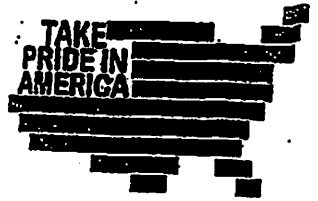




United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
FORT APACHE AGENCY
JOHN F. KENNEDY DAY SCHOOL
P.O. BOX 130
WHITERIVER, ARIZONA 85941



IN REPLY
REFER TO:

NAME: _____

GRADE: _____

REGISTRATION CHECK LIST ITEMS FOR PARENTS/GUARDIANS TO RETURN

- _____ **Student Enrollment Application**
- _____ **Primary Home Language Survey**
- _____ **Parental Consent**
- _____ **Responsibility Form**
- _____ **Education History/Concerns**
- _____ **Health Information Form**
- _____ **Indian Student Eligibility Certification-Affidavit**
(Issued at BIA Certificate of Indian Blood)
- _____ **Physical Examination Form signed by Doctor**
- _____ **Copy of Immunization Record form IHS Medical Records**
- _____ **Copy of Social Security Card**
- _____ **Copy of Birth Certificate**
- _____ **Exception Education Release/Transfer of Record(s) Form**

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education

Student Enrollment Application
For Students enrolled in Bureau-Funded School

Name of School: JOHN F. KENNEDY DAY SCHOOL

Grade Applying for: _____

IDENTIFICATION: _____ SOCIAL SECURITY # _____

NAME OF STUDENT: _____
LAST FIRST MIDDLE

ADDRESS: _____
P.O. Box _____ City: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS
(911): _____

COMMUNITY YOU RESIDE: _____ HOUSE #: _____

DIRECTIONS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SEX: MALE () FEMALE ()

PLACE OF BIRTH: _____

TRIBAL AFFILIATION: _____ DEGREE INDIAN: _____

CENSUS NUMBER: _____ HOME AGENCY: _____

Father: _____ Mother: _____

Address: _____ Address: _____

EMAIL Address: _____ EMAIL Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Enrollment #: _____ Enrollment #: _____

Occupation (optional): _____ Occupation (optional): _____

Employer: _____ Employer: _____

Telephone#: _____ Telephone#: _____

Emergency Contact # _____ Emergency Contact #: _____

Legal Guardian Name: _____

Mailing Address: _____ Telephone#: _____

Physical Address: _____ EMAIL Address: _____

Tribal Affiliation: _____ Home Agency: _____

Employer: _____ Emergency Contact #: _____

SCHOOL PREVIOUSLY ATTENDED BY STUDENT:

School Name: _____ School Address: _____

Date Attended: _____ Grade Completed: _____ Reason for Leaving: _____

School Name: _____ School Address: _____

Date Attended: _____ Grade Completed: _____ Reason for Leaving: _____

School Name: _____ School Address: _____

Date Attended: _____ Grade Completed: _____ Reason for Leaving: _____

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 Parent/Legal Guardian

Date

BUREAU OF INDIAN EDUCATION

PARENTAL CONSENT FORM

Name of Student: _____

Grade: _____

I. FIELD TRIPS

I (we) hereby grant permission for the student to participate in an organized school sponsored activity trip as approved by John F. Kennedy School.

I understand the students will be properly chaperoned and all precautions will be taken to insure his/her safety.

Parent signature: _____ Date: _____

II: COMPETITIVE SPORTS:

I (we) hereby grant consent/permission/authorization for student to participate in the following competitive sports:

_____ Basketball

_____ Football

_____ Cheerleading

_____ Softball

_____ Soccer

_____ Track

_____ Volleyball

Parent/Guardian signature: _____ Date: _____

**BUREAU OF INDIAN EDUCATION
JOHN F. KENNEDY DAY SCHOOL
CONSENT FORM**

Consent of Guardian who has primary responsibility for the care of the child.

Name of Student: _____ Grade: _____

Date of Birth: _____

I(we) have read the Consent Form for Health Services for my child:

If you don't want your child to receive these, please cross them out.

1. Emergency health care for accidents or illness
2. Transportation of child to Health Facility for services
3. Vision and hearing examinations yearly
4. The office will have the following medications available for illness: Tylenol, extra strength Tylenol, bacitracin ointment

I give my consent for the above services:

Signature: _____ Date: _____

Exception or Special Instructions: _____

EMERGENCY PHONE NUMBERS

Mother's Name: _____

Work Phone#: _____ Home Phone#: _____

Father's Name: _____

Work Phone#: _____ Home Phone#: _____

(in the event, neither parent can't be reached, call)

Name: _____

Phone#: _____

Relationship to Student: _____

Home Language Survey
2020-21 Academic Year
Place School Information Here

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:
Place contact person here

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

Home Language Survey
2020-21 Academic Year
Place School Information Here

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.

**BUREAU OF INDIAN EDUCATION
RELEASE/TRANSFER OF RECORDS**

REQUESTOR: JOHN F. KENNEDY SCHOOL
P.O. BOX 130
110 E. DISH CHIN RD.
WHITERIVER, AZ 85941

REQUESTED FROM: SCHOOL NAME: _____

ADDRESS: _____

STUDENT NAME: _____ **GRADE:** _____

PARENT/GUARDIAN: _____

PURPOSE: _____ ROUTINE TRANSFER

_____ EVALUATION

RECORD TYPE: _____ Transcript of Grades _____ Special Education
_____ Cumulative Records _____ Behavioral
_____ Standardized Test Results _____ Health/Immunization
_____ Attendance _____ Other (specify) _____

This is to certify that I do hereby agree to the release of medical, psychological, and educational records (defined as any information used to make a decision regarding special education for my child) with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above.

Parent/Guardian signature: _____ Date: _____

The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.

Parent/Guardian signature: _____ Date: _____

Bureau Use Only

I CERTIFY THAT THE ABOVE FAMILY AND STUDENT TRIBAL ENROLLMENT INFORMATION INCLUDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Signature of Authorizing Official

Title

Date

SCHOOL ENROLLMENT:

APPROVED: _____

NOT APPROVED: _____

PRINCIPAL

DATE

EDUCATION LINE OFFICER

DATE

EXCEPTIONAL EDUCATION TRANSFERRING STUDENTS

My Child _____ has been in the Special
Education classes at his/her previous school.

The subjects my child takes in the special education class are:

_____ Reading

_____ Math

_____ Language Arts

My Child _____ has not been in the Special
Education classes.

Last Name: _____ First Name: _____ DOB: _____

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION (§300.622)

STUDENT NAME:		Date of Birth:	Grade:	Date Educational Records Requested:
Name of Parent/Guardian:		Address (Street, P.O. Box)		
		City, State, Zip:		
RECORDS REQUESTED BY				
Name:		Address: (street, P.O. Box)		
School/Agency/ Institution:		City, State Zip:		
PURPOSE OF REQUEST				
REASON:	Completed by:		Date Sent:	
Transfer Student				
Due Process				
Other: (specify)				
RECORDS REQUESTED				
	Completed by:		Date Sent:	
Completed Classroom Observations and class work ()				
Case History ()				
Medical and Health History ()				
Completed Referral Form ()				
Consent for Evaluation ()				
Evaluation Reports ()				
Determination of Eligibility Form ()				
Consent for Placement ()				
Individualized Education Plan (IEP) ()				
IEP meeting notes ()				
Other: ()				
This is to certify that I agree to the release of the student records checked above with the understanding that they will be released only for the purpose stated above and only to the person/ institution stated above per (34CFR Part99 (FERPA))				
Signature: Parent/Guardian			Date:	
Signature: Student (if appropriate):			Date:	
The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.				
Authorized School Official:			Date:	

I understand that I may revoke this consent at any time. All actions previously in place will end as of this date. (§300.9(c)(2)). Parent/Guardian/Student (if of age) Initials: _____ Date: _____

JOHN F. KENNEDY DAY SCHOOL

Conditions, Rules, and Acceptable use Agreement for Internet Access

Agreement of Permission to use Technology Resources at John F. Kennedy Day School. John F. Kennedy School offers students, staff, parents and community member's access to the internet and other computer technology. To participate in this opportunity, you must understand and practice proper and ethical use of school equipment, software and the internet. The purpose of this Agreement is to clarify the conditions under which you, the user, will be allowed to use the school's technology. Your use of the technology is a privilege, not a right, and with this privilege comes significant responsibilities. These responsibilities are described in this Agreement. John F. Kennedy School may revoke your permission to use its technology services at any time, with or without cause.

CONDITIONS AND RULES FOR USE

1. Training Requirement

All students, parents, and community members must complete instruction from the technology instructor prior to receiving access to John F. Kennedy's technology resources. The training will provide an orientation to procedures, ethics and security involving using the Internet and the School's equipment. When you have demonstrated that you understand these points, you will be issued an account name and password. Your account name and password will allow you to use the School's resources.

2. Acceptable Use of the Internet

The purpose of Internet is to facilitate communications in support of research and education by providing access to unique resources and an opportunity for collaborative work. To remain eligible as a user, the use of your account must be in support of and consistent with the educational objectives of John F. Kennedy School. Transmission of any material in violation of any United States or state regulation is prohibiting. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Use of commercial activities is generally not acceptable. Use for product advertisement or political lobbying is also prohibited. Misuse can come in many forms. Among these any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or advocacy of harming or hating other persons or groups.

3. A Privilege, Not a Right

The use of School technology resources is a privilege, not a right. Inappropriate use, including any violation of these conditions and rules, may result in cancellation of the privilege. John F. Kennedy School reserves the right to review any material on user accounts to make determinations on whether specific uses of the network are inappropriate.

4. Network Etiquette

All users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language
- Do not engage in activities that are prohibited under state or federal law.
- Do not reveal your personal address or phone numbers or the address or phone numbers of anyone else.

-Note that electronic mail (e-mail) is not private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities and will result in the loss of user privileges.

-Do not use the Internet in such a way that you would disrupt the use of the network by other users. All communications and information accessible via the Internet should be assumed to be the private property of those who put it on the network.

5. No Warranties

John F. Kennedy School makes no warranties of any kind, whether express or implied, for the services we are providing. The School will not be responsible for any damages a user suffers. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by John F. Kennedy School's negligence or by the user's errors or omissions. Use of any information obtained via the Internet is at the user's own risk. John F. Kennedy Day School specifically denies any responsibility for the accuracy or quality of information obtained through the internet. All users need to consider the source of any information they obtain and consider how valid that information may be.

6. Security

Security on any computer system is a high priority, especially when the system involves many users. Never allow others to use your password. You should also protect your passwords to ensure system security and your own privileges and ability to continue use of the system. If someone else learns and uses your password and violates any of the terms and conditions of this agreement, you will be held responsible. Therefore, guard your password very carefully. Do not share it even with your best friend. If you think someone else may have learned your password, immediately contact the system administrator to have a new password issued. If you feel you can identify a security problem on Internet, you notify a system administrator. Do not demonstrate the problem to other users. Attempts to log on to the Internet as a system administrator may result in cancellation of user privileges. Any user identified as a security risk for having a history of problems with other computer systems may be denied access to Internet by John F. Kennedy School.

7. Vandalism and Harassment

Vandalism and harassment will result in cancellation of your privileges. Vandalism is defined as any malicious attempt to harm, modify, and destroy computer equipment, configuration of the operating system or software installed on a computer or the network, or the data of another user. This includes, but is not limited to, the uploading or creating of computer viruses. Harassment is defined as the persistent annoyance of another user, or interference in another user's work. Harassment includes, but is not limited to, the sending of unwanted e-mail.

8. Procedures for Use

You must always get permission from a teacher or the person who is supervising the equipment you intend to use before you log on. You must always follow the verbal instructions of the person(s) who are supervising the facility at which you are using the School's technology resources. You must also follow any posted rules, regulations, or instructions. You must sign-in and log on using the appropriate procedures each time on the appropriate log or register in the classroom each time you use the network. In general, it is not appropriate to use the computers to play games during instructional time or times when others may be awaiting access to computers for educational purposes. You are not allowed to install software of any type on any of the School's computers. Doing so will cause you to lose your privileges. If you have software that you would like to install,

asks your teacher or the person who is supervising the facility you are using to help you follow the appropriate procedures.

9. Encounter of controversial Material

Users may encounter material which is controversial and which users, parents, teacher, or administrators may consider inappropriate or offensive. However, on the Internet it is impossible to control the content of data and a user may discover controversial materials. It is the user's responsibility not to initiate access to such material. John F. Kennedy School may take actions to restrict or regulate, to the extent possible, access to objectionable materials on the Internet. John F. Kennedy shall not be held liable for any decision to restrict or regulate access to Internet materials. John F. Kennedy School shall not be held liable for any circumstances in which users encounter objectionable material while using the School's technology resources.

PENALTIES FOR IMPROPER USE

1. Any user violating these rules, applicable state and federal laws, or posted classroom and School rules is subject to loss of Internet privileges and any other School disciplinary options.
2. In addition, pursuant to State and Federal law, any unauthorized Internet access, attempted access, or use of any John F. Kennedy School computing and/or network system is a violation and is subject to criminal prosecution.

COMPLETE AND RETURN TO JOHN F. KENNEDY SCHOOL

Students, Parents, and Community Members Sign Here: _____

I understand and will abide by the conditions of this agreement. I understand that if I violate this agreement disciplinary action will be taken, including revoking my user account, and appropriate legal action. I also agree to report any misuse of the information system to the John F. Kennedy School system administrator.

Student/User signature: _____ Date: _____

**JFK School Health Program
School Parental Consent Form**

SCHOOL BASED HEALTH CLINIC SERVICES

Health care services, provided by the health professionals of Indian Health Service Whiteriver Service Unit, will have school based health clinics here at John F. Kennedy Day School on selected days. I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and that pupils will be encouraged to involve their parents or guardians in counseling and medical care decisions. School-Based Health Clinic services may include, but are not limited to:

1. Screenings for vision, hearing, asthma, obesity, scoliosis, and other medical conditions, first aid, and required and recommended immunizations by the CDC.
2. Comprehensive physical examination including those for school, sports, working papers, etc.
3. Medical care and treatment, including diagnosis of acute and chronic illness and disease.
4. Mental health screenings and referrals for evaluations.
5. Medically prescribed laboratory tests and medications.
6. Reproductive health care services, including abstinence counseling, contraception, testing for pregnancy, STD screening and treatment, HIV testing, and referrals for abnormal results, as age appropriate.
7. Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, and HIV, as age appropriate.
8. Annual health assessment.
9. Referrals for service not provided at the school-based health clinic.

**UNITED STATES DEPARTMENT OF EDUCATION'S
FACT SHEET FOR PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION
HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION**

I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and the students will be encouraged to involve their parents or guardians in counseling and medical care decisions.

I give permission for necessary medical tests, evaluations, and management of my child's medical care. Health examinations for students entering into Kindergarten-8th grades and sports physicals will be shared with the school. Additional health information will be shared with the school and necessary Behavioral Health Clinics on a need to know basis as determined by the School Based Health Clinic Medical Director to secure the child's health and welfare. The student's health clinic record will be maintained as a confidential medical record through the Whiteriver Indian Health Service Unit; it is not a school record. I also understand that confidentiality will be observed between school staff and the students using the School Based Health Clinic.

I have read the above information and have had the opportunity to have any of my questions answered. I understand that this consent form will remain in effect as long as my child is enrolled in John F Kennedy School School-Based Health Clinic program, unless I notify the Health Clinic in writing. I understand that I may revoke my consent at any time.

Time Period During Which Release of Information is Authorized:

From: Date that form is signed on opposite page

To: Date that student is no longer enrolled in the JOHN F. KENNEDY DAY SCHOOL-SCHOOL BASED HEALTH CLINIC

**John F. Kennedy Day School Health Clinic Program
School Parental Consent Form (Grades PK-8)**

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Student's Last Name: _____	<u>Mother</u> Last Name: _____ First Name: _____
Student's First Name: _____	Cell: _____ Work: _____
Date of Birth: _____ / _____ / _____ <i>Month Day Year</i>	<u>Father</u> Last Name: _____ First Name: _____
Indian Health Service Chart Number: _____	Cell: _____ Work: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____	<u>Legal Guardian, If Applicable</u> Last Name: _____ First Name: _____
Mailing Address: _____ _____ <i>City</i> <i>State</i> <i>Zip Code</i>	Relationship of legal guardian to student <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other: _____
Physical Address: _____	Cell: _____ Work: _____
	<u>Emergency Contact (If I cannot be reached)</u> Name: _____ Relationship to Student: _____ Cell: _____ Work: _____

PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES

I have read and understand the services listed on the next page (School-Based Health Clinic Services) and my signature provides consent for my child to receive services provided by the **JOHN F. KENNEDY DAY SCHOOL-SCHOOL BASED HEALTH CLINIC**. I consent for my child to receive health care services at the *John F. Kennedy School-School Based Health Clinic*, by physicians, nurse practitioners, PA's and support staff employed by Whiteriver IHS.

NOTE: By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.

X _____
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) Date

HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION

I have read and understand the release of health information on page 2 of this form. My signature indicates my consent to release medical information as specified.

X _____
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) Date

PARENT SIGNATURE PAGE

AUTHORIZATION OF PICTURE and/or NAME USE

Parent/Guardian: Please mark one of the following statements and sign.

_____ I DO NOT GIVE PERMISSION for my child's picture and/or name to be used or released for newsletters, yearbook and/or local newspaper articles.

_____ I DO GIVE PERMISSION for my child's picture and/or name to be used or released for newsletters, yearbook and/or local newspaper articles.

STUDENT NAME _____

PARENT/GUARDIAN NAME (printed)

PARENT/GUARDIAN NAME (signature)

DATE _____, 2017

Please note: pictures and/or names will NOT BE USED or shared for "Facebook," Internet sites, or other unauthorized purposes

STUDENT/PARENT SIGNATURE PAGE – INTERNET USAGE

Internet and E-Mail Authorization Form:

Parent /Guardian: Please mark one of the following statements and sign.

_____ **I DO NOT** give permission for my child to have access to the internet and or e-mail at John F. Kennedy Day School. I understand that some assignments may require research needs that the school cannot provide outside the internet and that my child will be responsible for locating the necessary data from another source outside of school hours.

_____ **I DO** give permission for my child to have access to the internet and or e-mail at John F. Kennedy Day School. I understand that some assignments may require research needs that the school cannot provide outside the internet and that my child will be responsible for locating the necessary data from another source outside of school hours.

Parent/Guardian Name (printed)

Parent/Guardian Name (signed)

Date _____, 20_____

Student: If my parent/guardian has given permission for me to access the internet and or e-mail, I agree to follow the rules related to usage. I have read and I understand the internet and e-mail usage policies that appear in the John F. Kennedy Day School Handbook 2016-2017.

Student Name (printed) _____

Student Name (signed) _____

Date _____, 20_____

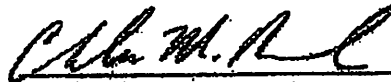
**INDIAN AFFAIRS
DIRECTIVES TRANSMITTAL SHEET**

(modified DI-416)

DOCUMENT IDENTIFICATION NUMBER 30 IAM 6	SUBJECT BIE Zero Tolerance Policy for Firearms and Other Weapons	RELEASE NUMBER #13-03
FOR FURTHER INFORMATION Bureau of Indian Education		DATE SEP 12 2013

EXPLANATION OF MATERIAL TRANSMITTED:

The Bureau of Indian Education (BIE) recognizes the presence of firearms and other weapons on campus property is a real threat to the safety of students, staff, and visitors. Therefore, the BIE hereby requires all BIE-operated schools and dormitories to adopt and implement this policy of Zero Tolerance for Firearms and Other Weapons which provides guidance for establishing staff and administration response and training procedures.



Dr. Charles M. Roessel
Acting, Director, Bureau of Indian Education

FILING INSTRUCTIONS:

Remove: None

Insert: 30 IAM 6