



Havasupai Elementary School

Student Enrollment Checklist

School Year 2026 – 2027



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) • 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 • Court documents for legal custody (Parent/Guardian)
☐	2026 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 2026 – 2027**



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 2026 – 2027 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
2026 – 2027 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



McKINNEY – VENTO INTAKE AND REFERRAL FORM

Havasupai Elementary School

Student Residency Form



Name of Student: _____
First Middle Last

Gender: (circle) Male Female Date of Birth: _____

Grade: _____ Physical Address: _____

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

Where is the student currently living? (Please check ONE box)

- ☐ In a shelter
- ☐ With more than one family or other person in a house, mobile home or apartment because of loss of housing or because of economic hardship (something referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus train, or campsite
- ☐ Other temporary living situation (please describe): _____
- ☐ In a permanent home

Print name of Parent/Guardian

Signature of Parent/Guardian

Date: _____



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: _____



STUDENT CHECKOUT FORM



STUDENT: _____

GRADE: _____

Please list the names of individuals who have permission to check out your child from school. Your child will only be released to those you have listed. At any time during the school year, if you wish for another individual who is not listed to check out your child please send a note with that person.

Please understand this does not authorize any other people listed below to anything but checking your child out.

Please list each individually and not as Mr. & Mrs. Thank you.

NAMES OF INDIVIDUALS (PRINT NAME)

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

PARENT/GUARDIAN NAME: (Please print) _____

PARENT/GUARDIAN SIGNATURE: _____

DATE:	TIME:	NAME OF INDIVIDUAL CHECKING OUT STUDENT	REASON



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 condition 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: _____



Release Form

U.S. Department of the Interior
Bureau of Indian Education
1849 C Street N.W.
Washington, DC 20240

Permission to Photograph / Video / Audio Record

Subject _____

Location _____

I grant to the U.S. Department of the Interior, Bureau of Indian Education, its representatives and employees, the right to take photographs / video / audio recording of me and my property in connection with the above identified subject. I authorize the U.S. Department of the Interior, Bureau of Indian Education, its assign and transferees to copyright, use and publish the same in print and / or electronically.

I agree that the U.S. Department of the Interior and the Bureau of Indian Education may use such photographs / video / audio recording of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature of parent or guardian _____

(if under age 18)



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 ensure 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 agrees 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 by 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 should 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 is 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 who do not abide 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: _____

School Screening, Fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): _____

Student's Name: _____

Date of Birth: _____

Grade & Teacher: _____

Parents Name and phone number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

___ I **DO NOT** want my child to participate in the program.

___ I **DO NOT** want my child to have a fluoride varnish application.

___ I **DO NOT** want my child to have sealants placed.

Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.



Indian Health Service (IHS) Colorado River Service Unit (CRSU)
Parker Indian Health Center (928)-669-2137
Peach Springs Health Center (928) 769-2900
Chemehuevi Clinic (928) 858-4790
Supai Clinic (928) 448-2641
Irene Benn Health Clinic (702)865-2700

PRINT legibly using BLACK INK PEN only

PEACH SPRINGS/SUPAI Parental Pre-Authorization for Medical Care to Children

For families who utilize Colorado River Service Unit; it may be convenient to have prior AUTHORIZATION for medical care delivered directly to **MINORS WITHOUT A PARENT having to be present prior to treatment.** Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance for these Service Units:

☐ PARKER/CHEME HRN: _____ ☐ SUPAI HRN: _____ ☐ PEACH SPRINGS HRN: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____ HRN: _____

I (we) authorize the following **people to bring my child in for medical care:**

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

I authorize this Pre-Authorization for a **ONE (1) YEAR TIME LIMIT:**

Parent/Legal Guardian with OFFICIAL documentation **SIGNATURE**

Relationship to Child

PRINT Name

Date

Received by CRSU Representative Signature/Department

Date

NOTE: If there is any special parental or custodial relationship; such as custody with one parent, legal custody/guardianship with non-parent, Child in Need of Care Placement Letter, etc. PLEASE PROVIDE US WITH OFFICIAL DOCUMENTS.

This Parental Preauthorization **ONLY** gives the person(s) listed the ability to bring in & be present at the child's medical appointment. **IT DOES NOT** give the person(s) listed authorization to obtain medical records

Havasupai Elementary School Attendance Policy

The goal of this policy is to ensure all students at Havasupai Elementary School participate fully in learning opportunities through consistent school attendance, fostering academic success and personal growth.

Engagement in Learning

Students are considered academically engaged when they actively participate in the curriculum and utilize approved offline resources. Evidence of engagement includes interaction with instructional materials, progress in coursework, submission of assignments, attendance, completion of assessments, and use of supplemental offline tools.

Attendance Requirements

In accordance with 25 CFR 36.31, Standard XI—Student Promotion Requirements:

A student must participate, either directly or through approved alternative instructional methods, in at least 160 instructional days per academic year or 80 days per semester. If a student misses this minimum without a valid, written excuse, promotion may be affected. The school board or committee may review and, if justified by compelling circumstances, rescind promotion decisions on a case-by-case basis. Alternative instructional methods require prior written approval from the Agency Superintendent for Education or Area Education Programs Administrator.

Reporting Absences

Parents or guardians must report absences to the school by phone or email to have them excused.

