



VISION STATEMENT:

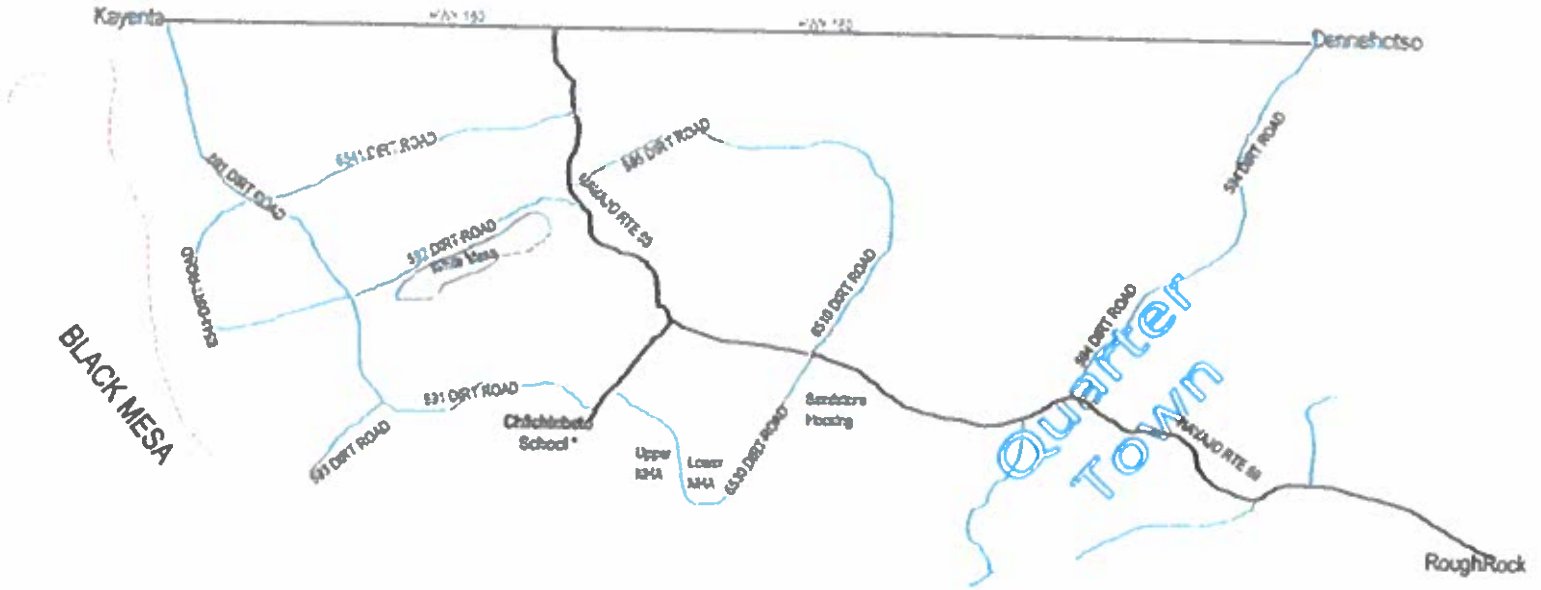
Achieve Today, Lead Tomorrow



Five Years

E. Hwy 160 Navajo Rte 59 • Post Office Box 740 • Kayenta, Arizona 86033
 Phone: (928) 697-3800 or 3802 • Fax: (928) 697-3448

Location of Home: Please draw a map



Student Check-Out Information

Emergency Contact Telephone#: _____

Student Name: _____ Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

P.O Box City State Zip Code

I authorize the following person(s) to check-out my child from Chilchinbeto Community School, Inc. This is to be in accordance with the Policies of Chilchinbeto Community Inc. No phone call or notes will be accepted for check-out authorization. The School reserves the right to deny a check-out if, in the School's opinion, such check-out appears to compromise the personal safety or welfare of the student.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Key (Authority)

1. Father, Mother, or Guardian
2. Authorized name listed above
3. Note from parents

Parent/Guardian Signature: _____

Relationship: _____

ATTENTION:

PHONE CALLS to make bus change is NOT ALLOWED, all bus changes requires a note with parent signature.



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**UNITED STATES OF THE INTERIOR
Bureau of Indian Education
STUDENT ENROLLMENT APPLICATION**

For Students Enrolled in Bureau-Funded Schools

Name of School: Chilchinbeto Community School, Inc.

