



ANYA ITPAK ELEMENTARY SCHOOL
FORT MOJAVE INDIAN TRIBE
1665 Roosevelt Road, Mohave Valley, Arizona 86440
Fort Mojave Indian Reservation

What is the Anya itpak Elementary School?

A new tribally owned and operated Pre-K- 6th elementary school will open in August 2019. State of the art high quality elementary, with academic and tribal culture and language enrichment. Science and technology instruction will be featured, designed to meet the needs of Fort Mojave Indian students. A brand new state of the art facility, it is located on the Arizona side of the reservation next to the Fort Mojave Wellness Center near the heart of the Arizona Village, so that tribal children can attend a school close to their homes.

Who can attend the Anya itpak Elementary School?

Enrolled Fort Mojave Tribal members and first descendant children of enrolled Fort Mojave Tribal members grades Pre-K through sixth grade, will be eligible to enroll beginning February 25, 2019. Registration packets can be picked up at the FMIT Education Department 1599 Plantation Drive, Mohave Valley, AZ 86440 from Deborah or call (928) 346-1121 for arrangements. To enroll your child, please sign up as soon as possible.

What are some of the features of the Anya itpak Elementary School?

- The school will serve Pre-K and Kindergarten children in a Montessori-based program.
- A new tribal owned and operated Pre-K - 6th grade school, not a charter school.
- High quality state certified teachers who are kind and caring, with high expectation for our children.
- A friendly, creative atmosphere where every person is respected.
- Tribal heritage and language is celebrated and enhance the values that sustain us a people.
- School curriculum will follow the Galileo Digital Curriculum Platform, with a student assessment diagnostic system aligned with Arizona State Standards (reading, language arts, and math). Individual student diagnostic assessments will guide teacher instruction and be shared with parents.
- Teaching methods will be based on the educational needs of each child, including individualized study plans, cooperative learning groups, hands-on projects, and science programs that utilize Makerspace (robotics and technology). Each child will utilize their own Chromebook and iPad computer.
- Special education services will address individual differences and needs of our students.
- The School will be accredited through AdvanEd, to ensure that it will conduct exceptional instruction.
- A partnership with parents with community events at the school.
- Students will have regular physical education classes at the new Wellness Center next door.
- Bus service will be provided to all students.
- Nutritious breakfast and lunches will be provided to all students at no cost to families.
- All students (3rd through 6th grade) will be encouraged to participate in organized, league sports like volleyball, basketball, softball, baseball, and soccer.

How can I find out more about the Anya itpak Elementary School?

You are welcome to drop by any time, to visit with Dr. Rick St. Germaine, Interim Principal, across from the Wellness Center during regular business hours. Also, contact Christina Cameron-Otero at the Fort Mojave Education Department at (928) 346-1121.

Anya itpak Elementary School—Fort Mojave Indian Tribe
1665 Roosevelt Road, Mohave Valley, AZ 86440
Pupil Registration Form

(FOR OFFICE USE ONLY)

TRANSCRIPT:

Social Security No.: _____ Ethnic Code: _____ Date Requested: _____
 Entry Symbol: _____ Registration Date: _____ Date Received: _____
 Entry Date: _____ Grade: _____ Teacher: _____

Full Legal Name of Pupil: _____
Last *First* *Middle*

() Male () Female Birth date: _____ Place of Birth: _____ Age: _____

Verification of Birth date: () Birth Certificate () Affidavit

Street Address: _____ Telephone No.: _____

Mailing Address: _____

If mobile home park or apartment, give name: _____

Email Address: _____

Name of Person(s) with whom the child resides: Employer Occupation Employer's Place

Father: _____

Mother: _____

Stepparent: _____

Legal Guardian: _____

If legal guardian, please list agency: _____

Person living with: **Please check:** () Mother/Father () Mother () Father () Grandparents
 () Mother/Stepfather () Relative: _____

FMIT Membership Status

Is child a FMIT member? () Yes () No Enrollment Number: _____

Is child a FMIT first descendant? () Yes () No Is Parent an enrolled member? Enrollment No.: _____

If parent cannot be reached, name a relative or friend **WITH A PHONE** who will be responsible for your child if he/she is hurt or becomes ill at school.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Doctor: _____ Phone: _____ Hospital Preference: _____ Phone: _____

Last school attended: _____

Address of school: _____
Street City State Zip

PLEASE LIST BELOW ALL OTHER CHILDREN IN THE HOME

Name	Age	School	Name	Age	School

Circle one of the following: White Black Hispanic American Indian (tribal affiliation): _____

