



Havasupai Elementary School

Student Enrollment Checklist

School Year 2025 – 2026



Student Name: _____

Grade: _____

Teacher: _____

Required Supporting Documents:

(*Please check boxes)

	Student Enrollment Application
	Primary Parent Responsibility
	Student Program Information (Educational, Medical, Social)
	Home Language Survey K – 8
	McKinney-Vento Intake and Referral Form (Student Residency)
	Release of Records (Former School) <ul style="list-style-type: none"> • Transcripts from previous school (s) attended
	Student Checkout Form
	Emergency Contacts
	Photo Release Form
	Parental Consent Form (Field Trips and Sports)
	Affidavit of Temporary Guardianship <ul style="list-style-type: none"> • Court documents for legal custody (Parent/Guardian)
	2025 Immunization Record
	CIB or Tribal Enrollment (New Enrollment or have not provided)
	Copy of Birth Certificate (New Enrollment or have not provided)
	Current IEP for students requiring Special Education Services
	Treatment discharge summaries, aftercare, and counseling records or program plan
	Consent for Gifted and Talented Program Testing
	Computer Acceptable Use Policy
	Student Policies (Behavior)
	Student Code of Conduct
	Fluoride Screening Consent form CRSU



**Bureau of Indian Education
Student Enrollment Application
School Year 2025 – 2026**



ENROLLMENT INFORMATION

Name of School: HAVASUPAI ELEMENTARY SCHOOL

Date of Enrollment:

Grade Applying for:

STUDENT INFORMATION

Full Name:

Address:

City: State: Zip Code:

Home Phone: Student Cell Phone:

Date of Birth: Age:

Lives with: (Circle) Mother Father Legal Guardian Other:

Gender: (Circle) Male Female Tribal Affiliation:

Tribal Agency: Enrollment Number:

PARENT OR LEGAL GUARDIAN INFORMATION

Name:	Name:
Relationship to student:	Relationship to student:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
Place of Work:	Place of Work:
Work Phone:	Work Phone:
Email Address:	Email Address:

Parent/Guardian (print): _____ Signature & Date: _____

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person (s) responsible for the applicant who will be the primary contact person.



Havasupai Elementary School
CONSENT FORM – INDIAN HEALTH SERVICE



This consent form is valid for the duration of the 2025 – 2026 school year.

Name of Student: _____

Birthdate: _____

Havasupai Elementary School (HES) often refers students to Indian Health Service (IHS) for assistance with various types of medical/mental health services. HES is requesting **PARENT/GUARDIAN CONSENT** for the following for your student should HES determine such a referral is needed:

1. **For HES to provide referrals to IHS for Health Care Services including** medical examinations, routine laboratory studies, immunizations, x-ray procedures, and skin tests.
2. **For HES to provide referrals to IHS for Dental Care Services including** dental examinations, preventive use of fluorides, and emergency dental care for your student.
3. **For HES to provide referrals to IHS for Mental Health Services including** assessments, evaluations, treatment, crisis support, and emergency services.
4. **For HES to provide referrals to IHS for Emergency Services including** immediate treatment for accidents or illnesses.
5. **For HES to provide transportation for medical/mental health appointments or emergency services.**
6. **For HES to release the HES Counseling Referral Form* to IHS:** HES to release the student’s completed counseling referral form to IHS for counseling referral purposes only.

I, (Print Parent/Guardian Name) _____ have reviewed the HES Consent Form.

Please check **one** of the following:

I hereby give consent for **all** the items listed above (#1 – #6).

Or

I **do not** give consent for **any** of the items listed above (#1 – #6).

Or

I hereby give consent for all of the items listed above **except:** (list only the items above for which **you do not give consent**):

Signature: _____

Date: _____

Address: _____

Phone Number: _____

Relationship to Student: _____



STUDENT PROGRAM INFORMATION

This form **MUST** be completed for application to be processed

Student Name: _____ Birthdate: _____

EDUCATIONAL INFORMATION

1. Did the above student miss 15 or more days of school in the last year? Yes No
2. Had the student received extra help in school? Yes No
- If yes, please circle one of the following: Tutoring Special Education Talented and Gifted

3. Has the above student ever been suspended? Yes No Expelled? Yes No

IF YES, DATE AND REASON MUST BE GIVEN: _____

MEDICAL INFORMATION

1. List any medical diagnosis (i.e., diabetes, traumatic brain injury, ADD/ADHD, etc.) that might interfere with school performance or require medical care while in school.
- _____

