

**SHONTO PREPARATORY SCHOOL (SY 2023-2024)
HEALTH HISTORY QUESTIONNAIRE & CONSENT FORM**

IMM: _____

GRADE: _____

Student Name: _____ **DOB:** _____ **Gender:** Male () or Female ()

Parent(s): _____ **Home Location:** _____

Cell phone: _____ **Work phone:** _____

EMERGENCY CONTACT NUMBER(S):

If the school cannot contact either parent/guardian, please list a "Next of Kin" or a relative who would have authority to advise us regarding your child and/or to locate you immediately.

Name: _____ **Relation to Child:** _____ **Phone #:** _____

HEALTH HISTORY QUESTIONNAIRE: Explain "YES" or "other" answers below.

Has your child had any of the following health conditions listed below? Circle YES or NO.

ADD/ADHD	NO	YES	Heart Murmur/Disease	NO	YES	Allergic to food(s);	NO	YES
Anemia	NO	YES	Hepatitis	NO	YES			
Asthma (diagnosed)	NO	YES	High Blood Pressure	NO	YES	Allergic to Medicine(s);	NO	YES
Bleeding Disorder	NO	YES	Kidney Disease	NO	YES			
Bronchitis	NO	YES	Meningitis	NO	YES	Allergic to insect bites	NO	YES
Chicken Pox	NO	YES	Migraine Headache	NO	YES	Allergic to pet dander	NO	YES
Diabetes	NO	YES	Pneumonia	NO	YES	Thyroid problem	NO	YES
Dietary Restrictions	NO	YES	Rheumatoid Arthritis	NO	YES	Under Physician's Care	NO	YES
Epilepsy/Seizures	NO	YES	Scoliosis	NO	YES	History of COVID-19	NO	YES
Eyeglasses/Contacts	NO	YES	Vision/Hearing Problems	NO	YES	Other: _____	NO	YES

Explain "yes" or "other" questions: _____

NON-PRESCRIPTION MEDICATION CONSENT

I, _____, (Parent or Legal Guardian), authorize the following non-prescription medication to be administered as needed for my child by the School Nurse or designated SPS staff;

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Allergy Relief Eye Drop | <input type="checkbox"/> Blistex | <input type="checkbox"/> Children's Pepto Bismol Tablets |
| <input type="checkbox"/> Tylenol (325 mg) | <input type="checkbox"/> Eye Lubricant | <input type="checkbox"/> Carmex | <input type="checkbox"/> Hydrocortisone 1% Cream |
| <input type="checkbox"/> Children's Ibuprofen | <input type="checkbox"/> Cough Suppressant | <input type="checkbox"/> Neosporin | <input type="checkbox"/> Head Lice Shampoo |
| <input type="checkbox"/> Ibuprofen (200 mg) | <input type="checkbox"/> Throat Lozengers | <input type="checkbox"/> 1st Aid Cream | <input type="checkbox"/> Children's Benadryl |
| <input type="checkbox"/> Orajel Toothache | <input type="checkbox"/> Children's Sudafed | <input type="checkbox"/> Pepto Bistol Tablets | (Benadryl is administered only as a temporary relief). |
| <input type="checkbox"/> Oral Sore Gel | | | |

Special Instruction _____

"My child's prescription medication(s) will be provided in a labelled container with his/her name, the prescription name, specific instructions and expiration date. If at any time the information must be changed, I will notify the school nurse or administrator in writing. I agree to and do hereby hold SPS and its employees harmless from any and all claims, demands, causes of actions, liability or loss of any sort, because of or arising out of act or omissions with respect to this medication."

Parent Signature: _____ Print Name: _____ Date: _____

PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

I (We), _____, Parent(s) of _____
(Parent/Legal Guardian) (Student)

have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child. (Please Check Mark ✓)

1. ___ Dental Care include dental examinations, preventive use of fluorides and necessary emergency dental care.
2. ___ Emergency health care for accident or illness.
3. ___ Health care include medical examinations, sport physicals, school health screenings, routine laboratory studies, x-ray procedure and routine immunizations.
4. ___ Mental health services include evaluation and treatment as necessary.
5. ___ Optometry care for eye examinations and eye glasses.
6. ___ Psychiatric services to include assessment, treatment, and medication as necessary.
7. ___ Transportation of child to and/or from a health facility for these services.

PLEASE CHECK THE APPROPRIATE BOX (ES):

- I hereby give consent for all of the above services.
- Exceptions or Special Instructions: _____
- I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Shonto Preparatory School staff while my child is in attendance.

Parent/Guardian Signature: _____

Please Print Name: _____

Address: _____ City: _____ Zip: _____

Phone#: _____ Alternate Phone #: _____

Relationship: _____

Date: _____

***Valid Until: July 2024**

✓Check the one that applies:

___ Enrolled in AHCCCS, ___ No Health Insurance, ___ Other Health Insurance, # _____

Please be advised that Shonto Preparatory School staff will make every attempt to contact you before any of the above services are rendered. *This consent is only valid for one year from the date it was signed, a new one needs to be signed yearly.



