



Welcome to Kayenta Boarding School

Home of the Eagles



P.O. Box 188 * Kayenta, AZ 86033 * Ph: (928)697-3439 * FAX: (928)697-3490

Dear Parent(s)/Guardian(s),

Kayenta Boarding School would like to thank you for giving us the opportunity to educate your child. If your child is new to our school, they will need the following documents listed below. If your child is returning from SY 2023-2024 you will need to update their information. Check list as follow for New Student, Returning Student, and Athletic Participant(s). Fillable PDF format enrollment application are also available on our website at: kayenta.bie.edu.

PLEASE FILL OUT ALL INFORMATION IN PACKET, then return packet and important documents to School Registrar, Roberta Cly-Bedoni.

ENROLLMENT PACKET

1. Application (OMB Control No. 1076-0122)
2. Emergency /Health Assessment Record Form
3. Health Care Consent Form
4. Checkout Authorization Form
5. Student Transportation Authorization Form
6. Internet Usage Permission Form
7. Media Consent Form
8. Student Residency Verification Form
9. PHLOTE Form
10. School Dental Screening Consent Form

NEW STUDENT

1. Birth Certificate
2. Certificate of Indian Blood (CIB)
3. Current date Immunization Record from Clinic
4. MUST have Legal Court Documents, if child resides with someone other than biological parents during SY 24-25.
5. Withdrawal Form from Previous School.
6. Consent for Release of Student Record Form

If you have any questions about the enrollment packet or need help filling it out, please call the school at (928)697-3439.

Thank you

Roberta Cly-Bedoni, School Registrar
Dr. Deborah Holgate, School Principal

RETURNING STUDENT

1. MUST Update Enrollment Packet
2. Current date Immunization Record from Clinic

ATHLETIC/ SOAR PARTICIPANT(S)

1. Physical Evaluation Form
2. Physical Examination Form
3. Parent Permission Form
4. Student-Athletic Code of Conduct Form



Grade Level: _____
 Boarding: _____
 Day-Bus: _____

Bureau of Indian Education
Kayenta Boarding School
 Student Enrollment Application

BIA Form 6248
 OMB No. 1076-0122
 mfhs/rev. 08/10
 Exp. 03/31/2012

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

<i>Student Name:</i> LAST	<i>First</i>	<i>Middle:</i>	<i>Gender:</i>	<i>Date of Birth:</i>	<i>CIB Enrollment Number:</i>	<i>Degree of Indian Blood:</i>
			Female: Male:			

<i>Student Mailing Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	<i>Birth Place:</i>	<i>Tribal Affiliation:</i>	<i>Chapter Affiliation:</i>

<i>Home Location:</i>	<i>Language most Spoken at Home:</i>	<i>Language most Spoken by Student:</i>
	Navajo: English:	Navajo: English:

<i>With whom does the student live?</i>	<i>Did student participate in English Language Learn ELL?</i>	<i>Did student participate in Special Education?</i>
Both Parents Father Mother Grandparents Guardian Other		

Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?

Father: Tribal Affiliation:	Mother: Tribal Affiliation:
Address (city,state,zip):	Address (city,state,zip):
Home Location:	Home Location:
Home Phone: Work Phone:	Home Phone: Work Phone:
Email: Cell/Pager:	Email: Cell/Pager:
Employer: Census No:	Employer: Census No:
Contact Allowed: Received student mailings?	Contact Allowed: Received student mailings?
Guardian Name:	Contact Allowed: Received student mailings?
Address (city,state,zip):	Home Location:
Home Phone: Work Phone:	Cell/Pager: Other:
Employer:	Email:
Emergency Information: (other than parent/guardian):	Emergency Information: (other than parent/guardian):
Relationship to Student: May Pick up Student?	Relationship to Student: May Pick up Student?
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell/Pager: Other:	Cell/Pager: Other:

**KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA**

EMERGENCY/HEALTH ASSESSMENT RECORD

To: Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child’s health needs. This information will be shared to alert school staff on your child’s health status as necessary.

State law requires complete primary immunization to be on file in your child’s personal folder.

To be completed by Parent/ Guardian (Please print)

Name of Student	Birth Date	F	M
-----------------	------------	---	---

Emergency Contact person – Relationship	Telephone #
---	-------------

Medical facility your child is seen when he/she is sick: _____

Student Health History

Please check answers to the following questions in columns on the left. (Explain all “Yes” answers in the space provided below)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Do you have any concerns about your child’s general health (eating and sleeping habits, weight, teeth etc.)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any other specific illness or problem?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any allergies (food, insects, medications, etc.)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child take any medication (daily or occasionally)? Does it need to be given at the school? Yes ___ No ___</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubs, hearing aids)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had any hospitalization, operation, or major illness (specify problem)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had any significant injury or accident (specific problem)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Would you like to discuss anything about your child’s health with the school administrator?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had chicken pox or received the chicken pox vaccine?</i> |
| | | <i>If yes, that your child got chicken pox, give date when your child got the chicken pox. _____.</i> |

(Please explain any “Yes” answers here. For illnesses/injuries/etc., include the year or your child’s age at the time.)

I give permission for release of information on this form for confidential use in meeting my child’s health and educational needs in school.

Parent/Guardian: (Please print) _____

Telephone Number: (Home/Cell): _____ Work: _____

Signature: _____ Date: _____

To be maintained in child’s health record file.

KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY
RESPONSIBILITY FOR THE CARE OF THE CHILD

Name of student: _____ Birth Date: _____

Census No: _____ Tribe: _____ Quantum: _____ () Male () Female

(Parents/Guardian) I, (We) _____, have read the Consent Form for the Kayenta Boarding School and Kayenta Indian Health Center Clinic to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, tuberculin skin test, accu-cheks for diabetes screening and immunizations.
2. Dental care including dental examinations, dental sealants, preventive use of fluorides, fluoride treatment, and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary, with parent consent.
4. In case of emergency health care for accidents or illness, the child will be taken to the PHS Emergency Clinic, and parent or guardian will be notified immediately.
5. The parents and/or school, as needed, will provide transportation of the child to and/or from another facility for these services.

_____ I/We hereby give consent for all of the above services.

_____ Exceptions or Special Instructions: _____

Signature (Parent/Guardian) _____

Address: _____

Telephone No: _____ Work #: _____

Date: _____ Valid Until: _____

Contact person in case of emergency: _____ Telephone No.: _____

Before completing this form, please read information on the reverse side

PRIVACY ACT SIGNATURE RECORD

I have read the Privacy Act Notice. I have been informed that my child's record is or will be kept in the Health and Medical Records System at:

Name of Facility and Address: Kayenta Boarding School, P.O. Box 188, Kayenta, Arizona 86033

Name of Facility and Address: Kayenta Indian Health Center, P.O. Box 368, Kayenta, Arizona 86033

I understand that the information given by me and/or collected and stored in my child's health record is necessary for Indian Health Service Staff, Indian Health Contractors and School Health Personnel to provide services for my child's health and well-being. I/We give our permission for our child's School Health Records to be forwarded to the next school where our child will be reenrolled.

Signature of Parent/Guardian: _____ Date: _____

DEFINITIONS OF CONSENT

(1) Person is defined as one who is in the absence of the parent or legal guardian provides a home for the child such as next of kin.

Health Care: Health Care is the provision of health services of preventive, diagnostic, therapeutic and/or rehabilitative nature that do not involve major surgical procedures. These procedures will be performed either by the school nurse or the Indian Health Service Clinic.

The purpose of Health Care is to:

1. Appraise the child's health and physical condition.

The appraisal includes:

1. Questions regarding the health of the child are past and present.
2. Thorough health assessment of the child's body includes:
 - a. Weight
 - b. Height
 - c. Blood Pressure
 - d. Vision and hearing screening
3. Laboratory Studies of urine and blood.
4. X-rays taken to see if there is any abnormality in the body.
5. Immunizations given as needed according to the child's Immunization Record. To be given by the school nurse or at the Indian Health Service Clinic. Law requires current immunizations of the school age child.
6. Skin tests to child for Tuberculosis and/or Valley Fever. If the child has a positive skin test –x-rays of the chest will be taken to determine if the child has or has had Tuberculosis or Valley Fever.
7. Accu Chek (Diabetes Screening). To check for elevated blood sugar.

DENTAL CARE

Dental Examinations include:

1. Examination of teeth, gums, tongue, and other parts of the mouth with the aid of a dental mirror and explorer.
2. Dental X-rays as needed to determine if there are any cavities or infected gums.

Routine Dental Care Includes:

1. Prevention of loss of teeth.
2. Cleaning of teeth.
3. Fluoride treatments.
4. Filling decayed teeth.
5. Pulling teeth that are infected.
6. Medications to treat existing infection.

Emergency Dental Consist of:

- a. Relief of pain.
- b. Treating of infections.
- c. Control of bleeding.

MENTAL HEALTH SERVICES

Mental Health Services Include:

1. Psychological testing.
2. Psycho-Educational testing.
3. Psychiatric evaluation, consultation and assessment by a qualified Mental Health Professional.
4. Information from evaluation is used to determine if it is appropriate or necessary to develop a treatment for the child.

EMERGENCY HEALTH CARE

Emergency Health Care Consists of:

1. Surgical and/or non-surgical procedures that cannot wait without endangering the child's health or life.
2. Emergency care will be provided by a qualified school nurse at the school and referred to the Indian Health Service Clinic as soon as possible.
3. This consent form does not cover surgical procedures that are not emergent.
4. The parent or legal guardian requires specific authorization for major surgical procedures.

**KAYENTA BOARDING SCHOOL
P.O. BOX 188
Kayenta, AZ 86033**

CHECKOUT AUTHORIZATION FORM

School Year 2024-2025

Student Name: _____ Grade: _____

Please print name of Parents/Guardian:

Mother: _____	Father: _____
Cell#: _____	Cell#: _____
Home#: _____	Home: _____
Work#: _____	Work#: _____

Guardian's Name: _____	Cell#: _____
Home#: _____	Work#: _____

Your child will only be released to those you have listed below. All persons listed must be 25 years or older.		
Name	Relationship to Child	Telephone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		

RED FLAG for the following reasons: Check with (X) – Documents will be placed in your child’s confidential folder.

- | | |
|---|---|
| <input type="checkbox"/> Social Service Order | <input type="checkbox"/> Temporary Court Order/Protection Order |
| <input type="checkbox"/> Permanent Court Order/Protection Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

Name of Person(s) and relationship that is involved: _____

Parent/Guardian Signature: _____ **Date:** _____
(Please sign)

Please notify school of any changes regarding the above information immediately.

KAYENTA BOARDING SCHOOL

Student Transportation Authorization for School Year 2024-2025

Parent(s)/Guardian(s),

Please read the safety rules below, make sure to choose a bus route, then on the 2nd page, date, sign and list your phone number of where the bus driver can reach you. Along with drawing a map to location of drop off.

***PLEASE CHECK BUS ROUTE, PERSONAL RIDE OR WALKING FOR YOUR CHILD(REN), TO AND FROM SCHOOL. *ALL BUS CHANGES ARE MADE IN PERSON AT THE FRONT OFFICE. *ONE DAY BUS PASS HAVE TO BE MADE BEFORE 12:00 PM (NOON) IN THE FRONT OFFICE THE DAY OF THE BUSS RIDE.**

Check	Bus No.	Driver	Bus Routes
	465 Lizard	Richard Sullivan	Chilchinbeto MP 27, Chilchinbeto Indian Route 6530, Redflat Point 595, Route 59, Church Rock, East Hwy 160 New NHA, Old PHS Trailer Court
	356 Rabbit	Jennifer Clark	White Mesa, Cody Hill, Harvest Time Rd, ADOT Rd, Route 6485, Wetherill Heights Housing
	186 Eagle	Elouise Sullivan	Cowspring Hwy 160 West, Skeleton Mesa, New/Old Trailer Court, Estate Housing
	335 Dolphin	Roselyn Holiday	Hat Rock, Oljato, Goulding, MV Jct., Promise Rock, Mystery Valley, Narrow Canyon, Cane Valley
	336 Turtle	Mary Stanley	Comb Ridge, Laguna Creek, KES Housing, MVHS Housing, Old NHA, NTUA , Rocket Tower, Behind Kayenta Business Center
	Personal Transportation	Parent(s)/Guardian(s)	Child(ren) will be brought to school and picked up after school every day by personal transportation.
	Walker	Student	Child(ren) will be walking to/from school and home.

Student's Name:	Dorm/Day	Grade/ Teacher
1.		
2.		
3.		
4.		
5.		

Bus Rider's Safety Rules: Each student who is provided transportation services by Kayenta Boarding School is expected to obey the rules for the safety and welfare of all students. Behavior on the school bus should be comparable to the type of behavior required in the classroom. Unacceptable behavior shall result in disciplinary action by the school authorities. Such action may include a conference with the parents, if necessary, suspension of the bus rider privilege.

- Be at the designated loading area five (5) minutes early and wait for the bus. Stay off the roadway and be alert to traffic dangers.
- Horse play and bullying is not permitted on or around the school bus.
- Be considerate of others while on the bus and always use good language.
- Follow the instructions of the bus driver or chaperone.
- Permission to walk home, ride another bus, use a different bus stop or any changes regarding student pick up or drop off must be signed by the parent/guardian and turned into the Front Office immediately. A copy of this written request will be given to the bus driver and teacher.

Acknowledgement of Rules: We, my child(ren), have read and discussed the above rules and understand the rules in order that all students may safely ride the bus to and from school and school activities.

