



KIN DAH ŁICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

President Christine Wallace Harriette Leuppe Linda Youvella Delores Noble
Vice President Secretary/Treasurer Board Member Principal

Child Name: _____

Grade: _____

CHECK LIST: Application Requirements

Need the following documents, before enrolling a **NEW STUDENT**:

- ✓ Withdrawal Slip (From Previous School)
- ✓ C.I.B (Certificate of Indian Blood)
- ✓ Birth Certificate
- ✓ Report Card (From Previous School)
- ✓ Updated Immunization with current year (Computerized Copy Only)
- ✓ Enrollment Form (All Section must be completed)
- ✓ Update Guardianship Documents (if needed)
- ✓ Transcripts Request from previous school
- ✓ Allergy Form Required (If your child has a food/medication allergy)
- ✓ AIA Physical Examination Form (3rd-6th Graders who will participate in sports during current SY)
- ✓ Navajo Clan Sheet

RETURNING STUDENTS:

- Updated Immunization with **CURRENT YEAR** (Computerized Copy Only)
- Enrollment Form (**ALL sections must be completed**)
- Updated Guardianship Documents (If needed)
- Allergy Form Required (If your child has a food/medication allergy)
- AIA Physical Examination Form (If your child will participate in sports)
- Navajo Clan Sheet

P.O. Box #800 * Ganado, Arizona 86505 * PH: (928)755-3439/3430 FAX: (928)755-3448

Mission Statement

"The mission of Kin Dah Lichi'i Olta' is to provide a child centered learning environment that promotes student achievement embedded in cultural diversity toward meeting the demands of a global society."

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APPLICATION FOR ENROLLMENT BUREAU FUNDED DAY SCHOOL

Attached with the application are Birth Certificate, Certificate of Indian Blood, Out of Boundary Waiver (if applicable). Updated Computerized Immunization Records and Physical Examination Document (if required).

Submit the application and the following documents directly to the school (Kin Dah Lichi'i Olta').

DO NOT SUBMIT TO AGENCY.

UNITED STATES DEPARTMENT OF THE INTERIOR

FOR STUDENTS ENROLLED IN THE BUREAU-FUNDED SCHOOL

SCHOOL YEAR: _____

GRADE APPLYING FOR: _____

1. STUDENTS INFORMATION:

NAME OF STUDENT: _____
Last Name First Name Middle Name

MAILING ADDRESS: _____

DATE OF BIRTH: _____
Month Day Year FEMALE () MALE ()

PLACE OF BIRTH: _____

TRIBAL AFFILIATION: _____ DEGREE OF BLOOD: _____

AGENCY: _____ ENROLLMENT NUMBER: _____

PHYSICAL ADDRESS: _____

CHAPTER AFFILIATION: _____

TELEPHONE: _____ MESSAGE NUMBER: _____

PARENT/GUARDIAN SIGNATURE

DATE

REGISTRAR/ADMINISTRATIVE ASSISTANT

DATE

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2. FAMILY AND BACKGROUND INFORMATION (PLEASE FILL OUT ALL INFORMATION):

PARENT OR LEGAL GUARDIAN (circle one)

FATHER NAME: _____ MOTHER NAME: _____

ADDRESS: _____ ADDRESS: _____

PHYSICAL ADDRESS: _____

TRIBAL AFFILIATION: _____ TRIBAL AFFILIATION: _____

HOME AGENCY: _____ HOME AGENCY: _____

CENSUS NUMBER: _____ CENSUS NUMBER: _____

LIVING () DECEASED () LIVING () DECEASED ()

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

HOME PHONE NUMBER: _____ HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____ WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMERGENCY NUMBER: _____ EMERGENCY NUMBER: _____

DOMINATE LANGUAGE SPOKEN IN THE HOME: (1) _____

(2) _____

3. SCHOOL PREVIOUSLY ATTENDED (STUDENT INFORMATION)

SCHOOL NAME: _____

ADDRESS: _____

DATES ATTENDED: _____ GRADE COMPLETED: _____

REASON FOR LEAVING: _____

STUDENT PARTICIPATED IN SPECIAL EDUCATION: YES () NO ()

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 BEFORE THE STUDENT IS ENROLLED.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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AUTHORIZED STUDENT CHECK-OUT LIST

I/WE _____
 PARENT/GUARDIAN NAME RELATION TO STUDENT

NAME OF STUDENT _____ GRADE _____

AUTHORIZED THE FOLLOWING PERSON(S) TO CHECK OUT MY CHILD IN CASE OF EMERGENCY, WHEN I AM NOT AVAILABLE OR CANNOT BE REACHED. IF I DON'T HAVE THEM ON THE LIST I WILL WRITE A NOTE.

