Anyita Itpak Elementary School

2020-2021 Student Enrollment Packet

*Completed Packets can be returned to 1665 Roosevelt Rd or emailed to erin.lopez@anyita-itpak.com Questions can be directed to Erin Lopez @ 760-903-3809

The Mission of the Anyita Itpak Elementary School is: As the sun rises, bringing in a new day, we will develop the strength and knowledge of our Mojave youth to carry on our Mojave culture towards a bright future.

Our Vision is: To assure the future of Pipa Aha Macav by developing the skills, Mojave values and attitudes of our youth to the highest degree possible in STEM (Science, Technology, Engineering, Art and Math) and communication, guided by Mojave Language and Culture.

The enclosed packet contains all of the required documentation for enrollment. Students can attend Anyita Itpak if they are an enrolled Fort Mojave Indian Tribal member or a first descendant of an enrolled Fort Mojave Indian Tribal member. Enrollment is now open for Pre-K (4yr olds) through 6th Grade. Space is limited and students are enrolled on a first come, first served basis. A Birth certificate and current immunization records are required upon enrollment.

Please complete the following forms:

- Enrollment Form
- Request for Student Records (transferring students)
- Parental Consent for Activity Trips and Emergency Care
- Parental Consent for Administering Medicine
- Student Needs Form

Policy on Open Enrollment: The Anyita Itpak Elementary School is a tribal owned and operated school. This means that the school provides a free elementary education and does not charge any tuition. The Anyita Itpak Elementary School preK-6 enrollment is open to tribal member and first descendant children, if there is space. When the number of students who wish to enroll exceeds capacity for a classroom, a waiting list will be established to determine who will be accepted for enrollment. When openings become available, students who have brothers or sisters already enrolled in the Anyita Itpak Elementary School will be given preference for enrollment when space is available.

Policy on Preschool Enrollment: The Anyita Itpak Elementary School provides a high quality, Montessori-based preschool program for 4-year-old children. Enrollment is available on a first come, first served basis, space permitting. Returning students are given priority in the class. Children must be potty-trained and four years old by September 1st to be eligible.
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 patient’s name, name of medication, dosage, and time to be given. An over-the-counter
medication must be in the original packaging, with all directions, dosage, compound contents, and
proportions 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
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
REQUEST FOR STUDENT RECORDS

School: ___________________________ Date: ___________________________

________________________________________

________________________________________

Phone: ___________________________

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Previous Grade</th>
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The above student(s) have enrolled at The Anya itpak Elementary School. Please send IEP/504 Plan, immunizations, scholastic, psychological reports, test records and other pertinent information to the address below:

Anyi 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
PARENTAL CONSENT FOR ACTIVITY TRIPS
AND EMERGENCY CARE

Student: _______________  School: Anya itpak Elementary School

Be it known that I/We, the undersigned parent(s) or guardian(s) of the student above named, do hereby authorize him/her to participate in 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 judgment 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
Anyitpak Elementary School
Student Needs

Transportation:
1. Where is your home located? _____________________________________________
2. How important is bus transportation to you? ________________________________
3. Would it 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. Does your child know or speak some 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 needs that you would like the School to know about?
__________________________________________________________________________
__________________________________________________________________________
Other student needs or comments? ____________________________________________
__________________________________________________________________________
Anyita Itpak Elementary School
1665 Roosevelt Road, Mohave Valley, AZ 86440

Pupil Registration Form

(FOR OFFICE USE ONLY)  
Social Security No.:  
Entry Symbol:  
Entry Date:  

Ethnic Code:  
Registration Date:  
Grade:  

TRANSCRIPT:  
Date Requested:  
Date Received:  
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 child resides  

Phone Number  
Address  
Employer Contact Number  

Parent 1:  
Parent 2:  
Stepparent:  
Legal Guardian:  

If legal guardian, please list agency:  

Person living with: Please check  
( ) Parent 1/Parent 2  
( ) Mother  
( ) Father  
( ) Grandparents  
( ) Parent/Stepparent  
( ) 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 Number  

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  

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Name</th>
<th>Age</th>
<th>School</th>
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Circle one of the following: White  
Black  
Hispanic  
American Indian (tribal affiliation):  

Parent or Legal Guardian Signature:  

Date:  


ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12

Requirements by age/grade at entry and on a continuing review status. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies to these ages and intervals in most situations.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of doses required of each immunization</th>
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<tbody>
<tr>
<td>Kindergarten-12th Grade</td>
<td>3 Hep B&lt;sup&gt;2&lt;/sup&gt; 4 Polio&lt;sup&gt;3&lt;/sup&gt; 2 MMR&lt;sup&gt;4&lt;/sup&gt; 1 Varicella&lt;sup&gt;4&lt;/sup&gt; 5 DTaP&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Additional requirements at age 11 Years and older&lt;sup&gt;6&lt;/sup&gt;</td>
<td>1 Tdap&lt;sup&gt;7&lt;/sup&gt; 1 MenACWY</td>
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Footnotes:

1. Students must have proof of all required immunizations in order to attend school.

2. The final dose of hep B must be given at 24 weeks of age or older. If hep B #3 was given before 24 weeks of age, a 4<sup>th</sup> dose is required.

