



# TOHONO O'ODHAM HIGH SCHOOL

HC 01 BOX 8513 SELLS, ARIZONA 85634

PHONE: (520) 362-2400 FAX: (520) 362-2256

## APPLICATION FOR ADMISSION

*To complete the application packet, please attach copies of the following documents:*

- Birth Certificate
- Certificate of Indian Blood or letter of enrollment
- Immunization Record updated with a July 2024 stamp
- Copy of your 8<sup>th</sup> Grade Certificate
- Court Orders of Guardianship
- Official Withdrawal Notice
- Official Transcripts from the last school attended

*This packet contains the following items which are necessary for admission at Tohono O'odham High School:*

- Student Enrollment Application
- Emergency & Release Information Form
- Physical Location of Home with Map Form completed
- Tribal Enrollment Release of information Form
- Permission to Publish Pictures Form
- Request for Records Form
- Consent for Indian Health to Provide Services
- Primary Home Language Other Than English Form
- Tohono O'odham Nation Health Care Form
- Tohono O'odham Nation Dental Clinic Form
- McKinney-Vento Housing Questionnaire Form

*Complete all parts of the application. If there are questions or need assistance in completing the application packet, please contact the school. A Parent/Guardian signature is required on several of the pages. Sign all pages that requests a signature.*

## Instructions for Completing the Student Enrollment Application Form

**Paperwork Reduction Act Statement:** This information is collected to identify each student's instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by the respondent to obtain or retain a benefit, that is, to provide appropriate schooling and the needed funding. It is estimated that this form will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. The control number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number.

| <b>1. Identification</b>  |   |
|---|---|
| Name:   | Enter the name of the student by last, first, and middle. Example: Green, Frances Jean  |
| Address:  | Enter the address where student receives mail.  |
| Date of Birth:  | Enter the student's date of birth.  |
| Place of Birth:   | Enter the location, name of city or town, and state where the student was born.   |
| Sex:  | Indicate whether the student is male or female.   |
| Have a IEP :  | Special Education Services ( Individual Education Plan)   |
| Have a 504 Plan:  |   |
| Tribal Affiliation:   | List the tribe(s) in which the student is enrolled.   |
| Home Agency:  | Enter the name of government office which has the responsibility or list of enrolled members which includes the student's name.   |
| Census Number:  | Enter the census number or roll number assigned to the student by the governing Tribe or Agency in which he/she is a member/enrolled.   |
| Degree Indian:  | Indicate such as: 4/4, 3/4, 1/2, 1/4, etc.  |
| Dominant language spoken in the home:   | Enter dominant language spoken in the home.   |
| <b>2. Parent/Guardian and Background Information</b>  |   |
| Father's Address:   | Enter father's address if different from student's address.   |
| Tribal Affiliation:   | Enter father's Tribe.   |
| Home Agency:  | Enter Agency where father is enrolled.  |
| Enrollment Number:  | Enter father's census number.   |
| Living/Deceased:  | Indicate whether father is alive or deceased, entering date if deceased.  |
| Employer:   | Enter the name of father's employer or where he works.  |
| Telephone Numbers:  | Please list father's home telephone, work number, an emergency number or other numbers where father can be reached, in case of an emergency. If other, indicate friend, aunt, uncle, etc. |
| Email:  | Enter fathers email   |
| Mother:   | Same instructions as above.   |
| Legal Guardian:   | Same instructions as above.   |
| 3. <b>SCHOOLS PREVIOUSLY ATTENDED:</b> List the names, addresses, dates, grades completed and reasons for leaving all the schools the student previously attended. Please fill out as accurately as possible. |   |
| 4. <b>FOR BUREAU USE ONLY:</b> Self-Explanatory.  |   |

