

CHINLE UNIFIED SCHOOL DISTRICT NO. 24
DOCUMENTS NEEDED FOR PRE-SCHOOL ENROLLMENT
SCHOOL YEAR 2019-2020

1. IMMUNIZATION RECORDS

(CANNOT BE ENROLLED WITHOUT AN UPDATED RECORD)

ENROLLMENT STARTS WITH THE SCHOOL NURSE, IMMUNIZATIONS MUST BE UP TO DATE.

2. BIRTH CERTIFICATE

3. CERTIFICATE OF INDIAN BLOOD

4. ANY COURT DOCUMENTS PERTAINING TO STUDENT GUARDIANSHIP

5. ARIZONA RESIDENCY FORM

6. VERIFICATION OF INCOME

7. EMERGENCY INFORMATION AND IMMUNIZATION RECORD (EIIRC)

ENROLLING SCHOOL: _____

DATE: _____ TIME: _____

RECEIVED BY: _____



CHINLE UNIFIED SCHOOL DISTRICT NO. 24
REGISTRATION FORM for School Year: 20__ - 20__
STUDENT DATA FOR PRESCHOOL ENROLLMENT

For Admin Use Only

PRESCHOOL SELECTION: Chinle Elementary School ☐ Canyon De Chelly Elem. School ☐
Many Farms Public School ☐ Tsale Public School ☐

SAIS:
ID#:
Entry Date:
Entry Code:
Room#:
Bus:
Entered P/S:

Student Name: _____
Last legal name if different: _____
Home Location: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Gender: _____ Male: _____ Female: _____
Birthdate: _____
Birth Place: _____
Census No: _____
Grade: _____

Race/Ethnic Background: Hispanic or Latino Yes ☐ No ☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐
American Indian/Alaska Native ☐ Black or African American ☐ Caucasian (White) ☐ Decline to State ☐

* Please make sure responses match PHLOTE Survey responses.

What is the primary language used in the home, regardless of the language spoken by the student? _____
What is the language most often spoken by the student? _____
What is the language that the student first acquired? _____

Tribal Affiliation: _____ Chapter House Affiliation: _____ Degree of Indian Blood: _____

If there is a divorce or separation please provide custody papers, unless we receive a copy of a court document that assigns custody to one parent, we must assume that both parents can pick up the student from school.

Student lives with: _____ Both Parents _____ Mother _____ Father _____ Grandparent(s) _____ Guardian
Legal Custody if different from parent(s): _____ Foster _____ State _____ Temporary _____ Other (specify) _____
Copy of legal custody order or Power of Attorney on file _____ Expiration Date: _____

Mother: Use Alert Messaging System Y ☐ N ☐

Name: _____
Census No #: _____
Employer: _____
☐ Home Phone: _____
☐ Work Phone: _____
☐ Cell Phone: _____
☐ Email Address: _____

Father: Use Alert System Y ☐ N ☐

Name: _____
Census No #: _____
Employer: _____
☐ Home Phone: _____
☐ Work Phone: _____
☐ Cell Phone: _____
☐ Email Address: _____

Legal Guardian: Use Alert Messaging System Y ☐ N ☐

Name: _____
Census No#: _____
Address: _____
Home Location: _____

☐ Home Phone: _____
☐ Work Phone: _____
☐ Cell Phone: _____
☐ Email: _____

Emergency Contact: Use Alert Messaging System Y ☐ N ☐

Name: _____
Home Location: _____

☐ Home Phone: _____
☐ Work Phone: _____
☐ Cell Phone: _____
☐ Email: _____

Any information the school should be aware of: _____

Has the student received Special Education Services (ESS)? Yes _____ No _____ If yes, specify _____
Does the student have an active Individualized Educational Plan (IEP) Yes _____ No _____ If so, Please provide a copy.

Has student ever been retained? Yes _____ No _____ If yes, what grades: _____
Last school attended: _____ Date Withdrawn: _____ Grade: _____
Previous school address: _____ Previous Sch. Phone/Fax #: _____
Parent/Guardian Signature: _____ Date: _____



CHINLE UNIFIED SCHOOL DISTRICT NO. 24 CHECK OUT LIST

I, _____ of _____ Grade _____
 Parent/Guardian Name Relation to Student Student' Name
 authorize the following person/s/ to check out my child in case of emergency or when I am not available or
 cannot be reached.

NAME	RELATION TO STUDENT	HOME LOCATION/PHONE#

NOTE: Authorized person **MUST** be 18 years of age or older.
 ID may be required.

