



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, *Principal*

Sophia Attakai-Francis; Board Member
Genevieve Jackson, Board Member
Hoskie Bryant; Board Member
Valerie Yazzie; Board Member

SY2023 – 2024 **NEW ENROLLMENT CHECKLIST**

____ Enrollment Packet – **COMPLETED**

____ **UPDATED** Immunization Record (Computerized Copy) – Current Date of July 2023–**REQUIRED**

____ Birth Certificate

____ Certificate of Indian Blood

____ Social Security Card

____ Legal Guardianship Documentation

____ Release/Transfer of Records

____ Withdrawal Form & Final Grades (Previous School)

____ 2023-2024 Application for Free/Reduced School Meals

Student's Name: _____

I, the undersigned herein authorize the persons named below to check my child out of Dilcon Community School, Inc. I understand that by this authorization, I do fully and completely relieve the School and School Officials of all responsibility regarding my child. It is further understood those parents listed below are authorized to check my child out of school.

Please list the *Name and Relation* of the people authorized to check out your student.

AUTHORIZED

1	_____	
2	_____	
3	_____	1
4	_____	2
5	_____	3
6	_____	4
7	_____	5
8	_____	
9	_____	
10	_____	

RESTRICTED

PARENT OR LEGAL GUARDIAN X: _____



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

RELEASE / TRANSFER OF RECORDS

Student: _____ Grade: _____ DOB: _____

Parent/Legal Guardian: _____

This is a request that the records of the above named student be released from your facility for the purpose of a routine school transfer, educational planning and placement.

Name of Previous School, Organization or Agency

Post Office or Street Address

City, State, Zip Code

The following records are authorized by the Parent/Legal Guardian to be released or transferred upon the receipt of this request:

- ____ Official Withdrawal Slip
- ____ Cumulative School Record
- ____ Progress Monitoring Records (WIDA, Galileo, Pearson Access, BIE Science Cognia, etc.)
- ____ Response to Intervention, Child Study Team Referrals and Records, if any
- ____ Psychological and Special Education Records
(If applicable to this student: Please include IEP, Consent for Evaluation, Placement, Summary Records.)
- ____ Medical and Health Records, if any (including Birth and developmental history records, vision & hearing records.)
- ____ Other: _____

I hereby authorize the release or transfer of the above records to:

Dilcon Community School
 ATTN: ENROLLMENT OFFICE
 HC-63, Box G
 Winslow, AZ 86047
 (928) 657-2310 FAX: (928) 657-3213

Parent/Legal Guardian

Date

Grade Level: 4th

Boarding:
Day-Bus:

Entry Date:

Bureau of Indian Education

EXAMPLE

BIA Form 6248
OMB No. 1075-0122
mfls/rev 08/10
Exp. 03/31/2012

Dilcon Community School, Inc. Fill out the entire application. This is an example of how the
Student Enrollment Application application needs to be done.

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:
Yazzie	Bob		Female	June 3, 2005	123,456	7/8

Student Address: HC 63, Box 178	City: Winslow	State: AZ	Zip Code: 86047	Birth Place: Salt Lake City, UT	Tribal Affiliation: Navajo	Chapter Affiliation: Dilcon
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Home Location: 4 miles East of Bashas (Blue house w/brown roof)	Language most Spoken at Home: Navajo	Language most Spoken by Student: Navajo	English: X
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With Whom Does the student live?	Did student participate in English Language Learn ELL?	Did student participate in Special Education?	No/Yes
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Both Parents	Father	Mother	Grandparents	Guardian	Other	No/Yes
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Father: Leroy Yazzie	Tribal Affiliation: Navajo	Mother: Molly Yazzie	Tribal Affiliation: Navajo
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Address (city, state, zip): HC 63, Box 178 Winslow, AZ 86047	Address (city, state, zip): HC 63, Box 178 Winslow, AZ 86047
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Home Location: 4 miles East of Bashas (Blue house w/brown roof)	Home Location: 4 miles East of Bashas (Blue house w/brown roof)
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Home Phone: N/A	Work Phone: N/A	Home Phone: N/A	Work Phone: N/A
-----------------	-----------------	-----------------	-----------------

Email: N/A	Cell/Pager: (928) 555-9999	Email: N/A	Cell/Pager: (928) 555-4444
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Employer: Unemployed	Census No: 987,654	Employer: Unemployed	Census No: 234,789
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Contact Allowed: No/Yes	Received student mailings?: No/Yes	Contact Allowed: Yes	Received student mailings?: Yes
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Guardian Name: N/A	Contact Allowed: N/A	Received student mailings?: N/A
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Address (city, state, zip): N/A	Home Location: N/A	Cell/Pager: N/A	Other: N/A
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Home Phone: N/A	Work Phone: N/A	Home Phone: N/A	Work Phone: N/A
-----------------	-----------------	-----------------	-----------------

