

Parents

For your convenience Enrollment packet maybe dropped off at TCUSD#15 Technology office at any time and over the summer or you can drop off directly at your child's school.

Technology Office Hours:

Monday – Friday

8am to 5pm (DST)

Enroll your child early and you will receive 3 tickets to the James and Ernie Show in July. Don't miss out.

ARENA REGISTRATION

TCHS Pavilion

July 7, 8, 9, 2010

8 am to 5 pm

Tuba City Unified School District #15
IMPORTANT NOTICE

Dear Parents/Guardian,

The 1987 Legislature passed a Law designed to help trace the location of any child who is reported missing. So that schools may assist in this effort. A.R.S. 15-282 requires that you, the parent/guardian of the child you are enrolling in our district, provide one of the following to this office.

1. A certified copy of the pupil's Birth Certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's Baptismal Certificate, and application for a Social Security number or, original school registration records and an affidavit explaining the inability to provide a copy of the Birth Certificate.
3. A letter from an authorization representative of an agency having custody of the pupil certifying that agency as prescribed by law.

If you have any questions, please contact the School Secretary. Please provide this information no later than 30 days from enrollment of your child.

The following information is needed to complete your child's current school records.

- _____ Current Pupil Registration Form
- _____ Important Notice
- _____ Designation of Directory Information Form
- _____ PLOTE – Primary Home Language Form **NEW Students ONLY
- _____ 506 Title IX Eligibility Certification Form **NEW Students ONLY
- _____ Student Computer Usage Form (AUP)
- _____ Teen Clinic Permit
- _____ Medical History Form
- _____ Health Permit/Over the Counter Medication Form
- _____ K-6 only - Navajo Area Dental Program Consent Form
- _____ Consent for Immunization Form
- _____ Documentation of Varicella Disease or Immunization
- _____ Parent Authorization for Release of Information from Previous School Form
**NEW Students ONLY
- _____ Notice of Navajo Nation Truancy Law

- _____ Copy of Birth Certificate
- _____ Copy of Certificate of Indian Blood
- _____ Copy of Social Security Card
- _____ Copy of the Current Immunization Record

Missing documents/forms MUST be provided no later than 30 days from enrollment. Should you have any questions regarding this matter, please contact the Registrar or School Secretary Monday thru Friday.

Thank you,
Tuba City Unified School District #15



Tuba City Unified School District No. 15

STUDENT ENROLLMENT FORM

(Please print or type clearly)

ENROLLMENT INFORMATION (Please select one)

Returning Student

New Student Has student ever attended TCUSD#15? Yes No

If YES, Specify School _____ Grade(s) _____

If NO, Specify previous school _____ Date Withdrawn _____ Grade _____

STUDENT INFORMATION

Student's Name: _____ School ID# _____

Last First Middle

Birth date _____ Birthplace _____ Gender _____ Chapter/Village _____

Census# _____ SS# _____ Ethnicity _____ Home Phone# _____

Mailing Address _____

PARENT / GUARDIAN INFORMATION (If there is a divorce, separation or guardianship, please provide documents.)

Father's Name _____ Census# _____ Ethnicity _____

Occupation _____ Email _____ @ _____ Work # _____

Employer _____ Cell# _____

*Specify if single/step parent _____

Mother's Name _____ Census# _____ Ethnicity _____

Occupation _____ Email _____ @ _____ Work # _____

Employer _____ Cell# _____

*Specify if single/step parent _____

Guardian's Name _____ Census# _____ Ethnicity _____

Occupation _____ Email _____ @ _____ Work # _____

Employer _____ Cell# _____

EMERGENCY CONTACT (Emergency use local relative/friend)

Name _____ Relationship _____ Home# _____

Home location _____ Cell# _____

OTHER INFORMATION

Has student received Special Ed Service or have current IEP? Yes NO If yes, specify _____

What is the primary language of the student? _____

Has student ever been in the gifted program? Yes No If yes, specify _____

Has student ever been expelled? Yes No If yes, specify _____

Has student ever been retained? Yes No If yes, specify grade _____

HOME LOCATION

Specific directions milepost,
landmarks, house identification,
name of street, house#, etc.



CHECKOUT INFORMATION

Student may ONLY be check out by	1. _____	Relation _____
immediate family 18+ years of age, NO	2. _____	Relation _____
self checkouts and limited to 4 people.	3. _____	Relation _____
(Do not include parents/guardian on list)	4. _____	Relation _____

I hereby acknowledge that the information provided above is true and correct.

Parent/guardian(s) Signature: _____ Date: _____



FOR OFFICE USE ONLY

PS Update - Date _____

Entry & Withdrawal Record			
Grade	Code	Date	Initial





Tuba City Unified School District #15
TUBA CITY REGIONAL HEALTH CARE CORPORATION
DENTAL PROGRAM

DENTAL SEALANT is hard plastic coating which protect the grooved surfaces of the permanent teeth. They seal the deep pits and fissures and prevent decay. The application is painless and does not require numbing the mouth or drilling. Minor risks include gagging, swallowing/aspiration of required dental materials, and small temporary changes in bite.