NAME OF ADULT	RELATION TO CHILD	HOME LOCATION	PHONE NUMBER:

***** NOTE: AUTHORIZE PERSON MUST BE 18 YEARS OF AGE OR OLDER. AN I.D. WILL BE REQUIRED*****

 PARENT/GUARDIAN SIGNATURE DATE

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EMERGENCY CONTACT FORM/CONNECT 5:

STUDENT NAME: _____ GRADE: _____

PARENT(S)/ GUARDIAN: _____

PARENT(S)/GUARDIAN PRIMARY CELL NUMBER: 1. _____

2. _____

3. _____

PARENT(S) WORK NUMBER: 1. _____

2. _____

3. _____

EMERGENCY NUMBERS: 1. _____

2. _____

3. _____

HOME PHONE NUMBER: 1. _____

TEXT MESSAGING: _____

EMAIL: _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

PARENT/GUARDIAN SIGNATURE

DATE

DO CHILD HAVE OTHER SIBLINGS ATTENDING KDLO ☐ YES ☐ NO

IF YES, PLEASE LIST BELOW:

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

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Dear Parents,

Keeping you informed is a top priority at Kin Dah Lichi'i Olta. That's why we have adopted the Connect 5 Notification Service which will allow us to send a telephone, text message or e-mail message to you providing important information about school events or emergencies. We anticipate using Connect 5 to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through Connect 5

- Caller ID will display the school's main number when general announcement is delivered.
- Caller ID will display 411 if the message is a dire emergency.
- Connect 5 will leave a message on any answering machine or voicemail or email.
- If the Connect 5 message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

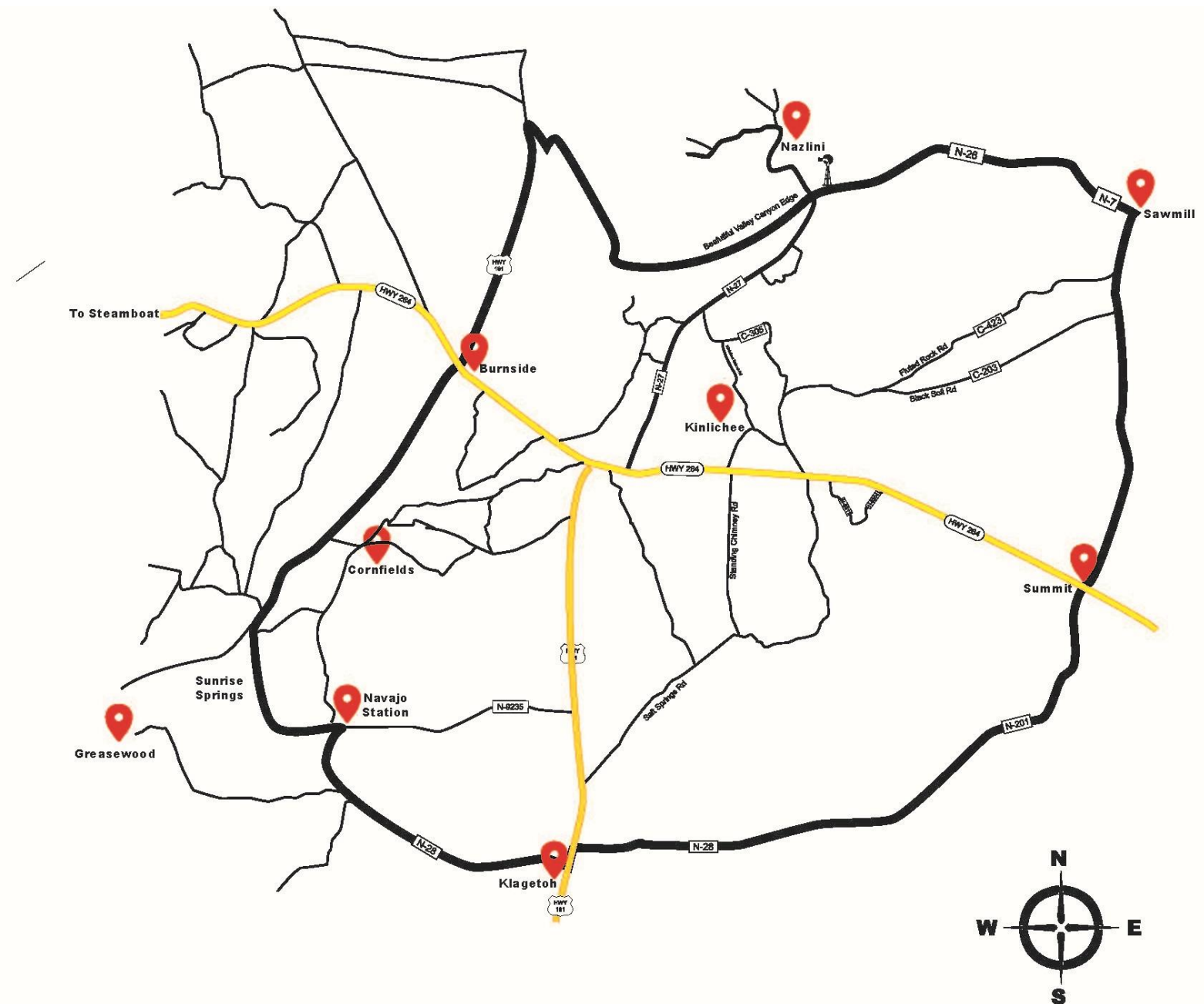
Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us at (928)755-3439 or 3430.

