HUNTERS POINT
BOARDING SCHOOL

SY 2025-2026
STUDENT ENROLLMENT FORM

Student Information INSTRUCTIONS: Complete the entire form. Please print legibly.

Student's Legal Last Name	First Name	Middle Name

Grade Applying For:	Date of Birth (mm/dd/yyyy)	Sex (Select one): ☐ Male ☐ Female

State of Birth	Day or Dorm Student? ☐ Day ☐ Dorm	Wears Glasses? ☐ Yes ☐ No

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic

Chapter Name:_____

Race (Check all that apply)
- ☐ Asian or Indian Subcontinent
- ☐ White: European, North African, Middle East
- ☐ American Indian/Alaskan Native:
  Tribe: _____
- ☐ Black/African
- ☐ Native Hawaiian/Other Pacific Islander

Student's Mailing Address:

_____

City:_____

State: _____ Zip Code:_____

Physical Address:

_____

City:_____

State: _____ Zip Code:_____

Parent/Guardian Information:

Name of Parent/Guardian:

_____

Phone Number:

_____

Email:

_____

Employer's Name:

_____

Employer's Phone Number:

_____

Parent/Guardian Information:

Name of Parent/Guardian:

_____

Phone Number:

_____

Email:

_____

Employer's Name:

_____

Employer's Phone Number:

_____

Student's Previous School Information:

Last School Attended: _____ Date: _____

State and/or Country located: _____ Previous Grade: _____

Please check any special services previously received: ***Please provide current IEP**
- ☐ Special Education
- ☐ 504 Accommodation
- ☐ Gifted/Talented
- ☐ English Language Learner (ELL)
- ☐ Other (Concern(s), Meeting i.e., Child Study Team, Services Received i.e. Early Intervention, Walk in Beauty, etc.):

  _____

Is the student named above:

Suspended or expelled from any school or district? ☐ Yes ☐ No

Being Considered for disciplinary action, suspension, or expulsion? ☐ Yes ☐ No

Previously retained? ☐ Yes ☐ No

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PARENT/GUARDIAN INFORMATION

Please list adults (18 and older) responsible for student and relationship to student as Indicated here (if more than five (5) please list on the back of the sheet):

Father, Mother, Stepfather, Stepmother, Guardian, Self (Emancipated, Married, In Transition) or write in other.

Provide Complete **first and last name**	**Relationship** to student	**Physical Address** (include Hwy #, County Road #, SR#, RA# and description of home)	**Other Phone Numbers and type** (work, message, cell number) Include Area Code	**Check Applicable Boxes Below:**
				☐ Lives With ☐ Educational Rights ☐ Can Check Out Student from School ☐ Has Custody ☐ Mailings Allowed
				☐ Lives With ☐ Educational Rights ☐ Can Check Out Student from School ☐ Has Custody ☐ Mailings Allowed
				☐ Lives With ☐ Educational Rights ☐ Can Check Out Student from School ☐ Has Custody ☐ Mailings Allowed
				☐ Lives With ☐ Educational Rights ☐ Can Check Out Student from School ☐ Has Custody ☐ Mailings Allowed
				☐ Lives With ☐ Educational Rights ☐ Can Check Out Student from School ☐ Has Custody ☐ Mailings Allowed

Note: To protect and safekeep students, we will not release or allow visitation with the listed adults if under the influence of drugs/alcohol, and other mental/behavioral altering illegal chemicals/substances.

TRANSPORTATION

Check all that apply:

Morning: Bus Rider: ☐ Yes ☐ No
(if pick up is different than home address, please write a physical address)

_____

Afternoon: Bus Rider: ☐ Yes ☐ No
(if pick up is different than home address, please write a physical address)

_____

INTERNET

Do you have a computer at home? ☐ Yes ☐ No Is it less than 5-year-old? ☐ Yes ☐ No

If yes, do you have internet access? ☐ Yes ☐ No

If yes, type of internet service: _____

HEALTH INFORMATION

List any current medical condition, injury, illness, disease, or surgery.

_____

Does your child have food, insect, drug, or latex allergy? ☐ Yes ☐ No
If yes, please explain:

_____

*What medication required for allergic reaction?

_____

Does your child have Asthma? ☐ Yes ☐ No
If yes, does your child require access to an inhaler? ☐ Yes ☐ No
Does your child routinely take medications? ☐ Yes ☐ No
If yes, please list:

_____

We, the undersigned, have answered the above questions to the best of our ability. The information given is true. We understand that the school personnel will rely on the information provided and if there are any changes, it is my responsibility to inform the school in writing.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

REGISTRAR: _____ **DATE** _____

Primary Home Language Other Than English (PHLOTE)
Home Language Survey

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

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____
4. **Is there another language spoken in the home?** _____

Student Name _____

Date of Birth _____

Parent/Guardian Signature _____ Date _____

School _____

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

HUNTERS POINT
BOARDING SCHOOL

SY 2025-2026

STUDENT ENROLLMENT FORM

STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C 11435. The McKinney-Vento Act provides services and support for children and youth experiencing homelessness. (Please see reverse side for more information).

IF YOU OWN/RENT YOUR OWN HOME, YOU DO NOT NEED TO COMPLETE THIS FORM.

If you do not own/rent your own home, please check all that apply below.

☐ In a motel
☐ In a shelter
☐ Moving from place to place/couch surfing
☐ In someone else's house or apartment another family
☐ A car, park, campsite, or similar location
☐ Transitional Housing
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ Other: Other details

Name of Student: _____ Date of Birth:_____ Age: _____

Name of School: _____ Grade: _____ Gender: _____

☐ Student is unaccompanied (not living with a parent or legal guardian)

☐ Student is living with a parent or legal guardian

Address of current residence: _____

Phone number or contact number: _____

Name of Parent(s)/Legal Guardian(s) or unaccompanied youth: _____

*Signature: _____

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent Signature: _____ Date: _____

OMB Control No. 1810-0021 (Exp. 01/31/2024)

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 Membership

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

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- O Federally Recognized Tribe
- O State Recognized Tribe
- O Terminated Tribe
- O Alaska Native
- O 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:

- O Membership or enrollment number establishing membership (if readily available) or
- O 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 _____

STUDENT HEALTH HISTORY
FORT DEFIANCE SERVICE UNIT

TO BE FILLED OUT AND SIGNED BY PARENTS

Student's Name _____ Birthday _____ Sex _____

School _____ City _____ Grade _____

Parent/Guardian Name _____

Address _____

City _____ Telephone # _____ State _____ Zip _____

Family Physician/Clinic _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Family Dentist Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Has your child ever had or now have?

		Details	Year			Details	Year
Allergy	Yes No						
Anemia	Yes No			Joint Pain	Yes No		
Arthritis	Yes No			Kidney Trouble	Yes No		
Asthma	Yes No			Menstrual Cramps	Yes No		
Back Pain	Yes No			Migraine Headaches	Yes No		
Concussion	Yes No			Knocked Out	Yes No		
Loss of Consciousness	Yes No			Knee Injury	Yes No		
Diabetes	Yes No			Rheumatic Fever	Yes No		
Eczema (skin rash)	Yes No			Scoliosis	Yes No		
Emotional Problems	Yes No			Spine Injury	Yes No		
Epilepsy (seizures)	Yes No			Sinus Trouble	Yes No		
Fainting	Yes No			Sore Throats (chronic)	Yes No		
Hearing Trouble	Yes No			Tuberculosis	Yes No		
Heart Murmur	Yes No			Neck Injury	Yes No		
Hepatitis	Yes No			Wrist Injury	Yes No		
Hernia (rupture)	Yes No			Elbow Injury	Yes No		
Ankle Injury	Yes No			Surgical procedure (Operation)	Yes No		
Elbow Injury	Yes No			Other	Yes No		

1. During the past 12 months was your child hospitalized? Yes ( ) No ( )
3. During the past 12 months did your child have any injuries requiring medical attention or is he/she now under a physician care? Yes ( ) No ( )
4. During the past 12 months did your child have any illness lasting more than one week? Yes ( ) No ( )
5. Does your child take any medication regularly? Yes ( ) No ( )
6. Do you feel that there should be limits on your child's participation in activities because of symptoms of illness, injury, or abnormalities of family history known to you or your Physician? Yes ( ) No ( )
7. During the past 12 months has your child had any fractures, sprains/dislocations? Yes ( ) No ( )
   Explain: _____
8. Does your child have any allergies to medications, plants, foods, etc? Please list. Yes ( ) No ( )
   _____
   _____
9. Medications Now Taking: _____
10. Does your child wear prescription glasses? Yes ( ) No ( )
11. Does your child have a diagnosed hearing condition? Yes ( ) No ( )
    Has she/he been followed by an audiologist? Yes ( ) No ( )
12. Please explain any "yes" answers

_____
_____

We the undersigned, have answered the above questions to the best of our ability. The information given is true. We understand that school personnel will rely on the information provided.

If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the student named above to be given medical care at the facility selected by the school.

Signature of parent or guardian _____

Date _____
(permission valid for 365 days unless rescinded)

Revised 8/30/04

TSÉHOOTSOOÍ NAHATA'DZIIL NIHI DINE'É BÁ
Medical Center Health Center Wellness Center
Facilities of Fort Defiance Indian Hospital Board, Inc.

PO Box 649 Fort Defiance, AZ 86504 Phone: 928.729.8000 Fax: 928.729.8019 Website: WWW.FDIHB.ORG
A FACILITY OF FORT DEFIANCE INDIAN HOSPITAL BOARD, INC.

Student Name:_____ **DOB:**_____

Dear Parent/Guardian,

Your state recommends certain health screenings, by grade, which may include vision, hearing, height/weight, and blood pressure. The Public Health Nursing staff of Fort Defiance Indian Hospital, Inc. coordinates these screenings each fall. The health information collected during this screening will be recorded in your child's Fort Defiance Indian Hospital record and your child's school health record. You will be notified of any unusual findings. Your student's information will only be shared in the event that he/she is referred for further evaluation.

Additionally, Public Health Nursing will conduct an immunization record review to ensure that your student is adequately protected from preventable illnesses. You will be notified if your child is due for any vaccines.

Enclosed, you will also find a health history update. Please complete this form. It will be placed in your child's school health record.

As the parent or legal guardian of the student named above, I hereby consent to have Fort Defiance Indian Hospital, Inc. staff provide the state recommended health screenings for my child: ☐ **Yes** ☐ **No**

Does your child have a chart with FDIH? ☐ **Yes** ☐ **No**
For the purpose of recording your child's information, please provide the number:_____

I understand that these health care services are non-invasive and are only screenings. The FDIHB Public Health Nurses will make recommendations if needed, for follow-up with a Medical Provider.

Signed:_____ **Date:** _____
Parent or legal guardian Valid for 1 year

---PLEASE RETURN THIS FORM TO THE SCHOOL--

HPBS Inc. SY 2025-2026
STUDENT ENROLLMENT FORM
SCHOOL COMPACT

Student's Name _____ Birthday _____ Grade ____

Student Agreement

I agree to do the following:

1. I will attend school daily.
2. I will arrive at school well-rested, focused and fully prepared.
3. I will take responsibility for my learning.
4. I will complete all in-class assignments and homework.
5. I will follow all school and campus policies outlined in the Student Handbook.
6. I will show respect to all teachers, classmates, and support staff at Hunters Point School.

Student: _____ Date: _____

Parent/Guardian Agreement

I will inspire and motivate my child to succeed in their education by doing the following:

1. I will support my child's education with a positive attitude.
2. I will pledge my child gets plenty of rest and is prepared for school each day.
3. I will follow the school's policies and procedures.
4. I will help my child complete their assigned homework.
5. I will attend all Parent/Teacher conferences with my child.
6. I will participate in Parent Meetings, Family Learning Night, and the Annual Parent Orientation **at least twice** during the school year.

Parent: _____ Date: _____

Teacher Agreement

I will assist and promote learning by doing the following:

1. I will build a strong relationship with each family in my class.
2. I will check how students are doing and share updates with parents every month.
3. I will make sure students get extra help as soon as they need it.
4. I will send home learning materials to help students get ready for lessons and to help them learn.
5. I will explain to students and their families how I teach, what I expect, and how I grade.
6. I will always try to improve my teaching to help **all** students succeed.

Teacher: _____ Date: _____