

Grade Level \_\_\_\_\_  
Day or Dorm \_\_\_\_\_  
English / Navajo Immersion \_\_\_\_\_

Rough Rock Community School  
P.O. Box# 680 Chinle, AZ 86503  
K-8 School Ph: (928) 728-3701  
High School Ph: (928) 728-3703

**Enrollment Packet (New Student)**

- ☐ RRCS Enrollment Form (required)
- ☐ Emergency Contact / Check Out Form
- ☐ Physical Home Location (map)
- ☐ Student Residency Form
- ☐ Computer & Internet Usage Form
- ☐ BIE Home Language Survey Form
- ☐ Local Field Trip Form
- ☐ Release of Student Records
- ☐ School Attendance Policy Form
- ☐ Special Education Form
- ☐ Student Photo Image Consent Form
- ☐ Title I Compact Form
- ☐ Health Packet

**A COPY OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED BEFORE YOUR CHILD/REN'S APPLICATION IS CONSIDERED COMPLETE FOR ALL NEW ENROLLMENTS.**

- ☐ Birth Certificate (copy required)
- ☐ Certificate of Indian Blood (copy required)
- ☐ Current Immunization Record (copy required)
- ☐ ***Dated as of June 2025 is considered up-to-date.***
- ☐ Current Legal Guardianship/Parental Consent for Temporary Guardian (if applicable)
- ☐ Withdrawal/Release Form from previous school
- ☐ CURRENT Legal Guardianship/Parental Consent for Temporary Guardian (if applicable)
- ☐ 8<sup>th</sup> Grade Promotion Certificates for incoming freshman (all 9<sup>th</sup> graders)
- ☐ High School Transcripts, all test scores
- ☐ Transfer students must pass a disciplinary background check (by School Counselor)

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To: Residential Department

The following student \_\_\_\_\_ is officially enrolled at Rough Rock  
K-8 / High School for school year 2025 – 2026.

He/She enrolled at the K-8 / High School on \_\_\_\_\_.

Bureau of Indian Education  
**Rough Rock Community School**  
Student Enrollment Application

