



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 and thank you for choosing Moencopi Day School “Home of the Panthers” as your choice for your child's education institution. We are excited to have your child join us this school year.

Our staff and leaders take great pride in the accomplishments of all our students and are committed to supporting your child's academic and social growth. The staff are dedicated to creating an environment where every student can thrive and feel successful.

Attached is a complete enrollment application for Moencopi Day School SY2025-2026. The information you provide for your child will be used for annual audit purposes and other school-related areas.

Students entering Kindergarten must be 5 years old by September 1, 2025. No exceptions to the age requirement will be accommodated.

Per Indian Health Service (IHS), the Environmental Health Office of the Hopi Tribe and Center for Disease Control and Prevention (CDC), students entering Kindergarten or First Grade, for the first time, must have the following vaccines listed on their immunizations before they will be accepted for enrollment:

- * **Diphtheria-Tetanus-Pertussis, combined (DTaP/DTP) - 5 doses**
- * **Measles-Mumps-Rubella (MMR) 1 & 2**
- * **Polio (IPV/OPV) - 4 doses**
- * **HIB B**
- * **Hepatitis A & B**

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.

- * **Birth Certificate**
- * **Certificate of Indian Blood**
- * **Current Immunization Record**
- * **Affidavit of Guardianship (if applicable)**



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SCHOOL YEAR: 2025-2026
New Student Enrollment Application

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

*Physical Home Address: _____

*Mailing Address (PO Box, City, State, Zip Code): _____

☐ American Indian or Alaskan Native

*Tribal Affiliation: _____

*Village/Agency Affiliation: _____

*Enrollment/CIB #: _____

☐ Native Hawaiian or other Pacific Islander

☐ Asian

☐ Caucasian/White

☐ African American/Black

☐ Hispanic

☐ Other: _____

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 families. The One Call system will send messages via phone, email or SMS text regarding school activities, emergencies, delays, etc. **Please print visibly.**

LEGAL PARENT/GUARDIAN 1

(Primary contact)

*Name: _____

*Relationship to student: _____

*Tribal Affiliation: _____

*Village/Agency Affiliation: _____

*Enrollment/CIB#: _____

*Home#: _____

*Cell#: _____

*Work#: _____

*Email: _____

LEGAL PARENT/GUARDIAN 2

(Secondary Contact)

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. It is the responsibility of the custodial individual having joint custody to provide the school with the most recent court order.
- In the case of Temporary Custody, notarized documentation must be on file, most recent temporary guardianship on file with the school will be followed. (see registrar for form)



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SCHOOL YEAR: 2025-2026
New Student Enrollment Application

SCHOOL(S) PREVIOUSLY ATTENDED: (Fill out only if new to Moencopi Day School)

School Name: _____ Grade: _____

School Address: (City/State/Zip) _____

Date Withdrawn: _____ Has student ever attended Moencopi Day School: ☐ YES ☐ NO

Has student ever been retained: ☐ YES ☐ NO If "YES" what grade: _____

SPECIAL SERVICES (if applicable)

Please check all that apply. If "v" please provide most up to date information (i.e; IEP, Diagnosis, etc.)

	YES	NO		YES	NO
Special Education			Physical Therapy		
Counseling			Occupational Therapy		
Section 504 Plan			Speech Therapy		
Gifted and Talented			Completed Head Start		

***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 the school immediately of changes made throughout the school year of phone numbers, address, emails.**

Parent/Legal Guardian Printed Name: _____

Signature Parent/Legal Guardian: _____ Date: _____



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PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Date of Request: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

I HEREBY AUTHORIZE

Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

To release any and all information on file concerning my child, that may be of value in formulating the best plan for his/her education. This request includes:

- *Education Transcript
- *Standardized Test Results
- *Assessment Test Results
- *Legal

- *Psychological
- *Medical
- *Speech/Language/Audio
- *Special Education Documents

- *504 Documents
- * Attendance Record
- * Behavior

TO BE RELEASED TO:

Moencopi Day School (Grant)
Attn: Trinity L. Honahnie, Registrar
P.O. Box 185
Tuba City, AZ 86045

It is understood that the confidential nature of these records will be maintained.

Parent or Guardian Signature

Relationship to Student

According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students," Section 438, Subsection (B) (1), Parts A & B, Page 97; school officials, including teachers with the educational institution and offices of other schools in school systems in which the students may intend to enroll, may receive a student's records without a written consent for such release.

