



# HOTEVILLA BACAVI COMMUNITY SCHOOL

P.O. Box 48, Hotevilla, Arizona 86030 Phone: 928-734-2462 Fax: 928-734-2225

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## 2021-2022 RETURNING STUDENT ENROLLMENT APPLICATION TIME SENSITIVE

June 11, 2021

Dear HBCS Parents/Guardians,

We are pleased to inform you HBCS will have in-person learning for the 2021-2022 School year.

The **Returning Student Enrollment Applications** are due **June 30, 2020**. You can drop off your application with Security. Documents that need to be xeroxed can be included in the packet. A copy will be made, and the original mailed back to you.

**Open Enrollment begins Tuesday, July 6, 2021, and will be open to all other students across the reservation.**

The following documents must be turned in with the application if applicable.

1. Updated Immunization record
2. Updated Annual Participation Physical Examination (if participating in sports)
3. Any other required document(s) as it pertains to enrollment.
4. Updated Guardianship Documents (Required to complete an application)

**Check your application thoroughly and make sure it is complete.**

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

Sincerely,  
*Lorrie Harding, Chief School Administrator/Principal*  
Hotevilla Bacavi Community School

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

**School Year: 2021-2022**

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

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

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

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

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

**Changes to Parent/Guardian Information should be made with the Front Office staff when needed. Your home number will be added to the ONE CALL list and text messaging system, along with the Email address you provide.**

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

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

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

\_\_\_\_\_

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

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

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

Home Phn: \_\_\_\_\_ Home Phn: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_

Name Address /PO Box City State Zip

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

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**I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is officially enrolled.**

\_\_\_\_\_  
**Signature of Parent/Guardian/Legal Guardian**

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

**ACCEPTED BY:** \_\_\_\_\_  
**School Official Date Revised: 05/10/18**

**HOTEVILLA BACAVI COMMUNITY SCHOOL  
CHECKOUT PERMISSION FORM  
SCHOOL YEAR 2021-2022**

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

I give the following individuals permission to check my child out of school. I understand that anyone not on this list will **NOT** be allowed to check out my child unless they have written permission from me.

**YOU MAY UPDATE YOUR LIST AT ANYTIME IN PERSON.**

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

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

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

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**School Year 2021-2022**

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

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

**(CHECK ONLY THOSE APPROPRIATE)**

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

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

\_\_\_\_\_  
Date

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

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**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**ON RESERVATION FIELD TRIPS**  
**School Year 2021-2022**

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

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

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

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

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

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

\_\_\_\_\_  
Date

*Revised: 05/03/18*



DEPARTMENT OF HEALTH & HUMAN SERVICES



Public Health Service  
Indian Health Service

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

**Permission to Participate in the Dental Disease Prevention Program**

Please Print

School \_\_\_\_\_ Date \_\_\_\_\_

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

Grade \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_

By signing this form I give my permission for my child to participate in the Hopi Health Care Health Disease Prevention Dental Service Program. These services are to be provided by HHCC Dentists and/or Hygienists who are licensed and certified to provide the following Dental Services:

**MARK ALL THAT APPLY**

Dental Screening  Fluoride Varnish

The following Dental Services will be delivered provided the HHCC Mobile Dental Van is operational for Dental Treatment.

**Mark All That Apply.**

Dental Examination  X rays  
 Sealants  Temporary Fillings  
 Cleanings  Fluoride Varnish

Yes, Permission is Given  No, Permission Is Not Given

Please provide the following brief medical history for you child:

MY CHILD:

- Is currently taking the following medication \_\_\_\_\_
- Has the following medical condition \_\_\_\_\_
- Has allergies to the following medication(s) or food(s) \_\_\_\_\_
- Is currently having their dental care provided by: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Print Signature \_\_\_\_\_

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

Phone Number/Name 1 \_\_\_\_\_

Phone Number /Name 2 \_\_\_\_\_

A follow up letter will be given to your child regarding the status of their Dental Health.

If you have any questions or concerns regarding your child's oral health, please feel free to contact the Dental Department. To schedule a dental appointment please call: 928-737-6162 or 928-737-6163

**HOTEVILLA BACAVI COMMUNITY SCHOOL  
COMPUTER/INTERNET USER AGREEMENT AND PARENT PERMISSION FORM  
SCHOOL YEAR 2021-2022**

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

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

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

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

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

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

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

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

**PLEASE CHECK ONE**

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

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

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

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

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

Hotevilla Bacavi Community School  
Student Name/Photo Release Form 2021-2022

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HBCS Parent/Guardian:

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

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

**School:** Hotevilla Bacavi Community School

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

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

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

**OR**

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

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

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

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

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



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

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

In addition, I will:

Reading/Literacy

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

Study habits/Self-directed learning

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

Respect/Responsibility

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

Community

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

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

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

Reading/Literacy

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

Study habits/Self-directed learning

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

Respect/Responsibility

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

Community

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

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

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

Reading/Literacy

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

Study habits/Self-directed learning

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

Respect/Responsibility

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

Community

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

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

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

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

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

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

Hotevilla Bacavi Community School

HBCS Families: This questionnaire will be used to assist in determining if you child will qualify as an ESL (English as a Secondary Language) learner. THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

1. **What language is commonly spoken in your home:**  
 English                       Another language (please specify) \_\_\_\_\_
2. **Does the child you are enrolling speak a language other than English?**  
 Yes                       No                      \*If yes, what language is spoken: \_\_\_\_\_
3. **What language did your child use when he/she first began to talk?**  
 English                       Another language (please specify) \_\_\_\_\_
4. **What language does your child read and/or write?**  
 English                       Another language (please specify) \_\_\_\_\_
5. **What language do you most often use when speaking with your child?**  
 English                       Another language (please specify) \_\_\_\_\_
6. **What language does your child use most often when speaking with you?**  
 English                       Another language (please specify) \_\_\_\_\_
7. **If your child is cared for by another person on a regular basis, what language is most often used?**  
 English                       Another language (please specify) \_\_\_\_\_
8. **Do you as a parent/guardian need to communicate with the school in a language other than English?**  
 Yes                       No

If, based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

AND

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Use Only-Administrator's determination of Section A circumstances:**

Based on the information provided this student:

- DOES QUALIFY  
 DOES NOT QUALIFY