



Parent Compact Form

Student's Name: _____ Grade: _____

It is the responsibility for Haak'u Community Academy to:

1. Provide high quality instructions and a challenging curriculum.
2. Provide a safe and supportive learning environment.
3. Provide trained and qualified professional teaching staff.
4. Solicit participation and input in all decisions affecting Haak'u Community Academy students.
5. Provide student progress reports.
6. Provide information about school functions and activities in a timely manner.
7. Welcome parents and guardians as participating equal partners in their children's education.
8. Inform parents of school rules and disciplinary procedures.

It is the responsibility of the parent/guardian to:

1. Ensure that students are in attendance.
2. Ensure that homework is completed in a timely manner.
3. Support the school and its goal by assisting and volunteering when possible.
4. Participate in decision-making process at HCA when invited.
5. Keep the school informed of all pertinent information that might impact their child's education.
6. Make sure your child comes to school rested, ready for school and dress for current weather conditions.
7. Ensure that your child is prepared for full participation in all available educational opportunities.
8. Participate in and attend all sponsored activities to support your child's education.
9. Actively participate and attend all scheduled meetings at school, to discuss your child's education.

Parent/Guardian Name: _____

(Print)

Parent/Guardian Signature: _____ Date: _____



FOR OFFICE USE ONLY	Date Entered:	By Whom:
	Birth Certificate:	Physical Exam:
Immunizations:	Social Security:	CIB:
Court Order:	State ID:	Teacher:

Pueblo of Acoma Department of Education
 Haak'u Community Academy
 Student Data Sheet for Student
 School Year 20____-20____

Student's First Name: _____ Middle: _____ Last Name: _____

Student's Grade: _____ D.O.B: _____ SSN _____ - _____ - _____

Student's Tribal Affiliation: _____ Census #: _____

Mailing Address: _____

Physical Address: _____

Clans Big Clan: _____ Little Clan: _____

Mother's/Guardian's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Email Address: _____

Father's/Guardian's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Email Address: _____

If the child resides with a legal Guardian, please indicate and provide all necessary documentation. Court Order on File: _____ Yes _____ NO

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this student currently on prescribed medication(s)? _____ YES _____ NO

If yes, please list all medication: _____

Does this student have food allergies? _____ YES _____ NO

If yes, please list: _____

*Documentation is required from medical staff

Parent/Guardian Signature: _____ Date: _____



Haak'u Community Academy
 School Year 20__-20__
 Check Out Form/Emergency Contact

Student's Name: _____ Grade: _____

Student Check Out and Emergency Information:

Haak'u Community Academy will ONLY allow the individuals listed below to check your child out of school. Unless indicated by court order, both parents will be able to check out the child and are welcome to visit the school. Please list all individuals who have your permission to check out your child. They will also be used for emergency contact. **No one under the age of 18** will be allowed to check out your child. Also, as per policy, a person who is listed on the **sex offender** list cannot be named as an emergency contact, pick up a child from school, take a child off the bus or participate in any HCA activity.

For your child's safety, verbal or telephone requests to add another person to check-out list will not be honored. In an emergency, the parent or legal guardian can send or fax a signed request to the school.

1. Emergency procedures will be followed as outlined in the HCA Handbook. In the case of an emergency, such as profuse bleeding, breathing difficulty, severe pain, suspected broken bones or head injury, an ambulance will be called to transport the child to ACL Hospital.
2. School Personnel CANNOT administer medications to children without a signed permission form. The school personnel can administer prescription medication only if the medication is provided in its original container with clear written directions. Parents are responsible to complete the Medication Administration Form provided in this packet.
3. In the case of minor illness or injury, the school will first attempt to contact the parent/legal guardian, and then persons listed in the order below. If no contact is made, your child will return to his/her classroom until their regular bus run. Please advise these persons that they have been listed as emergency contacts.

1st Contact: Mother/Guardian Name: _____ Home Ph # _____
 Cell Ph #: _____ Work Ph #: _____

2nd Contact Father/Guardian Name: _____ Home Ph #: _____
 Cell Ph #: _____ Work Ph #: _____

3rd Contact: _____ Relationship to student: _____
 Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

4th Contact: _____ Relationship to student: _____
 Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

5th Contact: _____ Relationship to student: _____
 Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

6th Contact: _____ Relationship to student: _____
 Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

7th Contact: _____ Relationship to student: _____
 Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Haak'u Community Academy

School Year 20____-20____

School Bus Agreement

Student's Name: _____ Grade: _____

Physical Address: _____

Place of Residence (give description):

Parent/Legal Guardian Name: _____

Home Ph #: _____ Cell Ph #: _____ Work Ph #: _____

Student Safety is the most important component of the HCA bus transportation policy. School bus transportation is a privilege that can be withdrawn for unsafe behavior. To insure the safety of the children, the bus driver must be in complete charge of the bus and the occupants at all times. Students riding the bus MUST comply with directions given by the driver.