FOR OFFICIAL USE ONLY

1 ST Request	2 ND Request	3 RD Request



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(b) (1), (2), (a-c)

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Student Name: _____ Student ID _____

Date of Birth: _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter Moencopi Day School-Grant

School Moencopi Day School

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



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**PARENT CONSENT FORM
FIELD TRIPS AND SPORTS**

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

FIELD TRIPS

I (We) consent for the above-named student to participate in organized school sponsored trips and activities that require travel away from the school campus within the local area. This consent is for the school year indicated above and with the following stipulations. (Read carefully and initial in the space provided)

- ___ All trips and off-campus activities will be organized, properly chaperoned and all precautions will be taken to ensure the safety and health of all participants.
- ___ Should the student violate any school rules or regulation while participating in a trip or off-campus activity, the school reserves the right to contact the parent/guardian to have the child removed from the trip or activity, and from the supervision of the school.
- ___ Consent granted here applies to all trips and off-campus activities during the school year indicated above except for overnight trips. Specific consent will be required for all overnight trips.
- ___ The school will give notification of each trip or off-campus activity and provide a detailed itinerary.
- ___ Field trips out of the local area will require additional signed permission slips by the parent or legal guardian. Forms signed by unauthorized individuals will be denied.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

ATHLETICS/PERFORMANCE

Moencopi Day school does offer year-round sports for grades 3rd-6th. The following documents are required for participation in all sports or performance activities. Furthermore, a mandatory meeting will be held for each season. Please see registrar or Athletic Director for more details.

- Current year Physical Examination (must be on file before student can attend practice)
- MDS Code of Conduct
- MDS Health/Consent packet



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STUDENT CHECKOUT FORM

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 LEGAL name of each individual. Include yourself as Parent/Guardian. List individuals full legal name and not as "Mr./Mrs." or nicknames. **One person per line** and no more than 10 people. Reminder, MDS will require identification.

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

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

**** In the event of an emergency (medical or non-medical) we will make every attempt to contact the parent or legal guardian FIRST. Please provide an emergency *contact other than parent/ guardian* in case our attempts are unsuccessful. This information will be utilized by our front office staff for deemed purposes only.**

Emergency Contact Name: _____ Phone Number: _____



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STUDENT TRANSPORTATION

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

New forms must be submitted with the registrar for transportation change.

Student will ride the bus: ☐ Both ☐ Morning Only ☐ Afternoon Only ☐ Neither Parent Drop off/ Pick up

Physical Address of Pick-Up Location	
Physical Address of Drop Off Location	

***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** 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 school.**
- Alternate pick-up and drop-off arrangements are to be communicated in advance.
Only a Parent/Guardian's written note, email, fax, or Class Dojo message will be accepted.
 - o All notifications must be received by the *front office* by 11:00 AM to ensure proper communication with teachers and drivers.
 - o Emergencies/ urgent changes after the listed times without a written note must be approved by the CSA.
 - o 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 advance notification, you must arrive before bus departure, or your child will be placed on the bus. Bus riders will not be held at the school after dismissal to be picked up. **NO EXCEPTIONS.**
 - o Unscheduled bus stops are not permitted. **NO EXCEPTIONS.**
- Afterschool pickup must sign with designated Homeroom teacher or designee.

Parent/Legal Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Bus Driver: _____ Bus #: _____



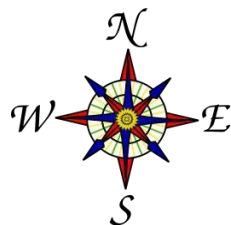
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Student Name: _____ Grade: _____ School Year: _____
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A map must be provided for ALL students' home location. Google Map printout showing home location is acceptable.

Map of your physical address:





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PHOTOGRAPH/TECHNOLOGY/LIBRARY CONSENT

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

MEDIA CONSENT; PHOTOGRAPH, VIDEO, PUBLISHING

- I grant Moencopi Day School, its representatives and employees the right to take photographs, video and/or publish items related to my child and their property in connection with school wide activities. I authorize MDS, its assignees and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that MDS may use such photos/ video of my child with or without my name and for any lawful purposes, including publicity, illustration, advertising, and web content (school website, Class Dojo, MDS Facebook page.)
- I accept full responsibility for the publication of the student's name and/or as set forth in the publication attached hereto and agree to release and hold the school harmless from any and all damages or injury to me or to the students arising from said publication.

Printed Name of Legal Parent/Guardian

Signature of Legal Parent/Guardian

TECHNOLOGY CONSENT *(Section 10.04-10.07/Appendix X-B)*

- I grant permission for my child to use the school technology and access Moencopi Day School's networked computer services such as, individual educational media and the internet.
- I understand that all students use a filtered connection to the internet that is designated to protect them from inappropriate materials, and further understand that no filter can catch 100% of these sites, but Moencopi Day School makes a good faith attempt in this area.
- I understand that there could be disciplinary consequences if my child does not follow the guidelines set for acceptable use of the school technology.
- I agree as the Parent/Guardian, that I am responsible for any fees owed to Moencopi Day School, if my child misuses or damages any technology and/or its equipment.
- I will abide by all MDS policies in the Policy Book.