We are very excited to incorporate Connect 5 as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

Regards,
Ronnie James

Verification of Home Location

SY: _____



STUDENT NAME: _____ GRADE: _____

EXACT LOCATION OF HOME: _____

PARENT/GUARDIAN: _____ PRIMARY PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____

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HOME OF THE WOLVERINES

The School's Health Office extends a warm welcome to all children and their parent(s) or guardian(s) to Kin Dah Lichi'i Olta for another exciting school year. Here are a few reminders from the School's Health Office when parent(s) or guardian(s) are concerned about their child(ren).

The following information is intended as a guide to help with their decision.

- ❖ If your child has vomited or had diarrhea within the past 24 hours
- ❖ If your child has open sores or a rash of unknown origins
- ❖ If your child has head lice
- ❖ If your child has redness, irritation, or discharge from the eye(s)
- ❖ Persistent cough or persistent running nose
- ❖ After an illness and until your child has eaten a full meal and their temperature has been normal for at least 24 hours without medication
- ❖ If he/she has had a throat culture, wait until you have received the results and know that it is not strep throat.
- ❖ Until 24 hours after antibiotic treatment is started and your child has a normal temperature for 24 hours without fever-reducing medication
- ❖ If your child was quarantined/infected by COVID-19

If your child has been sick and missed two or more days, a doctor statement is required to excuse absences.

Immunization:

Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless the pupil is exempted from immunization". This means upon enrollment to KDLO you are required to submit a current up-to-date with current year immunization record for your child(ren) unless you have written documents for exemptions.

Kindergarten and 6th grader's immunizations are reported annually to the Arizona Department of Health Services on November 15 of every year. Please check with the school health office to see if your child has updated immunization on file. A 10 day grace period is given to ensure enough time to turn in your child's immunization. If your child's immunization record is not updated, your child may not be allowed to attend school until their immunization record is updated with the school health office. **Student taken home due to inadequate immunization is NOT an EXCUSED ABSENT.**

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Vision and Hearing Screening:

All vision and hearing screening are done at KDLO by the Health Assistant. Rescreening are required for students whom fail the first screening and will be determine by the Health Assistant.

Sport Physical Exam:

Before your child can participate in any sport at KDLO a Sport Physical Examination is required. Obtaining a Sport Physical is the responsibility of the parents for their child(ren) to participate in any sort of organized sport activities that requires a Sport Physical.

