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Meridith VanWinkle, *Board Vice-President*
Lynette Shupla, *Board Member*
Anita Bahnimptewa, *Board Member*
Bruce Talawyma, *Board Member*
Kimberly K. Thomas, *CSA/Principal*

SECOND MESA DAY SCHOOL

"ITAH TSATSAYOM MOPEKYA"

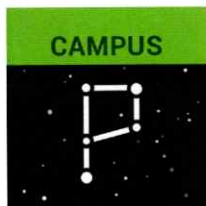


PROMOTED F.A.C.E. STUDENTS!!

5/28/2026

Dear Parents & Guardians of our returning Bobcats,

We are excited to begin the new year and hope to make registration a quick and easy process, as well as continue to utilize Parent Portal to maintain accurate information for your students.



Registration will open June 1st, 2026, on the Parent Portal. Parents, if you need access, please contact the Registrar's Office to get set up. In-office registration will also take place Monday through Thursday from 8am to 4pm. Staff will be on site to help walk you through the process and obtain any final forms for registration.

Medical Forms and Physical Evaluation forms were sent at the end of the school year and may be returned to complete registration. In addition, please complete the Student Application, Check Out Authorization, Transportation, FERPA, BIE Home Language Survey and Student Residency Verification forms attached.

Attached is the school year calendar and **our first day of school will be on Monday, August 3, 2026.**

Thank you for choosing Second Mesa Day School. We look forward to a successful and inspiring school year ahead with your child.

Sincerely,

Ms. Dione Naha, Registrar
Second Mesa Day School

Post Office Box 98, Hwy 264 @ Texaco Junction | Second Mesa, Arizona 86043

Direct Number: (928) 737-2571 | Fax Number: (928) 737-2565

Website: www.secondmesadayschool.com

FACE & Kindergarten
School Day:
8:00 am – 2:30 pm

Second Mesa Day School
2026-2027 Calendar Year

Grades 1st – 6th
School Day:
8:00 am – 3:30 pm

Legend

- Non-instructional day, Staff Only
- No School Day
- Holiday - No School/Office Closures
- End of Quarter
- School Board Meetings – 2nd Tuesday of the Month
- PAC Meetings – 2nd Wednesday of the Month

Key Dates

- Mo, Jul 27 – Orientation Week, Staff Only
- Th, Jul 30
- Mo, Aug 3 1st Day of School
- Mo, Aug 10 Holiday - Pueblo Revolt
- Wd, Aug 26 Parent Mini Conference
- Fr, Aug 28 In Service, Staff Only
- Mo, Sep 7 Holiday - Labor Day
- Fr, Sep 25 In Service, Staff Only
- Th, Oct 8 Native American Day
End of 1st Quarter
- Fr, Oct 30 In Service, Staff Only
- Tu, Oct 20- Parent Teacher Conferences
- Th, 22
- We, Nov 11 Holiday - Veteran's Day
- Fr, Nov 20 In Service, Staff Only
- Wd, Nov 25 Early Release Day
- Th, Nov 26 Holiday - Thanksgiving Day
- Fr, Dec 11 No School Day, In Service
- Th, Dec 17 End of 2nd Quarter
- Mo, Dec 21 No school Day, Winter Break
- Th, Jan 1
- Fr, Jan 1 Holiday, New Year's Day
- Tu, Jan 5 – Parent Teacher Conferences
- Th, Jan 7
- Mo, Jan 18 Holiday, President's Day
- Fr, Jan 29 No School Day, In Service
- Mo, Feb 15 Holiday, President's Day
- Mo, Mar 15 No school Day, Spring Break
- Th, Mar 18
- Tu Mar 23 – Parent Teacher Conferences
- Th Mar 25
- Fr, Mar 26 In Service, Staff Only
- Wd, Apr 26 Parent Mini Conference
- Fr, Apr 30 In Service, Staff Only
- Th, May 20 Last Day of School
Early Release Day
- Mo, May 24 Close Out Week, Make Up Days if
- Th, May 27 needed.