2. List any medications taken regularly: _____

3. Is the student allergic to anything? _____

4. Does student wear glasses or contacts? Yes No Examination needed? Yes No

5. Hearing and/or ear problems? Yes No

If yes, please explain: _____

SOCIAL INFORMATION – ALL INFORMATION MUST BE COMPLETE IN ORDER FOR APPLICATION TO BE REVIEWED

1. Is the student a ward of the court? Yes No If yes, a copy of the court order must be submitted.

2. Has student ever been arrested? Yes No

If yes, what was the specific violation(s): _____

3. Has student ever been in jail or detention center? Yes No If yes, how many times? _____

4. Does the student have a probation officer? Yes No

Probation Officer: _____ Phone: _____

5. Has the student received counseling? Yes No Dates: _____

Counselor: _____ Phone: _____

6. Has the student been in a treatment program? Yes No

Inpatient Outpatient Dates: _____

Location: _____ Phone: _____

I, the parent/legal guardian of the above student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Havasupai Elementary School will verify all information. Complete and accurate information does not automatically result in denial of application. Any false statements or misrepresentation or omission of the above required information may result in immediate dismissal.



**BIE Home Language Survey
2025 – 2026 School Year**



Havasupai Elementary School

First Name:

Last Name:

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?**

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.

Federal Code: 25: CFR 32.3

“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 for the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

BIE Sample Form HLS, Revised July 2021



RELEASE OF RECORDS
Office of Registrar



I (we) hereby authorize release of the following school records regarding my child, GRADES, STANDARDIZED TEST RESULTS, AND HEALTH RECORDS, WHEN APPLICABLE: MOST RECENT IEP DOCUMENTS INCLUDING MDT NOTES, PSYCHOLOGICAL EDUCATIONAL REPORTS, INITIAL CONSENT TO EVALUATE, INITIAL CONSENT FOR PLACEMENT AND ANY OTHER PERTINENT DOCUMENTS NECESSARY FOR PROPER ASSESSMENT AND/OR PLACEMENT.

Student Name

Grade

Date of Birth

SEND TO: Havasupai Elementary School
 P.O. Box 40
 Supai, AZ 86435

PREVIOUS SCHOOL ATTENDED:

NAME OF SCHOOL: _____

ADDRESS: _____

PHONE NUMBER: _____

IF A STUDENT LEFT YOUR SCHOOL BEFORE THE END OF THIS SEMESTER, PLEASE ALSO INCLUDE GRADE TO DATE OF LEAVING IN ORDER THAT THEY MAY BE AVERAGED WITH GRADES TO BE EARNED FOR THE REMAINDER OF THE SEMESTER.

Signature of Parent/Legal Guardian

Date

This is in accordance with the Education Amendment Act of 1974.

Student Name: _____



EMERGENCY CONTACTS: (must provide)

Provide TWO people other than the parent/guardian (s) who could be contacted in an emergency.

- | | |
|--------------------|-----------------|
| 1) Name: _____ | Relation: _____ |
| Telephone #: _____ | Cell #: _____ |
| 2) Name: _____ | Relation: _____ |
| Telephone #: _____ | Cell #: _____ |

NOTICE OF MEDICAL OR ANY OTHER SPECIAL CIRCUMSTANCE

MEDICAL ALERT:

My child has the following condition(s):

The school should take the following action(s):

FOOD ALLERGY:

My child has the following condition(s):

The school should take the following action(s):

OTHER:

My child has the following condition(s):

The school should take the following action(s):

I am legally responsible for my child’s medical conditions and hereby affirm that all information on this form is accurate to the best of my knowledge. I understand that additional information may be requested by the school.

Signature of Parent of Guardian

Date

Student’s Name: _____



PARENT CONSENT FORM
Havasupai Elementary School



Student Name: _____

Date of Birth: _____

1. FIELD TRIPS Initial for Consent: _____

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Havasupai Elementary School Administration. I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.

2. COMPETITIVE SPORTS Initial for Consent: _____

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Havasupai Elementary School.



United State Department of Interior
 Bureau of Indian Education
 AZ North-Hopi Agency
 Havasupai Elementary School
 PO BOX 40
 Supai, AZ 86435
 (928) 448-2901 Phone



Affidavit of Temporary Guardianship

I _____ of _____
 (Parent's Name) (Address)

_____ (Telephone #:) _____ (City, State, Zip)

First being duly sworn upon oath and dispose and say:

- 1.) That I am the natural parent of minor child(ren):
 1.) _____ DOB: _____
 2.) _____ DOB: _____

2.) I hereby give my consent to:
 Guardian Name: _____
 Mailing Address: _____
 Contact #: _____

While she/he attends school at Havasupai Elementary School for the _____ school year.

- 3.) That by this consent I give guardian(s), _____ the authorization to act on my behalf as guardian and to determine and act on all education matters.
- 4.) I authorize guardian(s), _____, an adult in whose care the minor has been entrusted and who resides in the vicinity of _____, AZ to consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to minor child under the general and special supervision and on the advice of any physician, surgeon, or dentist licensed to practice, and further consent to any other things which is in the best judgment are necessary or beneficial to the child.
- 5.) This consent and authorization shall commence on _____, 20__ and end _____, 20__.
- 6.) I give this consent on my own free will.
- 7.) I further state that this affidavit will be voided when I resume parental responsibility of my child(ren) and written notice is given to Havasupai Elementary School.

_____ (Parent's Signature) _____ (Date)

SUBSCRIBED AND SWORN to before me this _____ day of _____.

My commission expires: _____

_____ Guardian's Signature _____ Date



HAVASUPAI ELEMENTARY SCHOOL



Immunizations

State Law requires that ALL school age children MUST have current immunization records on file to be enrolled or to attend school. Please bring your child's immunization record with you during the enrollment process so the school can make a current copy of this information. The following are the current state requirements:

1. Measles, Mumps, Rubella (MMR 1 and 2)
2. Hepatitis B#1 and #2 (#3 can be completed 4 months after #2 is given)
3. Polio Vaccine (4 doses)
4. Diphtheria, Tetanus and Pertussis (DPT.DT)-(5 DOSES)
5. Tuberculin skin test is NOT required but recommended.

We are concerned with the health and wellbeing of every child enrolled at Havasupai Elementary School. Please that your child/children's immunization records are up to date for this school year. Immunizations should try to be completed during the summer vacation.

Signature of Parent/Guardian: _____

Date: _____

Student Name: _____



**CONSENT FOR TESTING AND PLACEMENT
GIFTED AND TALENTED PROGRAM**
Havasupai Elementary School



Student Name: _____

Consent to Collect Data

I, _____, give permission for data to be collected on my child for the Havasupai
(Parent/Guardian Printed Name)
Elementary School Gifted and Talented Program.

Parent/Guardian Signature

Date: _____

Consent to Test

I, _____, give permission for my child to be tested or otherwise identified for the
(Parent/Guardian Printed Name)
Havasupai Elementary School Gifted and Talented Program.

Parent/Guardian Signature

Date: _____

Consent to Place

I, _____, give permission for my child to be placed and receive services in the
(Parent/Guardian Printed Name)
Havasupai Elementary School Gifted and Talented Program.

Parent/Guardian Signature

Date: _____

* Please Note: All parts of the consent must be signed if the student is to receive services.



HAVASUPAI ELEMENTARY SCHOOL COMPUTER ACCEPTABLE USE POLICY



Internet and network access is provided to the students and staff at Havasupai Elementary School. Education is the primary function and computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Accepted Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined below. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

- Users agree to abide to the following:
 - Use of the network must be in support of education and research.
 - Users must not reveal their password or use other users' passwords.
 - Users shall not damage computers, which include altering software components.
 - Transmitting or intentional receipt of hate mail, harassment and other antisocial behaviors are prohibited.
 - Shall not use the network to access pornographic material, inappropriate files or illegal activity.
- Consequences of unacceptable use are:
 - Suspension and/or termination of network and internet privileges.
 - Additional disciplinary action as determined at the administrative level regarding behavior.
 - Referral to law enforcement authorities for criminal or civil prosecution.

STUDENT'S FULL NAME (Please Print): _____

I understand and will abide by the terms and conditions for Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary and/or appropriate legal action may be taken.

User's Signature

Date: _____



HAVASUPAI ELEMENTARY SCHOOL COMPUTER ACCEPTABLE USE POLICY



PARENT OR GUARDIAN AGREEMENT

As the parent or guardian of this student, I have read the terms and conditions for internet access. I understand that this access is designed for education purposes and that the Havasupai Elementary School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Havasupai Elementary School to restrict access to all controversial materials, and I will not hold Havasupai Elementary School responsible for such materials acquired on the network outside of the network filters. Further, I will accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Signature of Parent/Guardian: _____

Date: _____



HAVASUPAI ELEMENTARY SCHOOL STUDENT POLICIES



The Staff of the Havasupai Elementary School wants to provide a positive learning environment for our students. Our priorities are to encourage strong academic progress and to create a safe and effective classroom. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

Search and Confiscation Policy

Havasupai Elementary School has intentions to provide health, safety, and general welfare of students with whom they are entrusted will conduct periodic random searches for illicit drugs and alcohol and weapons. The search may include all personal items, including and not limited to cell phones, and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found and turned over to BIA Police for possible legal action. Students will be searched, returned to campus, refrained from any activity, and any contraband found will be confiscated.