Prescription Medication(s):

Prescription medication(s) must be brought to the school by the parent or guardian. **NO MEDICATION IS TO BE TRANSPORTED BY STUDENT ON SCHOOL BUS.** All prescribed medication(s) must be in original pharmacy container with the student's name, name of medication(s), doctor's name and specific instruction for administration. A written doctor's statement is required for medication(s) to be administered at school and for your child(ren) record. Parent or guardian must sign a school consent form for the School Health Assistant to dispense or administer medication.

Head Lice:

The School Health Office recommends that each parent or guardian periodically screens their child(ren) hair for lice. Head lice is most common communicable childhood infestation and outbreaks among Preschool and elementary school-age children. Head lice can spread among children who engage in behaviors such as sharing combs, brushes, jackets and hats. Head Lice Treatment can be bought at any department store such as Wal Mart, Walgreens, Family Dollar and Safeway. You can come by the Health Office to get more information on head lice transmission, infestation, treatment and nit removal.

Chronic Head Lice incidents will be referred to the local CHR or Public Health Nurse.

Educating your child on head lice may prevent infestation among school children. Please work with school personnel to attain a louse-free, education-oriented environment. If you need additional information, please contact the school health office. **Your child can return to back to school as long as Head Lice is completely gone.**

Dental Sealant:

Dental Sealant is schedule through Sage Memorial Hospital out of Ganado, AZ and it is schedule anytime throughout the school year. It is a free program to KDLO and to promote healthy teeth and gums. If you have any questions, please contact the school health office.

The School Health Office is for Emergency and First Aid purpose. It is the responsibility of the parents or guardian to take their child(ren) to their routine medical or dental appointments including triage clinic. Accidents that happen at home should be treated and take care at home. All injury that occur on KDLO property will be handle as an Emergency bases and parent or guardian are require to comply with KDLO polices.

KIN DAH LICH'I OLTA' EMERGENCY HEALTH FORM

STUDENT: LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER () MALE () FEMALE
PARENT/GUARDAIN NAME		HOME PHONE	STUDENT: DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
MOTHER/GUARDIAN WORK NUMBER	MOTHER/GUARDIAN CELL NUMBER	LOCATION OF HOME	
FATHER/GUARDIAN WORK NUMBER	FATHER/GUARDIAN CELL NUMBER	LOCATION OF HOME	
EMERGENCY CONTACT (WHEN PARENT/GUARDIAN NOT AVAILABLE)			
CONTACT NAME: _____ CONTACT NUMBER: _____ RELATION TO STUDENT: _____ LOCATION OF HOME: _____		CONTACT NAME: _____ CONTACT NAME: _____ RELATION TO STUDENT: _____ LOCATION OF HOME: _____	
DOES THIS CONTACT HAVE PERMISSION TO PICK UP AND CARE FOR YOUR CHILD? ____ YES ____ NO		DOES THIS CONTACT HAVE PERMISSION TO PICK UP AND CARE FOR YOUR CHILD? ____ YES ____ NO	
ALLERGIES/MEDICAL CONDITIONS TO BE AWARE OF:			
____ ALLERGIES ____ SEASONAL ____ FOOD: _____ ____ MEDICATION: _____ ____ OTHER (EXPLAIN): _____ ____ ASTHMA IS A PLAN OF ACTION NEEDED? ____ YES ____ NO ____ DIABETES		____ EPILEPSY ____ HEART PROBLEMS ____ RECURRING ILLNESS ____ OTHER: _____ COMMENT/SPECIAL INSTRUCTION: _____ _____ ____ NONE	
<p style="color: red; font-weight: bold;">A PHYSICIAN'S STATEMENT WILL BE REQUIRED FOR ALL FOOD ALLERGIES, MEDICAL CONDITONS, EPILEPSY MEDICATION, PRESCRIBED MEDICATION(S) OR EPI PEN. A MEDICATION CONSENT FOR WILL NEED TO BE COMPLETED AND SIGNED IF YOU CHILD SHOULD NEED HIS/HER MEDICATION ADMINISTERED DURING SCHOOL HOURS.</p>			
THE SCHOOL HEALTH OFFICE HAS LIMITS AS TO WHAT MEDICATIONS CAN BE ADMINISTERED TO STUDENTS. LISTED BELOW ARE WHAT IS AVAILABLE IN TREATING MINOR ILLESSES AND/OR INJURIES THAT MAY OCCUR DURING SCHOOL HOURS. WITH YOUR PERMISSION, AND AT THE DISCRETION OF THE SCHOOL HEALTH PROFESSIONAL, PLEASE INDICATE (WITH A CHECK) THE MEDICATIONS YOU GIVE CONSENT TO ADMINISTER.			
____ YES ____ NO ACETAMINOPHEN (TYLENOL) ____ YES ____ NO IBUPROFEN ____ YES ____ NO ORAGAL ____ YES ____ NO COUGH DROPS		____ YES ____ NO ANTIBOTIC OINTMENT (FOR MINOR CUTS/SCRAPES) ____ YES ____ NO EYE DROPS ____ YES ____ NO ANTIPRUITIC OINTMENT (FOR ITCHING) -ANTI-ITCH CREAM -HYDROCORTISONE CREAM -CALADRYL LOTION	
<p style="color: red; font-weight: bold;">AS A PARENT OR LRGAL GUARDIAN OF THE ABOVE NAMED STUDENT, I ENTRUST KIN DAH LICH'I OLTA' HEALTH PERSONNNAL TO CARE AND PROVIDE FOR MY CHILD'S HEALTH/MEDICAL CARE WHILE IN SCHOOL. IN THE EVENT OF AN EMERGENCY, I GIVE MY CONSENT FOR 911 TO BE NOTIFIED AND BE TRANSPORTED TO LOCAL HOSPITAL. THE SCHOOL HEALTH PERSONNEL HAS MY PERMISSION TO EXCUTE NECESSARY DECISIONS UNTIL MY ARRIVAL. I FURTHER UNDERSTAND THAT THE SCHOOL DOES NOT CARRY HEALTH INSURANCE FOR MY CHILD. FOR THAT REASON, I HAVE PROVIDED THE SCHOOL HEALTH OFFICE WITH THE REQUIRED INFORMATION.</p>			
SIGNATURE OF PARENT/LEGAL GUARDIAN		DATE	