Excused Absences

Absences are excused for valid reasons, including but not limited to:

- Illness (verified by note from parent/guardian or healthcare provider)
- Illness requiring medical documentation (doctor's note or hospital note)
- Funeral or bereavement
- Religious holidays
- Family vacations
- Military-related absences

Extended illness (more than three days) may require a doctor's note.

I have read and understand Havasupai Elementary School's Attendance Policy

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

**HAVASUPAI ELEMENTARY SCHOOL
ATTENDANCE CONTRACT**

The State of Arizona mandates compulsory education for children aged six to sixteen (A.R.S. §15-802). It is important for students to be in school every day. When a student misses school, he/she misses information, practice and activities that are important for his/her learning. It is difficult for a child to meet grade level expectations as outlined by the state of Arizona when he/she is not in class. Absences may be considered excessive when the number of absent days exceeds ten per cent of the number of required attendance days prescribed in section 15-802, subsection B, paragraph 1. Significant amounts of absences will result in notification to Social Services.

25 CFR 36.31 Standard XI— Student promotion requirements.

(c) A student who has not participated, either directly or through approved alternative instructional methods or programs, in a minimum of 160 instructional days per academic term or 80 instructional days per semester without a written excused absence shall not be promoted. A school board or a school committee may review a promotion decision and, if warranted due to compelling and/or extenuating circumstances, rescind in writing such action on a case-by-case basis. Alternative instructional methods shall be submitted in writing for approval by the Agency Superintendent for Education or Area Education Programs Administrator, as appropriate.

I understand the Attendance Contract. I understand that excellent attendance in school is important for student achievement. I understand the consequences for excessive the absences.

(Please Print)

Student's Name: _____

Grade Level: _____ Teacher: _____

Student's Signature: _____ Date: _____

(Please Print)

Parent's name: _____

Parent's Signature: _____ Date: _____

Havasupai Elementary School Chronic Absenteeism Policy (K–8)

Purpose

The purpose of this policy is to ensure that all students attend school regularly and to reduce chronic absenteeism, which negatively impacts academic achievement, student well-being, and long-term success. This policy establishes expectations, monitoring procedures, and interventions to support consistent student attendance.

Definition of Chronic Absenteeism

A student is considered **chronically absent** if they miss **10% or more of enrolled school days** within an academic year, regardless of whether absences are excused or unexcused.

Expectations for Attendance

- Students are expected to attend school daily and arrive on time.
- Parents/guardians are responsible for ensuring their child's regular attendance in accordance with state law.
- Schools will promote a culture that values attendance as essential to student success.

Monitoring and Early Identification

- Attendance will be recorded daily for all students.
- Schools will review attendance data regularly (e.g., weekly or monthly) to identify students at risk of chronic absenteeism.
- Early warning thresholds may include:
 - 5% absenteeism (watch list)
 - 10% absenteeism (chronic absenteeism)

Intervention and Support Strategies

Schools will use a tiered approach to address absenteeism:

Tier 1: Prevention (All Students)

- Promote positive school climate and engagement
- Communicate attendance expectations clearly to families
- Recognize and reward good and improved attendance

Tier 2: Early Intervention (At-Risk Students)

- Notify parents/guardians of attendance concerns
- Conduct attendance conferences
- Identify barriers (e.g., transportation, health, family challenges)
- Provide support such as counseling, mentoring, or academic assistance

Tier 3: Intensive Intervention (Chronically Absent Students)

- Develop individualized attendance improvement plans
- Engage multidisciplinary teams (counselors, social workers, administrators)
- Connect families with community resources
- Conduct home visits when appropriate

Family and Community Engagement

- Schools will partner with families to address attendance barriers.
- Communication will be culturally responsive and accessible.
- Community organizations may be engaged to provide additional supports.

Accountability and Compliance

- Schools will comply with all state attendance laws and reporting requirements.
- When necessary, legal interventions may be pursued as a last resort after supportive measures have been exhausted.

Data Collection and Reporting

- Attendance data will be tracked and reported regularly to school leadership and stakeholders.
- Data will be used to evaluate the effectiveness of attendance strategies and guide continuous improvement efforts.

Equity Considerations

- Schools will monitor attendance data for disparities among student groups.
- Interventions will be designed to address systemic barriers affecting underserved populations.

Policy Review

This policy will be reviewed annually and updated as needed to reflect best practices, legal requirements, and district goals.

I have read and understand Havasupai Elementary School's Chronic Absenteeism Policy.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date



UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education
Havasupai Elementary School
P.O. Box 40
Supai, AZ 86435
Telephone (928) 448-2901 FAX: (928) 448-2108



School Counseling Services – Parental Consent Form

Student Name: _____ Grade: _____ Teacher: _____

Dear Parent/Guardian,

Our school counseling program provides support for students' academic, social/emotional, and career development needs. School counseling may include individual or small-group sessions, classroom lessons, or consultation with teachers and parents to help students succeed in school.

Your child has been referred (or has requested) to meet with the school counselor for counseling support. These sessions are voluntary and confidential, and information shared will remain private unless:

- The student gives permission to share information.
- There is concern the student may harm themselves or others.
- There is suspicion of abuse or neglect.
- The information is required by law.

Counseling sessions are short-term supports provided within the school setting. If ongoing or intensive mental health services are needed, the school counselor may discuss a referral to a licensed community mental health provider.

Please indicate your permission below:

☐ I give permission for my child, _____, to participate in school counseling services.

☐ I do not give permission for my child to participate in school counseling services.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

School Counselor Name: _____

Counselor Signature: _____ Date: _____