

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 and thank you for selecting Moencopi Day School "Home of the Panthers!" as your choice for your child's education institution. We are very proud of our former student accomplishments and our current efforts to ensure your student is excelling both academically and socially.

Enclosed is a complete enrollment application for Moencopi Day School SY2024-2025. The information you provide for your child will be used for annual audit purposes and other school related areas.

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)
- * Social Security Card



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



SCHOOL YEAR: 2024-2025 **Returning Student Enrollment Application**

Student Na	me:			Grade:	Gender:
	Last	First	MI		
Physical Ho	me Address:				
Mailing Address (P.O. Box, City, State, Zip Code):					
With who	om does the student reside v	with ($$): If other than fa	ther/mother, ple	ase provide guardianshi	p documentation?
□Mother	\Box Father \Box Both Par	ents 🗆 Grandparent	Guardian	\Box Other (specify)	

PRIMARY PARENT OR LEGAL GUARDIAN INFOMRATION WITH WHOM STUDENT LIVES WITH: 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 Parents/Guardians. The One Call system will send weekly messages via phone, email or text with information on activities, emergencies, delays, etc. Please print visibly.

LEGAL PARENT/GUARDIAN 1	LEGAL PARENT/GUARDIAN 2
Name:	Name:
Relationship to student:	Relationship to student:
Tribal Affiliation:	Tribal Affiliation:
Village/Agency Affiliation:	Village/Agency Affiliation:
Enrollment/CIB#:	Enrollment/CIB#:
Home#:	Home#:
Cell#:	Cell#:
Work#:	Work#:
Email:	Email:

IF STUDENT IS UNDER GUARDIANSHIP: Does parent/s have any visitation rights: If no provided legal

Mother: __Yes __No

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.

Father: __Yes __No

In the case of temporary custody, a notarized documentation must be on file, most recent temporary guardian ship 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: ______

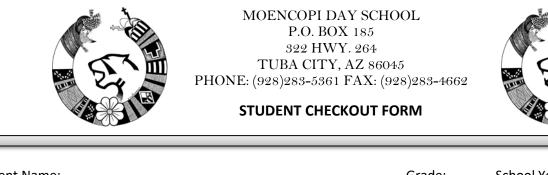
Signature Parent/Legal Guardian:

Date:

ET.	MOENCOPI DA P.O. BOX 322 HWY TUBA CITY, PHONE: (928)283-5361	X 185 7. 264 AZ 86045	ET I
	PARENT CONS FIELD TRIPS AN		
Student Name:			Grade:School Year:
Last	First	MI	
	FIELD 7	FRIPS	
that require travel away findicated above and with 1. All trips and off-ca	rom the school campus in the l the following stipulations.	local area. T zed, proper	nized school sponsored trips and activities This consent is for the school year rly chaperoned and all precautions will be
activity the school		the parent/	nile participating in a trip or off-campus guardian to have the child removed from
			campus activities during the school year ific consent will be required for each
4. The school will no	tify the parent/guardian of ea	ch trip or o	off-campus activity.
5. Field trips out of t be provided by cla		tional perm	nission slips being sign. Information will
Parent/Legal Guardian S	gnature:		Date:
	SPORTS/PER	FORMA	NCE
		C 11 ·	

Moencopi Day school does offer year-round sports. The following documents are required for participation in all sports or performance activities. Please see registrar or Athletic Director for more details.

- Physical Examination on file
- MDS Code of Conduct
- MDS Health/Consent packet



ET 13

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 name of each individual. Include yourself as Parent/Guardian. List individuals full name and not as "Mr./Mrs." **One person per line** and no more than 10 people.

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

•

Parent/Legal Guardian Signature:

New Student Enrollment Application: Rev. 05/08/2024-TH

Date:



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



STUDENT TRANSPORTATION

Student Name:					_Grade:	_School Year:
	Last	F	irst MI			
<u>New forms must b</u>	e submitte	d with the r	registrar for transpo	ortation change.		
Student will ride th	e bus:	Both	☐ Morning Only	Afternoon Only	🗌 Neither I	Parent Drop off/ Pick up
Physical Address of	of Pick-Up L	ocation				
Physical Address	of Drop Off	Location				

*Please 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 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.)
- 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 the school.
- > Alternate pick-up and drop-off arrangements are to be communicated in advance.

Only a Parent/Guardian written/emailed/fax note will be accepted.

