SECOND MESA DAY SCHOOL
P.O. Box 98
Second Mesa, Arizona 86043
(928) 737-2571 / Fax (928) 737-2565

2023 - 2024

** Returning Student **
Enrollment Application

Student Identification:

Student Full Name: _____ Grade Applying_____

Mailing Address (PO Box, City, State, Zip) _____

Home Physical Address: _____

Community/Village student resides in: _____

PRIMARY PARENT OR LEGAL GUARDIAN INFORMATION (With whom student lives with)

With whom does student live with: If other than father / mother, please provide guardianship documentation?
Mother: ☐ **Father** ☐ **Both Parents** ☐ **Grandparents** ☐ **Guardian** ☐
Other ☐ **(Specify)** _____

PRIMARY #1: Parent / Legal Guardian Information

1. **NAME:** _____
2. **Relationship to Student:** _____
3. **Home#:** _____
4. **Cell#:** _____
5. **Work#:** _____
6. **Message #:** _____
7. **Email:** _____

PRIMARY #2: Parent / Legal Guardian Information

1. **NAME:** _____
2. **Relationship to Student:** _____
3. **Home#:** _____
4. **Cell#:** _____
5. **Work#:** _____
6. **Message #:** _____
7. **Email:** _____

IS STUDENT UNDER GUARDIANSHIP? ☐ **YES** ☐ **NO**
If "YES" Does parent/s have any visitation rights: Mother: ☐ **YES** ☐ **NO Father:** ☐ **YES** ☐ **NO**
(Please provide legal documentation)

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.

I (Parent/Guardian) 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.

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

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PARENTAL CONSENT FORM
FIELD TRIPS AND SPORTS

Student Name: _____

I (We) hereby grant permission for my/our child to participate in an organized school sponsored activity trip as approved.
I (We) understand the students will be properly chaperoned and all precautions will be taken to insure his/her safety.
(NOTE TO PARENTS: Permission slips will be sent home prior to field trips – IF student does not return his/her permission slip, this form will be utilized as parent consent for student to participate in field trip unless otherwise notified by parent/guardian)

(CHECK ONLY THOSE APPROPRIATE)

FIELD TRIPS

☐ Recreational	☐ Town Trips	☐ Overnight Trips
☐ On Reservation	☐ Out of State	☐ School Clubs
☐ Off Reservation	☐ Swimming	☐ Camping
☐ Ceremonial Activities	☐ Extra Curricular	☐ Summer School

****

I (We) hereby grant consent/permission/authorization for the following (*Parents will be notified, if the following should occur)*

☐ Transport student to nearest medical facility:

☐ Hospital/Clinic to provide student with health services.

☐ Emergency Medical Care – On and off the reservation. Comments: _____

****

I (We) hereby grant consent/permission/authorization for student to participate in the following competitive sports: (All sports participations will require a Physical Examination before student can participate)

☐ Basketball	☐ Softball	☐ Swimming	☐ Cross Country	☐ Soccer
☐ Cheerleading	☐ Volleyball	☐ Flag Football	☐ Chess	

Signature of Parent/Legal Guardian: _____ Date _____

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STUDENT CHECKOUT FORM

Student Name: _____ **GRADE:** _____

PRIMARY PARENT/GUARDIAN NAME and RELATIONSHIP TO STUDENT:

1._____ **RELATIONSHIP**_____

2._____ **RELATIONSHIP**_____

Please list the names of individuals authorized to **CHECK-OUT** your child from school. ***If at any time during the school year INCLUDING sports, you wish for another individual (not listed) to check out your student, the primary Parent or Guardian must send a written permission to check out student. (NOTE: Only up to 4 individuals plus PRIMARY parent/guardian will be authorized unless parent/guardian wish to make changes)***

Please PRINT names clearly and list each individual separately (not as "Mr. & Mrs.")

	NAME OF INDIVIDUAL	RELATIONSHIP TO STUDENT
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

***** ONLY 4 LIMIT - PLEASE DO NOT ADD ON TO THE LIST – THANK YOU. This is due to safety of all our Little Bobcats.**

Parent/Guardian Signature: _____ **Date**_____

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2023 - 2024
STUDENT TRANSPORTATION

I (We) Parents/Guardians of _____ give
(Student Name)
authorization and/or permission for the following listed individuals to receive my child(ren) after school or take them off the bus. Following individuals also have permission to write bus notes for my child(ren).