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KIN DAH LICH'I' OLTA'
HEALTH OFFICE
DEVELOPMENTAL HISTORY FORM

ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE FILL OUT THE FORM COMPLETELY.

SY: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____

LOCATION OF HOME: _____

A. FAMILY HISTORY

Who ALL lives in the home besides the student: _____

Are there any recent family problems? (Illness, accidents, COVID-19, separations, divorce, death): ____ NO ____ YES

Explain: _____

B. BIRTH/HEALTH HISTORY

Condition of infant at birth: _____ Any complications at birth? ____ NO ____ YES

Explain: _____

Does the student have problems with any of the following: (if yes, please explain)?

Speech	____ Yes ____ No	_____
Heart	____ Yes ____ No	_____
Joint	____ Yes ____ No	_____
Extremities	____ Yes ____ No	_____
Abdomen	____ Yes ____ No	_____
Seizure	____ Yes ____ No	_____
Asthma	____ Yes ____ No	_____
Ears/Hearing	____ Yes ____ No	_____
Eyes/Vision	____ Yes ____ No	_____
Other	____ Yes ____ No	_____

Has student ever been examined by an Eye Doctor? When? ____ Yes ____ No _____

Does he/she wear glasses? ____ Yes ____ No _____

Is Eye Prescription up-to-date? ____ Yes ____ No _____

Has student ever fainted or become unconscious? When? ____ Yes ____ No _____

Has student ever been hospitalized? or COVID-19? Why/When? ____ Yes ____ No _____

Has student ever had any surgeries? Explain ____ Yes ____ No _____

Has student ever received Special Education Services? Grade/ School ____ Yes ____ No _____

Does student have a current IEP? ____ Yes ____ No _____

Has student had any of the following childhood diseases/illnesses: When?