Grade Applying For: _____

1. SCHOOL PREVIOUSLY ATTENDED:

School Name: _____ Dates Attended: _____ Grade Completed: _____

Address: _____ City/State: _____

Reason for Leaving: _____

Student Participated in Special Education: YES NO

CHECK BOX IF ALL INFORMATION IS STILL THE SAME FROM SY20-21, If some information changed please update.

2. IDENTIFICATION:

Name of Student: _____

Last

First

Middle

Address: P.O. Box: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ / _____ / _____

Gender: Male Female

Parent Email: _____

3. FAMILY AND BACKGROUND INFORMATION:

Student lives with: Both Parents Single Parent

(Attach Document)

(Attach Document)

Legal Guardian

Temporary Guardian

Father: _____

Mother: _____

Address: _____

Address: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Census Number: _____

Census Number: _____

Occupation (optional) _____

Occupation (optional) _____

Employer: _____

Employer: _____

Telephone: Home _____

Telephone: Home _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Emergency Tel/No. _____

Emergency Tel. No. _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

Signature of Parent/Legal Guardian

Date



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DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON DC 20202
STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX, Part A

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 Chilchinbeto Community School Grade: _____

NAME OF TRIBE, BAND OR GROUP Navajo

Tribe, Band, or Group is: (Check one)

Federally Recognized, State

Organized Indian Group Meeting

[X] Including Alaska Native [] Recognized [] Terminated [] #4 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:

A. Membership or enrollment no. (if readily available) _____ OR

B. Other (explain) _____

Name and Address of Organization maintaining membership data for the tribe, band or group:

Western Navajo Agency Census Office

I verify that the information provided above is accurate:

Parent's Signature _____ Date: _____

Mailing Address P.O Box _____ State: _____ Zip: _____ Telephone: _____

Optional: I give my permission for the school to release this form to the Indian Education parent committee. (This form will not be released without your approval).

Parent Signature



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**CHILCHINBETO COMMUNITY SCHOOL, INC.
EMERGENCY MEDICAL INFORMATION AND CONSENT FORM FOR HEALTH SERVICES
SCHOOL YEAR: 2021-2022**

Student Name: _____ Date of Birth: _____ Male Female

Mailing Address: _____

Home Phone No. _____ Cell Phone No. _____

Work Phone No. _____ Emergency Contact Person & No. _____

Physical Address of Student: _____

Parent/Guardian Names: _____

Please give the names of friends or relatives, in the local area who will assume responsibility for your child in the event you cannot be reached, in case of illness or emergencies.

YOUR CHILD WILL NOT BE RELEASED TO ANY OTHER PERSON WITHOUT YOUR WRITTEN PERMISSION. Please list the people below as the emergency contact for your child/children.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health Insurance information: AHCCCS Private None

Yes No I give permission for Chilchinbeto Community School, Inc. to provide emergency treatment for my child.

Yes No I give my permission for my child to be transported, by whatever means necessary as determined by the School district, to the nearest emergency medical facility, Emergency treatment only.

Yes No I give consent to the rendering of such medical services for my child as shall deemed necessary, in the Opinion of the doctor rendering such services.

Chilchinbeto Community School, Inc. will not transport students for regular medical visits or appointment.

Parent/Guardian Signature: _____ Date: _____

Please indicate below any allergy or medical problems which may affect the treatment of your child. If a question does not apply, please fill in the blank with N/A or not applicable.

Medical Problem: _____

Allergies to medications: _____

Other Allergies that requires emergency medical treatment: _____

Medication currently taking, either at home or school: _____

Has your child had any of the following? Please check one: YES NO

Asthma YES NO If yes, does your child have medication he/she takes regularly: YES NO

Does your child know how to self-administer the medication? YES NO

- | | | |
|---|---|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Chest Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO Seizures | <input type="checkbox"/> YES <input type="checkbox"/> NO Speech Problem |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO Eczema | <input type="checkbox"/> YES <input type="checkbox"/> NO Emotional Problem |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Hearing Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO ADD/ADHD | <input type="checkbox"/> YES <input type="checkbox"/> NO Glasses/Contact Lens |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Anemia | <input type="checkbox"/> YES <input type="checkbox"/> NO Vision Problem | <input type="checkbox"/> YES <input type="checkbox"/> NO Hearing Aid |

Please specify if your child has any other illness not listed above: _____



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Student Name: _____

Are there any restrictions for your child in physical education or other physical activity? YES NO

If yes, please explain: _____

MEDICATION INFORMATION:

On occasion, an over the counter medication may be needed, please indicate if any of the following may be administered to your child by checking yes or no.