- o All notifications need to be submitted to the **front office by 11:00 AM- NO LATER.**
- o Emergencies and urgent changes after the listed times without a written note must be approved by the CSA.
- 0 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 a note, you must be here before bus departure time or your child will be on the bus. **NO EXCEPTIONS.**
- > Afterschool pickup must sign with designated Homeroom teacher or designee.

Parent	/Legal	Guardian	Printed	Name:
	LCBUI	Guaranan		i tailie.

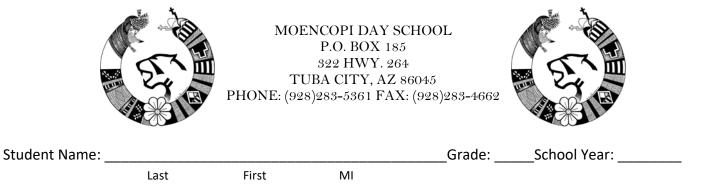
Parent/Guardian Signature:

Date:

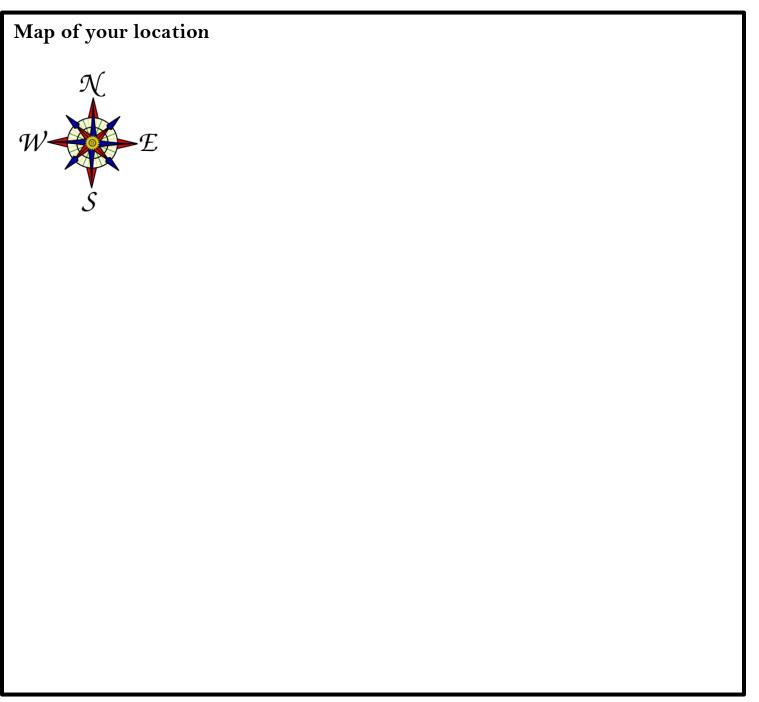
FOR OFFICE USE ONLY

Bus Driver: _

Bus #: _



Map must be field out for all students' home location. Also, except google map print out of home location.