July						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

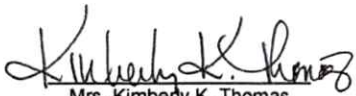
February						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

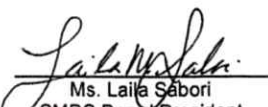
March						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			


Mrs. Kimberly K. Thomas
SMDS Chief School Administrator/Principal


Ms. Laila Sabori
SMDS Board President

Total Instructional Days: 150
Total Contractual Days: 166

Total Academic Hours:
Grade: FACE – K: 919
Grade: 1st – 6th: 1,118



Second Mesa Day School NEW Student Enrollment Application SY 2026-2027



Student Name: _____

Grade: _____

PROMOTED F.A.C.E STUDENTS Cover Page/Checklist

- | | |
|--|--|
| <input type="checkbox"/> Student Application
(2 pages)

<input type="checkbox"/> Authorized Checkout Form
(1 page)

<input type="checkbox"/> Student Transportation
Form (1 page)

<input checked="" type="checkbox"/> Student Health History
(1 page)

<input checked="" type="checkbox"/> Medical Attention Form
(1 page)

<input type="checkbox"/> OTC Medication Consent
Form (1 page)

<input type="checkbox"/> Student Residency
Verification Form (1 page) | <input type="checkbox"/> FERPA Form (2 page)

<input checked="" type="checkbox"/> Release of Records Form
(1 page)

<input type="checkbox"/> BIE Home Language Survey
(1 page)

<input checked="" type="checkbox"/> Internet and Media Forms (5
pages)

<input type="checkbox"/> HHCC Dental Consent Form
(1 page)

<input type="checkbox"/> HHCC Influenza Vaccination
Form (1 page)

<input type="checkbox"/> 2026-2027 Annual Physical
Evaluation (7 pages) |
|--|--|

**REQUIRED
DOCUMENTATION AT
TIME OF REGISTRATION:**

- Birth Certificate
- Tribal
Enrollment/C.I.B.
- Immunization
Record
- Guardianship
(if applicable)

NOTE: Incomplete applications will delay Enrollment. Please ensure to have all proper documentation at time of registration. Otherwise Application will remain in hold status.

FOR OFFICIAL USE ONLY:

Date Received: _____		Received by: _____	
Status:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending: _____ _____		
Enrollment:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason): _____ CSA Signature: _____ Date: ___ / ___ / ___		
NASIS Entry Date: ___ / ___ / ___ Student ID#: _____ NASIS ID #: _____		Teacher Placement: _____ Grade: _____ Room #: _____	



**Second Mesa Day School
Student Enrollment Application
SY 2026-2027**



PREVIOUS SCHOOL INFORMATION:

Last School Attended:	School Address:	Grade:	Date Withdrawn:
Has the student ever attended Second Mesa Day School? () Yes () No	Has student ever been retained: () Yes () No	If "Yes", what grade:	Other Schools Attended:

SPECIAL SERVICES (Please check all that apply) Note: If "X" please provide most recent IEP and name of service provider.

Special Education		Speech Therapy	
Physical Therapy		Gifted & Talented	
Occupational Therapy		Completed Head Start	
Counseling		Section 504 Plan	

NOTE: _____

I certify that I am the parent or legal guardian of this student and wish to apply for their admission to Second Mesa Day School. I understand that enrollment is contingent upon the submission of any additional required documentation. Furthermore, I agree to adhere to all governing board-approved policies and procedures as part of the student's enrollment at Second Mesa Day School.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
Student Enrollment Application
SY 2026-2027**



AUTHORIZED STUDENT CHECK OUT FORM

Student Name: (Last, First, MI)	Grade:
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Parents or legal guardians must provide a written list of individuals authorized to check out their student and/or receive their student after school. Please note the following guidelines:

- **Authorized List:** Only five (5) individuals may be listed per school year, including the primary parent(s)/guardian(s).
- **Requirements:** All authorized individuals must be at least 18 years old and may be asked to provide valid photo identification.
- **Changes:** Updates to this list must be submitted in writing; phone authorizations will not be accepted.
- **Emergency Contacts:** Parents/Guardians will be the 1st point of contact in case of an emergency. If parent/guardian is unavailable, listed individuals will be contacted. Please note the order in which individuals may be contacted. *Note: If there is someone you would **not** like to be contacted, please indicate **N/C**.*
- SMDS reserves the right to deny any checkout if a student's safety or welfare appears to be at risk.