Parent/Guardian Name: (*Please Print*) _____

Parent/Guardian Phone Contact:_____

Parent/Guardian Signature _____

Please PRINT names clearly and list each individual separately (not as "Mr. & Mrs.")

	Name of Individual	Relationship to Student	Phone Contact
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Bus Transportation Arrangement:

Primary Pick-up location:_____

Primary Drop-off location: _____

PLEASE READ & INITIAL

* ☐ Pick-Up & Drop-Off destination points will be scheduled as closest to student's residence. During bad weather months 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).
* ☐ Parents/Guardians – PLEASE…have your children utilize the primary arrangements – This will eliminate the overcrowding of buses and mix-ups with destination points. Unless there is an urgent or emergency need for alternate arrangement.
* ☐ If student will be picked up or dropped-off at an alternative site due to **URGENT** or **EMERGENCY** situations, a written note is required from the primary as listed on the registration specifying the location and signed by the primary parent or guardian. ***ALL NOTIFICATIONS NEED TO BE TURNED INTO THE OFFICE BY 12:00 PM - NO LATER.***

2023 - 2024
Medical Attention Form

Student Name:_____ **GRADE:**_____

Second Mesa Day School provides a health care program for all our students. Clinical care will be provided during preset clinic hours by qualified and authorized medical personnel in the nurse's station. Parents/Guardians must take students to the hospital/clinic for care during times when the nurse's station is not staffed by the medical personnel.

The Nurse's Station at Second Mesa Day School will include the following:

1. **EMERGENCY MEDICAL CARE** for accidents or serious illnesses occurring during school hours. When necessary, the student will be transported to the Hopi Health Care Center.

2. **ROUTINE HEALTH CARE,** including preventive health screening and health counseling. Available services may include immunizations, care for common adolescent physical concerns, drug and alcohol assessment and counseling. Dental care including sealants and preventive use of fluorides.

3. **CARE FOR NON-EMERGENT ILLNESSES,** including antibiotics and indicated medical prescriptions.

4. **IMMUNIZATIONS,** State Law require that **ALL** school age children **MUST** have current immunization records on file to be enrolled or to attend school. Please bring your child's immunization record with you during the enrollment process so the school can make a copy. (Please refer to the Arizona School Immunization Law for more information)

5. **VISION, HEARING AND SCOLIOSIS SCREENING** of selected students (in accordance with state regulations) and any student requesting an examination.

6. **SPORTS PHYSICALS -** Students who will be participating in any sports activities during the school year 2022-2023 **MUST** have a physical completed prior to start of any sport activities. Forms are available on the school website and at the school office. These physicals are good for one (1) year -based on the date indicated on the completed physical form. It is best to try and schedule these physical appointments during the summer months to avoid delay in student's sports participation.

All medical records will be kept confidential. No medical information will be shared between medical staff and school personnel. No elective procedures will be performed without parental permission. Student will be guaranteed confidential care in accordance with Arizona State Law.

I (We) fully understand all statements/guidelines indicated above and hereby grant permission for my child to receive full school services as described above while attending Second Mesa Day School.

☐ I hereby give consent for all services listed above.

☐ Exceptions or Special Instructions: _____

In case of emergency, please provide an emergency contact names and phone numbers of at least 3-4 names. Individuals must not have the same phone number. (Phone numbers must always be current and working numbers)

Name **Phone**

NAME:_____ **Phone#:**_____

NAME:_____ **Phone#:**_____

NAME:_____ **Phone#:** _____

NAME:_____ **Phone#:**_____

Parent/Guardian Signature:_____ **Date:** _____

Valid Until: June 30, 2023

Rev 05/17/2022

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2023 - 2024

Student Health History

Part I

Student Name:_____ GRADE:_____

Parent/Guardian Name: _____

Name of Family Physician/Dentist if other than PHS/IHS:_____

Phone:_____

Please indicate the change in your child's health:

	Yes	No	Date of Diagnosis		Yes	No	Date of Diagnosis
ANEMIA	☐	☐	_____	TUBERCULOSIS	☐	☐	_____
ARTHRITIS	☐	☐	_____	JOINT PAINS	☐	☐	_____
ASTHMA	☐	☐	_____	KIDNEY TROUBLE	☐	☐	_____
HEPATITIS	☐	☐	_____	SORE THROATS	☐	☐	_____
SEIZURES	☐	☐	_____	BACK PROBLEMS	☐	☐	_____
MIGRANE HEAD ACHES	☐	☐	_____	SPINAL INJURIES	☐	☐	_____
BRAIN INJURY	☐	☐	_____	DIABETES	☐	☐	_____
HEART PROBLEMS	☐	☐	_____				

1. Does your child wear prescription glasses: ☐ YES ☐ NO **Comments:**_____
2. Has your child had any surgery or operations within the last year? ☐ YES ☐ NO
   (If "Yes" please explain)_____
3. Has your child had any sprains or fractures within the last year? ☐ YES ☐ NO
   (If "Yes" please explain) _____
4. Is your child allergic to any medication? ☐ YES ☐ NO
   (If "Yes" please explain)_____
5. Does your child have any allergic reactions to certain foods, or insect bites/stings: ☐ YES ☐ NO
   (If "Yes" please explain) _____
6. Does your child use an asthma inhaler of any type: ☐ YES ☐ NO
   (If "Yes" please explain) _____
7. Is your child on prescribed medication for ADHD/ADD? ☐ YES ☐ NO
   (If "Yes" please explain) _____

Please list any other health concerns not listed. _____

_____

Parent/Guardian Signature:_____ **Date:** _____

Rev 05/17/2022

Student Name: _____ GRADE: _____

Administering Medicine To Students
Part II

Medications may be administered to your child/children if you follow these simple guidelines:

1. The medication must be in its original container as prepared by a pharmacist and labeled with patient's name with all directions, dosage compound contents and proportions clearly marked.
2. A parental permission form must be signed and on file.
3. All medications are to be given to the Medical Technician to be stored where it will be marked with the student's name and kept in a locked cabinet. Any medication remaining will be returned to the student at the end of the school year.

** Student's will not self-administer medication at school due to possible over dosage, and/or hinder complications. A SIGNED PHYSICIAN'S STATEMENT INDICATING THE NECESSITY MUST ACCOMPANY ANY REQUEST FOR SELF-ADMINISTERING OF PRESCRIBED MEDICATION.

PRESCRIBED MEDICATIONS

Is your child currently taking prescribed medications: ☐ **Yes** ☐ **No** **(If "NO" PLEASE SIGN below and go to next page)**

Type of Medication: _____

Diagnosis/reason for giving medication: _____

_____

Times medication is given: _____

Date: From _____ To: _____

Hospital Name/City/State: _____

_____

Physician's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Thank you for completing this Health History. This will become part of your child's health record. Please let the schools know as soon as possible if there are any changes to the information you provided.

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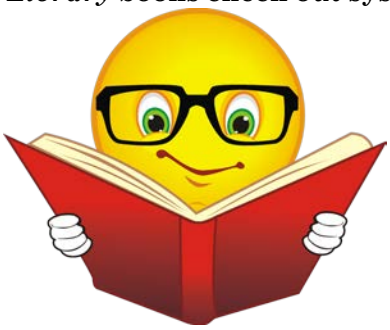
Dear Parents/Guardians,

This letter is to inform you of the policy for the *Second Mesa Day School Library* books check out system.

1. **Students will be coming to the library once a week to check out books and other materials.**
2. **These items will be due back in the library in one week.**
3. **It is expected that the items be returned in the same condition as when they were checked out.**
4. **If any items are lost or damaged, you as parents/ guardians will be responsible for the cost of the item.**
5. **All students must return Library materials on the date they are due.**



In addition to checking out books, the students will be learning Library skills, Library manners, and be introduced to the pleasure of reading. We hope that these experiences will prove enriching and develop lifelong reading appreciation.

We encourage all students to participate as library readers. Do all you can to encourage your child to read.

Thank You,

Librarian

Second Mesa Day School Policy

I (we) hereby grant consent/permission/authorization for my child to participate in the school Library check out system and agree to abide by the above set policies for SY 2022-2023.

Student Name:_____GRADE: _____

Parent/Guardian (*Please print*):_____

Parent/Guardian Signature:_____ **Date:**_____

Office Use – Only

*Student Enrollment Date:*_____*Student ID#*_____

*Assigned Teacher:*_____

Revised 5/17/2022