1. What is the primary language used in the home regardless of the language spoken? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Parent of Legal Guardian Signature: _____ Date: _____



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 Mohave Valley, AZ 86440

REQUEST FOR STUDENT RECORDS

School: _____

Date: _____

Phone: _____

Last Name	First Name	Date of Birth	Previous Grade

The above student(s) have enrolled at the Fort Mojave Indian Tribe Anya itpak Elementary School. Please send IEP/504 Plan, immunizations, scholastic, psychological reports, test records and other pertinent information to the address below:

**Fort Mojave Indian Tribe
 Anya itpak Elementary School
 1665 Roosevelt Road
 Mohave Valley, AZ 86440**

Permission for the release of the records granted by:

 Parent/Guardian Signature

 Date

 Registrar Signature

 Date



Anya itpak Elementary School
Fort Mojave Indian Tribe 1665 Roosevelt Road
Mohave Valley, AZ 86440

**PARENTAL CONSENT FOR ACTIVITY TRIPS
AND EMERGENCY CARE**

Student: _____ **School:** FMIT Anya itpak Elementary School

Be it known that I/We, the undersigned parent(s) or guardians(s) of the student above named, do hereby authorize him/her to participated field trips, student activity and athletic trips. I/We also give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgement of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while at school or school related activities.

It is hereby undersigned that the consent and authorization hereby given and granted on continuing and are intended by me/us to extend throughout the current school year.

DATED this _____ day of _____, 20 _____
at _____, Arizona.

Parent/Guardian Signature

Parent/Guardian Signature



**PARENT'S CONSENT FOR
ADMINISTERING MEDICINE TO STUDENT
(Request for giving medicine at school.)**

Student's Name: _____

Grade: _____ **Teacher:** _____

Medication (Name and dosage): _____

Time to be given: _____ **a.m.** _____ **p.m.**

Date
from: _____ **to** _____

Diagnosis/reason for giving medication: _____

Allergies: _____

Food Allergies: _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patients name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging, with all directions, dosage, compound contents and proportion clearly marked.

I hereby request and give my consent for the school nurse or person designated by the Director to see that my child, _____ receives the medication listed above in age appropriate doses.

The parent/guardian is responsible for providing all medication in its original container and for no more than a thirty (30) day supply at a time and said parent or guardian shall pick-up the remaining medication at the end of the semester or it will be discarded.

Parent/Guardian Signature

Date



**Anya itpak Elementary School
Fort Mojave Indian Tribe
Student Needs**

Transportation:

1. Where is your home located? _____
2. How important is bus transportation to you? _____

3. Would it be possible for you to give your child a ride to and from school? YES NO
4. Are you willing to participate in a carpool with other parents if a bus is not able to come to your home? YES NO

Language and Culture:

5. How fluent is your child in Mojave? _____
6. If not, how important is it that your child learns about Mojave language and culture in school?

Computers:

7. How much experience does your child have with computers? _____

8. Do you have an interest in learning more about computers? YES NO _____

After School programs:

9. Are you interested in After school programs if they were available? YES NO
10. If available, what hours do you need care? _____

Other Information:

Does your child have any special education need that you would like the school to know about?

Other student needs or comments? _____

Date: _____

Dear Parents/Guardians:

The State of Arizona has implemented the new varicella immunization requirement starting at the beginning of the 2006-2007 school year. Children attending child care, preschool, kindergarten, first grade and seventh grade in public, private and charter schools are now required to show proof of immunization or a history of varicella (chickenpox infection). Two grades will added each year until 2010 when all grades will be included in the requirement.

According to the new Arizona Department of Health Services Administrative Rule approved by the Governor's Regulatory Review Council a parent's recall that the child has had chickenpox satisfies the requirement.

Chickenpox, a common childhood disease, causes a rash, itching, fever and tiredness. It can lead to severe skin infection, scars, pneumonia, brain damage or even death. The chickenpox virus is spread very easily from person to person through the air and by contact with fluid from chickenpox blisters.

To prevent chickenpox, children should get one dose of varicella vaccine between 12 and 18 months of age, or at any age if they never had chickenpox. Two doses are required for people who do not get the vaccine until they are 13 years old or more. Children who need the vaccine should see their medical provider or attend a clinic at the county health department.

Please complete the attached form to document the varicella immunization or disease and return it to the school.

You may call The Fort Mojave Indian Tribe Health Clinic at (928) 346-4679 for more information or to schedule an appointment.

Sincerely,

Dr. Rick St. Germaine
Interim Principal