SHONTO PREPARATORY K-8 SCHOOL

PO Box 7900 • Shonto, AZ 86054-7900 • (928) 672-3500 • www.shontoprep.org

Haleebee Na 'nitin Binahjí' Da 'ólta 'i Binitse'kees dóó Bina 'nitin Bidziil
Empowering Student Learning Through Quality Education

SCHOOL, PARENT/GUARDIAN, STUDENT COMPACT

STUDENT _____ **BIRTHDATE** _____ **GRADE** _____

*The **mission** of Shonto Preparatory School is to nurture positive character in a safe, engaging, caring and creative environment with high academic expectations, while instilling Diné language and culture, where all learners are successful, responsible, and independent thinkers.*

*The **vision** of Shonto Preparatory School is to promote creative problem solving through critical thinking while embracing Diné language and culture to create collaborative life-long learners.*

Effective schools are a result of home and school working together to ensure that each student is empowered to achieve his or her fullest potential to become a collaborative life-long learner that is successful, responsible, and an independent thinker. A compact is a voluntary agreement among groups that firmly unites them under Title 1, Part A of the Elementary and Secondary Education Act (ESEA). You are invited to be involved in a partnership with Shonto Preparatory School.

SCHOOL RESPONSIBILITIES:

- Create a welcoming and positive learning environment for students, parents, and family.
- Provide parents with frequent reports on their children's academic and behavioral progress with progress reports listing all assignments, samples of student work, and parent/teacher conferences.
- Provide individualized easy to read updates on reading, writing, and mathematics assessments.
- Provide opportunities for parents to participate in decisions about the education of their child.
- Provide opportunities for parents and family to volunteer and participate in their child's class, observe classroom activities, and chaperone class events as defined by the grade level team.
- Set high expectations for staff, students, parents, and families by ensuring challenging curriculum, programs targeted at increasing student achievement, and a commitment to recruit and retain a highly qualified and trained staff.

PARENT & FAMILY RESPONSIBILITIES:

- Make sure my student attends school daily. Send a note or call, with an excuse, when my student is absent.
- Establish routines to support my student's success in school by 1) providing and enforcing an appropriate bed time, 2) monitoring school attendance, and 3) providing an environment that supports homework and reading during defined hours every day.
- Help my student with daily homework assignments and check and make sure they are turned in.
- Check my student's planner for assignments and daily learning objectives, ask for letters or fliers from the school, and check my student's backpack for unfinished work.
- Strive to provide my child an opportunity to practice mastery of the Dine language.

STUDENT:

- Attend school daily and come prepared to learn.
- Do daily homework and reading assignments and turn them in when due.
- Complete all class assignments.
- Make good choices in school on how to spend time wisely and how to participate and work safely.
- Be responsible for giving my family members all information sent home from school.

TEACHER'S PRINTED NAME & SIGNATURE(S)

DATE

PARENT/GUARDIAN SIGNATURE(S)

DATE

STUDENT NAME & SIGNATURE

DATE



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PHOTOGRAPHIC and MEDIA CONSENT AND RELEASE FORM

I hereby authorize the Shonto Preparatory Schools (SPS) and those acting pursuant to its authority to:

- (a) Record my likeness and/or voice on a video, audio, photographic, digital, and electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/www) these recordings for any purpose that the school, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Shonto Preparatory Schools and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of SPS. I have read and fully understand the terms of this release.

Name of Student: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



BIE Home Language Survey School Year 2023-2024

First Name: _____ Last Name: _____

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk?
2. Which language does your child most frequently speak at home?
3. Which language do you (the parents/guardians) use more often when speaking with your child?



**BIE Home Language Survey
School Year 2023-2024**

4. Which language is spoken more often by other adults in the home?

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

School Official Verification _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.



2023-2024 Shonto Preparatory School Calendar

July 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July

- 4 Independence day
- 12 11 month return
- 26 10 month return

4/0

August 2023						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

- 1 Meet the Teacher Night
- 2 First Day of School
- 21 Late Start

23/22

September 2023						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September

- 4 Labor Day - Holiday
- 18 Full Day PD-No Students
- 22 SPTHS Sandra Day O'Connor Curriculum Day
- 28 40th Day Count

21/19

October 2023						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

October

- 2 Late Start
- 6 First Quarter Ends
- 12-13 Fall Break
- 16 Late Start
- 18-19 Parent/Teacher Conferences
- 30 Late Start

20/20

November 2023						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

November

- 10 Veteran's Day - Holiday
- 13 Late Start
- 20-22 Thanksgiving Break
- 23 Thanksgiving Day - Holiday
- 24 Family Day-Holiday
- 27 Late Start

18/16

December 2023						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

December

- 11 Late Start
- 22 2nd Quarter Ends
- 25 Christmas Break - Holiday
- 26-29 Winter Break

17/16

January 2024						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

- 1 New Year's Day - Holiday
- 2-5 Winter Break
- 8 Students Return to School
- 10-11 Parent/Teacher Conferences
- 15 Martin Luther King Jr. Day - Holiday
- 17 100th Day Count
- 29 Full Day PD-No Students

19/16

February 2024						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

February

- 5 Late Start
- 19 President's Day - Holiday

21/20

March 2024						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

March

- 4 Late Start
- 11-15 Spring Break
- 18 Late Start
- 22 3rd Quarter Ends
- 27/28 Parent/Teacher Conferences

16/16

April 2024						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

April

- 8 Late Start
- 22 Navajo Sovereignty Day - Holiday

22/21

May 2024						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

May

- 6 Late Start
- 17 SPTHS Graduation
- 21 Kindergarten Promotion
- 23 8th Grade Promotion
- 23 Last Day of School
- 24 Last Day 10 Month
- 27 Memorial Day - Holiday

15/14

June 2024						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

June

- Last Day 11 Month
- 180 Instructional Days
- 3 Emergency/Snow Days
- 1st Qtr-46
- 2nd Qtr-47
- 3rd Qtr-47
- 4th Qtr-40

5/0