FLOURIDE VARNISH are a sticky, protective coating that is painted on the teeth to help prevent new cavities and to help stop cavities that have already started. Your child's teeth will appear yellow after the varnish is placed. This color will come off when your child brushes his/her teeth.

(NOTE: Do not let child brush his/her teeth until tomorrow, but you can let them eat and drink after the varnish is applied.)

There is no restorative dental work done at this time, only application of sealants and fluoride varnish.

PLEASE FILL OUT COMPLETELY IN INK PEN (PRINT)

Student's Name: _____

School: _____

Grade and Teacher: _____

Date of Birth: _____

Hospital Chart Number: _____

Signature of Parent/Guardian

Date

Tuba City Unified School District #15
Documentation of Varicella (Chickenpox) Disease or Immunization
2010-2011 School Year

(For New Students ONLY)

Student Name: _____

Date of Birth: _____

Has your child ever had chickenpox (please circle one answer)?

Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions (circle one answer)

- | | | | |
|--|------------|-----------|---------------------|
| <i>a. Was your child in "face-to-face" contact with other children who had chickenpox?</i> | Yes | No | Don't Recall |
| <i>b. Did your child have a rash on his/her body?</i> | Yes | No | Don't Recall |
| <i>c. Did the rash "itch"?</i> | Yes | No | Don't Recall |
| <i>d. Were there blisters present?</i> | Yes | No | Don't Recall |
| <i>e. Did "scabs" appear toward the end of the rash?</i> | Yes | No | Don't Recall |
| <i>f. When did your child have chickenpox? (approximate date)</i> | _____ | _____ | |
| | Month | Year | |

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot? (please circle one)

Yes	No	Don't Recall
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*If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.*

*If you circled **NO** or **Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.*

Parent/Guardian Signature: _____

Date: _____

Tuba City Unified School District #15
Parent Authorization for Release of Information
NEW Student ONLY

Student Name: _____ Date of Birth _____ Grade _____

Date of Request: _____

I HEREBY AUTHORIZE

Name of School: _____
(Previous School Name)

Date of Withdrawal _____

Address: _____

City: _____ State: _____ Zip Code: _____

To release any and all information on file concerning my child, which may be of value in formulating plans for his/her education? This request includes:

_____ Health Records	_____ IEP Records
_____ Special Education Documents	_____ Official Academic Transcript
_____ Suspension & Expulsion Records	_____ Test Scores
_____ ELL Records & Test Scores	

RELEASE RECORDS TO:

Tuba City Unified School District #15
P.O. Box 67
Tuba City, Arizona 86045

PUBLIC LAW 93-380, the Federal Family Education Rights and Privacy Act, provide that the written consent of the parent/guardian/eligible students is not required to release education records to officials of other schools or school system in which the student seeks or intends to enroll.

Signature of Parent/Guardian

Date

Signature of School Official

Date

NOTICE OF NAVAJO NATION TRUANCY LAW
10 NCC 118, 502, & 503

Student: _____ Grade: _____

Parent(s): _____

Mailing Address: _____

The Arizona state law and the Navajo Nation compulsory attendance law require students to attend school. The law requires the parents/guardian to be responsible for their child's daily class attendance and to notify the school of their child's non-attendance in timely manner. The primary responsibility to attend school must be with the student and the parents/guardian.

You are hereby given notice of the *Navajo Nation Truancy Law* regarding the compulsory education which states as follows:

- 10 NNC 118 Student Attendance: *“A. Every person who has a Navajo child or Navajo children under his or her care between the ages of five and 18 years shall assure the attendance of the child or children in school. For purpose of this Section, a child shall be deemed to be five years old only if he or she has a fifth birthday prior to September first of the school year to which this policy is applied. This policy attends to attendance by children who have not yet graduated from high school. Local school governing boards shall develop programs to improve regular school attendance in compliance with this policy.”*
- 10 NCC 502 Compulsory School Attendance – Generally: *“Education in Navajo school shall be compulsory as to children between the ages of five and 18 years as prescribed and defined in 10 NNC 118 of the Navajo Education Policies.”*
- 10 NNC 503 application of State Law and Navajo Nation Law: *“The Navajo Nation council consents to the application of state compulsory school attendance law to the Indian of the Navajo Nation and their enforcement on Indian lands of the Navajo Nation wherever 10 NCC 118 of the Navajo Education Polices regarding compulsory attendance shall apply to all Navajo minors between the ages of 5 and 18 and to all persons having care and custody of such minors who are within the civil or criminal jurisdiction of the Navajo Nation.”*

I hereby have read the compulsory school attendance notice for the school year 2010-2011.

Parent Signature

Date

EXHIBIT EXHIBIT

STUDENT RECORDS

DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile nonconfidential student directory information such as that set out below:

According to state and federal law, this directory information specified below may be publicly released without permission of parents. However, if you do not want any or all of the identified information about your son/daughter to be released, you may so request by checking off rejection information, signing the form at the bottom of the page, and return it to _____, Principal, within 30 days. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to use your son's/daughter's directory information that is listed below.