Employer: N/A	Email: N/A	Emergency Information: (other than parent/guardian) Many Yazzie	George Joe
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Relationship to Student: Grandmother	May Pick up Student?: Yes	Relationship to Student: Uncle	May Pick up Student?: Yes
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Home Phone: N/A	Work Phone: N/A	Home Phone: N/A	Work Phone: (928) 657-4845
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Cell/Pager: (928) 444-7777	Other: (928) 111-2222	Cell/Pager: (928) 111-2222	Other: (928) 111-2222
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Grade Level: KG/1st/2nd/3rd/4th/5th/6th/7th/8th

Boarding: _____
Day-Bus: _____

Bureau of Indian Education
DILCON COMMUNITY SCHOOL, INC.
Student Enrollment Application

SY2023-2024

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First	Middle	Gender	Female:	Male:	Birth Place	Date of Birth:	Enrollment Number	Degree of Indian Blood	
Student Address:	City:	State	Zip Code	Tribal Affiliation		Chapter Affiliation				
Home Location:	Language most Spoken at Home		Language most Spoken by Student							
<i>With whom does the student live?</i>		Navajo: English:		Navajo: English:		<i>Did student participate in Special Education?</i>				
<i>Both Parents</i>		<i>Father</i>		<i>Mother</i>		<i>Grandparents</i>		<i>Guardian</i>		<i>Other</i>
<i>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/pick up the student from school. Who has legal guardianship of the student?</i>										
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:		Y/N		Received student mailings?		Y/N		Received student mailings?		Y/N
Guardian Name:		Contact Allowed:		Y/N		Received student mailings?		Y/N		
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?		Y/N		Relationship to Student:		May Pick up Student?		Y/N
Home Phone:		Work Phone:		Home Phone:		Work Phone:				
Cell/Pager:		Other:		Cell/Pager:		Other:				

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School:	Address:	Grade Completed:	Dates Attended:
Phone Number:			
<u>List all schools you have attended:</u>			
Previous School Attended:	Dilcon Community School, Inc.	Address HC 63, Box G Winslow, AZ 86047	Phone No. (928) 657-3211
Reason for transferring:		Grade Completed:	Dates Attended: SY2022-2023
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? **Yes/No (circle one) .**
I am legally responsible for this student and hereby apply for his/her admission to Dilcon Community School, Inc. 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**

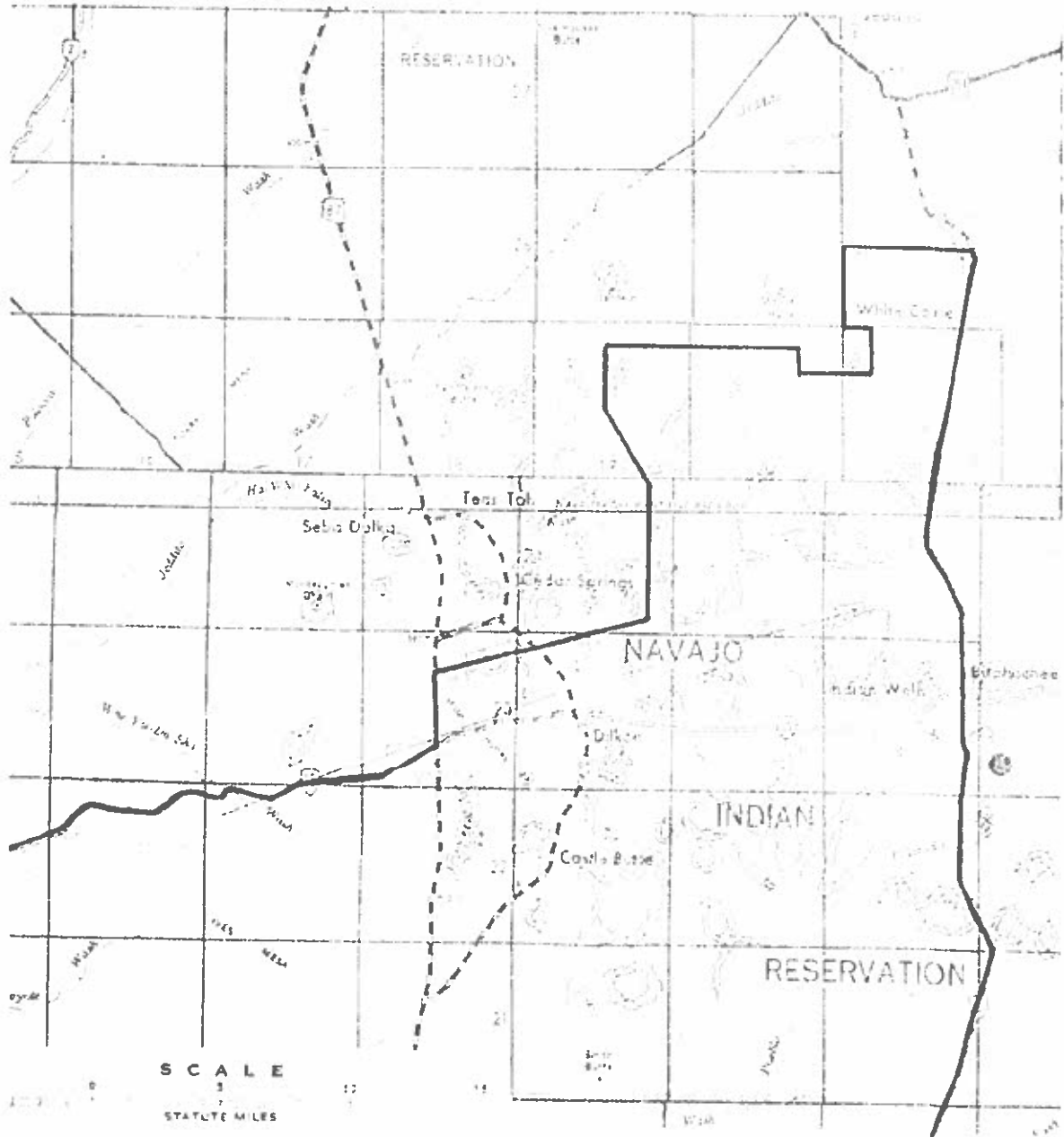
Signature of Principal or Registrar	Date	Signature of Programs Support Assistant	Date
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D-205 Census Area Map-Dilcon