I understand and will abide by the following policies and procedures for student transportation:

1. Students will ride only the bus to which they are assigned.
2. Students will be allowed off and on the bus ONLY at their designated stop.
3. Only permanent written requests from a parent or legal guardian for bus changes to be honored. All requests must be approved by the School Administrator for the availability of space for that particular bus route.
4. Disciplinary action will be enforced in accordance with bus conduct policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Haak'u Community Academy
 Student Residence Verification Document
 School Year 20____-20____

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 rest of this form and sign below.	<input type="checkbox"/> Choices in Section A do not apply STOP: if you checked this section, you DO NOT need to complete the rest of this form. Sign below and submit to school personnel.

2. The Student lives with:

<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> 1 parent and another adult	<input type="checkbox"/> A relative, friend(s) or other adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian
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School: _____

Name of student: _____

Birth Date: ____/____/____ Age: ____ Social Security # (if appropriate): ____-____-____

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

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Legal Guardian: _____

School Use Only-School Administrator's determination of Section A circumstances:
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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 in School Registrar immediately after completion. Form will be kept separately from the student permanent record for audit during the year.

Name & Phone of school contact person who may know the family's situation: **School Counselor**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

Name of Student _____ **Birth Date** _____

I (We), _____
have read the Consent Form for the Indian Health 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, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

- I hereby give consent for all of the above services.
- Exceptions or Special Instructions: _____

Signed _____
Address _____
Relationship _____
Date _____ **Valid Until:** _____

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

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



Haak'u Community Academy
 Health Questionnaire
 School year 20____-20____

As an aid to protecting and promoting the health of your child, the school health office asks that you provide information about your child's past or current medically diagnosed health conditions. Contact the school personnel with any additional information about your child's health that you think is important for the school personnel to know. All information is confidential and will be entered into the student's health record, which will be made available only to appropriate staff, as needed.

Student's Name: _____ DOB: _____

Does your child have any medically diagnosed health conditions or problems? (Please list)

Is your child currently on prescribed medication(s)? YES _____ NO _____ if yes, please list all medications and the condition for which the medication was prescribed.

Does our child have any know allergies (food, drug, animals, plants, etc.)? Please list and describe type of reaction to causing agent, such as rash, hives, nausea, breathing problem, etc.

Does your child have hearing loss? Yes _____ Left _____ Right _____ Both _____ No _____

Does he/she wear a hearing aid? Yes _____ No _____

Does your child wear contact lenses/eye glasses? Yes _____ No _____

Are glasses in good condition: Yes _____ No _____

When was your child's last complete eye examination? Date: _____

Has your child had any of the following illnesses or conditions?

- | | | | |
|--------------------------|--------------------|------------------|--------------------|
| Chicken Pox: | Yes _____ No _____ | Meningitis: | Yes _____ No _____ |
| Seizures: | Yes _____ No _____ | Speech Problem: | Yes _____ No _____ |
| Frequent ear infections: | Yes _____ No _____ | Heart Problem: | Yes _____ No _____ |
| Tubes in the ear: | Yes _____ No _____ | Rheumatic Fever: | Yes _____ No _____ |
| Migraine headaches: | Yes _____ No _____ | Head Injury: | Yes _____ No _____ |
| Fainting: | Yes _____ No _____ | Hepatitis: | Yes _____ No _____ |
| Asthma: | Yes _____ No _____ | Diabetes: | Yes _____ No _____ |

 Parent/Guardian Signature

 Date



Haak'u Community Academy SY 20____-20____
 Consent of Parent/Guardian for School Health Services

Student Name: _____ DOB: _____ Grade: _____

I, _____, hereby give consent to the Haak'u Community Academy to provide school health services to my child by the designated staff while he/she is in attendance at school, as needed and available. School Health Services consists primarily of:

1. First Aid for injuries
2. Sick Care
3. Follow-up care of illnesses or injuries
4. Crisis intervention and mental health
5. Suspected child abuse/neglect
6. Reproductive health counseling (as needed)
7. General health counseling
8. Immunization tracking and reporting
9. Physical examination record and health questionnaire review
10. Health Care Plans for students with medically diagnosed health problem
11. Facilitate administering prescribed and non-prescribed medication (as per Policy and Procedure)
12. Screening for head lice (as needed)
13. Referrals to the ACL offices (As necessary, specialty clinics for further evaluation of health problems or screening failures)
14. Instruction in health issues such as health promotion/disease prevention, diabetes, asthma, basic dental care, drug, and tobacco and alcohol prevention
15. EMS/Ambulance services for urgent/emergency care and/or transportation to a local health care facility for emergency medical care
16. Weight, height, blood pressure screening as necessary
17. Note: Parents/guardians will be notified of any referrals made regarding their children. Parents/guardians must update telephone numbers as soon as changes occur.