	Authorized Check Out: (First & Last Name)	Relationship	Emergency Contact Order	Phone Numbers # C-Cell, H-Home, W/M: Work/Message
1		Parent/Guardian	#1	C: H: W/M:
2				C: H: W/M:
3				C: H: W/M:
4				C: H: W/M:
5				C: H: W/M:

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2027**



STUDENT TRANSPORTATION FORM

Student Name: (Last, First, MI)	Grade:
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PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name	Relationship	Home/Cell Phone #	Work/Message Phone #

Village/Community: _____

<p>Primary <u>AM</u> Pick-Up Location (stop name, village):</p>

<p>Primary <u>PM</u> Drop-Off Location (stop name, village):</p>
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Special Needs Accommodations required? YES () NO ()

Please list accommodations needed: _____

- Grades FACE, Kindergarten, 1st and 2nd Grade students must be received by an authorized adult at their PM Drop Off.
- Pick -Up and Drop -Off destinations are scheduled as close as possible to the student's residence. If roads become impassable (i.e. muddy roads, etc.) due to inclement weather or other reasons, buses will not transport on dirt roads. Parents/guardians will need to meet the bus on paved roads.
- Students are encouraged to utilize primary arrangements. This eliminates overcrowding on buses.
- Alternate Pick up and Drop Off arrangements are encouraged to be communicated in advance. **Only a Parent/Guardian written note will be accepted. NO Phone Call Arrangements.**
 - Written bus notes will be accepted until 12:00 PM.
 - Emergencies and urgent changes after the listed times or arrangements without a written note must be approved by the Transportation Supervisor.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature:	Date:
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For Official Use Only:

Bus Driver Assignment:	Bus #
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Second Mesa Day School NEW Student Enrollment Application SY 2026-2026



Student Residency Verification Form

Student Name: (Last, First, MI)	Date of Birth:	Grade:
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The purpose of this form is to address the requirements of the McKinney - Vento Act. This document will be used by school personnel and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

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

SECTION A	SECTION B
<input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members (other than parents/guardians) CONTINUE if you have checked a box in this section to question 2.	<input type="checkbox"/> Choices in Section A do not apply. STOP HERE: If you have checked this section, You do not need to complete the remainder of this form. Please submit to the school registrar.

2. Does the student live with: (Select one)

- | | |
|---|---|
| <input type="checkbox"/> One (1) Parent/Guardian | <input type="checkbox"/> A relative, friend, or other adult |
| <input type="checkbox"/> Two (2) Parents/Guardians | <input type="checkbox"/> Alone with no adult |
| <input type="checkbox"/> One (1) Parent and another adult | |

Name of person completing this form:	
Mailing Address, State, Zip Code:	
Phone Number:	
Signature of person completing this form:	

For Official Use Only:

School Administrator's determination of Section A Circumstances:	
School Contact Person who may know of the family's situation & Phone #:	
Date Faxed to Office of Coordinator:	



Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2026



Family Educational Rights and Privacy Act (FERPA)

Student Name: (Last, First, MI)	Grade:
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I have received information about my rights under FERPA and understand my right to request that any of the items listed below to not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having legal rights might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

I **ALLOW** the following directory information regarding my student to be disclosed without written permission.

Check all that apply.

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Dates of attendance
- Grade level

[] I **DO NOT** want any Directory Information regarding my student to be disclosed without written permission.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2026**



BIE Home Language Survey

Student Name: (Last, First, MI)	Grade:
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Federal Code: 25: CFR 32.3 & Revised CFR 30.109 *"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."*

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement: *"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."*

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents/guardians) use more often when speaking with your child?

4. Which language is spoken more often by other adults in the home? _____
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

Additional Information (Optional)

Signature of Parent/Guardian _____ **Date** _____

***Criteria for Screening:** If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.*