

Pinon Community School, Inc. Academic Program



SCHOOL YEAR 2020-2021

REQUIRED DOCUMENTS FOR ENROLLMENT:

- **Completed Enrollment Packet**
- **Birth Certificate**
- **Certificate of Indian Blood (CIB)**
- **Updated Immunization Record**
- **Social Security Card**

Enrollment is Open to Transitional-K and Kindergarten Grade Students

First Day of Instructions begins JULY 27, 2020

Pinon Community School, Inc.

Academic Program

Checklist for Residential Program Enrollment

The following documents are **REQUIRED** for enrollment to the PCS Residential Program. They **MUST** be attached to the PCS Enrollment packet to be considered **COMPLETE**

- Official Immunization Record**
- Copy of Certificate of Indian Blood**
- Copy of Birth Certificate**
- Copy of Legal Guardianship/Power of Attorney**

The following documents and information must be completed with signatures:

- PCS Student Enrollment Application
- PCS Map to Student Residence
- PCS Student Check Out Form
- IHS Consent of Parent for the Care of the Child
- PCS Student Health Questionnaire
- Authorization for the Release of Records
- PCS Guidance Form
- USDE Title VII Eligibility Certification
- Compact
- Student & Parent Acknowledgement
- Internet/Technology Agreement
- Media Agreement
- FAITH Based permission Form
- CIB Consent Form
- Anti-bullying Contract 2020-2021
- SY 2020-2021 Calendar

Grade Level: Boarding Day - Bus

Bureau of Indian Education
PINON COMMUNITY SCHOOL
 Student Enrollment Application

BIA Form 6248
 OMB No. 1076-0122
 PCS: (PENDNG)
 Exp. 06/01/2021

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO: _____

<i>Student name Last</i>		<i>First</i>		<i>Middle</i>		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	Enrollment Number:	Degree of Indian Blood:
Student Address			City	State	Zip Code	Birth Place		Tribal Affiliation	Chapter Affiliation	
Home Location:						Language most spoken at Home		<input type="checkbox"/> Navajo <input type="checkbox"/> English		
						Language most spoken by Student		<input type="checkbox"/> Navajo <input type="checkbox"/> English		
						Did student participate in English Language Learn ELL?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
						Did student participate in Special Education		<input type="checkbox"/> Yes <input type="checkbox"/> No		
With whom does the student live?										
<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> other: <input type="checkbox"/> POA <input type="checkbox"/> Guardianship <input type="checkbox"/> Social Services										
Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student										
Father:			Tribal Affiliation:			Mother:			Tribal Affiliation:	
Address: (city, state, zip)						Address: (city, state, zip)				
Home Location:						Home Location:				
Home Phone:			Work Phone:			Home Phone:			Work Phone:	
Email:			Cell/Pager:			Email:			Cell/Pager:	
Employer:			Census No:			Employer:			Census No:	
Contact Allowed:			Received student mailings:			Contact Allowed:			Received student mailings:	
Guardian Name:						Contact Allowed:			Received student mailings:	
Address (city, state, zip)						Home Location:				
Home Phone:			Work Phone:			Cell/Pager			Other:	
Employer:						Email:				
Emergency Information: (other than parent/guardian)						Emergency Information: (other than parent/guardian)				
Relationship to Student:			May Pick Up Student?			Relationship to Student:			May Pick Up Student?	
Home Phone:			Work Phone:			Home Phone:			Work Phone:	
Cell/Pager:			Other:			Cell/Pager:			Other:	

Pinon Community School

SCHOOL HISTORY:

Name of School: _____ Address: _____
Phone Number: _____ Grade: _____

List all schools you have attended:

Previous School Attended: _____ Address: _____ Phone Number: _____
Reason for Transferring: _____ Grade Completed: _____ Dates Attended: _____
Previous School Attended: _____ Address: _____ Phone Number: _____
Reason for Transferring: _____ Grade Completed: _____ Dates Attended: _____

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? Yes No

I am legally responsible for this student and hereby apply for his/her admission to Pinon Community School, Inc. I understand that additional information may be required by the school before this student is officially enrolled.

I recognized that this is a public document and that falsification of information on this documentation may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

SPECIAL USE ONLY: _____ **Completed by:** _____

I certify that the above-named student is an enrolled member with the Navajo Nation Indian Census as being of:

Degree of blood: _____ **Enrollment/Census Number:** _____ **Agency:** _____

APPROVAL OF SCHOOL APPLICATION: Approved Not Approved

Signature of Principal or Registrar Date Signature of Education Program Assistant Date

Pinon Community School, Inc.

Academic Program

MAP TO STUDENT'S RESIDENCE

Student's Name: _____ Grade: _____

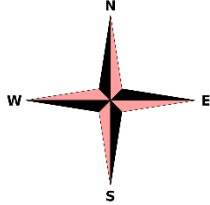
Name of Parent/Guardian: _____

Location of Residence: _____

Description of the House: _____

Phone Number: _____

Use Landmarks and road markers to the location of the residence



Pinon Community School, Inc

Academic Program

Student Check Out/In

STUDENT NAME	GRADE	SCHOOL ATTENDING
PARENTS/GUARDIAN	PRIMARY PHONE	SECONDARY PHONE

I give full authority for the individuals listed below to check out and check in my child from Pinon Community School, Inc. Residential Program. I understand that the individuals listed **must be 25 years or older** and that Residential Program Staff will ask for ID should the need arise.

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10	

I understand and acknowledge that if my child is absent ten (10) consecutive days from PCS Academis Program, he or she will automatically be dropped. I understand and acknowledge that I will have to sign an Attendance Contract should my child decide to return to the Residential Program

Parent/Guardian Signature

Date

Pinon Community School, Inc.

Academic Program

Student Health Questionnaire

Student Name: _____ Gender: Male Female
Birthdate: _____ Grade: _____ Chart #: _____
Mailing Address: _____
Home Location (directions): _____
Last School Attended: _____ City: _____ State: _____
Student lives with: Mother Father Both Parents Legal Guardian
Mother's Name: _____ Phone #: _____
Employment: _____ Work Phone #: _____
Father's Name: _____ Phone #: _____
Employment: _____ Work Phone #: _____
Legal Guardian: _____ Phone #: _____
Employment: _____ Work Phone #: _____
Health Insurance? Yes No Insurance Name: _____
Insurance Phone #: _____ Policy #: _____
AHCCCS? Yes No If YES, AHCCCS ID#: _____
Where does your child go for Health Care Services? _____
Do you have any health concerns you would like us to know? _____

In the event of your absence from the above location, please list the names of emergency contacts that will be responsible for your child. It is very important that we are able to contact the child's parents or the emergency contact if she/he is hurt or becomes ill at Residential. Medical personnel require that all children be accompanied by a parent or legal guardian if she/he requires medical treatment. This information will minimize delays in providing medical treatment for your child.

EMERGENCY CONTACTS

Name: _____ Phone #: _____
Location to Home: _____
Name: _____ Phone #: _____
Location to Home: _____

Each school year, the Pinon Community School, Inc. (PCS) Residential Program requires a written Parental Permission to treat your child. Please sign this form and return with the enrollment packet. Health Services are provided by PCS and in cooperation with the Arizona Department of Health. Emergency First Aid Assistance is rendered for injury and illness occurring on PCS campus during school hours. In case of extreme emergencies, during school hours, that require urgent medical attention the student will be taken to the Clinic immediately, and an attempt will be made to notify the parents and or legal guardians.

IMPORTANT NOTICE: It is an Arizona State Health Requirement (A.R.S 15-803) that all students enrolling in school have an UPDATED IMMUNIZATION RECORD on file. Admission will be refused if the student does not comply with these regulations

PLEASE COMPLETE OTHER SIDE AND SIGN

Pinon Community School, Inc.

Academic Program

HEALTH SERVICES/MEDICATION/TREATMENT

Please list any recent illness, injuries, or hospitalization: _____

Is your child presently receiving treatment for any Medical Problems? Yes No

If YES, what is the treatment? _____

Is your child taking any medicine on a daily basis? Yes No

If YES, what kind and for what reason? _____

All prescribed medication should be brought to the residential hall in the container dispensed by the clinic with the directions on the label and a patient component care form must be signed and attached for the Residential Staff to give prescription medicine at school

MEDICAL HISTORY & CURRENT PROBLEM

Has your child ever had or now have?

- | | | | |
|--|---------------------------|--|--------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies, to What? _____ | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Eyeglasses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Murmur |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Aid | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anemia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequent Ear Infection | <input type="checkbox"/> Yes <input type="checkbox"/> No | High Blood Pressure |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Concussion-Head Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes/Insulin |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fainting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney Problems/Dialysis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Migraine Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis/Liver Diseases |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Abnormal Menstrual Cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pregnant: Due Date _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eczema (skin problems) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fracture/broken bones |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Pain/Problem |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chicken Pox |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer or Tumor |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | AIDS Exposure |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ |

CONSENT OF PARENT OR LEGAL GAURDIAN WHO HAS PRIMARY RESPONSIBILTY FOR THE CARE OF THE CHILD

In case of a minor accident or illness, I give permission for my child to receive the following medication at the discretion of the Residential Staff. It is noted that alternative methods of care will be used before any medication is given, with the exception of a doctor's prescription.

(Please check those over the counter medicines you wish your child to receive)

- | | | | |
|--|-------------------------------|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pepto (Upset stomach) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Acetaminophen (Headache/Fever/Pain) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Blistex (Cold Sore Treatment) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chloraseptic (Sore Throat Pain) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Neosporin (Topical Ointment) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Antihistamine-Benadryl (Allergy/Sneezing/Runny Nose) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Bengay (Muscle Soreness) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hydrocortisone (Anti-Itch) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tums (Antacid) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clotrimazole Cream (Athlete's Foot) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen (Muscle aches/Pain) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl Gel (Insect bites/Sunburn) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Nit Free (Headlice Treatment) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lip Moisturizer (Chapped Lips) |

** Pinon Community School, Inc. policy regarding head lice: student must return home and are able to come back to school when they are nit-free.

Parent/Guardian Signature

Date



Pinon Community School, Inc.
 Post Office Box 159, Pinon, Arizona 86510/0159
 Phone (928) 725-3234/3250 Fax (928) 725-3232

AUTHORIZATION FOR REALEASE OF RECORDS

ATTENTION: _____

DATE: _____

TO: _____

PHONE: _____

FAX: _____

Student Name: _____

Birthdate: _____

I, the undersigned, do hereby authorize the release of education records maintained under the above student's name to include but not limited to the following:

- | | |
|-------------------------------|-------------------------|
| ➤ Grades & Transcripts | ➤ Educational Testing |
| ➤ School Health Records | ➤ Special Needs Testing |
| ➤ Discipline Records | ➤ Counseling Psychology |
| ➤ Immunization Records | ➤ Birth Certificate |
| ➤ Certificate of Indian Blood | |

The Education records shall be delivered to Pinon Community School, Inc. Residential Program for the purposes of assisting with educational goals and if, when needed, medical care and treatment of the student.

A copy of this release shall be as sufficient to authorize release of information identified above as the original signed by me and further, a copy to be on file with the School that maintains the educational records.

 Parent/Guardian Signature

 Date

Effective Until JUNE 2021

Pinon Community School, Inc.

Academic Program

GUIDANCE/COUNSELING PROGRAM

Student Name: _____ Grade: _____

Age: _____ Birthdate: _____ Gender: Female Male

I/We hereby give consent and permission for my/our child to participate in any Residential Program activities of her/his choice (listed below). Furthermore, I will not hold Pinon Community School, Inc. responsible for accidents or injuries to my child, provided the school has reasonable adequate supervision. I understand a chaperone will be with my child when my child is participating in all school sponsored extracurricular or athletic activities.

I also hereby give and grant any doctor of any medical center consent and authorize them to render such aid, treatment or care to said student, as in the judgement of said doctor or any medical center, may be required, on an emergency basis in the event said student be injured while participating in a school sponsored field trip.

Parent Signature

Date

Student Signature

Date

Parent Emergency Phone Number

Secondary Emergency Phone Number

The following are some of the activities available to your child for school the year:

- Recreational/Seasonal Sports
- Educational Field Trips
- Student Counsel
- Culture Teaching/Sweat Lodge
- Music/Guitar Lessons
- Faith Based Program
- Mentoring Program
- Weaving
- Quilting
- Beading
- Ceramics/Pottery
- Arts & Craft
- Life Skills Activities

Please indicate any activities your do not wish your child to participate:



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PCS-NET Agreement

Internet is a worldwide network connecting millions of computers and devices growing daily, PCS-net is the Pinon Community School on-campus network. A network, which is just many individual computers and devices tied together, bringing together information sources and allows communications with both local and distant computers. The internet is a tool for lifelong learning and we are pleased to offer it to our student

With this new learning tool, students (collectively referred to as “users”) must understand and practice proper and ethical use. All users must attend orientation regarding procedures, policy, and security before being allowed to access network devices.

Users must never allow others to use the network with their access log-ins. Users should protect their password to insure network security and their ability to continue network usage.

Users must agree to abide by the rules of our school when using the Schools’ network. This may include, but may not be limited to: signing a usage log before using the network/computer, only accessing specific applications on the network/computer, and being restricted from some applications on the network.

Although instructors will monitor Internet use, parents must realize that students may encounter material while using the internet that they might not consider appropriate or which be considered offensive. It is the responsibility of the student to choose not to pursue such material. We do have filters in place.

Users violating school rules, classroom rules, or applicable state and federal laws are subject to loss of network privileges and disciplinary action. Students may be given a disciplinary action ranging from a failing class grade to expulsion from school.

Before using the PCS-net facilities, the user (student), and parent (guardian of a student user), must sign below indicating that you, are aware of and agree to follow the policies as described above and the conditions, rules, and acceptable user’s agreement of Pinon Community School as described on the following attached page.

_____	_____	_____
Print Name of User	Signature of User	Date
_____	_____	_____
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Print Name of Principal	Signature of Principal	Date

Pinon Community School, Inc.
Post Office Box 159, Pinon, Arizona 86510-0159
Phone (928) 725-3234/3250 Fax (928) 725-3232

I am an enrolled student at Pinon Community School and I agree to abide by the terms and conditions of this policy for my own use. To ensure my privileges are not denied and I will be allowed to access the Internet with a signed agreement and permission of Pinon Community School. If I am not abiding by any terms and conditions of Pinon Community School, it will result in the loss of privileges may lead disciplinary actions, removal and/or legal action.

THE SYSTEM ADMINISTRATOR MAY DENY, REVOKE OR SUSPEND ACCESS TO THE INTERNET.

- a) The system and school administrator have determined what is inappropriate use includes but is not limited to the following activities:
- Accessing, viewing or printing offensive messages or pictures that is pornographic or obscene.
 - Using obscene language & disruptive behavior.
 - Accessing, viewing & transmitting material related to drug, alcohol, gang activity or hate groups.
 - Damaging computer systems, computer network or equipment
 - Trespassing in another's folder, work, and files or using another student's work.
 - Downloading inappropriate internet music or videos.
 - Revealing the personal address & phone number of yourself or any other person is not allowed.
- b) Violations may result in a loss of access as well as other disciplinary or legal actions.
- c) Cost incurred by Pinon Community School vandalism, computer hardware or software damages, i.e, any malicious attempt to harm or destroy another student's data.
- d) Any attempt to steal, trade, or any means of theft shall be turned to the proper authorities or be presented in legal courts.

As a student here at Pinon Community School I understand what unacceptable behavior on the internet and I will comply with the above stated rules and conduct. I also understand that I will no do any cyber bullying whether on the school grounds or off. I also understand that if I violate the above guidelines my privileges can be revoked.

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Student Media Consent and Release Form

Throughout the school year, students maybe highlighted in efforts to promote PCS activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our school through newspapers, radio, TV, the Web, DVDs, displays, brochures, and other types of media.

I, as a parent or guardian of _____, hereby give PCS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, film or any other electronic, digital and printed media.

- a. This is with the understanding that neither PCS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and receive PCS, its School Board, employees, and other representatives from any liabilities, known or unknown, arising out of the material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return form within the enrollment packet from the date of distribution will constitute approval of above request.

Please Print

Name of Child _____ Grade _____

Address _____

City, State, Zip Code _____

Signature of parent or guardian _____

Date _____ Phone Number _____

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE**

**CONSENT OF PARENT OR LEGAL GUARDIAN OF OTHER PERSON WHO
HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Name of Student _____ Birthdate _____

I (We) _____, have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child.

1. Dental Care including dental examinations, preventive use of fluorides and necessary emergency dental care.
2. Emergency dental care for accident or illness.
3. Health care including medical examinations, sports physicals, screening, routine laboratory studies, x-ray procedure, skin tests, and routine immunizations.
4. Mental health services including assessment, treatment, and medication as necessary.
5. Optometry care for eye examinations, including full dilation, and eyes glasses
6. Psychiatric services to including assessment, treatment, and medication as necessary.
7. Transportation of child to and/or from a health facility for these services.

PLEASE CHECK THE APPROPRIATE BOX(ES):

I Hereby give consent for all the above services.

Exceptions or Special Instructions:

I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Pinon Community School, Inc. Residential Program Staff while my child is in attendance.

Signed _____
Address _____
Relationship _____

Date: _____
Valid Until: June 2021



STUDENT COMPACT

AS A STUDENT, I COMMIT TO:

- Follow the rules of the PCS Residential Program Student Handbook
- Academic **SUCCESS** throughout the school year
- Adhere to the PCS Attendance Policy
- Show **RESPECT** to students, Staff, Community, and Property

AS A PARENT, I COMMIT TO:

- Read to Reinforce the rules of the Residential Program Handbook with my child
- Communicate the importance of **EDUCATION** and **LEARNING** with my child
- **PARTICIPATE** in school activities and attend parent conferences
- Keep my child enrolled in the Residential Program the entire school year
- **SUPPORT** and **RESPECT** the Residential Program Staff, Students, Administrators, and property

AS A STAFF MEMBER, I COMMIT TO:

- **MENTOR, COACH,** and **LEAD** students to a successful school year
- Providing a **SAFE** and **SUPPORTIVE** environment for all students
- Enforcing and facilitating the Residential Discipline policies
- Student academic **SUCCESS**
- Providing a **FUN** and challenging student-centered environment that promotes high student achievement
- Participate in school activities and attend parent conferences
- **REPECT** and **SUPPORT** Students, Staff, and Community through effective **COMMUNICATION** for the benefit of **ALL**

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

RESIDENTIAL PROGRAM STAFF SIGNATURE

DATE

RESIDENTIAL PROGRAM MANAGER

DATE



ANTI-BULLYING CONTRACT

Everyone has a right to feel physically and emotionally safe at school. Per the Pinon Community School Parent Handbooks. “School personnel, parents and students must prevent and protect against behavior which threatens the safety of individuals or property, or which disrupts learning.”

I will do everything I can personally, as a member of my school’s community, to create and preserve a physical and emotionally safe environment,

I agree that I will not bully my peers. This includes physical and verbal bullying, electronic bullying, intimidation, teasing, harassment, and intentionally ignoring or excluding my peers.

When I witness bullying, I will ask the bully to stop or report it to an adult and/or the school/residential staff, counselor and Principal.

Student’s Signature

Date

I will support and encourage my child to be bully free.

Parent/Guardian’s Signature

Date