**School Year: 2025 - 2026**

**Grade Level:** \_\_\_\_\_  
**Dorm:** \_\_\_\_\_  
**Day-Bus:** \_\_\_\_\_

**Entry Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                           |  |  |  |                                                               |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------|--|----------------------------|--|------------------------------------------------------|-----------------------------|--------------------------------|--|---------------------------|--|--|--|
| <b>Native American Student Information System (NASIS) ID NO.</b>                                                                                                                                                                                                                          |  |  |  |                                                               |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| <i>Student Name: LAST First Middle:</i>                                                                                                                                                                                                                                                   |  |  |  | <i>Gender:</i>                                                |  | <i>Date of Birth:</i>      |  | <i>Census Number:</i>                                |                             | <i>Degree of Indian Blood:</i> |  |                           |  |  |  |
|                                                                                                                                                                                                                                                                                           |  |  |  | Female: Male:                                                 |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| <i>Student Address: City: State: Zip Code:</i>                                                                                                                                                                                                                                            |  |  |  | <i>Birth Place:</i>                                           |  | <i>Tribal Affiliation:</i> |  |                                                      | <i>Chapter Affiliation:</i> |                                |  |                           |  |  |  |
|                                                                                                                                                                                                                                                                                           |  |  |  |                                                               |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| <i>Home Location:</i>                                                                                                                                                                                                                                                                     |  |  |  | <i>Language most Spoken at Home:</i>                          |  |                            |  | <i>Language most Spoken by Student:</i>              |                             |                                |  |                           |  |  |  |
|                                                                                                                                                                                                                                                                                           |  |  |  | Navajo: English:                                              |  |                            |  | Navajo: English:                                     |                             |                                |  |                           |  |  |  |
| <i>With whom does the student live?</i>                                                                                                                                                                                                                                                   |  |  |  | <i>Did student participate in English Language Learn ELL?</i> |  |                            |  | <i>Did student participate in Special Education?</i> |                             |                                |  |                           |  |  |  |
| 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/parents can visit/pick up the student from school. Who has legal guardianship of the student? |  |  |  |                                                               |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| <b>Father:</b>                                                                                                                                                                                                                                                                            |  |  |  | Tribal Affiliation:                                           |  |                            |  | <b>Mother:</b>                                       |                             |                                |  | Tribal Affiliation:       |  |  |  |
| Address (city,state,zip):                                                                                                                                                                                                                                                                 |  |  |  |                                                               |  |                            |  | Address (city,state,zip):                            |                             |                                |  |                           |  |  |  |
| Home Location:                                                                                                                                                                                                                                                                            |  |  |  |                                                               |  |                            |  | Home Location:                                       |                             |                                |  |                           |  |  |  |
| Home Phone:                                                                                                                                                                                                                                                                               |  |  |  | Work Phone:                                                   |  |                            |  | Home Phone:                                          |                             |                                |  | Work Phone:               |  |  |  |
| Email:                                                                                                                                                                                                                                                                                    |  |  |  | Cell/Pager:                                                   |  |                            |  | Email:                                               |                             |                                |  | Cell/Pager:               |  |  |  |
| Employer:                                                                                                                                                                                                                                                                                 |  |  |  | Census No:                                                    |  |                            |  | Employer:                                            |                             |                                |  | Census No:                |  |  |  |
| Contact Allowed:                                                                                                                                                                                                                                                                          |  |  |  | Receive student mailings?                                     |  |                            |  | Contact Allowed:                                     |                             |                                |  | Receive student mailings? |  |  |  |
| <b>Guardian Name:</b>                                                                                                                                                                                                                                                                     |  |  |  | Contact Allowed:                                              |  |                            |  | Receive student mailings?                            |                             |                                |  |                           |  |  |  |
| Address (city,state,zip):                                                                                                                                                                                                                                                                 |  |  |  | Home Location:                                                |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| Home Phone:                                                                                                                                                                                                                                                                               |  |  |  | Work Phone:                                                   |  |                            |  | Cell/Pager:                                          |                             |                                |  | Other:                    |  |  |  |
| Employer:                                                                                                                                                                                                                                                                                 |  |  |  | Email:                                                        |  |                            |  |                                                      |                             |                                |  |                           |  |  |  |
| Emergency Information: (other than parent/guardian):                                                                                                                                                                                                                                      |  |  |  |                                                               |  |                            |  | Emergency Information: (other than parent/guardian): |                             |                                |  |                           |  |  |  |
| Relationship to Student:                                                                                                                                                                                                                                                                  |  |  |  | May Pick up Student?                                          |  |                            |  | Relationship to Student:                             |                             |                                |  | May Pick up Student?      |  |  |  |
| Home Phone:                                                                                                                                                                                                                                                                               |  |  |  | Work Phone:                                                   |  |                            |  | Home Phone:                                          |                             |                                |  | Work Phone:               |  |  |  |
| Cell/Pager:                                                                                                                                                                                                                                                                               |  |  |  | Other:                                                        |  |                            |  | Cell/Pager:                                          |                             |                                |  | Other:                    |  |  |  |

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

|                 |                  |                 |
|-----------------|------------------|-----------------|
| Name of School: | Address:         |                 |
| Phone Number:   | Grade Completed: | Dates Attended: |

List all schools you have attended (Transfer students only):

|                           |                  |                 |
|---------------------------|------------------|-----------------|
| 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? \_\_\_\_\_.  
I am legally responsible for this student and hereby apply for his/her admission to Rough Rock Community School. I understand that additional information 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 Education Program Administrator | Date |
|-------------------------------------|------|----------------------------------------------|------|

# Rough Rock Community School

**P.O. Box 680**

**Chinle, AZ 86503**

**K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617**

**High School Ph: (928) 728-3703 High School Fax: (928) 728-3560**

## EMERGENCY CONTACT / CHECK OUT FORM

Student Name (PRINT)

Parent / Guardian's Name (PRINT)

Parent/Guardian Email address

Parent/Guardian Phone Number

Who is authorized to check your child out of school or be contacted in an emergency?