# Tohono O'odham High School

School Year 2024-2025

## STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

|   |  |                  |           |   |        |                  |           |
|---|--|------------------|-----------|---|--------|------------------|-----------|
| Type:<br>Day School (X) <i>Tohono O'odham High</i><br>Boarding School ( )<br>Peripheral Dormitory ( ) |  |                  |           | Funding<br>Pub. Law 100-297 Grant ( )<br>Pub. Law 93-638 Contract ( )<br>BIA Operated (X) |        |                  |           |
| <b>1. STUDENT IDENTIFICATION</b>  |  |                  |           |   |        |                  |           |
| Name: Last  |  | First            |           |   | Middle |                  |           |
| Address:  |  | Street:          |           | City:   |        | State:           | Zip Code: |
| Date of Birth: Month  |  | Day              | Year      | Place of Birth:   |        | Sex:             |           |
|   |  |                  |           |   |        | Male             | Female    |
| Village and Miles from home to school:  |  |                  |           |   |        | Grade:           |           |
| Does your student have an IEP?  |  | Yes              | No        | Does your student have a 504?   |        | Yes              | No        |
| Tribal Affiliation:   |  |                  |           | Home Agency:  |        |                  |           |
| Enrollment Number:  |  |                  |           | Degree Indian:  |        |                  |           |
| Dominant language spoken in the home:   |  |                  |           |   |        |                  |           |
| (1)   |  |                  |           | (2)   |        |                  |           |
| <b>2. PARENT INFORMATION</b>  |  |                  |           |   |        |                  |           |
| Father's Name:  |  |                  |           | Mother's Name:  |        |                  |           |
| Address:  |  |                  |           | Address:  |        |                  |           |
| Tribal Affiliation:   |  | Home Agency:     |           | Tribal Affiliation:   |        | Home Agency      |           |
| Enrollment Number:  |  | Living:          | Deceased: | Enrollment Number:  |        | Living:          | Deceased: |
|   |  | ( )              | ( )       |   |        | ( )              | ( )       |
| Employer:   |  |                  |           | Employer:   |        |                  |           |
| Home Phone:   |  | Work Phone:      |           | Home Phone:   |        | Work Phone:      |           |
| Cell Phone:   |  | Emergency Phone: |           | Cell Phone:   |        | Emergency Phone: |           |
| Email:  |  |                  |           | Email:  |        |                  |           |
| <b>GUARDIAN INFORMATION</b>   |  |                  |           |   |        |                  |           |
| Legal Guardian:   |  |                  |           | Relationship: (Grandparent, Case manager etc.)  |        |                  |           |
| Address:  |  |                  |           |   |        |                  |           |
| Employer:   |  |                  |           | Email:  |        |                  |           |
| Home Phone:   |  | Work Phone:      |           | Cell Phone:   |        | Other:           |           |

Any information the school should be aware of:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**3. SCHOOL(S) PREVIOUSLY ATTENDED:**

|              |        |                     |               |                     |  |
|--------------|--------|---------------------|---------------|---------------------|--|
| School Name: |        | Dates Attended:     |               | Grade(s) Completed: |  |
| Address:     |        | Reason for Leaving: |               |                     |  |
| City:        | State: | Zip Code:           | Phone Number: |                     |  |
| School Name: |        | Dates Attended:     |               | Grade(s) Completed: |  |
| Address:     |        | Reason for Leaving: |               |                     |  |
| City:        | State: | Zip Code:           | Phone Number: |                     |  |

**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 officially enrolled.**

|  |  |  |              |
|--|--|--|--------------|
| <i>Signature of Parent/Legal Guardian:</i> |  |  | <i>Date:</i> |
|  |  |  |              |

**FOR OFFICAL USE:**

|   |       |            |       |
|---|-------|------------|-------|
| Approved:<br><input type="checkbox"/>     | Date: | Principal: | Date: |
| Not Approved:<br><input type="checkbox"/> | Date: |            |       |
| Input to System:                          | Date: | Registrar: | Date: |

# Tohono O'odham High School

## EMERGENCY & RELEASE INFORMATION

### SCHOOL YEAR 2024-2025

|   |              |              |                  |
|---|--------------|--------------|------------------|
| STUDENT NAME  |              | BIRTHDATE    |                  |
| FATHER NAME   |              | EMAIL:       |                  |
| ADDRESS   |              | HOME#        | WORK #           |
|   |              | CELL#        |                  |
| MOTHER NAME   |              | EMAIL:       |                  |
| ADDRESS   |              | HOME#        | WORK #           |
|   |              | CELL#        |                  |
| LEGAL GUARDIAN NAME   |              | EMAIL:       |                  |
| ADDRESS   |              | HOME#        | WORK #           |
|   |              | CELL#        |                  |
| STUDENT LIVES WITH  |              | RELATIONSHIP |                  |
| WHO CAN WE CONTACT IN CASE OF EMERGENCY IF PARENT/GUARDIAN IS NOT AVAILABLE?                                |              |              |                  |
| NAME  |              | RELATIONSHIP | HOME#            |
|   |              |              |                  |
| EMAIL   |              |              |                  |
| Local Emergency Contacts (the individuals listed below are authorized to check out my student from school): |              |              |                  |
| NAME  | RELATIONSHIP | EMAIL        | HOME/CELL/WORK#S |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
|   |              |              |                  |
| Signature of parent or legal guardian:  |              | Date:        |                  |
|   |              |              |                  |

***PLEASE NOTIFY THE SCHOOL OFFICE OF ANY CHANGES REGARDING THIS INFORMATION.***

**Tohono O'odham High School Student Map**  
**School Year 2024-2025**

|                       |          |       |
|-----------------------|----------|-------|
| Student Name:         | Village: |       |
| Parent/Guardian Name: | HOME#    | CELL# |

**Physical Location of Home:** *(Use Specific Description)*

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**Please draw the location of your home.**

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United States Department of the Interior  
BUREAU OF INDIAN EDUCATION  
Education Resource Center – Phoenix  
2600 N. Central Avenue, Suite 800  
Phoenix, Arizona 85004

**Permission to Release Tribal Enrollment Verification**

**IN REPLY REFER TO:**

**Tohono O’odham High  
HC 01 Box 8513  
Sells, AZ 85634**

I \_\_\_\_\_ hereby

\_\_\_\_\_ Give permission to Tohono O’odham High School to request for Tribal Enrollment verification information for my child for purposes relating to school enrollment.

\_\_\_\_\_ DO NOT give permission to Tohono O’odham High School.

|  |                  |
|--|------------------|
| <i>Student Name: (Please Print)</i>            |                  |
| <i>Date of Birth:</i>                          | <i>District:</i> |
| <i>Enrollment Number:</i>                      |                  |
| <i>Parent or Guardian Name: (Please Print)</i> |                  |
| <i>Parent or Guardian Signature:</i>           | <i>Date:</i>     |

*United States Department of the Interior*

*BUREAU OF INDIAN EDUCATION*

*Education Resource Center – Phoenix*

*2600 N. Central Avenue, Suite 800*

*Phoenix, Arizona 85004*

## Permission to Publish Pictures

IN REPLY REFER TO:

**Tohono O’odham High  
HC 01 Box 8513  
Sells, AZ 85634**

I \_\_\_\_\_ hereby

\_\_\_\_\_ Give permission to publish pictures of my child in appropriate media sources for purposes relating to school functions.

\_\_\_\_\_ DO NOT give permission to Tohono O’odham High School permission to publish pictures of my child in appropriate media sources for purposes relating to school functions.

*Student Name: (Please Print)*

*Parent or Guardian Name: (Please Print)*

*Parent or Guardian Signature:*

*Date:*

# TOHONO O'ODHAM HIGH SCHOOL

"HOME OF THE EAGELS"

HC 01 Box 8513

SELLS, ARIZONA 85634

TELEPHONE: (520) 362-2400

FAX: (520) 362-2256

## REQUEST FOR RECORDS

|   |                    |                         |
|---|--------------------|-------------------------|
| <i>Name:</i>  | <i>D.O.B.:</i>     | <i>Date of Request:</i> |
| <i>This document requests the release of: (This would include all information or records relating to discipline records, etc)</i> <ol style="list-style-type: none"><li>1. Withdrawal Slip</li><li>2. Transcript</li><li>3. Report Card</li><li>4. Immunizations Records</li><li>5. Special Education IEP</li><li>6. Gifted and Talented IEP</li><li>7. 504 Plan Records</li><li>8. Cumulative Records</li><li>9. Standardized Test Results</li><li>10. Attendance Records</li><li>11. Health Records</li><li>12. Behavior Record</li><li>13. 8th Grade Promotion Certificate</li></ol> <p><i>Please send information on this student to:</i></p> <p style="text-align: center;"><i>Tohono O'odham High School</i><br/>Attention: Ms. Maldonado, Registrar<br/>HC 01 Box 8513<br/>Sells, AZ 85634<br/>Email: <a href="mailto:camilla.maldonado@bie.edu">camilla.maldonado@bie.edu</a><br/>FAX: (520) 362-2256</p> |                    |                         |
| <i>Name of Last School Attended:</i>  | <i>Address:</i>    |                         |
| <i>Phone Number:</i>  | <i>Fax Number:</i> |                         |

\_\_\_\_\_  
Parent or Guardian Signature  
(If student is under 18 yrs of age)

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

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

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON<sup>1</sup>  
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

**Name of Student** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**I (We),** \_\_\_\_\_  
**have read this Consent Form for the Indian Health to arrange for or to provide the following health services for this child:**

1. Health care including medical examinations, routine laboratory studies, immunizations, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all the above services.

Exceptions or special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Date** \_\_\_\_\_ **Valid Until 8/2025**

<sup>1</sup> Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter Bureau of Indian Education- Arizona

School Tohono O'odham High School

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



# TOHONO O'ODHAM NATION HEALTH CARE

**School Health Program  
Adolescent and School Based Health Clinic**



## CONSENT FOR ROUTINE IMMUNIZATIONS

### Section 1: Student's Personal Information (Parent / guardian must complete)

|                            |           |                         |                                   |         |
|----------------------------|-----------|-------------------------|-----------------------------------|---------|
| First Name,                | Last Name | Birthdate (mo./day/yr.) | School                            | Teacher |
| Phone # (home, cell, work) |           |                         |                                   |         |
| Parent/Guardian Name       |           |                         | Your Relationship to this Student |         |

### Section 2: Student's Health Checklist (Parent / guardian must complete)

|  |  |
|--|--|
| 1) Has this student ever had a serious or life-threatening or allergic reaction to a vaccine or vaccine component?<br>If yes, describe: _____                      | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2) Does this student have any medical conditions or severe allergies?<br>If yes, describe: _____   | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3) Has this student received a blood transfusion or a blood product in the past year (e.g. after surgery)?<br>If yes, describe product and date: _____             | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4) Does this student take medication (e.g. prednisone) or have a disease which lowers immunity (e.g. cancer)?<br>If yes, describe: _____                           | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5) Has this student had chickenpox disease (varicella)?<br>If yes, how old was child: _____  | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 6) Has this student received any vaccines in the past 30 days?<br>If yes, specify vaccine(s): _____  | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 7) Has this student ever received a vaccine outside of Arizona that is not on record with IHS?<br>If yes, specify vaccine(s), date(s) and location if known: _____ | No <input type="checkbox"/> Yes <input type="checkbox"/> |

**Insurance for VFC: Check all that apply for this student:**     AHCCCS, Medicaid, or CMPD     Uninsured     Kids Care  
 Native American/Alaska Native     Private Insurance     Underinsured: health insurance, but coverage does not include vaccines

I understand the information in the immunization fact sheets provided to me. My questions have been answered to my complete satisfaction. I understand the benefits and possible reactions for these vaccines, and the possible risks to this student if they are not immunized. If this student has an adverse reaction to these vaccines, medical attention will be sought and public health informed. Unless cancelled in writing, I give Indian Health Service permission to give my child any of the below listed immunization due now and during the next twelve months.  
**Immunizations required by Arizona State Law:** Diphtheria/Tetanus/Pertussis (DTaP), Tetanus/Diphtheria (Td), Meningococcal, Tetanus/Diphtheria/Pertussis (Tdap), Polio, Measles/Mumps/Rubella (MMR), Hepatitis B, and Varicella (Chicken Pox).  
**Immunizations recommended by American Academy of Pediatrics:** Human Papilloma Virus (HPV4 series), Hepatitis A series, Influenza (Flu shot or nasal spray)

I consent for Student/patient to receive all above vaccinations: No  Yes   
I consent for Student/Patient to receive the seasonal influenza vaccine No  Yes

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

ANY QUESTIONS? Please call the IHS School Health Program at (520)383-7328 or the Nurse Practitioner at your child's school.  
Enclosed: Vaccine Information Sheets for all above listed vaccines



TOHONO O'ODHAM NATION SELLS HOSPITAL  
 DENTAL CLINIC  
 P.O. BOX 548  
 SELLS, AZ 85634  
 (520)383-7341

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 (Please print)

**MEDICAL HISTORY:** Please check all that apply, if **yes**, please briefly explain.

|                    | YES | NO |                          | YES | NO |
|--------------------|-----|----|--------------------------|-----|----|
| Allergies          |     |    | Liver disease/ Hepatitis |     |    |
| Heart Murmur       |     |    | Bleeding tendencies      |     |    |
| Diabetes Mellitus  |     |    | Heart Vascular disease   |     |    |
| Medication Usage   |     |    | Latex Allergy            |     |    |
| Convulsion/Seizure |     |    | Under Doctors Care       |     |    |
| Rheumatic Fever    |     |    | Other                    |     |    |
| Asthma             |     |    |                          |     |    |

**Dear Parents:**

We need your permission to provide Dental Screenings, Fluoride treatments, Silver Diamine Fluoride applications, Brushing, Flossing and Sealants for your child at school, you do not need to be present. A dental screening is a brief look at teeth and gums checking for cavities and the health of the gums. Fluoride treatment is Fluoride varnish brushed on the teeth, Fluoride strengthens teeth. Silver Diamine Fluoride application (SDF) is a liquid antimicrobial agent placed on teeth to prevent or slow the growth of cavities. Dental sealants are thin coatings painted on the chewing surfaces of the back teeth that may prevent cavities for many years. **WE CANNOT DO A SCREENING EXAM AND TREATMENT FOR YOUR CHILD UNLESS YOU FILL OUT THE FOLLOWING INFORMATION AND SIGN BELOW GIVING US PERMISSION. PLEASE RETURN THIS FORM TO THE SCHOOL. THANK YOU!**

If you have any questions please contact the TON Sells Dental Clinic (520)383-7341 or (520)383-7200 ext.5336

Please circle one of the answers.

- YES-** I want my child to have Dental Screenings, Fluoride treatments, Brushing and Flossing, Sealants and Silver Diamine Fluoride (SDF) if necessary by the Tohono O'odham Sells dental staff.
- NO-** I do not want my child to have Dental Screenings, Fluoride treatments, Brushing and Flossing, Sealants and Silver Diamine Fluoride (SDF) by the Tohono O'odham Sells dental staff.
- I ONLY-** want my child to have: \_\_\_\_\_

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email (please print)

\_\_\_\_\_  
 Phone



Division of Performance and Accountability  
 Supplemental Education Programs  
 McKinney-Vento Education for Homeless Children & Youth Program  
 STUDENT HOUSING QUESTIONNAIRE

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

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

Student Name: \_\_\_\_\_ • Male • Female • Non-binary

Last School attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

Address of where the student slept last night: \_\_\_\_\_

Parent/Guardian/Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_ Email, if available: \_\_\_\_\_

Is the student's address a temporary living arrangement? • Yes • No

**Note: If you checked "No," you may STOP here. Thank you.**

If temporary, is this living arrangement due to loss of housing or economic hardship? • Yes • No

**Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:**

- Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason  
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- In a **hotel/motel** (Name of hotel/motel): \_\_\_\_\_
- In a **shelter** or transitional housing program (name of shelter or program): \_\_\_\_\_
- In an **unsheltered** location such as: Tent, Car/Truck/ Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
  - In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

| Last Name | First Name | Grade | School |
|-----------|------------|-------|--------|
|           |            |       |        |
|           |            |       |        |
|           |            |       |        |
|           |            |       |        |

*The undersigned certifies that the information provided above is accurate.*

\_\_\_\_\_  
**Signature of Person Providing Information** \_\_\_\_\_  
**Date**

**Parent/Legal Guardian/Caregiver/Unaccompanied Student (Circle one)**

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency: \_\_\_\_\_



Division of Performance and Accountability  
Supplemental Education Programs  
McKinney-Vento Education for Homeless Children & Youth Program  
STUDENT HOUSING QUESTIONNAIRE

Name

Phone contact

Relationship to student

***For School Use Only***

**Note:** Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

**Housing type (Primary Nighttime Residence)-Check all that apply and date:**

- Doubled-up: \_\_\_\_\_  Sheltered: \_\_\_\_\_  
 Hotel/Motel: \_\_\_\_\_  Unsheltered: \_\_\_\_\_

1) Unaccompanied youth:  Yes  No

2) Transportation needed:  Yes  No

Select all that apply:  Special Education  English Learner  Migrant

**Resources and Services**

*Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:*

- McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals/fees waived)  
 Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)  
 School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

**Tohono O'odham Bureau of Education Schools Complaint Form**

**Tohono O'odham High School**

**Per Section: 7.8 Parent/Guardian Complaint Procedures (School Board established procedure in order to address parent concerns)**

- A. Parent/Guardian should make every attempt to resolve the concern at the school level.**
- B. If the problem cannot be resolved at the school level, the parent/guardian should contact the School Board Secretary in writing, to request a meeting with the School Board at the next meeting.**
- C. Pending the School Board's decision, the Education Line Office may be notified.**
- D. A parent who is a relative of a school staff member may not have the staff member present their concern to the school. The parent/Guardian needs to present their concern themselves.**

**NAME:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

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

**SUMMARY OF YOUR CONCERN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT HAVE YOU DONE TO RESOLVE THE MATTER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

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

# The Smiles Movement



PO Box 767  
Camp Verde, AZ 86322

thesmilesmovement@gmail.com

Ph: 928-567-1832  
Fax: 928-567-6500

**Please return this form to the school!**

**DEAR CONCERNED PARENT:**

Dental disease is the #1 reason children miss school. The Smiles Movement has been providing care for your children for over 30 years at no charge to you. You have a choice; you can choose to go through the process at IHS, or enjoy the convenience of having our experienced doctors care for your child at their school. We thank you for once again choosing our practice that over the years has served thousands of children. To participate, your child must be enrolled in an appropriate AHCCCS program which is easily done at most IHS facilities.

**IF YOU CHOOSE TO HAVE YOUR CHILD CONSIDERED FOR TREATMENT YOU MUST COMPLETE THE FOLLOWING:**

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

**HEALTH HISTORY**

PLEASE TELL US ABOUT YOUR CHILD'S HEALTH HISTORY. CHECK ALL OF THE FOLLOWING THAT APPLY TO YOUR CHILD:

| Has your child had?           | NO  | YES |                       | NO  | YES |
|-------------------------------|-----|-----|-----------------------|-----|-----|
| Allergy to medication         | ___ | ___ | Heart Murmur          | ___ | ___ |
| Rheumatic Fever               | ___ | ___ | Bleeding Disorders    | ___ | ___ |
| Psychiatric Treatment         | ___ | ___ | High Blood Pressure   | ___ | ___ |
| Seizure Disorder              | ___ | ___ | Asthma                | ___ | ___ |
| Diabetes                      | ___ | ___ | Hepatitis/Jaundice    | ___ | ___ |
| AIDS/HIV Positive             | ___ | ___ | Anemia                | ___ | ___ |
| Hospitalizations              | ___ | ___ | Latex Allergy         | ___ | ___ |
| Vision or speech problems     | ___ | ___ | Other Serious Illness | ___ | ___ |
| Could your child be pregnant? | ___ | ___ |                       |     |     |

Is your child under a Physician's care? NO \_\_\_ YES \_\_\_

Is your child taking any medication? \_\_\_ \_\_\_

Any problems with local anesthetic? \_\_\_ \_\_\_

PLEASE EXPLAIN ANY "YES" ANSWERS: \_\_\_\_\_

What is your primary concern for your child's oral health? \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE**

CONSENT FOR TREATMENT AND PATIENT MANAGEMENT

Following your child's examination, that consists of radiographs (x-rays) and in some cases, a panoramic scan, and cleaning, the doctor may determine that your child requires additional dental treatment, including silver fillings, routine baby tooth extractions, stainless steel crowns, and pulp treatments for deciduous (baby) teeth. These pulp treatments are routine procedures for baby teeth. More involved pulp treatments for permanent teeth (root canals) are referred.

The Smiles Movement dentists make all decisions very carefully, including referring your children who may benefit from sedation, protecting your child from injury with a gentle hand, or in the event of a critical situation, briefly using a papoose board similar to those used by physicians and hospitals. It is always our priority to give your child excellent dental care, protect them, and create a pleasant visit. These efforts will help insure positive dental experiences for a lifetime of smiles. If our dentists make the decision to refer your child, they take all factors into consideration, including the very limited number of general anesthesia appointments available at the IHS. We coordinate our schedules with the school nurse, and we welcome and encourage you to participate, however, we do understand that in some circumstances you cannot attend.

We have had great success with our program and we are looking forward to providing your child with excellent dental care. Participation in this program could affect future benefits your child may receive under private insurance or from another private dentist.

- HELP US COMBAT DENTAL DISEASE, THE #1 CAUSE OF MISSED SCHOOL TIME
- WE WANT TO GIVE YOUR CHILD A SMILE THAT LASTS A LIFETIME

CONSENT FOR TREATMENT  
AND  
ACKNOWLEDGEMENT OF PRIVACY PRACTICES

By signing below I acknowledge that: (Please check one below)

1.  YES. I give permission for my child to receive necessary treatment!  
I am aware that I have rights outlined in the Notice of Privacy Practices and that a copy of this notice is available for my review.  
I consent to the sharing of this information with the IHS Dental program.
2.  No. I do not want my child to receive necessary dental treatment provided at their school. I will assume responsibility for obtaining their treatment elsewhere.

I understand that I may refuse to sign this Consent and Acknowledgement.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Please print your name \_\_\_\_\_

*If you have any questions, please call our office at 928-567-1832*

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**PLEASE TURN OVER AND COMPLETE**

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