- | | | |
|--|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Acetaminophen/Tylenol | <input type="checkbox"/> YES <input type="checkbox"/> NO Cough Drops | <input type="checkbox"/> YES <input type="checkbox"/> NO Cough Syrup |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Anbesol/Orajel | <input type="checkbox"/> YES <input type="checkbox"/> NO Eye Wash | <input type="checkbox"/> YES <input type="checkbox"/> NO Tums/Mylanta |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Antibiotic Ointment | <input type="checkbox"/> YES <input type="checkbox"/> NO Hydrocortisone | <input type="checkbox"/> YES <input type="checkbox"/> NO Diarrhea Medication |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Calamine Lotion | <input type="checkbox"/> YES <input type="checkbox"/> NO Hydrogen Peroxide | <input type="checkbox"/> YES <input type="checkbox"/> NO Sore Throat Medication |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Benadryl Cream | <input type="checkbox"/> YES <input type="checkbox"/> NO Benadryl Liquids | <input type="checkbox"/> YES <input type="checkbox"/> NO Sudafed |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Primatene Mist | | |

For emergencies, can your child be administered Epinephrine for severe allergic reaction YES NO *initials* _____

NOTE: All prescription medication must be brought to the school by the parent/guardian, in the original container, with the pharmacy label attached, clear written instruction and permission form sign by the parent or doctor. **Fill out "Request for giving medication at school form" and "Physician's Statement Form".**

IT WILL BE THE PARENT/GUARDIAN'S RESPONSIBILITY TO UPDATE THE SCHOOL OF ANY HEALTH CHANGES, WHILE THE CHILD IS ATTENDING THIS SCHOOL.

Immunization *initials* _____

Any Child attending school shall have an updated immunization. *Initials* _____

Information will not be released without parent(s)/guardian(s) consent to third parties. This form will only be used by the school and health care providers, in the event of an emergency during school, sports trips, field trips and any other activity which a student is likely in need of medical care.

This form will be in conformity with HIPPA, Health Insurance Portability and Accounting Act.



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MEMORANDUM

To: Chilchinbeto Community School

From: Parent/Guardian

Date: _____

Subject: Navajo Culture/Language Program

My child, _____ is enrolled in Chilchinbeto Community School.

- He/She can participate in the Navajo Culture/Language Program.
- He/She cannot participate in the Navajo Culture/Language Program.

Parent's Signature

Principal's Signature



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IMAGE & MEDIA RELEASE CONSENT FORM

CONSENT FORM FOR MINORS

I, _____, being the parent/guardian of _____ (the minor[s]), hereby consent (i) that the photographs, audio/videotapes, electronic images and/or other works in which Minor[s] appears or is depicted may be used by Chilchinbeto Community School for outlets including but not limited to television, newspapers, internet, choir publications, recruitment materials, and ads without limitation; and (ii) to release all my Minor's rights to the aforementioned and allow it to become Chilchinbeto Community School property so that they shall have the right to publish, reproduce, distribute and make other uses from of all claims and/or damages that I or Minor[s] may incur.

Date: _____, 20_____

Name of Minors[s] (print) _____

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____

_____/I/We DO NOT GRANT permission for Photo/Image and other personal identifiers to be published on the school and /or school's public Internet site.

Parent/Guardian Signature

Date



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Notice to Parent and/or Guardians of Tribal School Attendance 180 Days of School Attendance

It is a policy of the Navajo Nation Tribe that all child (ren) Five(5) years of age will attend school.

An Native American who shall, without good cause, neglect to refuse to send his child(ren) or any children under his/her care to school while such child(ren) are between the ages of Five (5) and Eighteen (18) shall be deemed guilty of an offense and upon first conviction thereof, shall receive a warning and probation for one year period.

Upon second or any subsequent offense and conviction thereof, or upon violation of probationary period, the court may sentence the offender to labor for period not to exceed ten (10) days or may fine such offender in the amount not to exceed \$50.00 or both.