Your child will **ONLY** be released to you or to those listed below:

**ALL PERSONS CHECKING OUT STUDENTS MUST BE 18 YEARS OR OLDER**

***A Picture I.D. may be requested.***

Please name them in the order you would want use to contact in case of an emergency.

Name of Person (s)

**Phone Number**

### Relationship to Child

( )

( )

( )

( )

## CHILD SECURITY

**The following person (s) is/are NOT permitted to check out this student.**

**(Please check box(es)).**

- ☐ Temporary Order of Protection (Copy needed for student's file)
- ☐ Legal Guardianship Order
- ☐ Permanent Protection Order (Copy needed for student's file)
- ☐ Social Services Order
- ☐ Other: \_\_\_\_\_

**Name of Person (s)**

### Relationship to Child

*Please notify the school **IMMEDIATELY** of any changes in the above information.*

---

***Parent / Guardian's Signature***

---

*Date*



**Rough Rock Community School**  
**P.O. Box 680**  
**Chinle, AZ 86503**  
**K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617**  
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## **Map of Home Location**

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Location: \_\_\_\_\_  
(be specific on direction to home ex: beige house with red roof, etc.)

**North**

**West**

**East**

**South**

**\*\* Note: This form will be used each year unless updated for changes \*\***

# Rough Rock School Board, Inc.

(928) 728-3705 - P.O. Box 680 - Chinle, AZ 86503

Rough Rock Community School, US Hwy 59, Chinle, AZ 86503



## STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

### PLEASE PRINT

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex ☐ Male ☐ Female

Parent(s) Name \_\_\_\_\_ Cell # \_\_\_\_\_

\*Student's Location of Residence \_\_\_\_\_

1. Where is the student living now?

☐ With one or both parents in their own home

☐ With one or both parents and other family members in a shared house or apartment

Number of people living together \_\_\_\_\_ Number of times moved in the last 12 months \_\_\_\_\_

☐ With friends or family member who have **Power of Attorney** Expiration Date \_\_\_\_\_

☐ With friends or family member who **do not have any Power of Attorney**

☐ None of the above

2. Has the family lost their housing or had to move due to economic hardship?

☐ Yes ☐ No ☐ Unsure

3. Has the student lived in a shelter in the last 12 months? ☐ Yes ☐ No

4. Does the student's residence have the following:

☐ Running Water ☐ Electricity ☐ A bed for the student

\_\_\_\_\_  
Signature or Parent/Guardian/Caretaker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RRCS Staff/Observer

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date



Student not covered by McKinney-Vento Act



Student Covered by Mc-Kinney Vento Act



Follow-up Needed



**Rough Rock Community School**  
**P.O. Box 680**  
**Chinle, AZ 86503**  
**K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617**  
**High School Ph: (928) 728-3703 High School Fax: (928) 728-3560**

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## **STUDENT AGREEMENT FORM**

### **COMPUTER & INTERNET USAGE**

I \_\_\_\_\_, a student of Rough Rock Community School, agree to abide by the terms and conditions of this policy for my own use only. I will ensure my privilege can be denied, if I am not abiding by any terms and conditions of Rough Rock Community School. I understand I will be allowed to access the Internet with an agreement and permission of Rough Rock Community School.

I realize that the use of the Internet is a privilege, not a right, and inappropriate use will result in the classroom of those privileges may lead to disciplinary actions, removal and/or legal action. **THE SYSTEM ADMINISTRATOR MAY DENY, REVOKE, OR SUSPEND ACCESS TO THE INTERNET.**

- 1) The system and school administrators have determined what is appropriate use includes but is not limited to the following activities:
  - Accessing, viewing or printing offensive messages or pictures that is pornographic or obscene.
  - Using obscene language & disruptive behavior
  - Accessing, viewing & transmitting material related to drug, alcohol, gang activity or hate groups.
  - Damaging computer systems, computer network or equipment.
  - Violating copyright laws
  - Trespassing in another's folder, work, and files or using another student's work.
  - Downloading inappropriate internet music or videos.
  - Revealing the personal address & phone number of yourself or any person with permission from your instructor.
- 2) Violations may result in loss of access as well as other disciplinary or legal actions.
- 3) Cost incurred by Rough Rock Community School for vandalism, computer hardware or software damages, i.e., any malicious attempt to harm or destroy another student's data.
- 4) Any attempt to steal, trade, or any means of theft shall be turned into the proper authorities or be presented in legal courts.

I have read the rules acceptable online behavior, understand the rules, and agree to comply with the above stated rules. Should I violate these rules, I understand that I will be suspended from the Computer Lab and lose network and computer privileges at Rough Rock Community School.

---

Student Name (Print)

---

Date

---

Student Signature

---

Date

---

System Administrator Signature

---

Date

**BIE Home Language Survey**  
**School Year 2025 - 2026**  
**Rough Rock Community School**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Federal Code: 25: CFR 32.3**

***"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."***

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

***"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."***

**School Mission Statement:**

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
  
- 2. Which language does your child most frequently speak at home?**
  
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

**Additional Information (Optional)**

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ School Official Verification \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

**\*\*\* Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**



**Rough Rock Community School**  
**P.O. Box 680**  
**Chinle, AZ 86503**  
**K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617**  
**High School Ph: (928) 728-3703 High School Fax: (928) 728-3560**

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**Local Field Trip or Special Event**  
**CONSENT FORM**

Dear Rough Rock Parents and Guardians,

During the course of the school year, your child's class may take walking field trips in the Rough Rock area. They may take nature hikes, go out to watch the Homecoming Parade, Participate in clean-up activities, etc. In order to avoid sending numerous permission slips, yet allow your child to participate, we want to keep one form active for the whole year. This is only for the Rough Rock area - any trips away from Rough Rock will require a separate and specific permission slip. If you have any questions about this, feel free to contact your child's teacher or the School Principal

I am the parent/legal guardian of \_\_\_\_\_,  
who is a student at Rough Rock K-8/High School. I specifically authorize my child to participate in field trips within the confines of the community of Rough Rock.

\_\_\_\_\_ I **AGREE** to allow my child to participate in local Field Trips.

\_\_\_\_\_ I **DO NOT** agree to allow my child to participate in local Field Trips.

Should it become necessary, I also authorize transportation to a medical facility, and receive medical treatment of my child by a qualified and licensed medical personnel in the event of a medical condition which, in the opinion of the medical personnel, my endanger of my child's life, adversely affect my child's health, cause disfigurement physical impairment or undue discomfort if treatment is delayed. This authority is granted only after reasonable effort has been made to contact parents or guardians by telephone.

By signing this form, I understand that the sponsors and adults will closely supervise this field trip. I further absolve the Rough Rock Community School of any liability arising out of any unforeseen accident/incident or injury while my child participates on this field trip.

---

***Parent / Guardian Signature***

**\*\* Note: This form will be used each year unless updated for changes \*\***



**Rough Rock Community School**  
**P.O. Box 680**  
**Chinle, AZ 86503**  
**K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617**  
**High School Ph: (928) 728-3703 High School Fax: (928) 728-3560**

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### **Authorization for Release of Student Records**

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Previous School Name

---

Address

---

Telephone Number

---

Fax Number

According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parent and Students," Section (B), Page 97.

School Officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without written consent for each release. In the event certain records being asked for require parental consent, such authorization by parent or legal guardian is below.

