction in accordance with the school homework guidelines.

Respect/Responsibility

- Model and display responsible decision making and citizenship in all aspects of daily life.
- Maintain appropriate student behavior in the classroom so that all students can learn and be safe.

Community

- Communicate frequently with parents about their children's progress through quarterly report cards, and by notes, phone calls, and e-mails.
- Respond promptly to families' concerns, messages and requests for information.
- Hold parent-teacher conferences, bi-annually, during which this compact will be discussed as it relates to the individual child's achievement.
- Encourage families to participate in school community programs and events.

**Teacher Signature** \_\_\_\_\_

\*\*\*\*\*

**Students benefit when adults in their school community are bonded by strong relationships. They recognize that they, too, are partners with their parents and teachers in their success. I will:**

Reading/Literacy

- Read regularly for pleasure as well as to learn.
- Ask my family to read with me or read to me 15 minutes each day 5 days a week.

Study habits/Self-directed learning

- Listen to my family, teachers, and others who help me learn, and ask questions when I need help.
- Complete my homework on time and in a thorough and legible way.

Respect/Responsibility

- Come to school on time, and ready to learn.
- Always try my best.
- Respect myself and the rights of others.

Community

- Deliver messages from school to home and home to school to help inform my parents and teachers of events and activities that help support my learning experience.
- Encourage my family to participate in events and programs sponsored by my school community (e.g., Open House, Family Nights, Parent-Teacher-Student Conferences.)

**Student Signature** \_\_\_\_\_

\*\*\*\*\*

**Parents/Families understand that involvement in their child's education is the number one determining factor in a child's academic success. To make education a top priority in our home, I will:**

Reading/Literacy

- Read to or with our child 15 minutes per day 5 days a week.
- Help to reinforce our child's reading and math skills with the direction of the teacher.
- Know our child's interests and encourage reading for pleasure.
- Discuss our child's progress in reading and math in ways that show our high expectations.

Study habits/Self-directed learning

- Make sure our child has a routine for homework that works for our family and follows our school's homework guidelines. If our child doesn't have homework on any given day, we will encourage independent reading time, (or read together if in K or 1<sup>st</sup> grade), review reading or math skills, or prepare for projects, quizzes or tests.
- Review our child's homework and sign student planner each night.
- Discuss our child's effort and potential in ways that show high expectations.

Respect/Responsibility

- Make sure our child attends school regularly, is on time, and is prepared to learn.
- Stress the importance of school and classroom behavior expectations in family conversations.
- Encourage my child to demonstrate respect for school personnel, classmates, and school property.

Community

- Communicate promptly with my child's teacher whenever a concern or question arises.
- Respond promptly to my child's teacher or the school regarding requests or information.
- Attend/participate in open house, parent/teacher conferences, Family Nights or other school events.

**Parent Signature(s)** \_\_\_\_\_

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**Principal supports and encourages the efforts of all family-school partnerships in this school community.**

Our school helps to strengthen the family-school partnership to enhance student learning through our School Community Council, Parent Teacher Organization, Family Nights, parent workshops, classroom visits by parents, and communication about students' progress toward learning standards and state assessments. Family activities are posted on the school's website, the parent bulletin board in the foyer, and distributed through student delivery.

Please read and sign this Compact, then return it to your child's teacher. Please post your copy in a place that can serve as a reminder of each school community member's responsibilities toward the success of each and every child in our school community. We will refer to this compact at parent-teacher conferences and meetings that confirm our family-school partnership to enhance our students' learning.

**Principal Signature** \_\_\_\_\_