		PHOTOGRA	PH/TECHNOLOG	Y/LIBRARY	
			CONSENT		
tudent Name:				Grade:	School Year:
	Last	First	MI	01866	
	MEC	DIA CONSENT: I	PHOTOGRAPH, V	IDEO. PUBLIS	HING
I grant Mo		-	-	-	ake photographs, video and/or
-		•		•	I wide activities. I authorize MDS, its
•	•		and publish the sai		
I agree that	at MDS may use si	uch photos/ vide	o of my child with	or without my	name and for any lawful purposes,
including	oublicity, illustrati	on, advertising,	and web content (s	school website	Class Dojo, MDS Facebook page.)
 I accept fu 	ll responsibility fo	or the publication	۱ of the student's r	name and/or as	set forth in the publication
attached l	vereto and agree t	to release and he	old the school harn	nless from any	and all damages or injury to me or
to the stu	dents arising from	said publication	1.		
rinted Name of	Legal Parent/Gu	Jardian		Signature o	f Legal Parent/Guardian
	TECH		ENT (Section 10.04	l-10.07/Append	lix X-B)
I grant per	mission for my ch	ild to use the sch	lool technology an	d access Moen	copi Day School's networked
	-				copi Day School's networked
computer	services such as, i	individual educat	tional media and th	ne internet.	copi Day School's networked designated to protect them from
computer > I understa	services such as, i nd that all studen	individual educat ts use a filtered o	tional media and th connection to the i	ne internet. nternet that is	
computerI understainappropr	services such as, i nd that all studen	individual educat ts use a filtered o d further underst	tional media and th connection to the i tand that no filter o	ne internet. nternet that is	designated to protect them from
 computer I understa inappropr School ma 	services such as, i nd that all studen ate materials, and kes a good faith a	individual educat ts use a filtered o d further underst ttempt in this ar	tional media and th connection to the i tand that no filter o ea.	ne internet. nternet that is can catch 100%	designated to protect them from
 computer I understa inappropr School ma I understa 	services such as, i nd that all studen ate materials, and kes a good faith a	individual educat ts use a filtered o d further underst ttempt in this ar ld be disciplinary	tional media and th connection to the i tand that no filter o ea.	ne internet. nternet that is can catch 100%	designated to protect them from of these sites, but Moencopi Day
 computer I understa inappropr School ma I understa acceptable I agree as 	services such as, i nd that all student ate materials, and kes a good faith a nd that there coul e use of the schoo the Parent/Guard	individual educat ts use a filtered o d further underst ttempt in this ar ld be disciplinary I technology. ian, my child will	tional media and the internetion to the internetion to the internetion to the internet tand that no filter of ea.	ne internet. nternet that is can catch 100% ny child does n	designated to protect them from of these sites, but Moencopi Day
 computer I understationapproprior School materia I understational I understational I agree as child misure 	services such as, i nd that all student ate materials, and kes a good faith a nd that there coul e use of the schoo the Parent/Guard ses or damages ar	individual educat ts use a filtered o d further underst ttempt in this ar ld be disciplinary l technology. ian, my child will ny technology eq	tional media and the connection to the i tand that no filter of ea. consequences if n l be responsible for juipment.	ne internet. nternet that is can catch 100% ny child does n	designated to protect them from of these sites, but Moencopi Day ot follow the guidelines set for
 computer I understationapproprior School materia I understational I understational I agree as child misure 	services such as, i nd that all student ate materials, and kes a good faith a nd that there coul e use of the schoo the Parent/Guard	individual educat ts use a filtered o d further underst ttempt in this ar ld be disciplinary l technology. ian, my child will ny technology eq	tional media and the connection to the i tand that no filter of ea. consequences if n l be responsible for juipment.	ne internet. nternet that is can catch 100% ny child does n	designated to protect them from of these sites, but Moencopi Day ot follow the guidelines set for
 computer I understationapproprior School materia I understational I understational I agree as child misure 	services such as, i nd that all student ate materials, and kes a good faith a nd that there coul e use of the schoo the Parent/Guard ses or damages ar	individual educat ts use a filtered o d further underst ttempt in this ar ld be disciplinary l technology. ian, my child will ny technology eq	tional media and the connection to the i tand that no filter of ea. consequences if n l be responsible for juipment.	ne internet. nternet that is can catch 100% ny child does n r any fees owe	designated to protect them from of these sites, but Moencopi Day ot follow the guidelines set for

lost/damaged books.

Signature of Legal Parent/ Guardian



MOENCOPI DAY SCHOOL P.O. BOX 2295 322 HWY. 264 TUBA CITY, AZ 86045 PHONE: (928)283-5361 FAX: (928)283-4662



PARENTAL CONSENT FOR HEALTH SERVICES

/Wehereby give permission for				
Date of Birth, Tuba City Regina	al Health Care Corporation Chart #			
	, to receive health and educational services from the roviders, and from Moencopi Day School Staff, including			
 Physical Examination Vision Screening Hearing Screening Language Screening * Head Lice Screening (Mandatory) 	 Immunization Update (Mandatory) Growth Assessment (height & weight) "Fitness Gram" Social/Emotional/Mental Screening Dental Screening * Emergency Health Care for Accidents/Illness 			

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.

TRANSPORTAION

I hereby give permission to allow Moencopi Day School staff to take my child to and/ or from Public Health Services from school in the Moencopi Day School vehicle when necessary.

I am granting 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: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Da

	PHONE:	F TUB (928)2	P.O. BOX 822 HW A CITY 83-5361	Y. 264 , AZ 86045 FAX: (928)283-4662 INFORAMTION			
Student Name:				Grade: School Ye	ar:		
Last	First		MI				
Parent/Guardian Name:							
Home Phone:			Cell#	:			
Work#			Emei	rgency#			
Please check (v) whether your child indicate at what age:	has ever h	nad any	of the fo	llowing medical conditions: If yo	u answere	d "yes" p	olease
CONDTION	YES	NO	AGE	CONDTION	YES	NO	AGE
Anemia				Joint Pains			
Arthritis				Tuberculosis			
Asthma				Kidney Problems			
Back Problems				Migraine Headaches			
Behavioral Health (anxiety, depression, anger issues, etc.)				Seizures/Epilepsy			
				Spinal Injury			
Heart Problems							
Hyperactive				Skin irritation			
Brain Injury/Concussion Diabetes Heart Problems Hepatitis	e above pl	ease ex	plain bri		ttach addit	ional	

*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?

document)

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



MOENCOPI DAY SCHOOL P.O. BOX 2295 322 HWY. 264 TUBA CITY, AZ 86045 PHONE: (928)283-5361 FAX: (928)283-4662



STUDENT HEALTH INFORAMTION

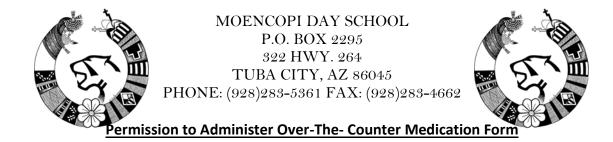
Part 2

Yes	No		ption glasses? (if "Yes" indicate at what age child started wearing					
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 your child to participate in any activity? (Please Explain)							
Yes	 es No Are there any activities, such as strenuous activities that are to be restricted for your child? Please explain: 							
Yes	Yes No Is your child currently taking medication? (If "Yes" Please fill information out below list all pre medication, inhaler medication, etc.)							
Туре	e of Medic	cation:						
Diagnosis/Reason for Medication:								
Time	e (s) Medi	cation is Administered:						
Type of Medication:								
Diag	nosis/Rea	ason for Medication:						
Time	e (s) Medi	cation is Administered						
(Only	answer	if your child takes medicat	<u>ion)</u>					

YesNoDoes your child need prescribed medication administered during school hours? (If "Yes" please see
Registrar for Administering Prescribe Medication form)

Printed Name of Parent/Legal Guardian: ______

Signature of Parent/Legal Guardian: _____

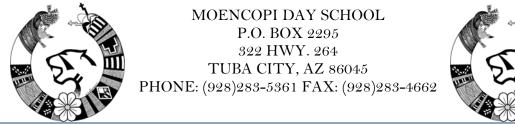


Student Name: _____ Grade: ____ D.O.B.: _____

Moencopi Day School has a limited supply of "over the counter medication in our designated area for occasions of unexpectedly 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 circle "Yes" or "No" for the following over the counter medication. All given medication will be followed by the manufactures recommended dosage. Otherwise, parents/guardians will have to come and supply medication to be administered to your child during the school day.

Yes	No	Acetaminophen liquid (Fever or pain) if fever is over 100 degrees, he/she will be sent home.
105	110	Acetaninophen inquita (rever or pain) in lever is over 100 degrees, ner sne win be sent nome.
Yes	No	Advil/Ibuprofen injury, pain, swelling.
ſes	No	Benadryl/Diphenhydramine Allergies
Yes	No	Claritin/Loratidine Allergies
Yes	No	Eye Drop Allergies/Itchy red eyes
fes	No	Cortisone Cream/Anti-itch Cream Insect bites, itching, and inflammation of skin
les	No	Bacitracin Zinc Ointment/Neosporin Anti-infection ointment
ſes	No	Aloe Vera Gel Burns
les	No	Chloraseptic Spray Sore throats, numbing sensation.
ſes	No	Menthol Cough Drops cough
ſes	No	Pepto Bismal Diarrhea, nausea, upset stomach (student will be sent home for diarrhea and vomiting)
ſes	No	Tums/Anti-acid Stomachache, heartburn
ſes	No	Carmex/lip balm/lotion dry chap lips, dry chap skin

Legal Parent/Guardian Signtaure:



McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. The answer to these questions will help determine eligibility and services a student may be eligible to receive. **All information is confidential**.

	Yes	No
Is your current address a <i>temporary</i> 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 questions above, please complete the remainder of the form. If you answered NO to both questions above, you may STOP here. Thank you.

Name of Student:			Date of Birth:	
Age:	Gender:	Grade:	School most recently attended:	
Name of	Parent(s)/Legal	Guardian(s):		
Tempora	ry/Physical addi	ess:		
		City:	Zip Code:	
Length o	of time at address	·	Phone Number:	

Where is the student currently living?

- \Box In a motel
- \Box Moving from place to place
- □ In a please not designed for ordinary sleeping accommodations 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.
- $\hfill\square$ In a place **without** electricity, water, or heat.

Other children in the family:

Name	School	Grade

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: