



Dilcon Community School, Inc.

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

William M. Wachunas, Principal

Linda M. Yazzie, School Board President
Sophia Attakai, School Board Vice-President

SY2025 – 2026 **NEW ENROLLMENT CHECKLIST**

_____ Enrollment Packet – **COMPLETED**

_____ **UPDATED** Immunization Record (Computerized Copy) – Current Date of July 2025–**REQUIRED**

_____ Birth Certificate

_____ Certificate of Indian Blood

_____ Social Security Card

_____ Legal Guardianship Documentation

_____ Release/Transfer of Records

_____ Withdrawal Form & Final Grades (Previous School)

_____ 2025-2026 Application for Free/Reduced School Meals

D-77A

DAY STUDENT CHECKOUT AUTHORIZATION

SY2025-2026

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

RESTRICTED

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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
- ____ Achievement Test Scores
- ____ Response to Intervention, Child Study Team Referrals/Records, if any
- ____ Psychological and Special Education Records including current Individual Education Plan (IEP)
(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.)
- ____ Athletic Physical
- ____ 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
Email: genevabegay@dilconeagles.com
(928) 657-2310 FAX: (928) 657-3213

Parent/Legal Guardian

Date

Grade Level: 4th

Boarding:

Day-Bus: X

Entry Date:

Native American Student Information System (NASIS) ID NO.

Bureau of Indian Education

EXAMPLE

Dilcon Community School, Inc.

Student Enrollment Application

Fill out the entire application. This is an example of how the application needs to be done.

Withdrawal Date:

First Name	Last Name	First	Middle	Gender	Date of Birth	Enrollment Number	Degree of Indian Blood
Yazzie	Bob			Female	June 3, 2005	123,456	7/8
Home Address	City	State	Zip Code	Birth Place	Tribal Affiliation	Chapter Affiliation	
HC 63, Box 178	Winslow	AZ	86047	Salt Lake City, UT	Navajo	Dilcon	
4 miles East of Bashas (Blue house w/brown roof)				Language most Spoken at Home:			
				Language most Spoken by Student:			
Both Parents				Father	Mother	Grandparents	Guardian
				Other			
Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/pick up the student from school. Who has legal guardianship of the student?				No/Yes			
Father	Leroy Yazzie	Tribal Affiliation:	Navajo	Mother	Molly Yazzie	Tribal Affiliation	Navajo
Address (city, state, zip)	HC 63, Box 178 Winslow, AZ 86047			Address (city, state, zip) HC 63, Box 178 Winslow, AZ 86047			
Home Location	4 miles East of Bashas (Blue house w/brown roof)			Home Location 4 miles East of Bashas (Blue house w/brown roof)			
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
Employer	Unemployed	Census No	987,654	Employer	Unemployed	Census No	234,789
Contact Allowed	No/Yes	Received student mailings?	No/Yes	Contact Allowed	Yes	Received student mailings?	Yes
Guardian Name	N/A			Contact Allowed	N/A	Received student mailings?	N/A
Address (city, state, zip)	N/A			Home Location	N/A	Other	N/A
Home Phone	N/A	Work Phone	N/A	Cell/Pager	N/A	Other	N/A
Employer	N/A			Email	N/A		
Emergency Information: (other than parent/guardian)				Emergency Information: (other than parent/guardian)			
Relationship to Student: Grandmother				Relationship to Student: Uncle			
May Pick up Student? Yes				May Pick up Student? Yes			
Home Phone	N/A	Work Phone	N/A	Home Phone		Work Phone	(928) 657-4845
Cell/Pager	(928) 444-7777	Other		Cell/Pager	(928) 111-2222	Other	

Grade Level: KG/1st/2nd/3rd/4th/5th/6th/7th/8th

Bureau of Indian Education

Boarding: _____

DILCON COMMUNITY SCHOOL, INC.

Day-Bus: _____

Student Enrollment Application

SY2025-2026

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

Student Name	LAST	First	Middle	Gender	Female:	Male:	Date of Birth:	Enrollment Number	Degree of Indian Blood	
Student Address:	City:	State	Zip Code	Birth Place:	Tribal Affiliation:		Chapter Affiliation			
Home Location:	Language most Spoken at Home:							Language most Spoken by Student:		
With whom does the student live?		Navajo:		English:		Navajo:		English:		
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?		Did student participate in English Language Learm ELL?		Did student participate in Special Education?						
Both Parents		Father	Mother	Grandparents	Guardian	Other	Yes/No	Yes/No		
Father:	Tribal Affiliation:						Mother:	Tribal Affiliation:		
Address (city, state, zip):	Address (city, state, zip):									
Home Location:	Home Location:									
Home Phone:	Work Phone:									
Email:	Cell/Pager:									
Employer:	Census No:									
Contact Allowed:	Y/N	Received student mailings?		Y/N	Contact Allowed:		Y/N	Received student mailings?		
Guardian Name:	Contact Allowed:							Y/N	Received student mailings?	
Address (city, state, zip):	Home Location:									
Home Phone:	Work Phone:									
Cell/Pager:	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:									
Cell/Pager:	Other:									

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School:

Address:

Phone Number:

Grade Completed:

Dates Attended:

List all schools you have attended:

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? **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

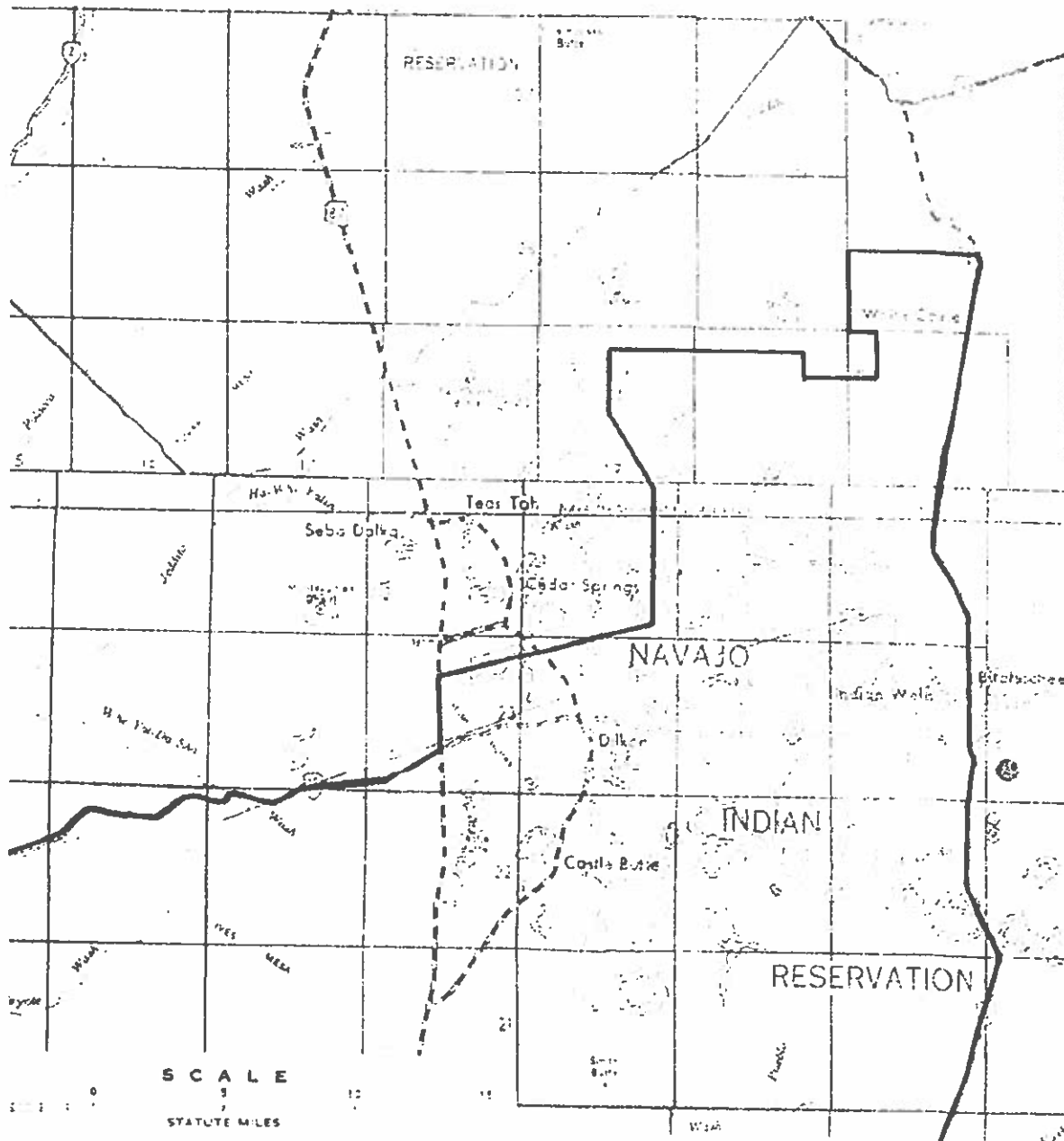
Date

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 _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf 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 _____ Address _____

City _____ State _____ Zip Code _____

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 _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Home Language Survey
2025-2026 Academic Year
DILCON COMMUNITY SCHOOL

Date: _____
Student's Name: _____
Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:

Place contact person here

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?

_____ Yes: Go to Question 2

_____ No: Go to Question 3

Home Language Survey
2025-2026 Academic Year
DILCON COMMUNITY SCHOOL

2. When at home, does this student hear or use a language other than English more than half of the time?

____ **Yes:** Go to Question 3

____ **No:** Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?

____ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.

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 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, Principal

Linda M. Yazzie, School Board President
Sophia Attakal, School Board Vice-President

DILCON COMMUNITY SCHOOL COMMUNITY COMPACT SCHOOL YEAR 2025-2026

Dilcon Community School Inc. will:

- Will strengthen the family- school partnership by communicating regularly with families through newsletters, our school website and on social media,
- Provide high quality curriculum and learning opportunities based on the Arizona state standards.
- Provide a supportive and effective learning environment that is focused on the child,
- Support students and parents will clear communication regarding attendance and behavior expectations,
- Report student progress though parent-teacher conferences, report cards and assessment data,
- Encourage parent participation though volunteering, family events, and parent involvement meetings.

Parents will:

- Encourage their child to demonstrate respect for school personnel, classmates and school property,
- Ensure their child attends school regularly, is punctual and ready to learn,
- Talk with their child daily about the importance of school and classroom behavior expectations in family conversations,
- Create an atmosphere that supports student learning including homework and,
- Work with the school as partners in education and overall well-being of their child.

Students will:

- Attend school regularly on time and prepared to learn
- Respect of rights of others to learn without disruption
- Show respect and cooperate with all students and adults in the all learning settings,
- Take responsibility by completing classwork as well as homework, and
- Commit to learning by doing their best each day and asking for help when needed.

Please read, sign and return this compact to your child's teacher. We will refer to this compact during parent-teacher conferences and meetings that confirm our family-school partnership to enhance student learning.

Student Name

Grade

Parent/Guardian Signature

Date

Dilcon Community School Principal supports and encourages the efforts of all family-school partnerships in the school community

5/13/25

Dilcon Community School Principal Signature

Date

Supported and approved through the Dilcon Community School Board on:

5/13/25

Dilcon Community School Board Signature

Date

DILCON COMMUNITY SCHOOL INC.
HC63 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 Cognia 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: _____



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William M. Wachunas, Principal

Linda M. Yazzle, School Board President
Sophia Attakai, School Board Vice-President

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: _____



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

Dilcon Community School Student Handbook SY2025-2026

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



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											
PHONE NUMBER HOME				CELL (CIRCLE ONE)				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	
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

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	FEMALES ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>NO</td> <td>Are you Pregnant?</td> </tr> <tr> <td>YES</td> <td>NO</td> <td>Are you on Birth Control?</td> </tr> <tr> <td colspan="3">Date of last Menstrual Period:</td> </tr> </table>	YES	NO	Are you Pregnant?	YES	NO	Are you on Birth Control?	Date of last Menstrual Period:		
YES	NO	Are you Pregnant?										
YES	NO	Are you on Birth Control?										
Date of last Menstrual Period:												
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:												
<p>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.</p> <p>I further attest I am the parent or legal guardian and give Permission. Accept (<u>Initial</u>) Decline (<u>Initial</u>)</p>												

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.

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

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: 2025-2026

PLEASE RETURN THIS FORM TO THE SCHOOL



Dilcon Community School, Inc.

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Health History Form SY2025-2026

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. _____



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William M. Wachunas, Principal

Linda M. Yazzie, School Board President
Sophia Attakal, School Board Vice-President

Student Name: _____ Grade: PreK/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: _____



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Sophia Attakai, School Board Vice-President

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 you 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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William M. Wachunas, Principal

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Sophia Attakal, School Board Vice-President

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?



DILCON COMMUNITY SCHOOL

2025-2026 Academic School Calendar

- 1 Contract begins - 12 mo.
- 4 Independence Day
- 23 Contract begins - 10 mo.
- 23-29 Staff Orientation
- 29 Residential Opens
- 30 First Day of School

JULY 2025						
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		

[22, 7, 2]

- 14 Navajo Code Talker's Day
- TBA Benchmark 1

AUGUST 2025						
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						

[20, 20, 20]

- 1 Labor Day
- 19 Full PD Day
- TBA Pre-DLPA Assessment

SEPTEMBER 2025						
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				

[21, 21, 20]

- 3 1st Quarter ends (45 days)
- 6-10 Fall Break
- 13 Indigenous People's Day
- 16-17 Parent Teacher Conference

OCTOBER 2025						
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	

[22, 17, 17]

- 11 Veteran's Day
- 26 Thanksgiving Vacation
- 27 Thanksgiving Day
- 28 Navajo Nation Family Day

NOVEMBER 2025						
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						

[17, 16, 16]

- 19 2nd Quarter ends (45 days)
- 22-31 Winter Break
- 25 Christmas Day
- TBA Benchmark 2

DECEMBER 2025						
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			

[22, 15, 15]

No School Days - Students/10 month staff & All staff
No School Days - Staff PD/Work Day

JANUARY 2026						
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

[20, 19, 19]

- 1 New Year's Day
- 2 Winter Break Con't
- 5 School Resumes
- 8-9 Parent Teacher Conference
- 19 Martin Luther King Day

FEBRUARY 2026						
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

[19, 19, 18]

- 16 President's Day
- 27 Full PD Day
- TBA ONLC Assessment

MARCH 2026						
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				

[22, 17, 17]

- 6 3rd Quarter ends (43 days)
- 9-13 Spring Break
- 19-20 Parent Teacher Conference

APRIL 2026						
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		

[21, 21, 21]

- 1-24 BIE Assessment
- TBA Benchmark 3
- TBA Post-DLPA Assessment
- 27 Navajo Sovereignty Day

MAY 2026						
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						

[19, 15, 15]

- 8 Snow Day *if unused
- 19 Preschool Promotion
- 20 Kindergarten Promotion
- 21 8th Grade Promotion
- 22 4th Quarter ends (48 days)
- 22 Last Day of School
- 22 SY Contract Ends (10 mo.)
- 25 Memorial Day

JUNE 2026						
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				

[20, 0, 0]

- 1 Navajo Nation Memorial Day Observed
- TBA Summer School
- 19 Juneteenth

Parent Teacher Conferences - 1st Qtr., 2nd Qtr., 3rd Qtr.
- 1/2 Days 8:00 - 12:30

Linda M. Torgg
Dilcon Community School Board President

3/28/25
Approved 2025