Bureau of Indian Education Policy state students must be in class for 185 days to be considered for promotion to the next grade level. Therefore, a student cannot miss more than Ten (10) days of school.

I have read and understand the above regulation and understand them.

(The goal of Chilchinbeto Community School is to have all students attend school at least 95% of the time of the academic school year. Reporting academic attendance is important for the school to meet the Annual yearly progress; but we cannot do this accurately without the help of parent/guardians. We request that parents/guardians refrain from checking students out during school hours).

Parent/Guardian Signature

Date

Student Signature

Date



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TRANSFER OF RECORD(S) FORM

ATTENTION: School Records/Registrar

STUDENT NAME: _____ GRADE: _____ D.O.B: _____

Who formerly attended your school at _____, has registered at our School on ____/____/____ Please send the following records which will help us place this student at the proper grade level:

EXCEPTIONAL EDUCATION

_____ Transcript of Grades/Last Report Card

_____ SPED Records/IEP

_____ Attendance Records

_____ Medical & Health History

_____ Health & Immunization Records

_____ Other (specify) _____

_____ Standardized Test Results

_____ Other (specify) _____

This is to certify that I agree to the release of the records checked above with the understanding that the information will be released only for the purpose stated above and only to Chilchinbeto Community School, Inc. I also understand that the school will either destroy or return to me, the parent/guardian, any records received that are not required for the purpose checked above.

Parent/Guardian Signature

Date

Dean of Student Services Signature

Date



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Technology Agreement and Release of Liability Form

Chilchinbeto Community School, Inc. (CCSI) authorizes students to use technology owned or otherwise provided by the school as necessary for instructional purposes. The use of technology is a privilege permitted at the school's discretion and is subject to the conditions and restrictions set forth in applicable policies, administrative regulations, and this Agreement. CCSI reserves the right to suspend access at any time, without notice, for any reason. CCSI expects all students to use technology responsibly in order to avoid potential problems and liability. CCSI may place reasonable restrictions on the sites, material, and/or information that students may access through the system. Each student who is authorized to use school technology and his/her parent/guardian shall sign this Agreement as an indication that they have read and understand the agreement. CCSI reserves the right to monitor and record all use of school technology, including, but not limited to, access to the Internet or social media, communications sent or received from school technology, or other uses. Monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity and equipment that is provided by the school. All passwords created for or used on any school technology are the sole property of CCSI. The creation or use of a password by a student on school technology does not create a reasonable expectation of privacy.

CCSI technology includes, but is not limited to computers, the school's computer network including servers and wireless computer networking technology (Wi-Fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through school-owned or personally owned equipment or devices.

Students are expected to use school technology safely, responsibly, and for educational purposes only. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. Since the use of school technology is intended for educational purposes, students shall not have any expectation of privacy in any use of school technology. Students are prohibited from using school technology for improper purposes, including, but not limited to, use of school technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying").
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights.
5. Intentionally disrupt or harm school technology or other school operations (such as destroying school equipment, placing a virus on school computers, adding or removing a computer program without permission from a teacher or other school personnel, changing settings on shared computers).
6. Install unauthorized software.
7. "Hack" into the system to manipulate data of the school or other users.
8. Engage in or promote any practice that is unethical or violates any law or policy, administrative regulation, or school practice.

SLM 7/7/2021



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9. Parents are responsible for proper use of issued equipment, if damaged, parents must compensate the school the replacement cost of issued equipment.
10. All equipment issued to your household must be returned immediately if your child(ren) are no longer enrolled with Chilchinbeto Community School. An appointment will be scheduled to retrieve equipment.

If a student uses a personally owned device to access school technology, he/she shall abide by all applicable policies, administrative regulations, and this Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request. If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of school technology, he/she shall immediately report such information to the teacher or other school personnel. Violations of the law, policy, or this agreement may result in revocation of a student's access to school technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, policy, or this agreement may be reported to law enforcement agencies as appropriate.

As mandated by the federal law enacted by Congress to address concerns about access to offensive content over the Internet on school and library computers, the Children's Internet Protection Act (CIPA) was passed. Our school and library is compliant with CIPA, providing technologies that go above and beyond content filtering to ensure our children are protected.