Signature of Legal Parent/ Guardian

LIBRARY CONSENT

As part of the library program, students at MDS will be checking out books on a regular basis during their scheduled class library time. Every student is expected to bring their library book with them during their library time to either turn in or to renew. When returning books, they should be in the same condition as when they were checked out. **Lost or damaged books become the responsibility of the student/parent/guardian and are obligated to replace or pay for lost/damaged materials.**

Signature of Legal Parent/ Guardian



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PARENTAL CONSENT FOR HEALTH SERVICES

I/We _____ hereby give permission for _____
Date of Birth _____, TCRHCC Chart # _____ or Hopi Health Care chart # _____,
to receive health and educational services from the Public Health Service, from other contracted health providers,
and from Moencopi Day School Staff, including:

The following are Mandatory:

- Immunization Update
- Head Lice Screening
- Emergency Health Care for Accidents/Illness
- Height/Weight Assessment (K-6)

Check all that apply:

- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Dental Screening
- ☐ Social/Emotional/Mental Health Screening
(for counseling services--- see Registrar for additional forms)
- ☐ Physical Assessment: Fitness Gram (3rd-6th)

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.

TRANSPORTATION

I hereby give permission to allow Moencopi Day School staff to take my child to and from Public Health Services using a Moencopi Day School vehicle when necessary.

In granting this 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 1

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

Parent/Guardian Name: _____

Home Phone: _____ Cell#: _____

Work# _____ Emergency# _____

Please check (v) whether your child has ever had any of the following medical conditions: If you answered "yes" please indicate at what age:

CONDITON	YES	NO	AGE	CONDITON	YES	NO	AGE
Anemia				Joint Pains			
Arthritis				Tuberculosis			
Asthma				Kidney Problems			
Back Problems				Migraine Headaches			
Behavioral Health (anxiety, depression, anger issues, etc.)				Seizures/Epilepsy			
Brain Injury/Concussion				Spinal Injury			
Diabetes				Sore Throats			
Heart Problems				Surgeries or Operation			
Hepatitis				Sprain or Fractures			
Hyperactive				Skin irritation			

If you answered "YES" to any of the above please explain briefly: (if more room is needed attach additional document)

***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?

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



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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 his/her ability to participate in any activity? (Please Explain) _____

☐ Yes ☐ No Are there any 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" 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 unexpected 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 check "Yes" or "No" for the following over the counter medication. All given medication will be followed by the manufacturers' recommended dose. Otherwise, parents/guardians will have to come and supply medication to be administered to your child during the school day.

PLEASE DO NOT SEND TO SCHOOL IF HE/SHE IS ILL

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | Acetaminophen/Tylenol Tablet (Fever or pain) if fever is over 100 degrees he/she will be sent home. |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen liquid (Fever or pain) if fever is over 100 degrees he/she will be sent home. |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil/Ibuprofen injury, pain, swelling |
| <input type="checkbox"/> | <input type="checkbox"/> | Benadryl/Diphenhydramine Allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | Claritin/Loratidine Allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Drop Allergies/Itchy red eyes |
| <input type="checkbox"/> | <input type="checkbox"/> | Cortisone Cream/Anti-itch Cream Insect bites, itching, and inflammation of skin |
| <input type="checkbox"/> | <input type="checkbox"/> | Bacitracin Zinc Ointment/Neosporin Anti-infection ointment |
| <input type="checkbox"/> | <input type="checkbox"/> | Aloe Vera Gel Burns |
| <input type="checkbox"/> | <input type="checkbox"/> | Chloraseptic Spray Sore throats, numbing sensation |
| <input type="checkbox"/> | <input type="checkbox"/> | Menthol Cough Drops cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Pepto Bismal Diarrhea, nausea, upset stomach (student will be sent home for diarrhea and vomiting) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums/Anti-acid Stomachache, heartburn |
| <input type="checkbox"/> | <input type="checkbox"/> | Carmex/lip balm/lotion dry chap lips, dry chap skin |

Legal Parent/Guardian Printed Name: _____ Date: _____

Legal Parent/Guardian Signature: _____



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Student Residence Verification Document

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. Your response to these questions will help determine eligibility and services a student and their family may be eligible to receive. **All information is confidential and will be kept separately from the Student Permanent Record for audit purposes.**

Name of Student: _____ Date of Birth: _____

Age: _____ Gender: _____ Grade: _____ School most recently attended: _____

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

Physical address: _____

City: _____ Zip Code: _____ Phone Number: _____

Length of time at address: _____

	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 the questions above, please complete the remainder of this form. If you answered NO to both questions above, you may STOP here. In either case, please sign below. Thank you.

Where is the student currently living?

- ☐ In a motel
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodation 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.

The student lives with:

- ☐ 1- parent
- ☐ 2- parents
- ☐ 1 parent & another adult
- ☐ a relative, friend(s) or other adult(s)
- ☐ alone with no adults
- ☐ an adult that is not the parent or legal guardian

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: _____