Parent/Guardian Signature: _____ Date signed: _____

Telephone Number: _____

Location of Residence: _____

Location of Residence: (Please draw a map)



KAYENTA BOARDING SCHOOL INTERNET USAGE PERMISSION FORM

Student Name: _____ Grade: _____
(Please Print)

Dear Parent or Guardian:

With your permission your child will be able to access the Internet at school as part of their class instruction for the School Year. Below are the rules for use at the school. Please read before you consider granting permission.

GUIDELINES FOR INTERNET USAGE:

1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
2. Respect for the equipment of the school and its network is a condition for use of the computers.
3. Students are to notify the teacher/librarian immediately of any disturbing material they may encounter on the web or in e-mail.
4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Students are to never give anyone their password or any of their accounts or allow another student to use their account to access the Internet or school network.
6. Students must gain clearance from the teacher/librarian before downloading any programs from the internet.

Violation of any of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action. Please sign below if granting permission and have the entire form returned. DO NOT tear off the bottom.

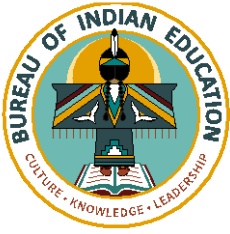
PERMISSION

I give permission for my child to access the Internet and publish class-related information on it in accordance with the above guidelines.

Parent Signature: _____ Date: _____

I have also read and will honor the Guidelines for Internet Usage at Kayenta Boarding School. Please read and explain to your child to him/her before he or she signs this form. Thank You

Student Signature: _____ Date: _____



UNITED STATES DEPARTMENT OF THE INTERIOR
Kayenta Boarding School
P.O. Box 188
Kayenta, AZ 86033

Telephone: 928-697-3439 Fax: 928-697-3490



STUDENT MEDIA CONSENT AND RELEASE FORM

Throughout the school year, students may be highlighted in efforts to promote KBS activities and achievements. For example, students may be features in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give Kayenta Boarding School (KBS) and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a) This is with the understanding that neither KBS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.
- b) I further release and relieve KBS, its School Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its term and conditions.

Please Print

Name of child: _____ Grade: _____

Address: _____

City, State, Zip: _____

Signature of parent or guardian: _____

Date: _____ Phone Number: _____

Student Residency Verification Document

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.

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 parent/guardian) CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> both parent | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student: _____ Male Female

Birth Date: _____ Age: _____ Social Security # (if appropriate): _____

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

Address: _____ Zip: _____ Phone: _____

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

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a school Contact Person who may know of the family’s situation:

Signature

Date



UNITED STATES DEPARTMENT OF THE INTERIOR
 Kayenta Boarding School
 P.O. Box 188
 Kayenta, AZ 86033

Telephone: 928-697-3439 Fax: 928-697-3490



CONSENT FOR RELEASE OF STUDENT RECORDS

Name of student: _____ Date of Birth: _____

Who formerly attended your school and has registered at our school in _____ grade.

Previous School name attended: _____

Telephone No: _____ Fax No: _____

Please send the following student records:

- | | |
|---|---|
| <input type="checkbox"/> Transcript of grades | <input type="checkbox"/> Standardized test results (AIMS, NWEA, etc.) |
| <input type="checkbox"/> AZELLA Test Scores | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Immunization (current) | <input type="checkbox"/> SPED/ IEP Records |
| <input type="checkbox"/> Health | <input type="checkbox"/> Behavioral/Discipline Reports |
| <input type="checkbox"/> Other _____ | |

Purpose

- Routine Transfer Evaluation Due Process
 Other (Specify) _____

I, hereby, request and authorize you to release the Kayenta Boarding School my child's academic records that would assist him/her in grade placement.

Signature of Parent/Guardian: _____ Date: _____

1 st Request	2 nd Request	3 rd Request

Records can be sent by:

Fax: (928) 697-3490	Email: roberta.cly-bedoni@bie.edu	Mail: Kayenta Boarding School Attn: Roberta Cly-Bedoni P.O. Box 188 Kayenta, Arizona 86033
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Home Language Survey
2024-25 Academic Year
Kayenta Boarding School

Date: _____ Grade: _____
Student's Name: _____
Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:

[Place contact person here](#)

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?
___ **Yes:** Go to Question 2
___ **No:** Go to Question 3

2. When at home, does this student hear or use a language **other than English** more than half of the time?
___ **Yes:** Go to Question 3
___ **No:** Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **other than English** more than half of the time?
___ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (check one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.

School Screening, Fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school DO NOT replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): _____

Student's Name: _____

Date of Birth: _____

Grade & Teacher: _____

Parents Name and phone number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

_____ I **DO NOT** want my child to participate in the program.

_____ I **DO NOT** want my child to have a fluoride varnish application.

_____ I **DO NOT** want my child to have sealants placed.

Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.