Chicken Pox	____ Yes ____ No	_____
Measles	____ Yes ____ No	_____
Mumps	____ Yes ____ No	_____
Hepatitis A or B	____ Yes ____ No	_____
Meningitis	____ Yes ____ No	_____
Pertussis (Whooping Cough)	____ Yes ____ No	_____
Coronavirus-2019	____ Yes ____ No	_____

Does student have problems with bedwetting or incontinence? How long? ____ Yes ____ No _____

Does student have any current behavioral problems? (Mental/Emotional) ____ Yes ____ No _____

Is student taking any prescribed medication? (Explain) ____ Yes ____ No _____

Signature of Parent/Legal Guardian

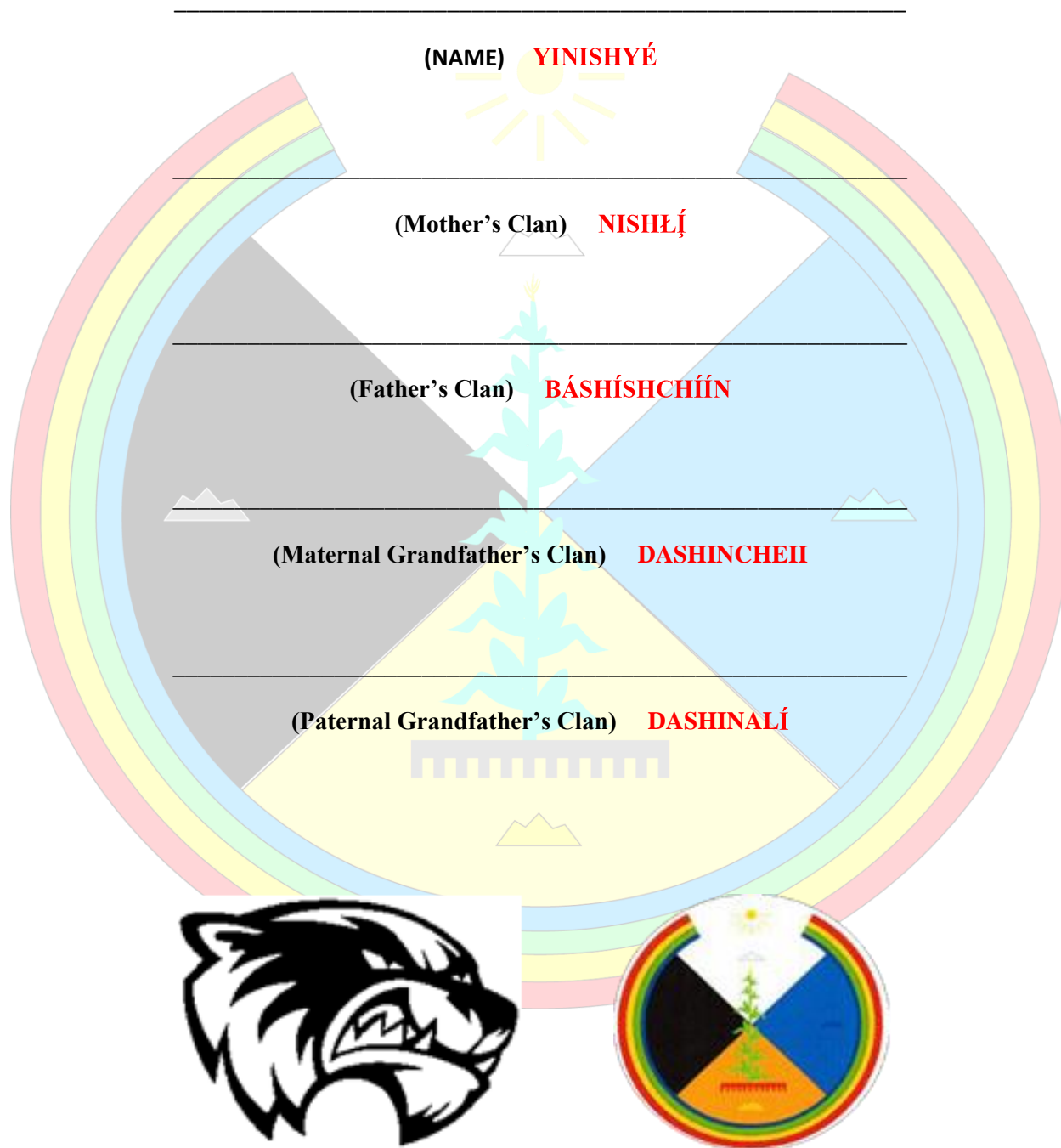
Date

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NAVAJO CLAN INTRODUCTION



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