Grade Level	-
Day or Dorm	Ĺ
English / Navajo Immersion	L

Rough Rock Community School P.O. Box# 680 Chinle, AZ 86503 K~8 School Ph: (928) 728~3701/3702 High School Ph: (928) 728~3703/3702

Re~Enrollment Packet

	RRCS Enrollment Form (required)					
	Emergency Contact / Check Out Form					
	Physical Home Location (map)					
	Computer & Internet Usage Form					
	Local Field Trip Form					
	School Attendance Policy Form					
	Title I Compact Form					
	Health Packet					
	Y OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED BEFORE YOUR CHILD/REN'S APPLICATION					
IS CON	SIDERED COMPLETE FOR ALL NEW ENROLLMENTS.					
	Current Immunization Record (copy required) Dated as of June 2024 is considered current					
	CURRENT Legal Guardianship/Parental Consent for Temporary Guardian (if applicable)					
~~~						
To: R	esidential Department					
The fo	ollowing studentis officially enrolled at Rough Rock					
K-8 /	High School for school year 2024 – 2025.					
He/Sh	ne enrolled at the K-8 / High School on					

BIA Form 6248 OMB No. 1076-0122

rrcs/rev. 05/2016 Exp. 05/2025

**School Year: 2024 -2025** 

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

Grade Level:

Boarding:

Day-Bus:

Entry Date:							Withdra	val Date:	
Native American S	Student Inform	ation System	(NASIS) I	ID NO.					
Student Name: LAST	First	Midd	dle:	Gende	er:	Date of Birth:	Cen	sus Number:	Degree of Indian Blood:
				Fema	le: Male:				
Student Address:	City:		State:	Zip Code:	Birth Place:		Tribal Affiliation:		Chapter Affiliation:
Home Location:					Language most S	Spoken at Home:	Land	guage most Spok	ken by Student:
					Navajo:	English:		/ajo:	English:
With whom does the stud	ent live?						nguage Learn ELL?	,	articipate in Special Education?
Both Parents	Father Mother	Grandparents	Guardian	Other					
Guardianship or Custoo both parents can visit/p								to one parent	, we must assume that
Father:		Tri	ibal Affiliation	:	Mother:			Triba	al Affiliation:
Address (city,state,zip):					Address (city,s	tate,zip):			
Home Location:					Home Location	n:			
Home Phone:		Work Phon	e:		Home Phone:			Work Phone	:
Email:		Cell/Page	er:		Email:			Cell/Pager:	:
Employer:		Census N	0:		Employer:			Census No:	:
Contact Allowed:		Received student	mailings?		Contact Allowe	ed:	Rec	eived student r	mailings?
Guardian Name:					Contact Allowe	ed:	Rec	eived student r	mailings?
Address (city,state,zip):					Home Location	n:			
Home Phone:		Work Phor	ne:		Cell/Pager:			Other:	
Employer:					Email:				
Emergency Information: (other than parent/guardian):			Emergency Information: (other than parent/guardian):						
Relationship to Student:		May	Pick up Stud	lent?	Relationship to	Student:		May F	Pick up Student?
Home Phone:		Work Phon	e:		Home Phone:			Work Phone:	:
Cell/Pager:		Othe	er:		Cell/Pager:			Other	:

BIA Form 6248 OMB No. 1076-0122 rrcs/rev. 05/2016 Exp. 05/2025

SCHOOL HISTORY:				
For students whose last academic year was 8	th grade:			
Name of School:		Address:		
Phone Number:	(	Grade Completed:	Dates Attended:	:
List all schools you have attended (Transfer s	students only):			
Previous School Attended:	Addre	ess	Ph	none No.
Reason for transferring:	(	Grade Completed:	Dates Attended:	:
Previous School Attended:	Addre	ess	Pr	none No.
Reason for transferring:	(	Grade Completed:	Dates Attended:	
I recognize that this is a public document and that f information contained herein is true and correct. I upper print name of Parent/Legal Guardian	understand that any legal upd	•		
OFFICIAL USE ON	ILY		Verified	by:
I certify that the above named student is enrol  Degree of Indian E		o Tribal Indian Census as Enrollment/Census N		Agency.
APPROVAL OF SCHOOL APPLICATION:	Approved	Not	Approved	
Signature of Principal or Registrar	Date	Signature of Educa	ation 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

Stud	lent Name (PRINT	")	Pare	ent / Guardian's Name (PRIN	
Parent/Guardian Email address			Parent/Guardian Phone Numbe		
	Your child will <u>O</u> SONS CHECKIN	NLY be released to y GOUT STUDENT	you or to those S MUST BE 1	cted in an emergency? listed below: 8 YEARS OR OLDER	
Please na		Picture I.D. may be er you would want u		case of an emergency.	
Name of P	Person (s)	Phone N	umber	Relationship to Child	
		( )			
		( )			
LD SECURIT	Y				
The following p		OT permitted to ch	eck out this st	udent.	
	Temporary Orde	er of Protection (Cop	y needed for st	udent's file)	
	Legal Guardians	hip Order			
	Permanent Prote	ction Order (Copy no	eeded for stude	nt's file)	
	Social Services	Order			
	Other:				
Name o	of Person (s)		R	elationship to Child	
so notify the	school IMME	DIATELY of a	ny changes	in the above informatio	



### 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

### **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

### South



### 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

## STUDENT AGREEMENT FORM COMPUTER & INTERNET USAGE

I realize that the use of the Internet is a privilege, n classroom of those privileges may lead to disciplin SYSTEM ADMINISTRATOR MAY DENY, REVINTERNET.	ary actions, removal and/or legal action. THE
not limited to the following activities:  Accessing, viewing or printing offensive Using obscene language & disruptive be Accessing, viewing & transmitting mategroups.  Damaging computer systems, computed Violating copyright laws  Trespassing in another's folder, work, and Downloading inappropriate internet muse Revealing the personal address & phoneyour instructor.  Violations may result in loss of access as well as Cost incurred by Rough Rock Community School damages, i.e., any malicious attempt to harm or Any attempt to steal, trade, or any means of the presented in legal courts.	rerial related to drug, alcohol, gang activity or hate related to drug, alcohol, gang activity or hate related to drug, alcohol, gang activity or hate related to requipment.  and files or using another student's work. Usic or videos. The number of yourself or any person with permission from the as other disciplinary or legal actions. The proper actions are destroy another student's data. The standard of the proper authorities or be attend the rules, and agree to comply with the above stated the suspended from the Computer Lab and lose.
Student Name (Print)	Date
Student Signature	Date

Date

System Administrator Signature



### 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

### 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

will require a separate and specific permission slip. If you have any questions about thi feel free to contact your child's teacher or the School Principal						
I am the parent/legal guardian of						
I <u>AGREE</u> to allow my child to participate in local Field Trips.						
I <u>DO NOT</u> 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

### ROUGH ROCK COMMUNITY SCHOOL

P.O. Box 680 Chinle, Arizona 86503

K8 School: 928-728-3701

High School: 928-728-3703/3702

# NOTICE TO PARENTS and/or GUARDIANS of TRIBAL SCHOOL ATTENDANCE 180 Days of School 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's 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 the 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 fairs, etc.

The Bureau of Indian Education Policy states students must be in class for 180 days to be considered for promotion to the next grade level. Therefore, a student cannot miss more than ten (10) days of school.

I have read and understand the above regulation(s) and concur with 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 6 pm and for students to return home safely on Friday morning. Encourage your child to ride the bus home on Friday)

Parent/Guardian Signature	Date	Student 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 <b>Photo/Image/Video</b> 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 <b>Photo/Image/Video and Name</b> to be publish on the school and/or district's public Internet site.					
•	○ I/We GRANT permission for this student's <b>Photo/Image/Video and all other personal identifiers listed above</b> to be published on the school and/or district's public Internet site.				
○ I/We <b>DO NOT GRANT permission for Photo/Image/Video</b> and other personal identifier 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 2024 ~ 2025 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.

between nome and school are guaranteed through the following responsionities in this agreement.					
As a Student					
I agree to:	I need:				
Attend school daily	> Teachers and school staff who care about me				
Work hard to do my best in class and with my	People who believe I can learn				
homework	Schools that are safe				
Help to keep my school safe	Respect for my culture and me as an individual				
Ask for help when I need it	Family and community support				
Respect and cooperate with other students and	, , , , , , , , , , , , , , , , , , ,				
adults.					
Student Signature:	Date:				
As Parent/Guard					
I agree to:	I need:				
➤ Have expectations for my child as an individual	Teachers and other support staff who respect				
<ul> <li>Help my child attend school and be on time</li> </ul>	my role as a parent/guardian/family				
Find a quiet place for schoolwork and make	<ul> <li>Clear and frequent communications</li> </ul>				
sure work is done	Respect for my culture, for my children, and				
<ul> <li>Help my child learn to resolve conflicts in a</li> </ul>	me				
positive way	➤ A community that supports families				
Communicate and work with teachers and other	➤ An educational system that invites input and				
support staff to support and challenge my child	feedback				
Respect school staff and the cultural differences	Opportunity to be involved in the educational				
of others	process				
Support the learning environment of Rough	Sufficient notice about changes in the				
Rock Community School, Inc.	schedule				
Attend Parent/Teacher conferences (minimum)	➤ An on-site school nurse				
of 2 per calendar school year)	➤ A Safe school environment for my child.				
Support the school in its effort to maintain	Opportunities to volunteer				
proper discipline					
Parent/Guardian Signature:	Date:				
As a Teacher /Principa					
I agree to:	I need:				
Care about all students	Students who are ready and willing to learn				
➤ Have high expectations for myself, students and	Respect and support from student, families,				
other staff  Communicate and work with families to support	other staff, and administrators				
Communicate and work with families to support	Assistance from staff, and administrators on				
student's learning	removing barriers, which prevents me from				
<ul><li>Provide a safe learning environment</li><li>Respect the cultural differences of students and</li></ul>	doing my best for students  Respect and support from the community.				
their families.	Respect and support from the community.				
uich faililles.					

**Staff Signature** 

Date: