

**Department of the Interior  
BUREAU OF INDIAN EDUCATION**

Aneth Community School  
PO Box 600  
Montezuma Creek, Utah 84534  
Phone: (435) 651-3271 Fax: (435) 651-3272

**SCHOOL YEAR 2023-2024**

Greeting!

Enrollment packet for School Year 2023-2024 for K-6<sup>th</sup> grade. Kindergarten students **MUST** be 5 years old by December 31<sup>st</sup>. All students **MUST** have a **census number** upon enrollment, CIB, Birth Certificate and Updated Immunization Record.

- |  |   |
|--|---|
| <input type="checkbox"/> CIB - Certificate of Indian Blood ( <b>Required</b> ) | <input type="checkbox"/> Release of Record Form                             |
| <input type="checkbox"/> Birth Certificate ( <b>Required</b> )                 | <input type="checkbox"/> Student's Residential Map ( <i>Per Household</i> ) |
| <input type="checkbox"/> Updated Immunization Record ( <b>Required</b> )       | <input type="checkbox"/> Optional Forms ( <i>If needed :</i> )              |
| <input type="checkbox"/> Student Enrollment Form Page 1&2                      | <i>Medical Statement to Request Special Meals</i>                           |
| <input type="checkbox"/> Parent Consent Form                                   | <input type="checkbox"/> Parent Consent Form for Student                    |
| <input type="checkbox"/> ED Form 506 Title IX Part A                           | Photographs/Videos  |
| <input type="checkbox"/> Student Health History Form                           |   |
| <input type="checkbox"/> Student Compact Form                                  |   |
| <input type="checkbox"/> School Attendance Contract                            |   |
| <input type="checkbox"/> Home Language Survey Form                             |   |
| <input type="checkbox"/> Student Participated in Special Education             |   |

.....  
*School Office Only*

**ENTRY SLIP**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Day Student                       Dorm Student                       Walk In

Entry Date: \_\_\_\_\_

Bus Driver's Name: \_\_\_\_\_

Route:  Ismay/Hatch                       Montezuma Creek/  
Red Mesa                       Aneth/NHA/  
Resolute/East Aneth

Bureau of Indian Education  
 School Name  
 Student Enrollment Application

Grade Level \_\_\_\_\_  
 Boarding: \_\_\_\_\_  
 Day-Bus: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

**Native American Student Information System (NASIS) ID NO.**

Student Name: LAST	First	Middle	Gender:	Date of Birth:	Enrollment Number	Degree of Indian Blood
Student Address	City	State	Zip Code	Female:	Male:	Chapter Affiliation
Home Location:	Language most Spoken at Home:		Language most Spoken by Student:			
With whom does the student live?		Navajo:	English:	Navajo:	English:	
Both Parents		Father	Mother	Grandparents	Guardian	Other

**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:	Mother:	Tribal Affiliation:
Address (city,state,zip):	Address (city,state,zip):	Tribal Affiliation:
Home Location:	Home Location:	
Home Phone:	Home Phone:	Work Phone:
Email:	Email:	Cell/Pager:
Employer:	Employer:	Census No:
Contact Allowed:	Contact Allowed:	Received student mailings?
Guardian Name:	Contact Allowed:	Received student mailings?
Address (city,state,zip):	Home Location:	
Home Phone:	Cell/Pager:	Other:
Employer:	Email:	
Emergency information: (other than parent/guardian):	Emergency Information: (other than parent/guardian):	
Relationship to Student:	Relationship to Student:	May Pick up Student?
Home Phone:	Home Phone:	Work Phone:
Cell/Pager:	Cell/Pager:	Other:

**ANETH COMMUNITY SCHOOL  
PARENT CONSENT FORM**

**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**I. MEDICAL**

I agree to grant permission to render these services to my child only in case they are needed:

1. Administer medication to students by Doctor's request
2. Transport student to medical facilities (Emergency ONLY)

**II. EXTRA CURRICULAR ACTIVITIES (LIABILITY WAIVER STATEMENT)**

I understand that the extracurricular activities offered by Aneth Community School are not required under Federal, State, or Navajo Nation Law, and do hereby wave my rights to hold Aneth Community School liable to damages resulting from an accident incurred while my child is present in the activity.

**III. SCHOOL POLICY**

The school will recognize the rights of the parents/guardians and allow full parental authority to interact with and check students out of school, unless directed to do otherwise by a legal document. In order to ensure maximum safety for your child, the following people listed below have permission to check out or pick up my child at school and dorm. If you desire to have someone check the children out that is not on the list, they must have a signed and dated note indicating consent. If proper procedures is not follow, we cannot allow the child to be checked out.

**(Have to be 18 yrs. & older to be on the list)**

<b>Name</b>	<b>Relationship to Child</b>

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

Public Reporting Burden Notice on Reverse Side

**Parents:** 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 from the Act 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 which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. Please return completed form to your child's school.

**Definition:** *Indian means any individual, or a parent or grandparent, who is (1) a member (as defined by the Indian Tribe, or band) of an Indian Tribe, or band, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside; or (2) considered by Secretary of the Interior to be an Indian for any purpose; (3) an Eskimo or Aleut or other Alaska Native; or (4) a member of a organized Indian Group that received a grant under the Indian Education Act of 10988 as it was in effect October 19, 1994.*

NAME OF CHILD _____		Date of Birth _____	
School Name _____		Grade _____	
NAME OF TRIBE, BAND OR GROUP: _____			
Tribe, Band, or Group is: (check one)			
_____ Federally Recognized, including Alaska Native	_____ State Recognized	_____ Terminated	Organized Indian Group meeting #4 of the definition above
Name of individual with tribal membership? _____			
Individual name is (check c _____	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) _____			
B. Other (explain) _____			
Name and address of organization maintaining membership data for the tribe, band or group: _____			
I verify that the information provided above is accurate:			
PARENT'S SIGNATURE _____		DATE _____	
Mailing Address _____		Telephone _____	

Optional: I give 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

**Aneth Community School**  
**STUDENT HEALTH HISTORY**

Child's Name: \_\_\_\_\_

1. Has child ever had a serious accident?  Yes  No
2. Has child ever been hospitalized or had an operation?  Yes  No
3. Does child have difficulty seeing?  Yes  No
4. Is child wearing (or supposed to wear) glasses?  Yes  No
5. Does child have problems with ears?  Yes  No  
(frequent earaches, draining from ears, etc.)
6. Has child ever had a seizure?  Yes  No  
Is child taking medicine for seizures?  Yes  No  
What kind of medication? \_\_\_\_\_
7. Does child have problems with his/her heart?  Yes  No  
Does child take medication for heart problems?  Yes  No  
What kind of medication? \_\_\_\_\_
8. Does child have:  
    asthma?  Yes  No  
    diabetes?  Yes  No  
    behavior problems?  Yes  No  
    skin condition?  Yes  No  
    allergy problems?  Yes  No  
    describe(food/medication) \_\_\_\_\_
10. Does child take medications on a regular basis during the day?  Yes  No  
    What medication? \_\_\_\_\_  
    Does the teacher need to oversee this medication?  Yes  No  
    Sign your name here if you give permission to the teacher to oversee this medication:  
    X \_\_\_\_\_
11. Usual place child receives health care (IHS, UNHS) \_\_\_\_\_  
    Address or phone number if this clinic is out of the area \_\_\_\_\_  
    \_\_\_\_\_
12. Legal Guardian of child: \_\_\_\_\_
13. Primary caregiver of child: \_\_\_\_\_
14. Caregiver's location of home: \_\_\_\_\_
15. Any other health concern we need to know about your child? \_\_\_\_\_  
    \_\_\_\_\_
16. May we share this information with school staff who need to know?  Yes  No

All information on this form is correct to the best of my knowledge: \_\_\_\_\_  
Signature

## Aneth Community School Compact

### **Student agrees to do the following:**

- I will attend school every day ready to learn.
- I will be organized with supplies and homework.
- I will be respectful of people and property-especially myself.
- I will help to create a safe school environment.
- I will communicate with school staff and my family about my needs and my behavior.
- I will read or read with someone every day.

### **The assigned teacher agrees to do the following:**

- I will be prepared every day to provide quality instruction aligned with the Utah State CORE Curriculum.
- I will endeavor to be in the classroom everyday utilizing innovative and creative techniques.
- I will communicate with colleagues, principal and/or academic head, parents/legal guardians and students about student growth, needs, and accomplishments.
- I will be respectful of people and property.
- I will abide by local, state, tribal, and federal policies and procedures.
- I will help create and promote a safe school environment.
- I will read to and with my students' every day.

### **Home living Aide agrees to do the following:**

- I will create a friendly homelike environment for all students.
- I will create a clean and safe home-living experience for all residential students.
- I will be respectful and sensitive of my students' social, emotional and physical needs.
- I will help my residential students with school homework and provide encouragement.
- I will communicate daily with school staff and families about my residential students' needs and behavior.
- I will provide daily home living chores to teach students responsibility and organization skills.

### **Education Technician (Paraprofessional) agrees to do the following:**

- I will assist teachers and students with academic support as required in the classroom, specials, and during recess.
- I will provide a safe learning experience during specials and structured recess.
- I will be respectful and sensitive to my students' social, emotional and physical needs.
- I will communicate daily with the classroom teacher on and provide feedback as necessary on students' behavior.

### **The bus driver agrees to do the following:**

- I will be respectful of people and property.
- I will help to create and promote a safe school and bus environment.
- I will communicate with colleagues, parents, students and principal about student needs, problems and transportation issues.
- I will abide by all driving regulations and laws.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Bus Driver Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Other Signature

## ANETH COMMUNITY SCHOOL STUDENT ATTENDANCE POLICY

Aneth Community School will comply with federal, state, and tribal compulsory attendance laws. If a student has been absent for more than three consecutive days without the school being notified of the situation, a school official will pursue the status of the student. If the situation implies educational neglect, the case will be referred to social services. The instructional day is 8:00 AM — 3:00 PM. Perfect Attendance is defined as present every day with no tardiest or early check outs.

### STUDENT:

- Must attend 180 instructional days of school for the academic year. 160 days of attendance are required for promotion to the next grade. 95% of attendance is required, if enrolled after October 01. Arrive to school on time (start 8:00 AM). Absences are excusable for medical reasons and recovery from an incident with a doctor's statement, required court, professional appointments, death in the immediate family, and religious observations.
- Unexcused Absences for such reasons as camping, vacations, non-school activities, and visiting. We also discourage late night activities that cause a student to be tardy, sleepy or absent the following day.
- Students are responsible for asking the teacher for makeup work or homework for missed assignments. Teachers are responsible to have a make-up work packet available for parent pickup.

### PARENTS/GUARDIANS:

The Parents/Guardians understand that they are responsible for their child/ren:

- To get their child/ren to school every day and on time.
- Provide the school with proof of a doctor's note in case of illness, appointment, and a hand written note for any family or personal issues.
- To call the school when Attendance Message is received the morning of an absence to provide a reason.
- Your child will be marked tardy, if they are not in the classroom by 8:15 AM and absent 1/2 day if they are checked out before 2:00 PM.
- At 20 plus days absent and/or 15 tardiness, you will receive a letter indicating the total days absent and tardy. The parent/guardians must explain the reason for the absences or tardies to the Principal. The principal will determine retention or seek an alternate remedy.

Your child must attend 180 instructional days of school. The minimum required attendance for promotion is 160 days of school if enrolled for the entire school year or 20 unexcused absences. If a student enrolls on or after October 01, 95% attendance is required of the days actually enrolled.

---

Student's Signature/Date

---

Parent/Guardian's Signature/Date

Bureau of Indian Education  
Aneth Community School  
P.O. Box 600  
Montezuma Creek, Utah 84534



PHONE: (435)651-3271

FAX: (435) 651-3272

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RECORDS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are authorized to send a copy of the confidential records such as cumulative academic records, health records, report card, test data, attendance record, guidance record and Special Education Records of my child (ren):

Name	Grade

Please send the requested documents to Aneth Community School. If you have any questions, please contact the school.

\_\_\_\_\_  
Authorized Signature/ Parent or Guardian

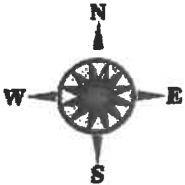
\_\_\_\_\_  
Date



# ANETH COMMUNITY SCHOOL MAP

## Student Resident Location

*Please draw a map of directions from the school to your resident. This will be used for emergency purposes. (This must be filled out before child attends school)*





**States Department of the Interior  
BUREAU OF INDIAN EDUCATION**

Aneth Community School  
PO Box 600

Montezuma Creek, Utah 84534  
Phone: (435) 651-3271 Fax: (435) 651-3272

## HOME LANGUAGE SURVEY K-6<sup>th</sup> GRADE

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

My child's first language learned was:  Navajo     English     Other: \_\_\_\_\_

My child speaks: (Check one)

- Fluent Navajo
- Some Navajo or any other Language other than English
- No Navajo

What Language is spoken by adults in the home?

- Fluent Navajo
- Some Navajo or any other Language other than English
- No Navajo

Parents/Guardian Comments:

---

---

---

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

Yá'át'ééh Amá dóó Azhé'é;

I am excited to have your child come to Diné Culture Special class on a daily basis. Learning our Diné language will be a very important part of your child's education. As a parent you too can re-enforce the language by practicing it at home.

Please fill out the form and have your child bring this back to class as soon as possible. It is very important for each student to know what their four sacred clans are. Knowing your clan brings a sense of identity, belonging and it boosts their self esteem. It has been studied that students that have a strong cultural awareness and identity have a greater academic growth and they become successful in life.

Yá'át'ééh,

Shí éí \_\_\_\_\_ yinishyé,  
Student name

Shimá éí \_\_\_\_\_ wolyé,  
My mother's name is

Shizhé'é éí \_\_\_\_\_ wolyé  
My father's name is

Shimásání dóó shicheii éí \_\_\_\_\_ wolyé,  
My maternal grandmother and grandfather's name are

Shinálí hastiin dóó asdzaán éí \_\_\_\_\_ wolyé  
My paternal grandmother and grandfather's name are

Shí éí \_\_\_\_\_ dine'é nishí,  
First clan, mother's clan

\_\_\_\_\_ báhíshchíín,  
Second clan, father's clan

\_\_\_\_\_ dashicheii,  
Third clan, maternal grandfather's clan

\_\_\_\_\_ dashináí.  
Fourth clan, paternal grandfather's clan

## Parental Consent Form for Student Photographs/Videos

Dear Parent/Guardian:

It is our practice to seek parental consent before including your child's photograph and/or recorded video on the Aneth Community School web page or in any publications, or to release any images to the media in compliance with Board Policy, for the purpose of showcasing the accomplishments of our students, teachers, and staff. In order to release or include your child's image in any district-wide project, we must have your consent.

Please review the three sections below. Please complete this form in its entirety and return it to school as soon as possible. This form will be good for one academic year and will remain on file at your child's school.

Aneth Community School has my permission to publish a photograph and/or video image of my child, for the following:

### Section I: Internal Use of Photographs and Video

Student photographs/video images may be taken for internal use such as student recognition bulletin boards, school newspapers and newsletters, classroom projects, etc.

Please check one:

\_\_\_\_\_ I grant permission to use my child's photograph/video as described above.

\_\_\_\_\_ I DO NOT grant permission to use my child's photograph/video as described above.

### Section II: External Use of Photographs and Video

Student images may be used for external publications such as press releases, print ads, or other White Pass School District publications related to my child's participation in school related and/or extracurricular activities.

Please check one:

\_\_\_\_\_ I grant permission to use my child's photograph/video as described above.

\_\_\_\_\_ I DO NOT grant permission to use my child's photograph/video as described above.

### Section III: Web Page Use of Photographs and Video

Student images may be used for district and individual school websites with the understanding that the child's full name will not be published on the Internet when an image is posted. Last names of students will NOT be used on web page projects.

Please check one:

\_\_\_\_\_ I grant permission to use my child's photograph/video as described above.

\_\_\_\_\_ I DO NOT grant permission to use my child's photograph/video as described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Authority Checklist: Foods to Exclude and Substitute

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

This form may be used in conjunction with the "Medical Statement to Request Special Meals..." form to allow medical providers to elaborate on exclusions/substitutions for children with special dietary needs.

### Dairy

**Foods to Exclude:**

- All foods containing milk\*
- Baked goods made with milk
- Fluid Milk
- Buttermilk
- Butter
- Cheese
- Cream/Ice Cream
- Yogurt
- Other (specify):

**Allowable substitutes:**

- Lactose-free milk
- Plant-based milk alternates (e.g. soy, almond, and rice milk)
- Other (specify):

\*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

### Eggs

**Foods to Exclude:**

- All foods containing eggs\*
- Eggs
- Other (specify):

**Foods to substitute:**

\*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

### Grains

**Foods to Exclude:**

- All foods containing wheat\*
- All foods containing gluten
- Rye
- Barley
- Other (specify):

**Allowable substitutes:**

- Rice
- Corn products
- Quinoa
- Oats
- Other (specify):

\*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut®, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.