



**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 2024-2025**

Yaateeh! Welcome to this NEW SCHOOL YEAR! ☺

Last year was a learning experience for all of us since we overcame challenges that we were not ready to face! Although this year may be a little different, please know that as Administrators, Faculty and Staff, we have high expectations and we are here to help you and your child/ren.

Our ACS Teachers and Staff cannot wait to meet your child/ren and help them develop their skills, uniqueness, abilities and learning styles. Together we will become a great support team for your child/ren to grow!

Attached to this letter is the enrollment packet for School Year 2024-2025. Aneth Community School is enrolling children in grades Kindergarten to 6<sup>th</sup> Grade. All Students MUST have a census number upon enrollment, CIB, Birth Certificate and UPDATED Immunization Record (document should be dated this year 2024) **Kindergarten Students MUST BE 5 YEARS OLD by DECEMBER 31, 2024.**

Thank you for choosing Aneth Community School! We are excited to see your child/ren on the first day of School on **Monday Aug 5<sup>th</sup>, 2024.**



**2024-25 ANETH COMMUNITY SCHOOL ENROLLMENT  
CHECK-OFF LIST:**

☐ CIB – Certificate of Indian Blood (**REQUIRED**)

☐ Birth Certificate (**REQUIRED**)

☐ Updated Immunization Record (**REQUIRED**)

☐ Student Enrollment Form Pg 1 & 2

☐ Parent Consent Form

☐ ED Form 506 Title IX Part A

☐ Student Health History Form

☐ Student Compact Form

☐ School Attendance Contract

☐ Home Language Survey Form

☐ Release of Record Form

☐ Student's Residential Map (Per Household)

☐ Optional Forms (If Needed)

Medical Statement to Request Special Meals

☐ Parent Consent Form for Student Photographs/Videos



.....  
SCHOOL OFFICE ONLY

**ENTRY SLIP**

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

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

☐ Day Student

☐ Dorm Student (Entry Date: \_\_\_\_\_)

☐ Walk-in

☐ Ismay/Hatch

☐ Montezuma Creek/Red Mesa

☐ Aneth/NHA/Resolute/East Aneth

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

Bureau of Indian Education  
School Name  
Student Enrollment Application

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: _____	Birth Place	Tribal Affiliation	Chapter Affiliation
Home Location:	Language most Spoken at Home						
Navajo: _____	English: _____		Language most Spoken by Student				
Navajo: _____	English: _____		Did student participate in English Language Learn ELL? _____				
Did student participate in Special Education? _____							
Both Parents _____ Father _____ Mother _____ Grandparents _____ Guardian _____ Other _____							
<b>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?</b>							
Father:	Tribal Affiliation:			Mother:			
Address (city,state,zip):	Tribal Affiliation:			Address (city,state,zip):			
Home Location:	Tribal Affiliation:			Home Location:			
Home Phone:	Work Phone:			Home Phone:			
Email:	Cell/Pager:			Email:			
Employer:	Census No:			Employer:			
Contact Allowed:	Received student mailings?			Contact Allowed:			
Guardian Name:	Received student mailings?			Received student mailings?			
Address (city,state,zip):	Received student mailings?			Received student mailings?			
Home Phone:	Work Phone:			Home Location:			
Employer:	Other:			Cell/Pager:			
Emergency Information: (other than parent/guardian):							
Relationship to Student:							
May Pick up Student?							
Home Phone:							
Work Phone:							
Cell/Pager:							
May Pick up Student?							
Home Phone:							
Work Phone:							
Cell/Pager:							
Other:							

## SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School:	Address:		
Phone Number:	Grade Completed:	Dates Attended:	
<u>List all schools you have attended:</u>			
Previous School Attended:	Address	Phone No.	
Reason for transferring:	Grade Completed:	Dates Attended:	
Previous School Attended:	Address	Phone No.	
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?** \_\_\_\_\_.

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

I recognize that this is a public document and that falsification of information on this document 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
-------------------------------------	------------------------------------	------

OFFICIAL USE ONLY		Verified by:
-------------------	--	--------------

I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of:  
Degree of Indian Blood. Enrollment/Census Number. Agency.

APPROVAL OF SCHOOL APPLICATION: Approved Not Approved

Signature of Principal or Registrar	Date	Signature of Programs Support Assistant	Date
-------------------------------------	------	---	------



**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)			
<input type="checkbox"/> Federally Recognized, including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group meeting #4 of the definition above
Name of individual with tribal membership? _____			
Individual name is (check c _____ Child		<input type="checkbox"/> Child's Parent	<input type="checkbox"/> 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 even 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 ☐  
What kind of medication? \_\_\_\_\_
7. Does child have problems with his/her heart? Yes ☐ No ☐
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) \_\_\_\_\_
9. 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 the medication:  
Signature: \_\_\_\_\_
10. Usual place child receives health care (IHS, UNHS) \_\_\_\_\_  
Address or phone number is this clinic is out of the area: \_\_\_\_\_  
\_\_\_\_\_
11. Legal Guardian of Child: \_\_\_\_\_
12. Primary Caregiver of Child: \_\_\_\_\_
13. Caregiver's location of home: \_\_\_\_\_
14. Any other health concern we need to know about your child? \_\_\_\_\_  
\_\_\_\_\_
15. May we share this information with school staff who need to know? Yes ☐ No ☐

All the information on this form is correct to the best of my knowledge. Please sign below.

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

# Aneth Community School – Student Compact Form

**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 student's every day.

**Home Living Aide/Dormitory Staff 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 organizational 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.

**Bus Drivers agree 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
Date

Date \_\_\_\_\_

Student Name	Grade
--------------	-------

Grade

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

Date \_\_\_\_\_

---

Bus Driver Signature
Date

Date \_\_\_\_\_

Principal Signature	Date
---------------------	------

Date \_\_\_\_\_

---

Home Living Aide/Dormitory Staff
Date

Date \_\_\_\_\_





## 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 (3) 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 A.M. to 3:00 P.M. Perfect Attendance is defined as present every day with no tardiness or early checkouts.

### **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 1<sup>st</sup>. Arrive to school on time (school starts at 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 make-up work or homework for missed assignments. Teachers are responsible to have 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 A.M. and absent ½ day if they are checked out before 2:00 P.M.
- 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 tardiness to the Principal. The Principal will determine retention or seek an alternate remedy.

Your child/ren 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 1<sup>st</sup>, 95% attendance is required of the days actually enrolled.

By signing this form, you are acknowledging as a Parent, you understand the Aneth Community School Student Attendance Policy and will adhere to it. Please read the Student section to your child/ren and if they are able to sign off, they can.

---

Student Name/Signature

Date

---

Parent/Guardian's Signature

Date



United 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

## Medical Authority Checklist

### *Foods to Exclude and Substitute*

CHILD NAME: \_\_\_\_\_

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

This form may be used in conjunction with the "Medical Statement to Request Specials 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 alternate
- ☐ (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 meal (also spelled as matzo, matzah, or matza), Pasta, Seltan, 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.

## MEAT

### Foods to Exclude:

- ☐ Beef
- ☐ Pork
- ☐ Poultry
- ☐ Lamb/Mutton
- ☐ Other (Specify): \_\_\_\_\_

### Allowable substitutes:

- ☐ Tofu
- ☐ Eggs
- ☐ Dairy
- ☐ Nuts/nut butter
- ☐ Beans
- ☐ Other (Specify): \_\_\_\_\_

## NUTS

### Foods to Exclude:

- ☐ All foods containing eggs\*
- ☐ Eggs
- ☐ Other (Specify): \_\_\_\_\_

### Foods to Substitute:

- ☐ Soy Butter
- ☐ Sunflower Seed Butter
- Almond Butter
- Other (Specify): \_\_\_\_\_

\*Tree Nuts include: Almond, Beechnut, Brazil Nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nang Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

## SEAFOOD

### Foods to Exclude:

- ☐ Crustaceans (crab, shrimp, lobster)
- ☐ Mollusks (clam, mussel, oyster, scallop)
- ☐ Finned Fish\*
- ☐ Ceasar Dressing
- ☐ Imitation fish/crab
- ☐ Other (Specify) \_\_\_\_\_

### Foods to substitute:

\*Finned Fish Include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

## Other

### Foods to Exclude:

### Foods to substitute:

Signature of Preparer:	Printed Name:	Date:
Signature of Medical Authority & Credentials	Printed Name:	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

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

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

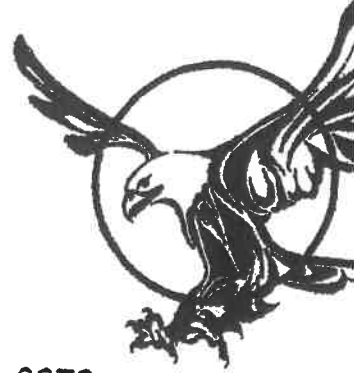
\_\_\_\_\_ dashinálí.  
Fourth clan, paternal grandfather's clan



### Don't 4 Class!

Big Water Clan  
Many Hognas Clan  
Many Mules (Burros) Clan  
Rock Gap Clan  
Mud Clan  
Reed People  
Within His Cover clan

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.

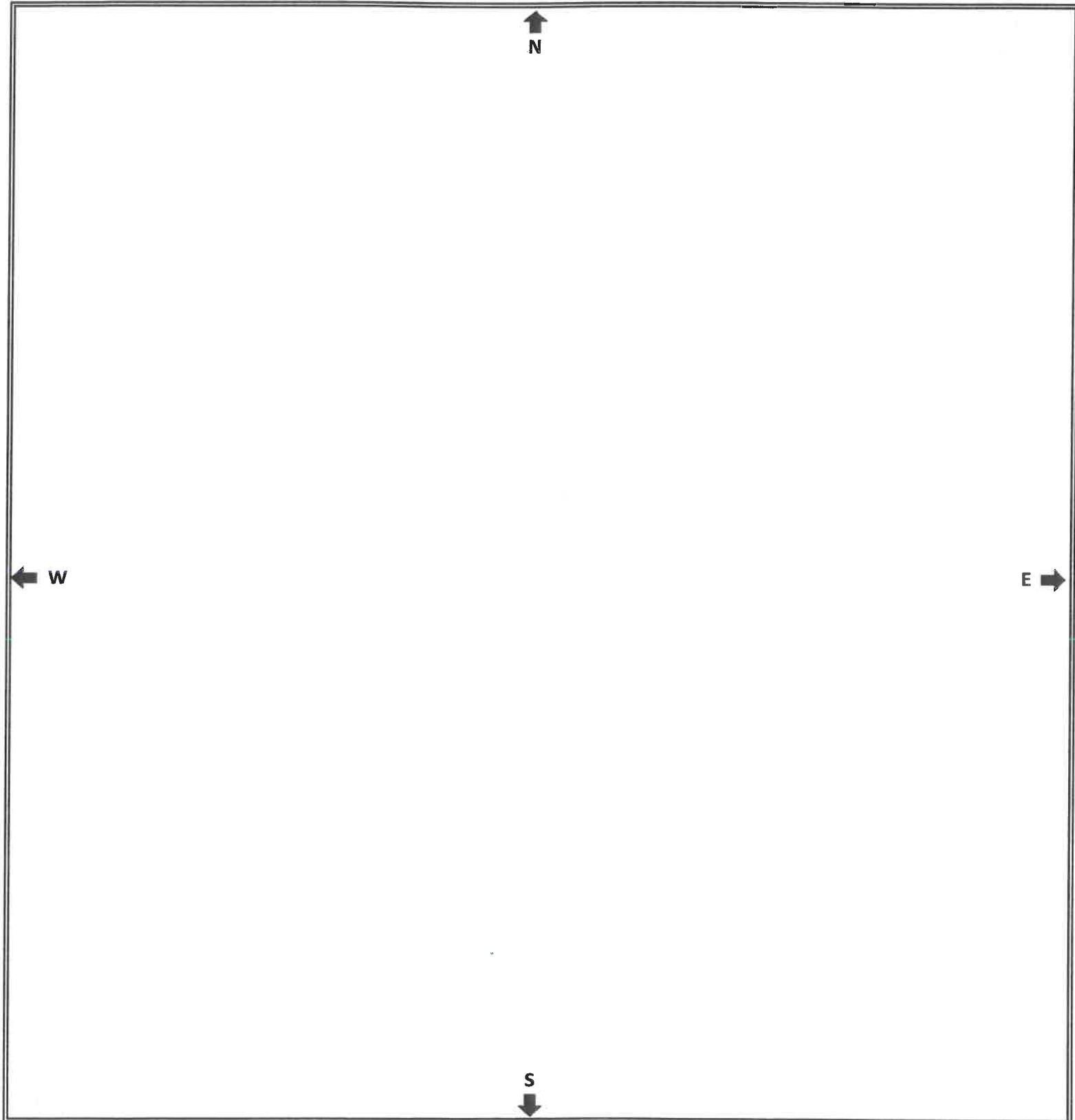
\_\_\_\_\_  
Authorized Signature/ Parent or Guardian

\_\_\_\_\_  
Date



# Aneth Community School

## SY2024-25 Student Residential Map



We appreciate your assistance with this information.

## Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/Guardian	3. Email Address	
4. Name of Child *	5. Date of Birth	6. Telephone Number	
7. State the medical condition requiring accommodation.			
<i>This section <u>must be completed by a licensed medical authority</u>. Refer to the reverse side of this page for definitions.</i>			
<b>8. Provide a brief description of the major life activities or bodily functions affected by the condition. *</b>  Consuming foods to be omitted may result in: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Wheezing/Coughing <input type="checkbox"/> Other:			
<b>9. Describe diet prescription and/or accommodation. Must include specific foods to be excluded and substituted. *</b>			
<b>Foods and/or beverages to be excluded: *</b>		<b>Foods and/or beverages to be substituted: *</b>	
10. Modified texture (if applicable): <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Puree			
11. Adaptive Equipment Needed (if applicable):			
12. Signature of Medical Authority & Credentials*	13. Printed Name*	14. Telephone Number	15. Date*
I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.			
Signature of parent or guardian:		Date:	

**\* Required**

## Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

A licensed medical authority is defined as an individual who has the authority to write a medical prescription.

In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)
- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)
- For programs operating in Bureau of Indian Education schools, the Indian Health Service requires that prescribing practitioners have Drug Enforcement Administration licenses.

### **USDA Guidelines for Accommodating Special Dietary Needs**

Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) a **person with a disability is defined as:**

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Major Life Activities-** functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**Major Bodily Functions-** functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

**Physical or Mental Impairment-** (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Record of Impairment-** having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.



## 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