



KIN DAH LICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

Child Name: _____

Grade: _____

CHECK LIST: Application Requirements

Need the following documents, before enrolling a RETURNING STUDENT:

- ☐ Enrollment Forms (All sections must be completed with signature)
- ☐ Updated Immunization with current year **2025** (Computerized Copy Only)
- ☐ Update Guardianship Documents (if needed)
- ☐ Verification of Home location
- ☐ Health Forms - Emergency Health, Health History, The Smiles Movement, & Allergy Form Required (If your child has a food/medication allergy)
- ☐ McKinney Vento Questionnaire
- ☐ Student Handbook Policies & Procedures
- ☐ Appendix G, I, L, M, N, and Parent School Compact.
- ☐ Physical Examination Form (3rd-6th graders who will participate in sports)

Has student ever received Special Education Services? Grade/ School ____ Yes ____ No ____

Does student have a current IEP? ____ Yes ____ No ____

P.O. Box #800 * Ganado, Arizona 86505 * PH: (928)755-3439/3430 FAX: (928)755-3448

Mission Statement

"The mission of Kin Dah Lichi'i Olta' is to provide a child centered learning environment that promotes student achievement embedded in cultural diversity toward meeting the demands of a global society."

KIN DAH LICH'I OLTA'
APPLICATION FOR STUDENT ENROLLMENT IN BUREAU FUNDED DAY SCHOOL
UNITED STATES DEPARTMENT OF THE INTERIOR
SCHOOL YEAR 2025-2026

STUDENTS INFORMATION:

GRADE APPLYING FOR: _____

1. NAME OF STUDENT: _____
Last Name First Name Middle Name
MAILING ADDRESS: _____
PHYSICAL ADDRESS: _____
DATE OF BIRTH: _____ F () M () PLACE OF BIRTH: _____
TRIBAL AFFILIATION: _____ AGENCY: _____
ENROLLMENT NUMBER: _____ DEGREE OF BLOOD: _____
CHAPTER AFFILIATION: _____
TELEPHONE: _____ MESSAGE NUMBER: _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

2. FAMILY AND BACKGROUND INFORMATION (PLEASE FILL OUT ALL INFORMATION):

PARENT OR LEGAL GUARDIAN (circle one)

FATHER NAME: _____ MOTHER NAME: _____
GUARDIAN'S NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ ADDRESS: _____
TRIBAL AFFILIATION: _____ TRIBAL AFFILIATION: _____
LIVING () DECEASED () LIVING () DECEASED ()
CELL PHONE NUMBER: _____ CELL PHONE NUMBER: _____
WORK PHONE NUMBER: _____ WORK PHONE NUMBER: _____
CELL PHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMERGENCY NUMBER: _____ EMERGENCY NUMBER: _____
EMAIL: _____ EMAIL: _____

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 BEFORE THE STUDENT IS ENROLLED.

PARENT/GUARDIAN SIGNATURE

DATE

REGISTRAR

DATE

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**SY 2025-2026
KIN DAH LICH'I OLTA'
AUTHORIZED STUDENT CHECK-OUT LIST**

NAME OF STUDENT _____

GRADE _____

I/WE _____

PARENT/GUARDIAN NAME _____

RELATION TO STUDENT _____

PHONE NUMBER _____

OTHER CONTACT PHONE NUMBER _____

AUTHORIZED THE FOLLOWING PERSON(S) TO CHECK OUT MY CHILD 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.

NAME OF ADULT	RELATION TO CHILD	HOME LOCATION	PHONE NUMBER:

***** NOTE: AUTHORIZE PERSON MUST BE 18 YEARS OF AGE OR OLDER. AN I.D. WILL BE REQUIRED*****

PARENT/GUARDIAN SIGNATURE

DATE

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HOME OF THE WOLVERINES

Dear Parents,

Keeping you informed is a top priority at Kin Dah Lichi'i Olta. That's why we have adopted the Connect 5 Notification Service which will allow us to send a telephone, text message or e-mail message to you providing important information about school events or emergencies. We anticipate using Connect 5 to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through Connect 5

- Caller ID will display the school's main number when general announcement is delivered.
- Caller ID will display 411 if the message is a dire emergency.
- Connect 5 will leave a message on any answering machine or voicemail.
- If the Connect 5 message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us at (928)755-3439 or 3430.

We are very excited to incorporate Connect 5 as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

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SY 2025-2026
KIN DAH LICH'I OLTA'
EMERGENCY CONTACT FORM/CONNECT 5:

NAME OF STUDENT _____

GRADE _____

PARENT(S)/GUARDIAN PRIMARY CELL NUMBER:

1. _____

2. _____

TEXT MESSAGING

YES ☐

NO ☐

EMAIL: _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

3. DO CHILD HAVE OTHER SIBLINGS ATTENDING KDLO ☐ YES ☐ NO

IF YES, PLEASE LIST BELOW:

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

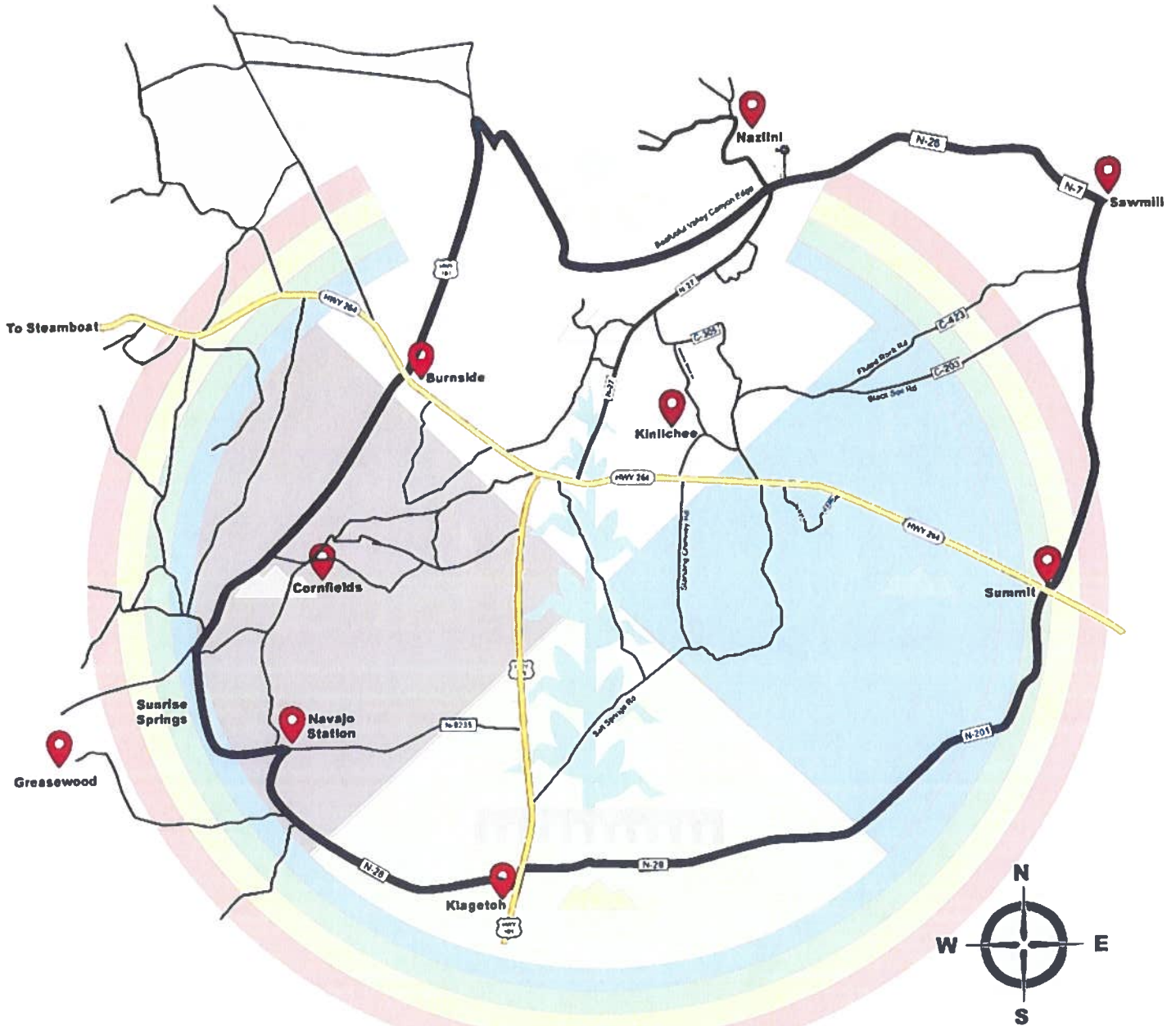
NAME OF STUDENT _____ GRADE _____

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Verification of Home Location SY 2025-2026



Student Name: _____ Grade _____

Location of Home: _____
(Please be Specific)

Parent/Guardian: _____

Phone Number: 1. _____ 2. _____

Box #800 * Ganado, Arizona 86505 * PH: (928)755-3439/3430 FAX: (928)

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KIN DAH LICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

The School's Health Office extends a warm welcome to all children and their parent(s) or guardian(s) to SY 2025-2026 Kin Dah Lichi'i Olta' for another exciting school year. Here are a few reminders from the School's Health Office when parent(s) or guardian(s) are concerned about their child(ren).

The following information is intended as a guide to help with their decision.

- ❖ If your child has vomited or had diarrhea within the past 24 hours
- ❖ If your child has open sores or a rash of unknown origins
- ❖ If your child has head lice
- ❖ If your child has redness, irritation, or discharge from the eye(s)
- ❖ Persistent cough or persistent running nose
- ❖ After an illness and until your child has eaten a full meal and their temperature has been normal for at least 24 hours without medication
- ❖ If he/she has had a throat culture, wait until you have received the results and know that it is not strep throat.
- ❖ Until 24 hours after antibiotic treatment is started and your child has a normal temperature for 24 hours without fever-reducing medication

If your child has been sick and missed two or more days, a doctor statement is required to excuse absences.

Immunization:

Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless the pupil is exempted from immunization". This means upon enrollment to KDLO you are required to submit a current up-to-date with current year immunization record for your child(ren) unless you have written documents for exemptions.

Kindergarten and 6th grader's immunizations are reported annually to the Arizona Department of Health Services on November 15 of every year. Please check with the school health office to see if your child has updated immunization on file. A 10-day grace period is given to ensure enough time to turn in your child's immunization. If your child's immunization record is not updated, your child may not be allowed to attend school until their immunization record is updated with the school health office. **Student taken home due to inadequate immunization is NOT an EXCUSED ABSENT.**

Vision and Hearing Screening:

All vision and hearing screening are done at KDLO by the Health Assistant. Rescreening are required for students whom fail the first screening and will be determined by the Health Assistant.

BACK 

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Sport Physical Exam:

Before your child can participate in any sport at KDLO a Sport Physical Examination is required. Obtaining a Sport Physical is the responsibility of the parents for their child(ren) to participate in any sort of organized sport activities that requires a Sport Physical.

Prescription Medication(s):

Prescription medication(s) must be brought to the school by the parent or guardian. **NO MEDICATION IS TO BE TRANSPORTED BY STUDENT ON SCHOOL BUS.** All prescribed medication(s) must be in original pharmacy container with the student's name, name of medication(s), doctor's name and specific instruction for administration. A written doctor's statement is required for medication(s) to be administered at school and for your child(ren) record. Parent or guardian must sign a school consent form for the School Health Assistant to dispense or administer medication.

Head Lice:

The School Health Office recommends that each parent or guardian periodically screens their child(ren) hair for lice. Head lice is most common communicable childhood infestation and outbreaks among Preschool and elementary school-age children. Head lice can spread among children who engage in behaviors such as sharing combs, brushes, jackets and hats. Head Lice Treatment can be bought at any department store such as Wal Mart, Walgreens, Family Dollar and Safeway. You can come by the Health Office to get more information on head lice transmission, infestation, treatment and nit removal.

Chronic Head Lice incidents will be referred to the local CHR or Public Health Nurse.

Educating your child on head lice may prevent infestation among school children. Please work with school personnel to attain a louse-free, education-oriented environment. If you need additional information, please contact the school health office. **Your child can return to back to school as long as Head Lice is completely gone.**

The School Health Office is for Emergency and First Aid purpose. It is the responsibility of the parents or guardian to take their child(ren) to their routine medical or dental appointments including triage clinic. Accidents that happen at home should be treated and take care at home. All injury that occur on KDLO property will be handle as an Emergency bases and parent or guardian are require to comply with KDLO polices.

SY: 2025-2026

**KIN DAH LICH'I OLTA'
HEALTH FORM**

ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE FILL OUT THE FORM COMPLETELY

NAME OF STUDENT: _____ DATE OF BIRTH: _____ Gender M or F

ALLERGIES/MEDICAL CONDITIONS TO BE AWARE OF:

___ ALLERGIES ___ EPILEPSY ___ DIABETES ___ SEASONAL ___ HEART PROBLEMS ___ RECURRING ILLNESS
___ NONE
___ FOOD: _____ ___ OTHER: _____

COMMENT/SPECIAL INSTRUCTION: _____

___ ASTHMA IS A PLAN OF ACTION NEEDED? ___ YES ___ NO _____

A PHYSICIAN'S STATEMENT WILL BE REQUIRED FOR ALL FOOD ALLERGIES, MEDICAL CONDITIONS, EPILEPSY MEDICATION, PRESCRIBED MEDICATION(S) OR EPI PEN. A MEDICATION CONSENT FOR WILL NEED TO BE COMPLETED AND SIGNED IF YOU CHILD SHOULD NEED HIS/HER MEDICATION ADMINISTERED DURING SCHOOL HOURS.

THE SCHOOL HEALTH OFFICE HAS LIMITS AS TO WHAT MEDICATIONS CAN BE ADMINISTERED TO STUDENTS. LISTED BELOW ARE WHAT IS AVAILABLE IN TREATING MINOR ILLNESSES AND/OR INJURIES THAT MAY OCCUR DURING SCHOOL HOURS. WITH YOUR PERMISSION, AND AT THE DISCRETION OF THE SCHOOL HEALTH PROFESSIONAL, PLEASE INDICATE (WITH A CHECK) THE MEDICATIONS YOU GIVE CONSENT TO ADMINISTER.

___ YES ___ NO ACETAMINOPHEN (TYLENOL) ___ YES ___ NO ANTIBOTIC OINTMENT
___ YES ___ NO IBPROFEN (FOR MONOR CUTS/SCRAPES & ITCHING) ___ YES ___ NO ORGEL
___ YES ___ NO EYE DROPS
___ YES ___ NO COUGH DROPS

BIRTH/HEALTH HISTORY

Condition of infant at birth: _____ Any complications at birth? ___ NO ___ YES

Explain: _____

Does the student have problems with any of the following: (if yes, please explain)?

Speech ___ Yes ___ No Joint ___ Yes ___ No Extremities ___ Yes ___ No
Abdomen ___ Yes ___ No Seizure ___ Yes ___ No Ears/Hearing ___ Yes ___ No
Eyes/Vision ___ Yes ___ No Other ___ Yes ___ No

Has student ever fainted or become unconscious? When? ___ Yes ___ No _____

Has student ever been hospitalized? Why/When? ___ Yes ___ No _____

Has student ever had any surgeries? Explain ___ Yes ___ No _____

Has student had any of the following childhood diseases/illnesses: When?

Chicken Pox ___ Yes ___ No Measles ___ Yes ___ No
Mumps ___ Yes ___ No Hepatitis A or B ___ Yes ___ No
Meningitis ___ Yes ___ No Pertussis (Whooping Cough) ___ Yes ___ No

Does student have problems with bedwetting or incontinence? How long? ___ Yes ___ No _____

Does student have any current behavioral problems? (Mental/Emotional) ___ Yes ___ No _____

AS A PARENT OR LRGLA GUARDIAN OF THE ABOVE NAMED STUDENT, I ENTRUST KIN DAH LICH'I OLTA' HEALTH PERSONNAL TO CARE AND PROVIDE FOR MY CHILD'S HEALTH/MEDICAL CARE WHILE IN SCHOOL. IN THE EVENT OF AN EMERGENCY, I GIVE MY CONSENT FOR 911 TO BE NOTIFIED AND BE TRANSPORTED TO LOCAL HOSPITAL. THE SCHOOL HEALTH PERSONNEL HAS MY PERMISSION TO EXCUTE NECESSARY DECISIONS UNTIL MY ARRIVAL. I FURTHER UNDERSTAND THAT THE SCHOOL DOES NOT CARRY HEALTH INSURANCE FOR MY CHILD. FOR THAT REASON, I HAVE PROVIDED THE SCHOOL HEALTH OFFICE WITH THE REQUIRED INFORMATION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SY 2025-2026

Medical Statement for Special Dietary Accommodations.

In order for your child to have their school meals modified or substituted please have a State Recognized Authority fill out this form in full.

OFFICE STAFF ONLY

Send to Nutritionist as soon as form is received.

Date Received: _____ Initials: _____

Complete: ☐ Incomplete: ☐

Part I (To be completed by Parent/Guardian)

Name of Student (Last): _____ (First): _____ Date of Birth: ____/____/____

School Year: _____ Grade: _____ Student ID#: _____

Which Meals will the child eat at school? (please circle) Breakfast Lunch After School Snack

Parent/Guardian Name: _____ Phone Number: _____

I give Student Services/Child Nutrition Services permission to speak with the below named medical authority to discuss the dietary needs described below.

Parent/Guardian Signature _____ Date: _____

Part II (To be completed by a State Recognized Medical Authority only)

Medical Condition: _____

Does this medical condition restrict the student's diet? Yes No

If yes, please explain how the medical condition or disability restrict their diet:

Does the child have a food allergy? Yes No

If yes to any of the above questions, Part III must be completed and signed by a State Recognized Medical Authority. If no to both question accommodations are not required to be made through Child Nutrition Services.

Foods to be omitted due to food allergy or disability:

___ Wheat ___ Gluten ___ Eggs ___ All eggs protein (albumin, etc.)
___ Soy Protein ___ Milk ___ All dairy products ___ All milk protein (casein, whey, etc.)
___ Seafood ___ Peanuts ___ All Nuts ___ Tree Nuts

Other (please be specific): _____

Foods to be substituted: _____

Part III (to be completed and signed by a State Recognized Medical Authority)

This diet order is: ___ Permanent (this diet order will remain in effect during the time the student is enrolled at KDLO. A new diet order will be required to change any aspect of information provided in this diet order.)

This diet order is: ___ Temporary (this diet order is effective for the current school year. A new form will be required annually.)

Name of Medical Authority (please Print): _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Please read the backside



BUREAU OF INDIAN EDUCATION
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE

This document is intended to address the McKinney-Vento Act.
Your answers will help the administrator determine residency documents necessary for enrollment of this student.

School: _____

Date: _____ Last School attended: _____ Current Grade: _____

Student Name: _____ ☐ Male ☐ Female

Birth Date: _____ Do you have more children? ☐ Yes ☐ No

Address of where the student sleep last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Is the student's address a temporary living arrangement? ☐ Yes ☐ No

NOTE: ** If You Checked NO, you many STOP here. Thank you. **

If temporary, is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

___ **Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(ex: eviction, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

___ In a **motel/hotel** (Name of hotel/motel): _____

___ In a **shelter** or transitional housing program (name of shelter or program): _____

___ In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.

___ With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children that stay in the same place

Last Name	First Name	Grade	School

The undersigned certified that the information provided above is accurate.

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

Housing type-Check all that apply and date: ___ Doubled Up ___ Sheltered ___ Unsheltered ___ Motel/hotel

1) Unaccompanied youth: ☐ Yes ☐ No

2) Transportation needed: ☐ Yes ☐ No

School Local Homeless Liaison: _____ Date: _____



KIN DAH LICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

APPENDIX G

Kin Dah Lichi'i' Olta'

SY 2025/2026

Permission and Release to Publish

Student's First Name and/or Picture on the Media.

As the parent or guardian of _____, I understand the benefits
(Students Name)

and risks of publishing works on the Internet or other forms of publication. In consideration of the benefits of allowing my student to publish his/her work, first name and/or picture on the School's Web page or other forms of publication.

I hereby give permission for the student's

- a. First name and Last name ONLY to be published on the Web or other forms of publication.

Name of student Yes No Initials _____

OR

- b. First name and photograph with no identifying information to be published on the web or other forms of publication.