I have received, read, understand, and agree to abide by this Agreement and other applicable laws and school policies and regulations governing the use of school technology. I understand that there is no expectation of privacy when using school technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Student Name: _____ Student Signature: _____
(Please print)

Date: _____ Grade: _____ School: Chilchinbeto Community School, Inc.

Parent/guardian must also read and sign the agreement. As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Agreement. By signing this Agreement, I give permission for my child to use school technology and/or to access the school's computer network and the Internet. I understand that, despite the school's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, and school personnel against all claims, damages, and costs that may result from my child's use of school technology or the failure of any technology protection measures used by the CCSI. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Parent Name: _____ Parent Signature: _____ Date: _____
(Please print)

Home Language Survey
2020-21 Academic Year
Chilchinbeto Community School
PO Box 740
East Highway 160, Route 59
Kayenta, Arizona 86033
928-697-3800 FAX 928-697-3448

Date: _____

Student's Name: _____

Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:

Terry Tso, Dean of Students/Parent Involvement Coordinator

Slm 7/7/2021

Home Language Survey
2020-21 Academic Year
Chilchinbeto Community School
PO Box 740
East Highway 160, Route 59
Kayenta, Arizona 86033
928-697-3800 FAX 928-697-3448

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?

Yes: Go to Question 2

No: Go to Question 3

2. When at home, does this student hear or use a language **other than English** more than half of the time?

Yes: Go to Question 3

No: Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **other than English** more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.



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STUDENT RESIDENT VERIFICATION DOCUMENT

This document is intended to address the McKinney-Vento Act. Your answers will help the administration determine residency documents necessary for enrollment of this student.

Complete Section A or B (Not both)

Section A	Section B
<input type="checkbox"/> In a shelter (e.g. homeless, women's or transitional housing). <input type="checkbox"/> In a motel, car, or campsite. <input type="checkbox"/> With friends or family member's home (other than parent/guardian). <input type="checkbox"/> No electricity in the home. <input type="checkbox"/> No running water in the home. <p>The student lives with:</p> <input type="checkbox"/> 1 parent. <input type="checkbox"/> A relative, friend(s) or other adult(s). <input type="checkbox"/> 2 parents. <input type="checkbox"/> Alone with no adults. <input type="checkbox"/> 1 parent & another adult. <input type="checkbox"/> An adult that is not the parent or the legal guardian. Name and phone number of a School Contact Person who you are living with and knows of the family's situation: Name: _____ Phone# _____	<input type="checkbox"/> Choices in section A do not apply.

Parent/Guardian complete and sign

Student Name: _____ Male Female
Date of Birth: _____ Age: _____ Social Security #: ###-##-_____
Name of Parent/Legal Guardian: _____
Mailing Address: _____ Zip Code: _____ Phone #: _____
Signature of Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian Print Name: _____

School Use Only – School administrator's determination of Section A Circumstances:

This form must be completed and provided to School registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit Purposes during the year.

SEM 7/7/2021



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Chilchinbeto Community School Student Agreement

I know I am responsible for keeping myself and others safe, I will be cautious, aware and disciplined so the actions I take everyday support the health and wellness of Chilchinbeto Community School and the community. I understand there are risk in the potential spread of COVID -19, I will do my part to keep myself and others safe.

I promise to follow all Chilchinbeto Community School COVID -19 safe practices by:

Protect Myself

- I will wear school approved **Facemask** and **Face shield** all day while on school campus, at school sponsored events and on school transportation. I understand the only time I can remove my mask is while eating, drinking or in an approved individual setting.
- I understand that masks that have exhalation valves or vents, bandanas, scarves and neck gaiters are not permitted for use as face coverings.
- I will wash my hands often with soap and water or use hand sanitizer after touching high contact surfaces in the classroom

Protect Others

- If I experience any cold or flu-like symptoms, I will immediately report it to school staff, school nurse and follow school guidelines. I will also stay home if I have cold or flu-like symptoms.
- I will socially distance, even when outdoors or in common areas
- I will maintain clean safe spaces and promote health and safety through my actions
- I understand that social distancing protocol decreases the potential risk of COVID-19 exposure and helps maintain health and safety.

Protect staff and student

- I may be required to participate in contact tracing
- I will follow any isolation or quarantine protocols
- I will report any individuals who do not uphold the student agreement. Students will be subject to disciplinary action for non-compliance of the agreement.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

Jim 7/7/2021