

2026-2027

RETURNING STUDENT ENROLLMENT CHECKLIST

Enrollment Packet. Do not complete if you are not the custodial parent or have legal or temporary guardianship documents attached.

Current copy of immunization, dated after March 2026 (Handwritten records will not be accepted.)

(If applicable) Legal Documents. If you are not the custodial parent or legal guardian of a student, you are required to provide one of the following documents:

- Court Custody Documents
- Social Service Placement Documents
- Notarized Power of Attorney Forms

(If applicable) Other copies of Court Documents, Protection Orders, etc.

*If your child has food allergies fill out the Special Dietary Accommodations form
If not do not fill out

**Please contact Tuba City Boarding School for
more information on student enrollment.**

Elvira.begay@bie.edu

Phone: (928)283-2330 ext. 1167

Fax: (928)283-2362

Tuba City Boarding School
Attn: Elvira Begay
P.O. Box 187
306 Main Street
Tuba Citv. AZ 86045



**TUBA CITY BOARDING SCHOOL
RETURNING STUDENT APPLICATION**



SCHOOL YEAR 2026-2027

STUDENT'S GRADE: _____

Bus Color: _____

STUDENT IDENTIFICATION

Name: (Last) _____ (First) _____ (Middle) _____

DOB: _____ Gender: Male () Female ()

Mailing Address: _____ Location of Residence: _____

City: _____ State/Zip Code: _____

FAMILY INFORMATION

FATHER: *Check if student lives with this person:* () **MOTHER:** *Check if student lives with this person :* ()

GUARDIAN: *Check if student lives with this person* () **GUARDIAN:** *Check if student lives with this person* ()

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____

City : _____

State/Zip Code: _____

State/Zip Code: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Parent/Legal Guardian: _____ **Date:** _____



United States Department of the Interior

Bureau of Indian Education
Arizona Navajo North Agency
Tuba City Boarding School
Phone: 928-283-2330
FAX: 928-283-2362



RELEASE / TRANSFER OF RECORDS

(This form does not need to be completed if a current copy of immunization is being submitted.)

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 Hospital, Doctors Office, or Clinic

Post Office Box or Street Address

City, State and Zip Code

The following records are authorized by the parent/legal guardian to be released or transferred upon the receipt of this request:

Current Immunization Record

Other: _____

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

**Tuba City Boarding School
PO Box 187 / 306 Main Street
Tuba City, Arizona 86045**

Parent/Guardian Signature

Date

TUBA CITY BOARDING SCHOOL CHECK-OUT CARD

Student Name: _____ DOB: _____ Grade: _____

Parent(s)/Guardian(s): _____

Contact Phone Number(s): _____

Physical Address: _____

*Please keep in mind that if the school cannot contact a Parent/Guardian, this form will be utilized to make contact, especially in cases of emergency. **Authorized person must be 18 years of age.**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
1.		
2.		
3.		
4.		
5.		

I authorize the listed person(s) to check-out the above named child from Tuba City Boarding School.

Official Use:

Teacher: _____

Bus Color: _____

Parent / Guardian's Signature: _____

Relationship to Student: _____

Date: _____



United States Department of Interior
Bureau of Indian Education
Tuba City Boarding School
Phone: 928-283-2330
Fax: 928-283-2362



Student Name #1:	_____	Grade: _____	Teacher: _____
Student Name #2:	_____	Grade: _____	Teacher: _____
Student Name #3:	_____	Grade: _____	Teacher: _____
Student Name #4:	_____	Grade: _____	Teacher: _____
Student Name #5:	_____	Grade: _____	Teacher: _____

Parent/Guardian:	_____	Phone #:	_____
Parent/Guardian:	_____	Phone #:	_____

Residence: _____

****See information below. ****

BUS COLOR:

Bus Color	Time	Routes
Black	AM/PM	Moenkopi and Sand Dune Drive
Blue	AM/PM	Etsitty Spring (McCabe Hill), Behind True Value, Reservoir Rd., Fairground Rd. & Rare Metal
Brown	AM/PM	98 & 160 Jct., Cowsprings, Tonalea Veteran Memorial, & Middle Mesa
Gray	AM/PM	Kykotsmovi, Hotevilla-Bacavi, & Coalmine Chapter House
Green	AM/PM	NHA Office area, Yucca Drive, Castle Loop, Tumbleweed Drive, Black Mesa, SandSprings, White Mesa, & Coalmine St.
Maroon	AM/PM	Blue Ridge Loop, Old Airport Lane, Skylane Dr., Castle Rock, Townhouse A & B
Orange	AM/PM	Low Rent by KFC Housing, Kerley Rd., CulDeSac 3, Maloney St., Stanley Dr., Navajo Blvd, & Hadley Drive
White	AM/PM	Navajo Blvd., Preston Way, Maloney Street, Yellowman's Trailer Court, Gap Trail, Chee Willie Road, Individeo, Arizona Blvd., Three Water Tanks, Stanley Dr., & Jensen St.

Bus Color	Time	Routes
Silver	AM/PM	Bitter Spring, Cedar Ridge, Gap, Hidden Spring, Rifle Range Road, & Kerley Valley
Pink	AM/PM	TCHS and Elementary School Housing, PHS Housing, Greyhills, & Main Street
Red	AM/PM	White Mesa, Route 21, Tonalea, & NHA Housing
Teal	AM/PM	Gray Mountain, Speedy's, NHA Housing, Tappan Wash Huskon Valley, Trailer Park, Milepost 469 & Moenkopi Wash on Hwy 89
Beige	AM/PM	Behind El Gran, Behind Peshlakai Ave., Quartz Circle, Cinnamon Dr., Tumbleweed Dr., NTUA, & Brody Trailer Park
Yellow	AM/PM	Moenave, Old Airport, Moenave Road, & Tuba City Mobile Park

****You may draw a map on the back of this page for the Transportation Department****



TUBA CITY BOARDING SCHOOL
Notification of Application School Enrollment
Truancy and Attendance Policies

Student: _____ Teacher: _____ Grade: _____

ARIZONA STATE TRUANCY LAW

A.R.S. §15-802 requires that a person having custody of a child between six (6) and sixteen (16) years of age must send the child to school full time when the school is in session, unless statutorily excused. Failure to ensure that a child attend school is a criminal offense and subjected to a fine of up to \$500 plus surcharges and a possible jail sentence of up to 30 days.

A.R.S. §13-3613 and 13-3612 require parent(s)/guardian(s) to not commit any act which causes, encourages or contributes to a child's dependency. A dependent child is one who, among other acts, refuses to attend school. Contributing to the Dependency of a Minor is a criminal offense, which carries a fine of up to \$2500 and a possible jail sentence of up to six (6) months in jail.

Pursuant to school policy, the school will notify the parent(s)/guardian(s) upon determining that the minor child is absent from school without permission. The parent(s)/guardian(s) must contact the school within twenty-four (24) hours of the notice regarding the unexcused absence and inform the appropriate school personnel the reason for the absence.

The school's attendance department must determine if the excuse is valid and acceptable. The attendance department may require further documentation to substantiate the reason for the absence. Students and parents must understand that school attendance is not a matter of choice, but a legal requirement.

NAVAJO NATION TRUANCY LAW

(Title 10 Subsection §502 Compulsory School Attendance – Generally §118)

Education in Navajo schools shall be compulsory as to children between the ages of five (5) and eighteen (18) years as prescribed and defined in 10 NNC §118 of the Navajo Nation Education Policies.

(Title 10 Subsection §503 Application of State Laws and Navajo Nation Laws §118)

The Navajo Nation Council consents to the application of state compulsory school attendance laws to the Indian of the Navajo Nation and their enforcement on Indian lands of the Navajo Nation wherever an established public school district lies or extends within the Navajo Nation. In addition, 10 NNC §118 of the Navajo Education Policies regarding compulsory attendance shall apply to all Navajo minors between ages five (5) and eighteen (18) and to all persons having care and custody of such minors who are within the civil and criminal jurisdiction of the Navajo Nation.

I HAVE BEEN NOTIFIED OF THE ABOVE TRUANCY LAWS AND THE TUBA CITY BOARDING SCHOOL ATTENDANCE POLICIES

Parent/Guardian Name

Parent/Guardian Signature

Date

TCBS ATTENDANCE POLICY

TCBS GOAL: Individual Student Attendance Rate at 95% or Better

School Hours: Tuba City Boarding School begins school at 7:50 AM each school day. The cafeteria is open for breakfast.

School Supervision: Supervision of students on campus begins at 7:00 AM.

Absence: An absence occurs when a student is not physically present in school. Please notify your child's department office in a timely manner if the following occur:

- Personal illness, accident or medical appointment.
- Bereavement of an immediate family member.
- Participation in religious ceremony.

Unexcused Absence: If the office is not notified in a timely manner (24 hours), an unexplained absence becomes an Unexcused Absence.

Written Note: Students must present a written note to the office on the first day back after an absence.

Attendance Intervention: Excessive absenteeism be referred to the Navajo Nation family court system. To avoid this situation, please send your children to school every day. Parent(s)/guardian(s) are responsible for ALL court cost fees that are associated with such referrals, this includes: filing fees, fines and any other fees the Court may impose.

Extenuating Circumstances: Please notify the Department office immediately. If there are medical circumstances that require your child to be out of school for an extended period, a home-study status may be considered. It is the parent(s)/guardian(s) responsibility to notify the Department Head. A medical statement is required.

Automatic Drop: If a student is absent for ten (10) consecutive days, an automatic drop will take effect on the 11th day.

Minimum Attendance Required: The standards of the BIE and the Navajo Nation require a student to be in school at least 160 days to receive credit for the year (25 CFR 31.4). Students with less than 160 days of attendance will be considered for retention at the end of the school year. This includes ALL absences whether excused, unexcused, late enrollment, tardiness, or absences due to suspensions.

Tardy and Checkout Notification: It is the TCBS expectation that all students will be in class ready to learn at 7:50 AM each school day.

Tardy Slip: Students arriving after 7:50 AM must report to the office and get a tardy slip. All late students will be required to give the homeroom teacher the tardy slip to enter the classroom.





TUBA CITY BOARDING SCHOOL
Media Publication Form
Photographs and/or Video Consent Form

Student: _____ **Teacher:** _____ **Grade:** _____

Occasionally, we may take photographs of the students at Tuba City Boarding School. We may use these images in our school's publications, as well as our website or on our display boards. We may also make video or webcam recordings for school-to-school conferences, monitoring purposes or other educational use.

From time to time, our students will often appear in local or national newspapers.

We need your permission before we photograph or make any recordings of your child for educational purposes. Please answer questions 1 to 3 below, then sign and date the form where shown.

1. May we use your child's photograph in the school prospectus? Yes No
2. May we use your child's photograph in other printed publications that we produce for educational purposes or on project display boards? Yes No
3. May we use your child's image on our website? Yes No

I have read and understand the conditions stated above

Parent/Guardian Name

Parent/Guardian Signature

Date



Tuba City Boarding School
Student Computer/Internet Usage Contract

Student: _____ Teacher: _____ Grade: _____

Tuba City Boarding School is pleased to offer student access to the school computers and the Internet. Students need to use appropriate behavior when using the computers and the Internet. It is a privilege, not a right; to use this equipment and the privilege will be taken away if a student abuses it. TCBS reserves the right to control access to the computers on campus.

TCBS Student agreement for using computer equipment and the Internet:

I agree to abide by the following rules when using computers and the Internet at Tuba City Boarding School. If I do not follow these rules, I understand I will lose the privilege of using school computers.

- 1. I will get permission from TCBS staff to use school computer equipment, printers, and the Internet. A teacher/staff member must be present in the lab when I use the computer.
2. I will not damage the computer or other equipment, including the keyboard, mouse, mouse pad, tabletop, or monitor. If I damage computer equipment intentionally I agree to pay for repairs or replacement.
3. I will not visit any Internet sites or download any sites that are inappropriate or may damage the computer system. I will not use bad language when naming a file or icon. I will never write, record, view, send, download, or look up materials on the Internet, which I would not want my teachers or parents to see.
4. If I encounter, by accident, bad language or anything that makes me feel uncomfortable, I will notify TCBS staff immediately.
5. I will not open another person's computer file, and I will not use a computer to harm other people or their work.
6. I will not use e-mail or chat rooms during school hours. If I want to use e-mail during the after school computer class, I have to get written permission from my parents and ask permission from the teacher/supervisor whenever I want to check my e-mail. Chat rooms are not allowed.
7. I will not give out personal information on the Internet, such as; names, addresses and/or telephone number(s).

Student Signature: _____

Date: _____

Parent Permission for Student Use of Computers and the Internet

As a parent or guardian of a TCBS student, I have read the above agreement and understand it. I understand that it is impossible to restrict access to all controversial materials, and I will not hold TCBS responsible for materials acquired by use of the information services.

[] Yes [] No, I give permission for my child to use computer equipment and the Internet at school according to the rules listed above.

[] Yes [] No, I give permission for my child's school work, such as; stories, poetry and/or artwork to be posted on school-related web pages. I understand no last names associated with photos, or personal information will be included.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



TUBA CITY BOARDING SCHOOL
Local Field Trip Permission Form

All Out-of-Town Field Trips Will Require a Separate Form

Student: _____ **Teacher:** _____ **Grade:** _____

This enables your child to participate in local school trips, if that is what you choose.

NOTICE: A student may be denied participation because of misconduct, safety concerns, excessive absences or critical academic standing.

YES - I give the school staff permission to take my child on local school field trips.

NO - My child **WILL NOT** participate in local field trips.

Medical or Health Conditions: List any medical or health conditions that may affect the student during local field trips.

Emergency Contact: Please provide emergency contacts with reliable phone numbers.

Contact Person

Phone Number

Contact Person

Phone Number

Consent for Medical Treatment: I also grant permission for my child to receive emergency medical treatment in the event that it is necessary during this activity.

I understand that students may walk or ride buses to local destinations. The trips are taken for educational purposes or to provide individual or group rewards.

On occasion, students may need money to cover minor expenses. Parents will be notified when money or other items are needed for a local field trip.

Parent/Guardian Name

Parent/Guardian Signature

Date



**TUBA CITY BOARDING SCHOOL
Medical History**

Student Name: _____ Teacher: _____ Grade: _____

Please make sure your child's immunizations are up to date, as it is required, by law.

Are your child's immunization records up to date? Yes No

Does your child have **any ALLERGIES to drugs, food, etc.?** Yes No

If yes, please list known allergies: _____

Does your child require a special diet? Yes No

If yes, a medical statement must be provided from the student's physician.

Does your child require medication? Yes No

If yes, list conditions requiring medication: _____

(Example: Asthma, Diabetes, ADHD, Epilepsy, Depression, etc.)

Serious illness, accidents or operations: _____

Does your child wear eyeglasses? Yes No If yes, are glasses to be worn continually? Yes No

Are glasses for reading only? Yes No

Does your child have a hearing problem? Yes No Does child use a hearing device? Yes No

Does your child have a handicap that requires accommodations? Yes No

If yes, please list necessary accommodations: _____

Other Health Concerns: _____

Health Insurance Information (Company Name/Policy #): _____

TCRHCC, Inc. Chart #: _____ Phone Number: _____

Consent for Emergency Care

In the event that my child is injured or becomes seriously ill during school hours or during authorized school activities, I give my permission for my child to be taken to the nearest emergency facility. I hereby authorize TCBS personnel to act, on my behalf, in the event that I cannot be contacted by reasonable means. I also authorize any medical doctor or treatment center personnel to use their professional judgment to render such aid, treatment or care that may be required on any emergency basis to my child. It is also understood that this is intended to extend throughout the current school year.

Parent/Guardian Name

Parent/Guardian Signature

Date



TUBA CITY BOARDING SCHOOL
Medication Permission Form
Health Permit and Over-the-Counter Medication

Student: _____ **Teacher:** _____ **Grade:** _____

Allergies to any **medications** (Please list): _____

In addition to the routine health care and first aid provided to students by the office will notify parents of seriously ill and injured students and refer them to the local hospital, Tuba City Regional Health Care Corporation, Inc.

Parents will be required to take students to their health providers for services that cannot be performed at school such as: injuries requiring X-rays, lacerations requiring stitches, physical therapy, behavior/mental counseling and others requiring specialty care.

A TCBS designated staff may administer "Over-the-Counter" medications. Please check the following list and indicate what medications you will allow your child to receive at school.

	YES	NO		YES	NO
Motrin (Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	Antacid (Tums, Mylanta)	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol (Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics/Bacitracin Ointment	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops/Cough Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Tears (Eye Drops)	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream/Calamine	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Parent/Guardian Name

Parent/Guardian Signature

Date



United States Department of the Interior
Bureau of Indian Education
Tuba City Boarding School
P.O. Box 187
Tuba City, AZ 86045
PH: 928-283-2330 FAX: 928-283-2362

Student Name #1: _____ Grade: _____ Teacher: _____

Student Name #1: _____ Grade: _____ Teacher: _____

Student Name #1: _____ Grade: _____ Teacher: _____

Student Name #1: _____ Grade: _____ Teacher: _____

Student Name #1: _____ Grade: _____ Teacher: _____

Directions: Please indicate which phone numbers and e-mail addresses you want us to use when contacting you through the **Connect-ED** alert and notification service. **PLEASE No Work Numbers Personal Contact Info Only PLEASE Write Legibly**

Fill in all available numbers and e-mail address on the lines provided below.

Phone 1 # _____

Phone 2 # _____

Phone 3 # _____

Primary Phone # Phone #	Additional Phone #
Check ONE	(Optional)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Yes, I would like to receive a "Text" message to the number(s) listed above. Please check the box above indicating which phone numbers you would like "Text" messages to be sent to.

No, I do not want to receive "Text" messages

E-mail: _____

Print Name: _____

Signature: _____





Division of Performance and Accountability
Supplemental Education Programs
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE
Tuba City Boarding School
School Year 2026-2027
For School Use Only

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

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

- Doubled-up: _____ Sheltered: _____
 Hotel/Motel: _____ Unsheltered: _____

1) **Unaccompanied youth:** Yes No

2) **Transportation needed:** Yes No

Select all that apply: Special Education English Learner Migrant

Resources and Services

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

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

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

Local Homeless Liaison: _____ **Date:** _____



Medical Statement for Students with Special Dietary Accommodations

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

Send completed forms to:

For any questions, please contact:

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian Signature: _____

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

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

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

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

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

This medical statement is **permanent**.

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

This medical statement is **temporary**.

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

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____