Parent/Guardian Name Printed	Parent/Guardian Signature	Date
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Please provide the names of two adult relatives or friends who will assure the responsibility of your child in case of illness or accident if you cannot, or until you can, be reached. Please notify these persons for this arrangement.

Name: _____ Relationship: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

Name: _____ Relationship: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

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.



Haak'u Community Academy Immunization Procedure/Requirements for Students

All New Mexico schools are required to comply with NM Department of Health Statutes and Immunization laws. Therefore, parents/guardians **are required** to provide the school with an updated immunization record of their child **by/at school registration**. Records may be obtained from student's providing HIS hospital or private doctor including those shots received in Head Start.

The school health assistant will review immunization records and notify parents/guardians of children who are not up to date. Failure to provide the school with **updated required** immunizations will result in the student not being allowed to attend school. The students will be sent home from school until he/she receives the required immunization(s) for school enrollment. A referral to social services for neglect may be initiated.

Students not up to date with immunizations place themselves and others at risk for acquiring serious, otherwise preventable diseases.

To avoid having a student sent home from school, parents/guardians must assure the school that their child has had the following immunizations for school enrollment.

Diphtheria/Tetanus/Pertussis

(DPT/DTap/TD) --- must have 4 doses, 1 dose must be on or after 4th birthday. Four doses sufficient if given after 4th birthday.

Polio

OPV/IPV --- must have 3 doses. 1 dose on or after 4th birthday. Four doses of IPV, OPV or any combination regardless of age acceptable if at least 4 weeks between doses.

Measles/Mumps/Rubella

MMR --- must have 2 doses, 1 dose on or after 1st birthday, 2nd dose is recommended at age 4-8 years, 2nd dose acceptable before 4 years with minimum of 28 days between doses.

Hepatitis B

Hep B --- must have 3 dose series; 1st shot followed by 2nd shot, 4 weeks later, then 3rd shot 8 weeks after 2nd dose.

Chicken Pox

Varicella --- must have 1 dose, on or after 1st birthday, or record of having/had disease. Documentation must support disease history or lab record.



Haak'u Community Academy

To the Parents and Guardians of Haak'u Community Academy Students,

In an effort to protect the health and wellness of all students, Haak'u Community Academy requires that all eligible students attending school receive the COVID-19 vaccination. It is the goal of this school and Acoma Department of Education to keep students healthy and in school. In order to prevent the spread of infectious diseases, it is vital that all students are fully immunized before entering.

Haak'u Community Academy will also be implementing a "Test To Stay" approach meaning that students will be required to test 3-5 days after their last close contact with someone who tested positive for COVID-19. This mandate also includes our virtual learners. Attached is a consent form for minors to undergo COVID-19 testing at Haak'u Community Academy, if you elect to test on school premises. This is in an effort to further protect students during this pandemic and to work towards keeping students with in-class learning.

Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. Please provide the school with proof of COVID-19 immunization certification or proof of medical or religious exemption.

If the school does not receive proper immunization documentation, your child runs the risk of not being allowed to attend school until after it is obtained. The school must receive immunization documentation for your child by their enrollment date.

Please contact your primary health provider to make an appointment for your child to receive the required immunization or please provide the school with the most recent documentation of the COVID-19 immunization as soon as possible.

If you have other questions or would like more information regarding this letter, please contact Dr. Melissa E. Riley, Executive Director at (505)552-6077.



Haak'u Community Academy & Haak'u Learning Center

20 ___ - 20 ___ School Year

Consent for Minors Undergoing COVID-19 Testing

As the parent or guardian of the minor student named below, I authorize Haak'u Community Academy personnel to collect and test a nasal sample from said student for the presence of SARS-CoV-2 in order to access and remain attending in class lecture.

The test being used is the iHealth, which is an antigen test. Antigen tests are designed to detect proteins from the virus which cause COVID-19 illness.

Furthermore, I understand the potential risks of this procedure include:

- * Possible discomfort or other complication that may happen during sample collection.
- * Possible false positive, false negative or inconclusive test results.

Potential benefits include:

- * The result, along with other information, can help you make informed decisions about your care.
- * The results of this test may help limit the spread of COVID-19 to your family and others in your community and the campus community.

Student Name

Student Date of Birth

Parent/Guardian Name (print)

Today's Date

Parent/Guardian Signature



HAAK'U COMMUNITY ACADEMY LANGUAGE USAGE SURVEY

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions.

Student's Name:	Date of Birth:	Grade Level:
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Answer each question by marking either the **YES** or **NO** box.

	YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Keres <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Spanish <input type="checkbox"/> Navajo/Diné	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
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OTHER QUESTIONS

8. Is the student transferring from another state, district, or school?
If yes, please provide location and name of school:

9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?

10. In what language do you prefer to receive communication from the school?

11. In what language would you prefer to communicate with school staff?

12. Is there anything else we should know about how to best serve your child?

Signature of Parent or Guardian:	Date:
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Translator:	Language:	Date:
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Permission Slips

Photographs and/or videotapes may be made during regular and special school activities. These may be used in program presentations at conferences, as part of teacher dossiers for NM Licensure, staff training or to promote positive classroom management.

We may also use special photographs or videotapes in specific projects such as program brochures or community calendars. We will not identify any student individually.

I hereby grant permission for my child, _____, To have his/her photograph and/or video image taken by the HCA staff. I understand that some of the photographs may be used in newsletters and other publications including the HCA website. We will not identify any students individually. I understand that this permission form is valid for one years from the date signed.

Parent/Guardian Name (Print) Parent/Guardian Signature Date
Name of HCA Staff (Print) Signature Date

Permission for Participation on field trips within the Acoma Reservation

I hereby grant permission for my child, _____, to participate in all Haak'u Community Academy fieldtrips within Acoma Reservation area. I understand that permission slips for other field trips will be sent home prior to each off-reservation field trips. I understand that this permission form is valid for one year from the date signed.

Parent/Guardian Name (Print) Parent/Guardian Signature Date
Name of HCA Staff (Print) Signature Date

Permission for participation in Native American or other Cultural Events

I hereby grant permission for my child, _____, to participate in Native American and other cultural activities, which promote acceptance and appreciation of diverse and unique people. I understand that this permission form is valid for one year from the date signed.

Parent/Guardian Name (Print) Parent/Guardian Signature Date
Name of HCA Staff (Print) Signature Date



Haak'u Community Academy

HCA Laptop, Mobile Device, & Technology Equipment Policy

The Haak'u Community Academy (HCA) wants to help ensure that every student attending HCA has the necessary equipment needed to access the new virtual learning platform and classwork material as efficiently as possible. The equipment will be assigned to the student for a duration that HCA will determine appropriate, and in which the student and parent will be notified of any changes.

Please review the rules and responsibilities of being assigned the equipment. If you do not understand a specific item, feel free to ask questions about the responsibility to care for and safe guard the equipment.

Student & Parent/Guardian Rules and Responsibilities:

- 1) Please take necessary precautions to keep the HCA device protected from damage.
- 2) Parent /Guardian may be responsible for cost of repair (if device is not properly maintained beyond normal use) or replacement if the device is damaged beyond repair, or lost.
- 3) Keep the device clean to prevent spread of virus. Do not use harsh chemicals or liquids that may damage the device; and always store in a safe location.
- 4) Please do not allow or install any software or hardware, or change the system configurations. All software/hardware changes or installations will need to be approved and installed by the HCA IT department only.
- 5) Contact HCA IT department for all issues relating to the device.
 - a) If the issues are a result of regular use related to daily tasks, HCA will work to resolve the issue and return the device to the student.
- 6) In the case of theft or accidental damages to the device, the student and/or parent/guardian shall immediately notify the HCA Principal.
 - a) In the case of a theft the parent/guardian must file a police report and provide a copy of the report to the HCA Principal.
- 7) DO NOT remove any HCA Tags or Labels on any of the devices that have been assigned to the student.
- 8) It is the student's and/or parent/guardian's responsibility to coordinate with the HCA IT department for updates, repairs, software installation, etc.

9) The student is responsible for backing up all data files located on the device. The HCA IT department is not responsible if data becomes corrupted or accidentally deleted and/or lost.

10) If the student disenrolls or the device is no longer needed by the student, the parent/guardian shall return all HCA equipment at check out from the school.

I acknowledge that I have read, and understand the terms and conditions of the Laptop, Mobile Device, & Technology Equipment Policy Agreement.

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Student (as necessary)

HCA Staff Signature: _____ Date: _____

A copy of the HCA Equipment Check-Out List will be provided to the student & parent/guardian.