3. 3 doses of polio are acceptable if dose #3 was received at or after 4 years of age and at least 6 months after the second dose; otherwise, 4 doses are required, with the last received at or after the 4th birthday. If the last dose was given ON or AFTER August 7, 2009, it must have been given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose. Students who received either 3 or 4 doses PRIOR to August 7, 2009, regardless of age at final dose, have met the requirement.

4. Minimum age for dose #1 of MMR and varicella is 12 months. Another dose will be required if dose #1 of either vaccine was given more than 4 days before 1<sup>st</sup> birthday. MMR and varicella must be given on the same day or at least 28 days apart.

5. 4 doses of DTaP are acceptable if last dose was given on or after 4 years of age. A 6<sup>th</sup> dose is required if 5 doses have been given before 4 years of age, and the child is under 7 years old. For children 7-10, 3 doses of DTaP, DTP, DT, Tdap, or TD are acceptable if all 3 were given after the first birthday.

6. In addition to the vaccines required for all K-12 students, 1 dose of Tdap and 1 dose of quadrivalent meningococcal vaccine are required when a student turns 11, regardless of grade. It is recommended that you notify parents ahead of their child’s 11<sup>th</sup> birthday that these vaccines will be due once they turn 11. Do NOT require or recommend Tdap or MenACWY BEFORE age 11. There is no statute-defined time period in which students must come into compliance, but ADHS recommends no more than 15 days after the 11<sup>th</sup> birthday.

7. Students must have a minimum of 3 doses of tetanus/diphtheria vaccine, including at least 1 Tdap. If a tetanus-containing vaccine was given between the ages of 7-10, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus-containing vaccine.

Please see the next page for additional information and exceptions and conditions to the rules.
GUIDE TO IMMUNIZATIONS REQUIRED FOR ARIZONA SCHOOL ENTRY
GRADES K-12

The laws and rules governing school immunization requirements are Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701–708. Please review the school requirements in Table 7.1 and "catch-up" schedule in Table 7.2, located in R9-6-701-708.

Students must have proof of all required immunizations in order to attend school; however, Arizona law allows K-12 immunization exemptions for medical reasons, lab evidence of immunity, and personal beliefs. For further information and guidance please review the Arizona Immunization Handbook for Schools and Child Care Programs along with Frequent Asked Questions.

Parental recall or verbal history of any disease is not accepted; therefore these students must submit an ADHS medical exemption form. Specifically with varicella (chickenpox), measles, or rubella disease a medical exemption with attached laboratory evidence of immunity is required.

Homeless students and children in foster care are allowed a 5-day grace period to submit proof of immunization records (assuming that all other students have their immunization records submitted prior to attendance at school).

CATCH UP SCHEDULE AND ADDITIONAL INFORMATION ON VACCINE REQUIREMENTS:

- **Hep B**: Minimum intervals for valid doses are as follows: The 2nd dose is due at least 4 weeks after the 1st dose; the 3rd dose is due at least 8 weeks after the 2nd dose and at least 16 weeks after the 1st dose. The final dose of hepatitis B vaccine (HBV) must be at or after 24 weeks of age. If Hep B 3rd dose was given before 24 weeks of age, a 4th dose is needed.

- **Hep B for students aged 11-15 years** -- 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage (10mcg/1.0mL) and type of vaccine must be clearly documented. If Recombivax was not the vaccine used, a 3-dose series is required.

- **Meningococcal Vaccine** -- Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The only quadrivalent meningococcal vaccines given currently in the U.S. are Menactra and Menevo. The Meningococcal Polysaccharide vaccine (Menomune) was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Students who received this polysaccharide vaccine are considered acceptable for school requirements. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y).

- **Poliomyelitis (Polio)** -- The 2nd dose is due 4 weeks after the 1st dose; the 3rd dose is due 6 months after the 2nd dose. The U.S. currently does not give anything other than IPV (inactivated polio vaccine) whereas some foreign countries still give the OPV (oral polio vaccine). OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of country of administration. Any OPV doses administered after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Students 18 years and older are exempt from the polio requirement.

- **MMR** -- The 2nd dose is due 4 weeks after the 1st dose.

- **Varicella** -- 2 doses are required for students who receive the first dose at 13 years of age or older. 2 doses are recommended for all K-12 students.