Gang Behavior Policy

Havasupai Elementary School recognizes that gang activity in any form threatens the safety and wellbeing of individuals and is disruptive and harmful to the educational process. Havasupai Elementary School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- Representing of gang affiliation in any form (clothing/behavior)
- Any other gang related activity that leads school officials to reasonably believe that such behavior is disruptive and/or the health or safety of students and staff.

Electronics

Personal electronics are not appropriate in classroom during instructional time. Each teacher will provide a written guideline that sets out the expectations of personal electronics in their classroom. Students not abiding by these expectations may have their electronics confiscated and a phone call home.

Phone Calls during School

Parents and family should refrain from calling students directly on their personal electronics during school hours.

Student Signature

Parent/Guardian Signature

Date: _____



HAVASUPAI ELEMENTARY SCHOOL STUDENT CODE OF CONDUCT



The following rules and regulations shall apply to all enrolled students at Havasupai Elementary School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching – learning environment.

1. The use and/or possession of the following is prohibited: (a) alcohol beverages; (b) illegal drugs; (c) inhalants; (d) over the counter medications (i.e., Tylenol, Advil, cold medications) and (e) tobacco or vapor products.
2. Unauthorized leave from the campus of the following types are not acceptable: (a) absent without leave (AWOL); (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive checkouts.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus may result in loss of check-out privileges.
4. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs, or fireworks are prohibited. Toy guns, water guns, or replicas of any weapons are not allowed.
5. None of the following will be tolerated and may lead to legal prosecution: (a) theft; (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence or possessing drugs or alcohol.
6. Disrespectful, violent, or defiant actions are not permitted and will be documented on an incident report form and consequence according to the code of conduct.
7. Engaging in defacement or destruction of personal or government property is prohibited.
8. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
9. Students found in violation of the code of conduct may be placed on a behavior contract at any time during the school year.
10. Full rules and code of conduct may be found in the Student Parent Handbook and sent to parents.

I fully understand the “Code of Conduct” and if accepted as a student at Havasupai Elementary School, I agree to abide by the rules.

Date: _____

Student Signature: _____

I, the parent/guardian, have read the rules and will encourage our child to abide by the prescribed “Code of Conduct.” Further, I agree to cooperate in resolving any disciplinary problems that may involve our child.

Date: _____

Parent/Guardian Signature: _____



DEPARTMENT OF HEALTH & HUMAN SERVICES

NAIHS

Parker Indian Health Center
Dental Clinic
12033 Agency RD
Parker AZ 85344
Parker Dental Clinic: (928)669-3154
Supai Clinic (928) 448-2641
Peach Springs clinic (928) 769 2903

Nida Lerch RDH.BS from Parker IHS Dental Clinic will provide dental screening and applying fluoride varnish on and provide Dental Education for the children during the school year 2025 - 2026. She also brings toothbrush and toothpaste and floss for the kids who are screened.

Dental Fluoride varnish is one of the best ways to prevent tooth decay. Fluoride Varnish (cavity shield) is a topical application that hardens upon contact with saliva therefore is safe to use on younger children. Varnish (cavity shield) helps stop tooth decay in its early stages. It can be applied to teeth up to 4x a year to help slow down cavity causing bacteria.

The application is painless and does not require numbing or drilling in the mouth. Minor risks include gagging, or funny taste when applied.

Please answer all the questions below, check yes or no, SIGN and return this form to the school.

MEDICAL HISTORY

Has your child ever had?

- | | | | |
|-------------------------|--------------------|----------------------------|--------------------|
| 1. Allergies | Yes _____ No _____ | 5. Liver/Hepatitis | Yes _____ No _____ |
| If yes, to what: _____ | | 6. Bleeding tendencies | Yes _____ No _____ |
| 2. Heart Murmur | Yes _____ No _____ | 7. Heart/Vascular Diseases | Yes _____ No _____ |
| 3. Seizures | Yes _____ No _____ | 8. Under Doctor's Care: | Yes _____ No _____ |
| 4. Taking medications | Yes _____ No _____ | If yes, for what: _____ | |
| If yes, for what: _____ | | | |

_____ YES, I want my child to receive Dental screening and fluoride treatment to prevent cavities.

_____ NO, I do not want my child to receive these services.

Student's Name: _____

Birth Date: _____

Grade/Teacher: _____

Signature of Parent or Guardian

Date