Please forward an official copy of Student Transcript and Health Records for:

---

Student Name

---

Date of Birth

---

Grade

Thank you for your cooperation.

Please Forward Records To:

Rough Rock Community School  
Attn: Registrar  
P.O. Box 680  
Chinle, AZ 86503

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Parent/Guardian Signature

---

Date

---

Student Signature (if over age 18)

---

Date

Fax# (928) 728-3617 (**K-8**)  
(928) 728-3560 (**High School**)

ROUGH ROCK COMMUNITY SCHOOL  
P.O. Box 680  
Chinle, Arizona 86503  
K8 School: 928-728-3701  
High School: 928-728-3703

**NOTICE TO PARENTS and/or GUARDIANS of TRIBAL SCHOOL  
ATTENDANCE**

**147 Days School** *(required seat mins K-12)* **Attendance**

ROUGH ROCK SCHOOL BOARD AND ROUGH ROCK COMMUNITY SCHOOL expects all enrolled students to maintain good attendance in their course of study throughout the academic year. Student attendance is important because it reflects on a student's desire to promote/graduate. A student who accumulates absences that reach 10 percent of the school days in a semester without medical or valid verification (family illness, death in the family, etc.) can be charged with truancy from school. The student and parent/guardian can be referred to the Navajo Nation Peace Making Court System. An attendance / academic contract will be required between the student, school, and parent/guardian. Students and Parents must understand that seat time is crucial to earning credits and part of Arizona State requirement for student enrollment and instructional validation.

In addition, Navajo tribal attendance states that Navajo children between the ages of five (5) and nineteen (19) that are not graduated from high school must be attending school. Students who are dropped because of excessive absences will be referred to Family Court of the Navajo Nation. (Tribal Code Title 10, Chapter. Section 118, Paragraph A).

Every day a child is not in school is considered an absence (excused or unexcused) which affects the child's learning and the school's average daily attendance. When a student is on an approved school sponsored activity the student will be counted as present e.g. athletic trips, field trips, science fair, etc.

I have read and understand the above regulation(s) and concur by my signature below.

*(The goal of RRCS is to have all students attend school at least 95% of the time for the academic school year. Reporting academic and residential attendance is important for the school to meet Annual Yearly Progress; but we cannot do this accurately without the help of parents/guardians. We request that parents/guardians refrain from checking students out during school; ensure that students return to Residential every Sunday before 6pm and for students to return home safely on Fridays. Encourage your child to ride the bus home on Fridays)*

---

Parent/Guardian Signature

Date

Student Signature

Date

**ROUGH ROCK COMMUNITY SCHOOL  
SPECIAL EDUCATION PROGRAM  
P.O. Box 680  
Chinle, AZ 86503  
Ph: (928) 728-3701/3702/37036    Fax: (928) 728-3617/3502**

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***Special Education Form***

\*\* All parents MUST fill this upon enrolling their child/ren \*\*

**My child,** \_\_\_\_\_, **Grade** \_\_\_\_\_

\_\_\_\_\_ has / has not ever received Special Education services in the past  
(circle one)

\_\_\_\_\_ is / is not receiving Special Education services now.  
(circle one)

.....

**Gifted & Talented Education Program Information**

\_\_\_\_\_ has / has not ever received Gifted & Talented services in the past and  
(circle one)

\_\_\_\_\_ is / is not receiving Gifted & Talented services now.  
(circle one)

.....

The last school my child attended was: \_\_\_\_\_

Located at (city) \_\_\_\_\_.

This information helps the Rough Rock Community School ensure that your child receives the best possible education and help he / she may need to be successful. Thank you.

