



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 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 entering Kindergarten must be 5 years old by September 1, 2024. No exceptions to the age requirement will be accommodated.

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:

- \* **DTP/DT (5 doses)**
- \* **MMR 1 & 2**
- \* **OPV/IPV Polio (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**
- \* **Current Immunization Record**
- \* **Certificate of Indian Blood**
- \* **Affidavit of Guardianship (if applicable)**
- \* **Social Security Card**



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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Last First MI

Physical Home Address: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander      |
| Tribal Affiliation: _____                                  | <input type="checkbox"/> Asian  |
| Village/Agency Affiliation: _____                          | <input type="checkbox"/> Caucasian/White                                |
| Enrollment/CIB #: _____                                    | <input type="checkbox"/> African American/Black                         |
|  | <input type="checkbox"/> Hispanic <input type="checkbox"/> 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 Parents/Guardians. The One Call system will send 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)



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SCHOOL YEAR: **2024-2025**  
**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, ect.)

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

**\*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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**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, this 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

**TO BE RELEASED TO:**

Moencopi Day School (Grant)  
 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 <sup>ST</sup> Request	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request



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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 in the local area. This consent is for the school year indicated above and with the following stipulations.

1. All trips and off-campus activities will be organized, properly chaperoned and all precautions will be taken to insure the safety and health of all participants.
2. Should the student violate any school rule 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.
3. The consent granted herewith applies to all trips and off-campuss activities during the school year indicated above with the exception of overnight trips. Specific consent will be required for each overnight trip.
4. The school will notify the parent/guardian of each trip or off-campus activity.
5. Field trips out of the local area will require additional permission slips being sign. Information will be provided by classroom teacher.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPORTS/PERFORMANCE**

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





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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 or numbers.**

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	

**\*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.
  - 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 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Bus Driver: _____	Bus #: _____



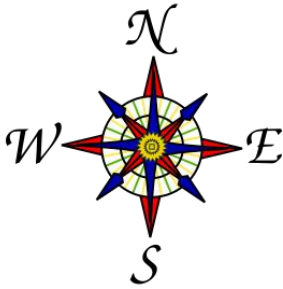
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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Last First MI

**Map must be field out for all students' home location.**

Map of your location







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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 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 Parent/Guardian

\_\_\_\_\_   
Signature of Parent/Guardian

**TECHNOLOGY CONSENT** *(Section 10.01-10.07/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, my child will be responsible for any fees owed to Moencopi Day School, if my child misuses or damages any technology equipment.

\_\_\_\_\_   
Signature of Parent/ Legal 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. Books that are lost or damaged become the responsibility of the student/parent/guardian and are obligated to replace the book at equal value or pay for lost/damaged books.

\_\_\_\_\_   
Signature of Parent/ Legal Guardian



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 \_\_\_\_\_

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.

1535 West Jefferson Street, Phoenix Arizona 85007-602-542-0753-[www.azed.gov](http://www.azed.gov)



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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 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 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 administer 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.

**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.

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 Signature: \_\_\_\_\_



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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: \_\_\_\_\_