TO: Principal

I do not want the information I have [X] below concerning (student's name) _____ designated as directory information:

- Name, Address, Telephone listing, Electronic mail address, Date and place of birth, Photograph, Dates of attendance, Grade level, Honors and awards received, Major field of study, Enrollment status, Participation in officially recognized activities and sports, Weight and height of members of athletics teams, Most recent educational agency or institution attended

(Parent/Guardian signature)

(Date)

**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.



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

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

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

Parent/ Guardian Signature: _____ **Date:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State _____ Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
_____ Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

Tuba City Unified School District #15
Acceptable Use Policy - Student Users
School Year 2010-2011

No student will be given access to the district's technology resources until the district receives a *User Agreement* signed by the student and the student's parent(s) or guardian(s). Students who are 18 or who are otherwise able to enter into an enforceable contract may sign the *User Agreement* without additional signatures. Students who do not have a *User Agreement* on file with the district may be granted permission to use district technology by the superintendent or designee in unusual situations.

Students will be given a login ID and Password. They are not to give this login and password to any other staff or student. Any action taken while logged into the network will be the responsibility of the logged user.

No food, drink or gum is allowed by students at any time. Please make sure your hands are clean when operating district technology equipment. Make sure to log off after each session. Follow all district policies, school and classroom rules, and privacy regulations while operating district equipment.

Any abuse of equipment or software will be dealt with severely. Do not relocate, adopt, borrow, or otherwise take any part of school technology equipment without permission. Do not disconnect any wires, drives, disks, or other components without permission. The use of private CD's, CD Roms, software programs, MP3's or other types of compiled audio files, MPEG or other types of compiled video files is restricted to authorized users only.

Saving files with the use of Floppy Disks is discouraged due to the instability of the media. Saving files with the use of Flash/USB or network drives is encouraged due to the stability of the media.

Detach and remove:

I agree to abide by all rules and policies set forth in the District Acceptable Use of Technology Policy. I understand infractions to this policy will result in severe consequences including, but not limited to: suspension from school, detention, restricted access while on the network, restriction from school technology, restriction from computer labs or other workstations within the school, and in some extreme circumstances official expulsion from the school district.

Student Name (Please Print): _____ School _____

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Predicted year of Graduation _____

Office use only:

Received by Tech Dept Date: _____

Initial: _____

Tuba City Unified School District #15
Medical History

Student Name: _____ **Grade:** _____

Please supply the following information. Give date if known or age of child at the time.

ALLERGIES to drugs, food, etc. _____

Conditions requiring medication _____ What medication _____
(Such as Asthma, Diabetes, ADHD, Epilepsy, Depression)

Measles	_____	Chickenpox	_____	Date:	_____
Whooping Cough	_____			(if you select No see your	
Strep throat	_____			doctor for chickenpox shot)	
Operations	_____	Other Illness	_____		

Serious Illness or accidents: _____

Over night stay in hospital? _____

Does your child wear eyeglasses _____ To be worn continually _____ Reading only _____

Does your child have a hearing problem? _____ Wears a hearing aide: _____

Uses FM system? _____ Handicap requiring adaptation: _____

Health Concerns: _____

Consent for Emergency Care

In the event that my child is injured or becomes seriously ill during school hours or during authorized school activities, I give my permission for my child to be taken to the nearest emergency facility. I hereby authorize TCUSD#15 personnel to act on my behalf in the event that I cannot be contacted by reasonable means. I also authorize any medical doctor or treatment center personnel to use their professional judgment to render such aid, treatment or care that may be required on any emergency basis to my child. It is also understood that this is intended to extend throughout the current school year.

Parent/Guardian Signature

Date

Tuba City Unified School District #15
Health Permit/Over-the-Counter Medication Permission Form

Student Name: _____

Grade: _____

Allergies to medications (Please list): _____

In addition to the routine health care and first aid provided to students by our district school nurses, TCUSD is working with Tuba City Regional Health Care to provide comprehensive health care program for students during school hours.

The purpose of this clinic is to provide quality healthcare to adolescents and decrease the number of missed days due to clinic visits.

These services include:

- | | |
|--|---|
| Preventive health screening | Prescription medications (antibiotics, inhalers, etc) |
| Laboratory testing, if indicated | Immunizations (with signed consent) |
| Common adolescent concerns | Monitoring chronic problems |
| Routine follow-up care | Referrals to specialists |
| Providing classroom programs on health related topics. | |

All medical records are confidential!!!

Parents will still be required to take students to their health providers for services that cannot be performed at school such as: injuries requiring X-rays, lacerations requiring stitches, physical therapy, behavior/mental counseling and others requiring specialty care.

.....

According to Arizona State Law (HB2336), school nurses may administer “over the counter” medications. Please check the following list and indicate what medication you **will allow** your child to receive at school.

	Yes	No		Yes	No
Ibuprophen (Motrin)	<input type="checkbox"/>	<input type="checkbox"/>	Antacid (Tums, Neutralin, Mylanta)	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol (Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics/Bacitracin Ointment	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops/Cough Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Tears	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream/Calamine	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature _____

Date _____