I understand that all of the information is true and correct for _____
I understand that this information is being furnished for the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF PARENT OR ADULT FAMILY MEMBER

DATE



Physical Location:

**ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____
 Name of School Dilcon Community School, Inc. School District Tribal Grant School

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name Navajo Office of Vital Records & Identification Address PO Box 3240
 City Window Rock State AZ Zip Code 86515

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

**McKinney-Vento Student Residency Questionnaire
Dilcon Community School, Inc.**

Student's Legal Name: _____

This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of said student.

1. Presently, where is the student living? (Check one box in Section A or Section B)

SECTION A

The student lacks a fixed, regular and adequate nighttime residence and:

- Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (*doubled-up with more than one family*)
- Lives in a motel, hotel, trailer park, camping grounds or similar setting
- Lives in an emergency or transitional shelter
- Lives with friends or family members (other than parent or guardian)
- Lives in car, hotel/motel, substandard housing (lacking running water or electricity or adequate heat) and abandoned buildings

CONTINUE: If you checked any box in SECTION A, complete #2 and the remainder of this form.

SECTION B

Choices in Section A *Do Not Apply*

STOP: If you checked this section, you do not need to complete the remainder of this form.

- 2. The student lives with:**
- 1 parent 2 parents 1 parent & another adult
 - a relative, non-guardian or another adult

Student Date of Birth: _____ Age: _____ Female Male

Name of Parent(s) or Legal Guardian(s): _____

Mailing Address: _____

Physical Address: _____

Home #: _____ Cell #: _____ Work #: _____

Parent/Legal Guardian Signature: _____ Date: _____

For any choices in Section A, this form must be completed and forward to the school liaison immediately. Form will be kept separately from the Student Permanent Record for Audit purposes during the school year.

SCHOOL OFFICIAL USE ONLY: Date forwarded to McK-Administrator: _____

DILCON COMMUNITY SCHOOL INC.
HC 63 Box G
Winslow, Arizona 86047

PARENTAL CONSENT FOR ANNUAL ASSESSMENT/EVALUATION/EXAMINATION

This is to certify that I, _____, hereby agree to allow my child, _____ to receive assessment(s), examination(s), or evaluation(s), as deemed necessary during the school year in the interest of furthering my child's education or educational placement.

PRE-PRESENTATIVE EXAMPLE OF TESTING THAT MAYBE ADMINISTERED

TYPE:

1. WIDA Assessment for ELL (English Language Learners)
2. Galileo Assessment
3. Multi-State Alternative Assessment (MSAA)
4. Pearson Access Assessment ELA/Math 3rd – 8th
5. BIE Science Cognition 5th & 8th
6. Dine Language Proficiency Fall/Spring K, 4th & 8th
7. Oral Navajo Language & Culture Test –SBA Spring 4th & 8th
8. Vision, Hearing & Speech Screenings

AGENCY/PRACTITIONER:

Counselor
Teachers
SPED Teachers/Counselor
Counselor
Counselor
Culture Teachers
Culture Teachers
Health Technician/WIHCC

The above services have been fully defined and explained to me and I am satisfied with the explanation of why these services may be necessary as presented by:

Name: _____ Principal: _____

I hereby certify that I have been advised of my rights to inspect all relevant educational assessment records pertaining to my child, to question such records, and to obtain copies of them. I further understand that I have the right to obtain an independent evaluation of my child and to request an impartial due process regarding the evaluation in case of disagreement.

I further understand that neither my child's name nor my name will be used in any form that will violate our rights to privacy, confidentiality, or anonymity and that if the results of the assessment(s) are negative that all records be destroyed. I also understand that I will be advised of any assessment(s) given to my child and will be afforded the opportunity to review them and participate in the placement of my child as well as the development of the individual educational plan.

Signature: _____

Date: _____

Interpretation: Was
 Was Not

Witnessed: _____

Date: _____

I, undersigned, have defined and fully explained the proposed assessment(s) and explained why assessment(s) is necessary.

Signature: _____

Date: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter **Fort Defiance**

School **Dilcon Community School Inc.**

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)



DILCON COMMUNITY SCHOOL, INC.
HC 63 BOX G
WINSLOW, ARIZONA 86047
(928) 657-2311

Dilcon Community School Student Handbook SY2022-2023

PARENT ACKNOWLEDGEMENT FORM

The Student Handbook contains important information about expected student behavior and conduct, student enrollment, dress, school hours, academic expectations, parental involvement and many other areas of school operations.

Furthermore, I acknowledge that I have read the Student Handbook and I understand that it is my child's and my responsibility to read and comply with the policies contained in the Student Handbook.

Parent/Guardian Name (Printed)

Student Name Printed

Parent/Guardian Signature

Student Signature

Date



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, *Principal*

Rose VanCruz,, *Governing Board President*
Terrence D. Yazzie, *Vice-President*
Wyatt Begaye, *Secretary*
Andrea Long, *Member*
Margie Barton, *Member*

This consent form is to both inform and request permission from you, the parent/guardian, to use your child's photo(s)/video(s) and personally identifiable information to be published on the school's internet website.

As you are aware, there are potential dangers associated with the postings of personally identifiable information on the website since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release and personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo(s) or video(s), residential addresses, email address and phone numbers and locations/times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of your child's school and such rescission will take effect upon receipt by the school.

Check on of the following choices:

- I/We **GRANT** permission for photo(s)/video(s), that may include this student without any other personal identifiers to be published on the school's internet website.
- I/We **GRANT** permission for this student's photo(s)/video(s) and name to be published on the school's internet website.
- I/We **GRANT** permission for this student's photo(s)/video(s) and all other personal identifiers listed above to be published on the school's internet website.
- I/We **DO NOT GRANT** permission for photo(s)/video(s) that includes this student to be published on the school's internet website.

Student's Name (print): _____ Grade: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



PARENTAL/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

Full Name of Student _____ DOB _____

Name of School _____ School Year _____

I, _____, authorize Winslow Indian Health Care Center (WIHCC) to arrange for/ or to provide the following health services for my child while he/she is attending school and/or the dormitory:

1. The school will work with WIHCC Public Health Nursing on immunization tracking and record updating based on verified sources like Resource Patient Management System (RPMS), immunization registries, or health department records. There will be release of immunization information between WIHCC and the school.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

2. The school will work with WIHCC Community Health Division on health screenings including the following: fitness grams, acanthosis nigricans, and blood pressure assessments. Students at risk for diabetes and other chronic diseases will be identified. Students will be referred to the Youth Wellness Program as needed.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

I, as the parent/guardian, also agree to:

1. Submit my child's immunization record to the school at admission to the school.
2. Submit a WIHCC Data Base Form if my child is a new student.
3. Take my child to a health care facility for an immunization update, in a timely manner, if any immunizations are deemed missing.
4. Take my child for medical follow-up, in a timely manner, to be evaluated for any failed screenings, such as hearing or vision screenings, or for any concerns identified from other health screenings.

Print Name _____ Signature _____

Relationship _____ Address _____

Phone Number _____

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL

White Copy--Medical Records

Yellow Copy--School

Pink Copy--Parent/Guardian

(Revised 6/2021)



WINSLOW INDIAN HEALTH CARE CENTER
DATABASE

NAME (LAST, FIRST, MIDDLE)			OTHER NAMES USED(MAIDEN NAME)			WIHCC NO.		SEX M F		
BIRTH DATE		PLACE OF BIRTH (CITY, STATE)			SOCIAL-SECURITY NO.		MARITAL STATUS		INTERNET Y N Email Address:	
CURRENT COMMUNITY		DATE MOVED		LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)						
MAILING ADDRESS					CITY/STATE			ZIP CODE		
HOME PHONE NUMBER			MESSAGE PHONE NUMBER			WORK PHONE NUMBER				
INDIAN BLOOD QUANTUM		TRIBE		DEGREE		CENSUS NUMBER		CIB Y N		
		OTHER TRIBE		DEGREE		RELIGION				
FATHER'S NAME				CITY OF BIRTH		STATE OF BIRTH				
MOTHER'S MAIDEN NAME				CITY OF BIRTH		STATE OF BIRTH				
EMPLOYER(IF APPLICABLE)					SPOUSE'S EMPLOYER(IF APPLICABLE)					
EMPLOYER'S ADDRESS					SPOUSE'S EMPLOYER'S ADDRESS					
EMPLOYER PHONE NUMBER					SPOUSE'S EMPLOYER PHONE NUMBER					
IF YOU ARE UNEMPLOYED, PLEASE GIVE SOURCE OF INCOME										
UNEMPLOYMENT		RETIREMENT		SSI	SSB	WELFARE		OTHER		
NAME OF EMPLOYER (FATHER)18 & UNDER				EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER			
NAME OF EMPLOYER (MOTHER)18 & UNDER				EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER			
EMERGENCY CONTACT PERSON					NEXT OF KIN CONTACT PERSON					
RELATIONSHIP		PHONE NUMBER			RELATIONSHIP		PHONE NUMBER			
ADDRESS					ADDRESS					
HEALTH INSURANCE INFORMATION										
DO YOU HAVE MEDICARE COVERAGE?				YES	NO	DO YOU HAVE RAILROAD RETIREMENT COVERAGE?			YES	NO
DO YOU HAVE AHCCCS (MEDICAID)?				YES	NO	DO YOU HAVE PRIVATE INSURANCE COVERAGE?			YES	NO
MILITARY SERVICE?		YES	NO	BRANCH		CLAIM NUMBER		ENTRY DATE		SEPARATION DATE
VIETNAM VETERAN?				YES	NO	SERVICE CONNECTED?			YES	NO
HOUSEHOLD INFORMATION: How many family members in your household – including children?										
PLEASE READ AND SIGN CAREFULLY										
I authorize Winslow Indian Health Care Center to release any medical information or records necessary to process my Medicare, Medicaid or other insurance claims. I authorize my insurance company to pay medical benefits directly to Winslow Indian Health Care Center. If I am a non-beneficiary, I understand co-payments and deductibles will be requested at the time of service. I understand that I will be responsible for all costs if my account should be turned over to collections.										
SIGNATURE OF PATIENT, PARENT OR GUARDIAN						DATE				

Patient Medical History- Mobile Dental Clinic

WIHCC | WINSLOW INDIAN HEALTH CARE CENTER

Name: (Last, First Middle) Please Print*		Date of Birth:	School Name:
Have you been a patient in the hospital within the last two years? If YES, please write specifics of visit / admittance.			
Please list any medications and/or substances / drugs that you are now taking, or have taken in the last year. Please be specific.			
PLEASE ANSWER EACH QUESTION WITH SPECIFIC STATEMENT			
YES	NO	Are you allergic to any medications? Please list items:	
YES	NO	Heart Murmur or other Heart condition	Date of Diagnosis:
YES	NO	Heart Valve Replacement Surgery or Heart Surgery	Date of Surgery:
YES	NO	Epilepsy or Seizures	
YES	NO	Do you have Diabetes?	Have you taken your medication(s) today?
YES	NO	Artificial Joint	Which joint?
YES	NO	Asthma	
YES	NO	Sinus Trouble	
YES	NO	Kidney Disease or Dialysis	
YES	NO	Cancer or Tumors	
YES	NO	Hepatitis or Liver Disease	
YES	NO	Blood Transfusions	
YES	NO	Have you ever had any severe or uncontrolled bleeding?	
YES	NO	Have you been exposed to the AIDS Virus?	
YES	NO	Do you use alcohol or tobacco?	
YES	NO	Do you have any concerns about receiving Dental treatment?	
Please list any other medical conditions that you may have:			

FEMALES ONLY		
YES	NO	Are you Pregnant?
YES	NO	Are you on Birth Control?
Date of last Menstrual Period:		

The Photo Release is for the use of Winslow Indian Health Care Center or for any other publication(s) or purposes uses by the WIHCC now or anytime in the future. WIHCC may also use and/or publish my name in conjunction with this/these photograph(s), or use my name in an accompanying article related to the photograph, or any article(s) for WIHCC publications.
 I further attest I am the parent or legal guardian and give Permission. Accept (Initial) Decline (Initial)

WIHCC DENTAL CONSENT FORM

Preventative Restoration, Standard Restorations, Fluoride Varnish Program, Periodontal Programs and Emergency dental services are available as needed. If emergency treatment is necessary informal consent will also be obtained from the child's legal guardian (parent, school, representative, etc.)

We participate in School Externship/Residencies; Dental Students & Hygiene Students may see you.

The above answers are true to the best of my knowledge. I give my consent for myself or my child under the age of 18 to receive routine care such as examinations, x-rays, cleaning or fillings and for any other type of dental care as explained by the dentist.	
Signature or Thumbprint, Parent or Legal Guardian:	Date:
Signature of Dentist:	Date:



Dilcon Community School, Inc.

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Health History Form SY2023-2024

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Date: _____

Has the student been in the hospital this past year? _____

Is the student taking any medications? _____

If yes, what is the name of the medication? _____

What is the medication for? _____

Does the student have allergies to anything? _____ What? _____

Which hospital/clinic does the student usually go to? _____

In case of an emergency who do we need to contact? _____

Who does the student live with? _____

What are the directions to the home where the child lives? _____

Do you have any health concerns? _____

Did your child receive any immunizations over the summer? _____

If yes, please list the date and where the immunization was given. _____



Dilcon Community School, Inc.

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PARENTAL/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

Full Name of Student: _____ DOB: _____

Social Security #: _____ School: Dilcon Community School, Inc.

I, (We), _____

Authorize Dilcon Community School, Inc., to arrange for/or to provide the following health services for my child while he/she is attending school and/or the dormitory:

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

_____ I hereby give consent for all of the above services.

_____ Exceptions or Special Instructions: _____

Print Name: _____

Signature: _____

Address: _____

Relationship: _____

For School Year: 2023-2024

PLEASE RETURN THIS FORM TO THE SCHOOL



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, *Principal*

Sophia Attakai-Francis, *Board President*
Genevieve Jackson, *Vice-President*
Hoskie Bryant, *Secretary*

Student Name: _____ Grade: PreSchool/KG/1st/2nd/3rd/4th/5th/6th/7th/8th

Permission to Administer OTC Medications at School

Dilcon Community School has common "over the counter" OTC, medications in our Health Technician's office. We use brand names and generic name medicines. If you would like DCS to offer your child these medicines, please **CIRCLE** "YES" or "NO" for the following OTC medications listed below:

- | | | |
|------------|-----------|---|
| YES | NO | Aloe Vera Gel – (Burns) |
| YES | NO | Advil/Ibuprofen – (Injury, pain and swelling) |
| YES | NO | Bacitracin Zinc Ointment/Neosporin - (Anti-infection ointment) |
| YES | NO | Lip Balm/Carmex – (Dry/chapped lips) |
| YES | NO | Clear Eyes/Visine – (Dryness, burning irritation of the eyes. Medication will ONLY be administered to students after consulting with parents.) |
| YES | NO | Benadryl/Diphenhydramine – (Oral medication given for suspected allergic reactions and seasonal allergic reactions and seasonal allergy symptoms, may cause drowsiness. Medication will ONLY be administered to students after consulting with parents. <u>Cream/Ointment</u> is used for itchy insect bites or rash.) |
| YES | NO | Tylenol/Acetaminophen – (Fever, Pain) |
| YES | NO | Claritin/Loratidine – (Oral medication given for suspected allergic reactions and seasonal allergy symptoms, does not induce sleep. Medication will ONLY be administered to students after consulting with parents.) |
| YES | NO | Cortisone Cream/Anti-itch Cream – (Insect bites, itching and inflammation of skin) |
| YES | NO | Menthol Cough Drops – (Cough) |
| YES | NO | Pepto Bismol/Bismuth Subsalicylate – (Diarrhea, nausea and upset stomach) |
| YES | NO | Tums/Calcium Carbonate – (Stomachache, heartburn) |

I have circled "Yes" for medicines my child may be given at school and have circled "No" for medicines that should NOT be given to my child.

Parent/Guardian Signature: _____ Date: _____

For OFFICIAL USE ONLY

Received by Health Technician/Staff On: ___/___/___

Signature: _____

SY2023-2024



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, *Principal*

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Dilcon Community School Inc.