---

***Parent / Guardian Signature***

---

***Date***

# Parental/Guardian Consent Form

Rough Rock Community School request your parental permission for your child's **Photography, Video tape and Image** personally identifiable information to be published on the district and/or school's Web Site.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site 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 schools 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 any personally identifiable information without prior written consent from you as parent or guardian. **Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and 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 one of the following choices:

- ☐ I/We GRANT permission for a **Photo/Image/Video** that includes this student without any other personal identifiers to be published on the school and/or district's public Internet site.
- ☐ I/We GRANT permission for this student's **Photo/Image/Video and Name** to be published on the school and/or district's public Internet site.
- ☐ I/We GRANT permission for this student's **Photo/Image/Video and all other personal identifiers listed above** to be published on the school and/or district's public Internet site.
- ☐ I/We **DO NOT GRANT permission for Photo/Image/Video** and other personal identifiers to be published on the school and/or district's public Internet site.

Student's Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Parent/Guardian: (Print) \_\_\_\_\_ (Sign): \_\_\_\_\_

**\*\* Note: This form will be used each year unless updated for changes \*\***

# Rough Rock Community School

School Year 2025 - 2026

## Student, Parent/Family, and School Title I – Compact

We, the Rough Rock Community School, establish this compact to foster the success of our students. We believe this is accomplished through the planned partnership parents, families, students, teachers, and administrators.

Goals that ensure academic achievement of the state standards; help every student develop a sense of responsibility and respect of self and others; and, provide guidelines for meaningful two-way communication between home and school are guaranteed through the following responsibilities in this agreement.

| <b>As a Student.....</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I agree to: <ul style="list-style-type: none"><li>➤ Attend school daily</li><li>➤ Work hard to do my best in class and with my homework</li><li>➤ Help to keep my school safe</li><li>➤ Ask for help when I need it</li><li>➤ Respect and cooperate with other students and adults.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                            | I need: <ul style="list-style-type: none"><li>➤ Teachers and school staff who care about me</li><li>➤ People who believe I can learn</li><li>➤ Schools that are safe</li><li>➤ Respect for my culture and me as an individual</li><li>➤ Family and community support</li></ul>                                                                                                                                                                                                                                                                                                                                  |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>As Parent/Guardian/Family.....</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I agree to: <ul style="list-style-type: none"><li>➤ Have expectations for my child as an individual</li><li>➤ Help my child attend school and be on time</li><li>➤ Find a quiet place for schoolwork and make sure work is done</li><li>➤ Help my child learn to resolve conflicts in a positive way</li><li>➤ Communicate and work with teachers and other support staff to support and challenge my child</li><li>➤ Respect school staff and the cultural differences of others</li><li>➤ Support the learning environment of Rough Rock Community School, Inc.</li><li>➤ Attend Parent/Teacher conferences (minimum of 2 per calendar school year)</li><li>➤ Support the school in its effort to maintain proper discipline</li></ul> | I need: <ul style="list-style-type: none"><li>➤ Teachers and other support staff who respect my role as a parent/guardian/family</li><li>➤ Clear and frequent communications</li><li>➤ Respect for my culture, for my children and me</li><li>➤ A community that supports families</li><li>➤ An educational system that invites input and feedback</li><li>➤ Opportunity to be involved in the educational process</li><li>➤ Sufficient notice about changes in the schedule</li><li>➤ An on-site school nurse</li><li>➤ A Safe school environment for my child.</li><li>➤ Opportunities to volunteer</li></ul> |
| Parent/Guardian Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>As a Teacher /Principal/Support Staff.....</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I agree to: <ul style="list-style-type: none"><li>➤ Care about all students</li><li>➤ Have high expectations for myself, students and other staff</li><li>➤ Communicate and work with families to support student's learning</li><li>➤ Provide a safe learning environment</li><li>➤ Respect the cultural differences of students and their families.</li></ul>                                                                                                                                                                                                                                                                                                                                                                          | I need: <ul style="list-style-type: none"><li>➤ Students who are ready and willing to learn</li><li>➤ Respect and support from student, families, other staff, and administrators</li><li>➤ Assistance from staff, and administrators on removing barriers, which prevents me from doing my best for students</li><li>➤ Respect and support from the community.</li></ul>                                                                                                                                                                                                                                       |
| Staff Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |