



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**



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

Student Name: _____ Grade: _____ Gender: _____
 Last First MI

Physical Home Address: _____

Mailing Address (P.O. Box, City, State, Zip Code): _____

With whom does the student reside with (√): If other than father/mother, please provide guardianship documentation?

Mother Father Both Parents Grandparent Guardian Other (specify) _____

PRIMARY PARENT OR LEGAL GUARDIAN INFORMATION 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

Name: _____
 Relationship to student: _____
 Tribal Affiliation: _____
 Village/Agency Affiliation: _____
 Enrollment/CIB#: _____
 Home#: _____
 Cell#: _____
 Work#: _____
 Email: _____

LEGAL PARENT/GUARDIAN 2

Name: _____
 Relationship to student: _____
 Tribal Affiliation: _____
 Village/Agency Affiliation: _____
 Enrollment/CIB#: _____
 Home#: _____
 Cell#: _____
 Work#: _____
 Email: _____

IF STUDENT IS UNDER GUARDIANSHIP: Does parent/s have any visitation rights: If no provided legal documentation) Mother: __Yes __No Father: __Yes __No

- 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.
- In the case of temporary custody, a notarized documentation must be on file, most recent temporary guardianship 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: _____



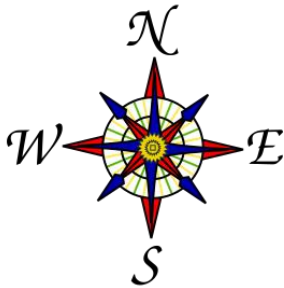
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Student Name: _____ Grade: _____ School Year: _____
Last First MI

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

Map of your location





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PARENTAL CONSENT FOR HEALTH SERVICES

I/We _____ hereby give permission for _____

Date of Birth _____, Tuba City Reginal Health Care Corporation Chart # _____

Or Hopi Health Care Center chart # _____, to receive health and educational services from the Public Health Service, from other contracted health providers, and from Moencopi Day School Staff, including **check all that apply:**

- 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: _____



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STUDENT HEALTH INFORMATION
Part 2

Yes No Does your child wear prescription glasses? (if "Yes" indicate at what age child started wearing glasses) _____

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 No Are there any activities, such as strenuous activities that are to be restricted for your child?

Please explain: _____

Yes No Is your child currently taking medication? (If "Yes" Please fill information out below list all prescribed medication, inhaler medication, etc.)

Type of Medication:	
Diagnosis/Reason for Medication:	
Time (s) Medication is Administered:	
Type of Medication:	
Diagnosis/Reason for Medication:	
Time (s) Medication is Administered	

(Only answer if your child takes medication)

Yes No Does 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: _____ Date: _____



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Permission to Administer Over-The- Counter Medication Form

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/Tylenol Tablet** (Fever or pain) if fever is over 100 degrees, he/she will be sent home.

Yes No **Acetaminophen liquid** (Fever or pain) if fever is over 100 degrees, he/she will be sent home.

Yes No **Advil/Ibuprofen** injury, pain, swelling.

Yes No **Benadryl/Diphenhydramine** Allergies

Yes No **Claritin/Loratidine** Allergies

Yes No **Eye Drop** Allergies/Itchy red eyes

Yes No **Cortisone Cream/Anti-itch Cream** Insect bites, itching, and inflammation of skin

Yes No **Bacitracin Zinc Ointment/Neosporin** Anti-infection ointment

Yes No **Aloe Vera Gel** Burns

Yes No **Chloraseptic Spray** Sore throats, numbing sensation.

Yes No **Menthol Cough Drops** cough

Yes No **Pepto Bismal** Diarrhea, nausea, upset stomach (student will be sent home for diarrhea and vomiting)

Yes No **Tums/Anti-acid** Stomachache, heartburn

Yes No **Carmex/lip balm/lotion** dry chap lips, dry chap skin

Legal Parent/Guardian Printed Name: _____ Date: _____

Legal Parent/Guardian Signataure: _____



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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 <u>temporary</u> living arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
If temporary, is this living arrangement due to loss of housing or economic hardship?		
• Loss of housing	<input type="checkbox"/>	<input type="checkbox"/>
• Economic hardship	<input type="checkbox"/>	<input type="checkbox"/>
• Natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
• Lack of adequate housing	<input type="checkbox"/>	<input type="checkbox"/>
• Mutual agreement for mutual benefits	<input type="checkbox"/>	<input type="checkbox"/>

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): _____

Temporary/Physical address: _____

City: _____ Zip Code: _____

Length of time at address: _____ Phone Number: _____

Where is the student currently living?

- In a motel
- Moving from place to place
- In a place 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.
- 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: _____