K-8 Counseling Services

Dear Parent/Guardian:

Your child has been referred to receive counseling services at the school. We appreciate any input you may give to this type of assistance for your child. If you like your child to receive counseling services, please completed, sign and return the enclosed papers to the school. **The school counselor may also refer your child to resources outside the school if there are additional needs.** These forms must be signed each year for your child to continue receiving counseling services.

The following are explanations of each form provided:

- PARENTAL INFORMED CONSENT: This form allows your child to participate in counseling.
- PROBLEM CHECKLIST: This is a form which helps us to identify what specific areas your child needs to work on in counseling. It also identifies your child's strengths. **I may need additional information from your as your child progresses in counseling.**

I always enjoy hearing from parents/guardians. Please come see me or call with any questions, concerns, or progress that you may wish to report or hear about. Parental involvement contributes greatly to student achievement and conduct.

Sincerely,

Frederika Meelhuysen
School Counselor
(928) 657-3211 ext. 2360



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DILCON COMMUNITY SCHOOL INC.

Parent/Guardian Informed Consent for K-8 Counseling Services

Child's Name: _____ Grade: _____ DOB: _____

Your permission is being requested for your child to participate in counseling (Group and/or 1 on 1) at Dilcon Community School with the school counselor.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The students or another person may be in physical danger (i.e. sexual or physical abuse). Arizona State laws requires the school to report this.
3. If counseling records are court ordered. Must comply with the court.

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Guardian: _____ Date: _____

This consent will be on file throughout the time that your child attends Dilcon Community School. You may revoke this consent at any time. Please feel free to call me if you have any questions. I will be happy to talk with you. I can be reached at (928) 657-3211 ext. 2360.

CHECKLIST FOR PARENTS

(Please check those that apply to your child)

<input type="checkbox"/>	feels sad, often tearful
<input type="checkbox"/>	diminished pleasure in activities
<input type="checkbox"/>	weight loss/gain
<input type="checkbox"/>	difficulty sleeping
<input type="checkbox"/>	loss of energy
<input type="checkbox"/>	feelings of worthlessness
<input type="checkbox"/>	difficulty making decisions
<input type="checkbox"/>	thoughts or statements of wanting to die
<input type="checkbox"/>	makes careless mistakes
<input type="checkbox"/>	follows directions poorly
<input type="checkbox"/>	difficult maintaining attention
<input type="checkbox"/>	fails to finish tasks
<input type="checkbox"/>	often loses things
<input type="checkbox"/>	trouble remembering things
<input type="checkbox"/>	easily distracted difficulty sitting still
<input type="checkbox"/>	often "on the go"
<input type="checkbox"/>	difficulty waiting for a turn
<input type="checkbox"/>	wants to boss others
<input type="checkbox"/>	initiates fights, bullies others
<input type="checkbox"/>	has been physically cruel to people
<input type="checkbox"/>	has been physically cruel to animals
<input type="checkbox"/>	takes things that don't belong to him/her
<input type="checkbox"/>	starts fires
<input type="checkbox"/>	lies often
<input type="checkbox"/>	destroys property
<input type="checkbox"/>	swears and/or name calls
<input type="checkbox"/>	unpredictable behavior
<input type="checkbox"/>	loses temper easily
<input type="checkbox"/>	argues with adults
<input type="checkbox"/>	refuses to comply with rules
<input type="checkbox"/>	denies responsibility for actions
<input type="checkbox"/>	easily annoyed
<input type="checkbox"/>	often angry and resentful
<input type="checkbox"/>	birth of sibling

<input type="checkbox"/>	witnessed violent act
<input type="checkbox"/>	has been sexually abused
<input type="checkbox"/>	repetitive play
<input type="checkbox"/>	frequent nightmares
<input type="checkbox"/>	diminished interest in activities
<input type="checkbox"/>	sense of foreshortened future
<input type="checkbox"/>	has many fears
<input type="checkbox"/>	difficulty concentrating
<input type="checkbox"/>	irritability or anger outbursts
<input type="checkbox"/>	"walking on egg shells"
<input type="checkbox"/>	clings to parent
<input type="checkbox"/>	distress when separated from parent
<input type="checkbox"/>	refusal to go to school
<input type="checkbox"/>	need to sleep with parent
<input type="checkbox"/>	reluctant to be alone
<input type="checkbox"/>	repeated physical complaints
<input type="checkbox"/>	bedwetting
<input type="checkbox"/>	soiling
<input type="checkbox"/>	worries excessively
<input type="checkbox"/>	prefers to play by self
<input type="checkbox"/>	withdraws from group activity quickly
<input type="checkbox"/>	shyness
<input type="checkbox"/>	has difficulty expressing self
<input type="checkbox"/>	upset if makes mistakes
<input type="checkbox"/>	feeling easily hurt
<input type="checkbox"/>	talks bad about self
<input type="checkbox"/>	blames self if things go wrong
<input type="checkbox"/>	loss of parent
<input type="checkbox"/>	divorce
<input type="checkbox"/>	parent in jail
<input type="checkbox"/>	loss of family member
<input type="checkbox"/>	loss of animal
<input type="checkbox"/>	recent move
<input type="checkbox"/>	illness of family member

Please list at least two (2) strengths of your child. (What your child does best)

What is your view of the problem/concern?

What time are you available to talk with your child's counselor?

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2023 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached ESEA (Title I) Income Eligibility Guidelines schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2022- June 30, 2023

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166

Each

Additional +6,136 +512

Member Add: +256 +118

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659

Each

Additional +8,732 +728

Member Add: +364 +336

Note:

If all income is received on the same schedule

Example: *alimony* = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: *alimony* = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion



**Arizona Department of Education
Health and Nutrition Services**

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

This medical statement is **permanent**.

(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

This medical statement is **temporary**.

(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____



**Arizona Department of Education
Health and Nutrition Services**

Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program.

Part 1: To be completed by a parent/guardian

Child's Name _____ Birth Date _____

School Name _____ Child's Grade _____

Student ID # _____

Parent/Guardian Name _____ Cell Phone _____

Email _____ Work Phone _____

Parent/Guardian Signature _____

DILCON COMMUNITY SCHOOL | 2023-2024 ACADEMIC CALENDAR

180	Student Instructional Days (180D*6H=1080hrs)	NO SCHOOL all staff & No School 10 Month Staff	BIE requires 900 classroom hours for Elem grades. DCS has 8 Instruction teaching + 30 min lunch.
87	1 st Semester Days	STUDENT BREAKS (21 days incl. including holidays)	
94	2 nd Semester Days	PARENT/TEACHER CONFERENCE (2 days) 1 st , 2 nd , 3 rd Qtrs	

- 3 Contract Begins- 12 mos
- 4 Holiday
- 24 Contract Begins- 10 mos
- 24 – 28 Staff Return & Orientation

JULY 2023						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JANUARY 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 1 New Year's Holiday
- 2 School Resumes
- 4 & 5 Parent/Teacher Conference ½ Day
- 15 Holiday Martin Luther King
- 5, 12, 19, 26 - ½ Day PD

- 1 Staff Orientation
- 1 1st day Residential is open
- 1 1st Residential Bus Run
- 2 First Day of School
- 15 Navajo Code Talker
- 21-25 ODLA Pre-Testing
- 4, 11, 18, 25 ½ Days

AUGUST 2023						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

- 16 Full Day Pro-Dev – No School
- 19 Holiday- President's Day
- 2, 9, 16, 23 - ½ Day PD

- 4 Labor Day
- 1, 8, 15, 29 - ½ Day PD
- 22 Full Day Prof. Development – No School

SEPTEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MARCH 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 8 End of 3rd Qtr
- 11 -15 Spring Break
- 21 & 22 Parent Teacher Conference ½ Day
- 25-28 ODLA Post Testing
- 1, 8, 22, 29 - ½ Day PD

- 6 End of 1st Qtr
- 12 & 13 Parent/Teacher Conf. ½ day
- 16 – 20 Fall Break – 10 Month Staff
- 14 Solar Eclipse
- 6, 13, 27 - PD (½ day)

OCTOBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- 2 thru 11 BIE Assessments
- 5, 12, 19, 26 - ½ Day PD
- 8 Solar Eclipse
- 22 April Navajo Sovereignty Day

- 10 Veteran's Day
- 22-24 Thanksgiving Day
- 24 NN Family Day
- 3, 10, 17 - ½ Day PD

NOVEMBER 2023						
S	M	T	W	Th	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY 2024						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 3, 10, 17 - ½ Day PD
- 24 End of 4th Qtr
- 23 Kindergarten Graduation
- 23 8th Grade Promotion
- 24 Last day of School-Dismissed at 11:30AM
- 24 SY Contract Ends
- 27 Holiday Memorial Day
- 31 Navajo Nation Memorial Day

- 15 End of 2nd Qtr
- 18-29 Winter Break
- 25 Christmas Holiday
- 1, 8, 15 - ½ Day PD

DECEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- 3 – 14 June – Summer School
- 19 Juneteenth

Sophia Allahaj-Franco 4/11/23
 Governing Board Approved Date of Board Meeting