Name of student Yes No Initials _____

Further, I accept full responsibility for the publication of the student's name and/or picture 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 student arising from said publication.

Parent or Guardian (printed)

Parent or Guardian (signature)

Date



KIN DAH LICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

APPENDIX L

Kin Dah Lichi'i' Olta' SY 2025/2026

PARENT/GUARDIAN ACCEPTABLE AGREEMENT, RELEASE AND WAIVER

Student Name: _____

Grade: _____

PARENT OR GUARDIAN

☐ I do not give permission for my child to participate in the School's electronic communication system.

I have read the School's electronic communications system policy, administrative regulations and net etiquette information. In consideration for the privilege of my child using the School's electronic communications system and in consideration for my child having access to the public networks, I hereby release the School, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system including, without limitation, the types of damage identified in the School's policy and administrative regulations.

☐ I give permission for my child to participate in the School's electronic communication system and certify that the information contained on this form is correct.

Initial of Parent or Guardian

Date

APPENDIX M

Kin Dah Lichi'i' Olta'

SY 2025/2026

Student Handbook-Parent Acknowledgement

I, _____, have read and discussed the Student Handbook with my child and
(Parent/Guardians Name)

I will support my child to abide by these rules and regulations. Parent/Guardian Initials _____ Date: _____

Student Handbook -Parent Acknowledgement

Check all that apply:

1. _____ I have read the KDLO Handbook
2. _____ I understand and will abide by the rules and regulations.

Student initial: _____ Date: _____ Teacher initial: _____ Date: _____



KIN DAH ŁICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

APPENDIX N

Kin Dah Lichi'í' Olta'

SY 2025/2026

Notification and Acknowledgement of School Enrollment of
Truancy and Attendance Policies

Student: _____ Teacher: _____ Grade: _____

ARIZONA STATE TRUANCY LAW

A.R.S. §15-802 requires that a person having custody of a child between six (6) and sixteen (16) years of age must send the child to school full time when the school is in session, unless statutorily excused. Failure to ensure that a child attend school is a criminal offense and subjected to a fine of up to \$500 plus surcharges and a possible jail sentence of up to 30 days.

A.R.S §13-3613 and 13-3612 require parent(s) guardian(s) to not commit any act which causes, encourages or contributes to a child's dependency. A dependent child is one who, among other acts, refuses to attend school. Contributing to the Dependency of a Minor is a criminal offense, which carries a fine of up to \$2500 and a possible jail sentence of up to six (6) months in jail.

Pursuant to school policy, the school will notify the parent(s)/guardian(s) upon determining that the minor child is absent from school without permission. The parent(s)/guardian(s) must contact the school within twenty-four (24) hours of the notice regarding the unexcused absence and inform the appropriate school personnel the reason for the absence.

The school's attendance department must determine if the excuse is valid and acceptable. The attendance department may require further documentation to substantiate the reason for the absence. Students and parents must understand that school attendance is not a matter of choice, but a legal requirement.

NAVAJO NATION TRUANCY LAW

(Title 10 Subsection §502 Compulsory School Attendance-Generally §118) Education in Navajo schools shall be compulsory as to children between the ages of five (5) and eighteen (18) years as prescribed and defined in 10 NNC §118 of the Navajo Nation Education Code.

(Title 10 Subsection §503 Application of State Laws and Navajo Nation Laws §118) The Navajo Nation Council consents to the application of state compulsory school attendance laws to the Indian of the Navajo Nation and their enforcement on Indian lands of the Navajo Nation wherever an established public school district lies or extends within the Navajo Nation. In addition, 10 NNC §118 of the Navajo Education Policies regarding compulsory attendance shall apply to all Navajo minors between ages five (5) and eighteen (18) and to all persons having care and custody of such minors who are within the civil and criminal jurisdiction of the Navajo Nation.

I HAVE BEEN NOTIFIED OF THE ABOVE TRUANCY LAWS AND THE KDLO ATTENDANCE POLICIES AND ACKNOWLEDGE AND COMMIT TO COMPLIANCE WITH SAID POLICIES.