 Parent Signature

 Date

NOT AUTHORIZED TO CHECK OUT STUDENT
NAME

Court documentation MUST be provided



CHINLE UNIFIED SCHOOL DISTRICT NO. 24

P.O. BOX 587

CHINLE, AZ 86503

LOCATION OF HOME

Please draw and give a complete description to your location of resident, for example (3.5 miles N. of Chinle, Basha's at mile post 435, 1/2 mile E of highway, second turn off to the right, a brown house with green trim and a red roof.) Then draw the location below.

Signature Consent Form for Arrival and Departure

We ask that you sign your child in and out upon arrival and departure. This form allows the preschool staff to sign your child in and out just in case your signature is not on the form.

I, _____, Parent/Guardian of _____

Hereby authorize and consent to the preschool staff to sign my child in and out of school upon arrival and departure.

Signature _____ Date _____

Phone _____



CHINLE UNIFIED SCHOOL DISTRICT NO. 24
Title I, No Child Left Behind
STUDENT RESIDENCY QUESTIONNAIRE

Please provide the following information to qualify Chinle Unified School District for Stewart B. McKinney Assistance funds to provide eligible youth with tutoring, supplemental instruction and enriched educational experiences. **This information is confidential and will be for district use only.**

School: _____

Name of Student: _____ Male ☐ Female ☐

Birth Date: _____ Age: _____ Social Security#: _____

Name of Parent/Legal Guardian(s): _____

AZ Residence: _____ Zip: _____ Phone: _____

Mailing Address: _____ Zip: _____

Alternative contact person: _____ Relationship: _____

Phone: _____

1. Presently, with whom is the student living? *Please check one box:*

SECTION A	SECTION B
<input type="checkbox"/> In a Shelter <input type="checkbox"/> With more than one family in a house or apartment (Other family rents or owns the house or apartment) <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members (other than parent/guardian) CONTINUE: If you checked a box in SECTION A, please complete #2	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you <u>do not</u> need to complete the remainder of this form.

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 Parent | <input type="checkbox"/> A relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 Parents | <input type="checkbox"/> Alone with no adult |
| <input type="checkbox"/> 1 Parent & another adult | <input type="checkbox"/> An adult that is not the parent or the legal guardian |

Signature of Parent/Legal Guardian: _____ Date: _____

For School Use Only! Complete, detach and include with purchase requisition.

Student SAIS: _____	
McKinney-Vento Resident Certified by: _____	Title: _____
McKinney-Vento Liaison Approval: _____	Date: _____
Principal Approval: _____	Date: _____

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized
- ☐ State Recognized
- ☐ Terminated Tribe (Documentation required. Must attach to form)
- ☐ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____



Arizona Department of Education
Arizona Residency Guidelines
REVISED 4/24/2019

INTRODUCTION

Local educational agencies are required to provide all children with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982) that the undocumented or non-citizen status of a student (or his or her parent or guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, to receive free public education in the State, students must be Arizona residents. Residents refers to those who are domiciled in Arizona and can provide proof of residence (see below). Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space, inquiring into students' citizenship or immigration status, or that of their parents or guardians would not be relevant to establishing residency within the district.**

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following provides information on verifiable documentation parents must provide to prove district of residency.

OPEN ENROLLMENT

Arizona's open enrollment policies allow a student to transfer to any public school of his or her choice, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies:

- Intra-district: Students transfer to another school within the resident school district.
- Inter-district: Students transfer to a school outside of their resident district.

Under A.R.S. § 15-816 and A.R.S. § 15-816.01, intra-district and inter-district open enrollment policies are mandatory on all school districts, allowing students to apply for admission to any public school, based on available classroom space.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.** For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona Identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an affidavit of shared residency form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence. A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must retain a copy of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

For more information about the federal guidelines regarding enrollment, please visit <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this ____ day of _____, 20 ,

By _____

My Commission Expires:

Notary Public



STUDENT PHOTO USE POLICY AND AGREEMENT

CHINLE UNIFIED SCHOOL DISTRICT NO. 24 • P.O. BOX 587 • CHINLE, AZ 86538

During the year, Chinle Unified School District (the "District") often has the chance to take photos or videos of our students doing school activities. This can include things like football games, talent shows, awards programs, and school plays.

The District wishes to use these images of it's students to recognize their accomplishments and share school events with the community. However, in respect of students' privacy, we ask for a parent/guardian's consent to allow sharing of images of a student. Please sign and return this form if you agree to allow the District to post and publish images of your child participating in school-related activities.

CONSENT AND RELEASE

In exchange for the benefits of having images of my child displayed, I grant the District a license to use photos or video of my child in District publications and for all other purposes reasonably related to promotion of the District or any of its schools. I release the photographer/videographer, the District, and its board members, administrators, teachers, employees, agents, and assigns from all claims, damages, and liability arising from or relating to this agreement.

Student Name: _____
Please Print

Signature of
Parent/Guardian: _____ Date: _____



STUDENT DIRECTORY INFORMATION RELEASE FORM

CHINLE UNIFIED SCHOOL DISTRICT NO. 24 • P.O. BOX 587 • CHINLE, AZ 86538

I, hereby give consent for the release of student directory information as it applies to school and related activities such as: yearbook, athletics, musical programs, honors, awards, drama productions, commencement, etc. This release shall not apply to confidential student records such as test scores, transcripts, evaluations, etc. This consent will remain in effect unless or until permission is revoked by the parents requesting in writing such a revocation. Details of board policy as to the release of directory information may be secured by contacting the school office.

Student Name: _____
Parent/Guardian: _____ Date: _____

*This release form is necessary to meet the requirements of State Statute 15-442



CHINLE UNIFIED SCHOOL DISTRICT NO. 24
STUDENT SERVICES HEALTH PERMIT
SCHOOL YEAR 20__ - 20__

Entry Date: _____
Teacher: _____

Name: _____ Sex: M__ F__ CHC# _____ Grade: _____
Other names used: _____
D.O.B. _____ Birthplace: _____ Soc. Sec# _____

Last school attended: _____ Address: _____

REMEMBER UP-TO-DATE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

Each year the school nurse needs written permission to treat your child in the school health office.

Please complete and return this form as soon as possible.

MOTHER:

Name: _____

Maiden Name: _____

Home Location: _____

Mailing Address: _____

State: _____ Zip: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

FATHER:

Name: _____

Home Location: _____

Mailing Address: _____

State: _____ Zip: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Who is the child living with? _____ Relationship: _____

Legal Guardian:

Name: _____

Mailing Address: _____

Home Location: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Emergency Contacts: IF WE CANNOT REACH YOU, AND IF YOUR CHILD BECOMES ILL OR IS INJURED, WHO SHOULD WE CONTACT?:

1. Name: _____ Home Phone: _____

Home Location: _____ Work Phone: _____

Cell Phone: _____

2. Name: _____ Home Phone: _____

Home Location: _____ Work Phone: _____

Cell Phone: _____

It is very important that we are able to contact a member of the family or relative if a student becomes ill. IHS providers request that all students be accompanied by a parent or guardian if they need to be seen at the clinic. The school does not transport students to the hospital for clinic appointments or a non-emergency situation. In case of an emergency during school hours that requires urgent medical attention, I give permission for my child to be transported to the clinic and for rendering of medical services as deemed necessary in the opinion of the attending physician or primary care provider

Parent/Guardian Signature: _____ Date: _____

MORE INFORMATION ON BACK >

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING?
PLEASE CHECK YES OR NO.**

Please give his/her age or date of illness

	Yes	No	Date		Yes	No	Date
Allergy				Hepatitis			
If so, what ?				Lung Condition			
Anemia				Measles (Disease)			
Asthma				Othopedic Problems			
Chicken Pox (Disease)				Positive TB Test			
Convulsions				Rheumatic Fever			
Diabetes				Vision Problems			
Ear Infection				Wears Glasses			
Heart Murmur				Last Eye Exam			
Kidney Disease				(Date received)			
Urinary Tract Infection				Sport Physical			
Sore Throat				Other Health Problems			
Speech Problems							

Are there any restrictions for your child in physical activities? Yes _____ No _____

If so, what? _____

Does your child attend any special classes or clinics? Yes _____ No _____

If so, what? _____

Has your child been hospitalized for an illness or injury? Yes _____ No _____

Please explain _____

Any recent illnesses or injuries? _____

Is your child taking prescription medication daily? _____

THE HEALTH CARE SERVICE PROVIDES THE FOLLOWING TO YOUR CHILD.

PLEASE CROSS OUT AND INITIAL ANY SERVICES YOU DO NOT WISH YOUR CHILD TO RECEIVE.

Tylenol (for fever/pain)

Bacitracin (antibiotic ointment for sores, minor cuts
abrasions, etc.)

Calomin Lotion

Prescription Medication (prescribed by a doctor)

Health Screenings (Vision, dental, hearing, height, weight, blood pressure, lice, and scoliosis)

Carmex (Cold sores, mouth pain)

Other Simple First Aid

(band aid, splint, sling, ace wrap, etc.)

**ALL PRESCRIPTION MEDICATION MUST BE BROUGHT TO THE SCHOOL
HEALTH OFFICE IN THE BOTTLE DISPENSED BY THE PHARMACIST WITH THE
STUDENTS' NAME, DOCTOR'S NAME, DATE AND DIRECTIONS ON THE LABEL.**

See the school nurse or nursing assistant for other over the counter medications.

LOOSE PILLS WILL NOT BE GIVEN TO STUDENTS AND THEY CANNOT HAVE MEDICINE IN THE CLASSROOMS.

The Smiles Movement



PO Box 767
Camp Verde, AZ 86322

thesmilesmovement@gmail.com

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

Please return this form to the school!

DEAR CONCERNED PARENT:

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

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

Child's Name _____ Male _____ Female _____

Child's Social Security Number _____ Date of Birth ____/____/____

Emergency Contact _____ Phone # _____

School Name _____ Teacher's Name _____ Grade _____

HEALTH HISTORY

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

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

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

Is your child taking any medication? ___

Any problems with local anesthetic? ___

PLEASE EXPLAIN ANY "YES" ANSWERS: _____

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

PLEASE TURN OVER AND COMPLETE

The Smiles Movement



PO Box 767
Camp Verde, AZ 86322

thesmilesmovement@gmail.com

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

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Rheumatic Fever	___	___	Bleeding Disorders	___	___
Psychiatric Treatment	___	___	High Blood Pressure	___	___
Seizure Disorder	___	___	Asthma	___	___
Diabetes	___	___	Hepatitis/Jaundice	___	___
AIDS/HIV Positive	___	___	Anemia	___	___
Hospitalizations	___	___	Latex Allergy	___	___
Vision or speech problems	___	___	Other Serious Illness	___	___

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

Is your child taking any medication? ___

Any problems with local anesthetic? ___

PLEASE EXPLAIN ANY "YES" ANSWERS: _____

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

PLEASE TURN OVER AND COMPLETE



FREE SERVICES

PERMISSION FORM - Child

PRINT Child's Name: First _____ Middle _____ Last _____

Date of Birth: ____/____/____ Age _____ GENDER: ☐ Male ☐ Female

Mailing Address: _____ City: _____ Zip: _____

What is the best number to reach you: (____) _____

What is your child's dentist name: _____ Last dental appointment: _____

Last fluoride varnish application: _____

Does the individual receiving the services have any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Latex allergy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies, General (list) _____ | <input type="checkbox"/> None |
| <input type="checkbox"/> Allergies to medicines (list) _____ | <input type="checkbox"/> Don't know/ Not sure |
| <input type="checkbox"/> Other health problem(s): _____ | <input type="checkbox"/> Taking Medication; please list _____ |

*** PLEASE notify us if there are any changes in your child's medical history**

PLEASE CHECK:

☐ **YES** I give permission to Navajo County Public Health Services District to provide dental screening and up to but not more than 3 fluoride varnish applications during the school year for my child.

☐ **Dental Screening**

☐ **Fluoride Varnish Treatment**

☐ **NO** I do not give permission.

Print Name and Signature of Parent/Guardian:

Print: _____ **Signature:** _____ **Date:** _____

For internal use only - Do not write below this line

Services received:

Fluoride Varnish Treatment ☐ Oral Screening ☐

Oral Health Assessment:

No visible cavities ☐ Untreated Decay ____ Treated Decay ____
Abscess ____

Location of possible cavities: _____

We suggest making a dental appointment ☐ Soon ☐ Urgent

Untreated BBT: Mild ☐ Moderate ☐ Severe ☐

Today's Dental Hygienist _____ **Date** _____

2nd Screen/Varnish

Services received:

Fluoride Varnish Treatment ☐ Oral Screening ☐

Oral Health Assessment:

No visible cavities ☐ Untreated Decay ____ Treated Decay ____
Abscess ____

Location of possible cavities: ____

We suggest making a dental appointment ☐ Soon ☐ Urgent

Untreated BBT: Mild ☐ Moderate ☐ Severe ☐

Today's Dental Hygienist _____

Date _____

3rd Screen/Varnish

Services received:

Fluoride Varnish Treatment ☐ Oral Screening ☐

Oral Health Assessment:

No visible cavities ☐ Untreated Decay ____ Treated Decay ____
Abscess ____

Location of possible cavities: ____

We suggest making a dental appointment ☐ Soon ☐ Urgent

Untreated BBT: Mild ☐ Moderate ☐ Severe ☐

Today's Dental Hygienist _____

Date _____