



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



Dear Parents and Guardians,

Welcome back! Thank you for choosing to continue your child's education journey at Moencopi Day School, "Home of the Panthers" We're thrilled to have your child with us for another school year.

We take great pride in the accomplishments of all our students and are committed to supporting your child's academic and social growth. Our team is dedicated to creating an environment where every student can thrive and feel successful.

Attached is a complete enrollment application for Moencopi Day School SY2025-2026. The information you provide for your child will be used for annual audit purposes and other school related areas.

Per Indian Health Service (IHS), the Environmental Health Office of the Hopi Tribe and Center for Disease Control and Prevention (CDC), students ages 11-12 years old, in addition to the required vaccines must also include the following:

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

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

- \* **Current Immunization Record**
- \* **Affidavit of Guardianship (if applicable)**



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**SCHOOL YEAR: 2025-2026**

**RETURNING STUDENT ENROLLMENT APPLICATION**

\*Student Name: \_\_\_\_\_ \*Grade: \_\_\_\_\_ \*Gender: \_\_\_\_\_  
Last First MI

\*Physical Home Address: \_\_\_\_\_

\*Mailing Address (P.O. Box, City, State, Zip Code): \_\_\_\_\_

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

☐ Mother ☐ Father ☐ Both Parents ☐ Grandparent ☐ Guardian ☐ Other (specify) \_\_\_\_\_

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

**LEGAL PARENT/GUARDIAN 1**

*(Primary contact)*

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

**LEGAL PARENT/GUARDIAN 2**

*(Secondary contact)*

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

**\*IF STUDENT IS UNDER GUARDIANSHIP: Does parent/s have any visitation rights: ( If no provided legal documentation)**

Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

- In cases where custody/visitation affects the school, the school shall follow the most recent court order on file with the school. It is the responsibility of the custodial parent or parents having joint custody to provide the school with the most recent court order.
- In the case of temporary custody, a notarized documentation must be on file, most recent temporary guardianship on file with the school will be followed. (see registrar for form)

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

\*Parent/Legal Guardian Printed Name: \_\_\_\_\_

\*Signature Parent/Legal Guardian: \_\_\_\_\_ \*Date: \_\_\_\_\_



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## PARENT CONSENT FORM FIELD TRIPS AND ATHLETICS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

### FIELD TRIPS

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

- \_\_\_ All trips and off-campus activities will be organized, properly chaperoned and all precautions will be taken to ensure the safety and health of all participants.
- \_\_\_ Should the student violate any school rules or regulation while participating in a trip or off-campus activity, the school reserves the right to contact the parent/guardian to have the child removed from the trip or activity, and from the supervision of the school.
- \_\_\_ Consent granted here applies to all trips and off-campus activities during the school year indicated above except for overnight trips. Specific consent will be required for all overnight trips.
- \_\_\_ The school will give notification of each trip or off-campus activity and provide a detailed itinerary.
- \_\_\_ Field trips out of the local area will require additional signed permission slips by the parent or legal guardian. Forms signed by unauthorized individuals will be denied.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ATHLETICS/PERFORMANCE

Moencopi Day school does offer year-round sports for grades 3<sup>rd</sup>-6<sup>th</sup>. The following documents are required for participation in all sports or performance activities. Furthermore, a mandatory meeting will be held for each season. Please see registrar or Athletic Director for more details.

- Current year Physical Examination (must be on file before student can attend practice)
- MDS Code of Conduct
- MDS Health/Consent packet



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### STUDENT CHECKOUT FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

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

**PHONE CALLS WILL NOT BE ACCEPTED FOR CHECK OUT AUTHORIZATION.**

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

➤ This form does not authorize any of the individuals listed below to write excuse notes, bus notes or contact student's teacher.

➤ Only legal parent/or guardian is authorized to write notes for their child.

Print clearly the LEGAL name of each individual. Include yourself as Parent/Guardian. List individuals full legal name and not as "Mr./Mrs." or nicknames. **One person per line** and no more than 10 people. Reminder, MDS will require identification.

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

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**\*\* In the event of an emergency (medical or non-medical) we will make every attempt to contact the parent or legal guardian FIRST. Please provide an emergency *contact other than parent/ guardian* in case our attempts are unsuccessful. This information will be utilized by our front office staff for deemed purposes only.**

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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### STUDENT TRANSPORTATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

**New forms must be submitted with the registrar for transportation change.**

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

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

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

- Pick-up & Drop-off location points will be scheduled as closest to student's residence. **During bad weather** when off road/dirt roads get muddy- buses WILL NOT transport students on dirt roads. (Parents/Guardians will need to drop-off/pick-up students on paved roads.)
- **It is Mandatory for Kindergarten/First grade students to have a visible adult present at their P.M. drop off. No visible adult present will result in your child being brought back to school.**
- Alternate pick-up and drop-off arrangements are to be communicated in advance.  
**Only a Parent/Guardian's written note, email, fax, or Class Dojo message will be accepted.**
  - o All notifications must be received by the *front office* by 11:00 AM to ensure proper communication with teachers and drivers.
  - o Emergencies/ urgent changes after the listed times without a written note must be approved by the CSA.
  - o NO CALLS IN WILL BE ACCEPTED FOR ANY BUS CHANGES/STUDENT PICK UP.
  - o If you are picking up your child after school and did not provide advance notification, you must arrive before bus departure, or your child will be placed on the bus. Bus riders will not be held at the school after dismissal to be picked up. **NO EXCEPTIONS.**
  - o Unscheduled bus stops are not permitted. **NO EXCEPTIONS.**
- Afterschool pickup must sign with designated Homeroom teacher or designee.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Bus Driver: \_\_\_\_\_ Bus #: \_\_\_\_\_



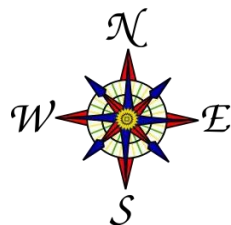
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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

**A map must be provided for ALL students' home location.** Google Map printout showing home location is acceptable.

**Map of your physical address:**





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## PHOTOGRAPH/TECHNOLOGY/LIBRARY CONSENT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

### MEDIA CONSENT; PHOTOGRAPH, VIDEO, PUBLISHING

- I grant Moencopi Day School, its representatives and employees the right to take photographs, video and/or publish items related to my child and their property in connection with school wide activities. I authorize MDS, its assignees and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that MDS may use such photos/ video of my child with or without my name and for any lawful purposes, including publicity, illustration, advertising, and web content (school website, Class Dojo, MDS Facebook page.)
- I accept full responsibility for the publication of the student's name and/or as set forth in the publication attached hereto and agree to release and hold the school harmless from any and all damages or injury to me or to the students arising from said publication.

Printed Name of Legal Parent/Guardian

Signature of Legal Parent/Guardian

### TECHNOLOGY CONSENT *(Section 10.04-10.07/Appendix X-B)*

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

Signature of Legal Parent/ Guardian

### LIBRARY CONSENT

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

Signature of Legal Parent/ Guardian



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### PARENTAL CONSENT FOR HEALTH SERVICES

I/We \_\_\_\_\_ hereby give permission for \_\_\_\_\_  
Date of Birth \_\_\_\_\_, TCRHCC Chart # \_\_\_\_\_ or Hopi Health Care chart # \_\_\_\_\_,  
to receive health and educational services from the Public Health Service, from other contracted health providers,  
and from Moencopi Day School Staff, including:

**The following are Mandatory:**

- Immunization Update
- Head Lice Screening
- Emergency Health Care for Accidents/Illness
- Height/Weight Assessment (K-6)

**Check all that apply:**

- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Dental Screening
- ☐ Social/Emotional/Mental Health Screening  
(for counseling services--- see Registrar for additional forms)
- ☐ Physical Assessment: Fitness Gram (3<sup>rd</sup>-6<sup>th</sup>)

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

**EMERGENCY**

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

**RECORDS**

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

**TRANSPORTATION**

I hereby give permission to allow Moencopi Day School staff to take my child to and from Public Health Services using a Moencopi Day School vehicle when necessary.

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

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## STUDENT HEALTH INFORMATION

### Part 1

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work# \_\_\_\_\_ Emergency# \_\_\_\_\_

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

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

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

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

Does your child have any allergies in the following areas?

	YES	NO	If "YES" please list item allergic to and explain care required:
Medication			
Insect			
Plants			
Food			
Other			



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## STUDENT HEALTH INFORMATION

### Part 2

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

☐ Yes ☐ No Does your child have any chronic or reoccurring illness, which affects his/her ability to participate in any activity? (Please Explain) \_\_\_\_\_

\_\_\_\_\_

☐ Yes ☐ No Are there any strenuous activities that are to be restricted for your child?

Please explain: \_\_\_\_\_

\_\_\_\_\_

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

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

### **(Only answer if your child takes medication)**

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

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

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



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**Permission to Administer Over-The- Counter Medication Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

**PLEASE DO NOT SEND TO SCHOOL IF HE/SHE IS ILL**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       | <b>Acetaminophen/Tylenol Tablet</b> (Fever or pain) if fever is over 100 degrees he/she will be sent home. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Acetaminophen liquid</b> (Fever or pain) if fever is over 100 degrees he/she will be sent home.         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Advil/Ibuprofen</b> injury, pain, swelling  |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Benadryl/Diphenhydramine</b> Allergies  |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Claritin/Loratidine</b> Allergies   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Eye Drop</b> Allergies/Itchy red eyes   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Cortisone Cream/Anti-itch Cream</b> Insect bites, itching, and inflammation of skin                     |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Bacitracin Zinc Ointment/Neosporin</b> Anti-infection ointment  |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Aloe Vera Gel</b> Burns   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Chloraseptic Spray</b> Sore throats, numbing sensation  |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Menthol Cough Drops</b> cough   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Pepto Bismal</b> Diarrhea, nausea, upset stomach (student will be sent home for diarrhea and vomiting)  |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Tums/Anti-acid</b> Stomachache, heartburn   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Yes                      | No                       | <b>Carmex/lip balm/lotion</b> dry chap lips, dry chap skin   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |

Legal Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Parent/Guardian Signature: \_\_\_\_\_



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### Student Residence Verification Document

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. Your response to these questions will help determine eligibility and services a student and their family may be eligible to receive. **All information is confidential and will be kept separately from the Student Permanent Record for audit purposes.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School most recently attended: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

	Yes	No
Is your current address a <b><i>temporary</i></b> living arrangement?		
If temporary, is this living arrangement due to loss of housing or economic hardship?		
• Loss of housing		
• Economic hardship		
• Natural disaster		
• Lack of adequate housing		
• Mutual agreement for mutual benefits		

If you answered YES to the questions above, please complete the remainder of this form. If you answered NO to both questions above, you may STOP here. In either case, please sign below. Thank you.

Where is the student currently living?

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

The student lives with:

- ☐ 1- parent
- ☐ 2- parents
- ☐ 1 parent & another adult
- ☐ a relative, friend(s) or other adult(s)
- ☐ alone with no adults
- ☐ an adult that is not the parent or legal guardian

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

\*Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_