Parent/Guardian Name

Parent/Guardian Signature

Date



KIN DAH ŁICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

PARENT/SCHOOL COMPACT - TITLE 1

Kin Dah Lichi'i Olta'

SY 2025/2026

Kin dah Lichi'i Olta' has been designed as a title school wide plan. All students in Kin dah Lichi'i Olta' are considered Title 1 students and are eligible for supplement education services.

At Kin Dah Lichi'i Olta' we feel that good communication between teachers and parents is essential to the education process. We send individual students' progress reports home to parents four times each year. We schedule a time for parents/teacher conferences three times each year for discussion about your child's teacher(s) at any time. You are encouraged to observe and participate in school and classroom activities throughout the school year. In addition to these activities, the following are the expectations of the school and from the parents to provide the best education for our students:

As a staff we will:

Give our best effort.

- Continuously expand your child's educational ability.
- Expect high quality performance.
- Expect social acceptable behavior.
- Discipline with dignity

As a parent I will:

- Contact the school with any concerns.
- Work with the school so my child can gain full potential from the education experience.
- Help teach responsible behavior to my child.
- See that my child attends school regularly.
- Encourage daily reading, interactive and limits television/video games.
- Stress the importance to my child to do their work.
- Set aside the time each day for homework.

As a student I will:

- Attend school regularly and be on time.
- Be prepared for class.
- Listen and participate in class.
- Respect and cooperate with teacher(s)/others.
- Follow all school rules.
- Complete and return all work/homework assignments.

I have read and agree to the above compact expectations. I will discuss them with my child.

Student's Signature

Parent/Guardian Signature

Date

Principal/Registrar Signature

**Kin Dah Lichi'l Olta' - KG to 6th Grade
School Calendar 2025-2026**

July 2025						
S	M	T	W	T	F	S
		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		

Ya'iishjááshtsoh

4 Independence Day Observed
28 9.5/10 Mth Staff Return

January 2026						
S	M	T	W	T	F	S
				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

Yas Nilt'ees

1 New Years Day Observed
2 Winter Break
5 PD - No School
19 MLK Day Observed
18 School Days

August 2025						
S	M	T	W	T	F	S
					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						

Bini'anit'ááts'ózi

4 First Day of School
14 Navajo Code Talker Day

19 School Days

February 2026						
S	M	T	W	T	F	S
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

Atsá Biyáázh

16 President's Day Observed
18 Parent Teacher Conference

19 School Days

September 2025						
S	M	T	W	T	F	S
	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				

Bini'anit'ááts'oh

1 Labor Day Observed

21 School Days

March 2026						
S	M	T	W	T	F	S
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				

Wóózhch'íí

11 3rd Qtr. Ends
16-20 Spring Break

17 School Days

October 2025						
S	M	T	W	T	F	S
			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	

Ghaajl'

8 1st Qtr. Ends
9-10 Fall Break
13 Indigenous Peoples Day
16 Parent Teacher Conference
20 School Days

April 2026						
S	M	T	W	T	F	S
			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		

T'ááchil

NOTE: BIE Assessments & EOY NWEA Assessments TBD

22 School Days

November 2025						
S	M	T	W	T	F	S
						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						

Níłch'its'ósi

11 Veterans Day Observed
27-28 Thanksgiving/Family Day

17 School Days

May 2026						
S	M	T	W	T	F	S
					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						

T'ááts'oh

19 Last Day of School
20 9.5/10 Mth. Staff Check-Out
20-22 Potential Make-Up Days
25 Memorial Day

13 School Days

December 2025						
S	M	T	W	T	F	S
	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			

Níłch'itsoh




17 2nd Qtr. Ends
19 PD - No School
25 Christmas Day Observed
22-31 Winter Break
14 School Days

June 2026						
S	M	T	W	T	F	S
	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				

Ya'iishjááshchilí

1 NN Memorial Day Observed
19 Juneteenth Day Observed
30 Fiscal Year Ends

 School Starts/Last Day of School  Parent Teacher Conferences
 School Breaks  Holidays

 Professional Development (PD) - No School
 Professional Development (PD) - Students dismissed at 1:00 p.m.
 Quarter Ends

Linda Youvella, Board President

Governing Board Approved: April 08, 2025

Subject to Change

46 1st Quarter
45 2nd Quarter
45 3rd Quarter
44 4th Quarter
180 School Days