



Anya itpak Elementary School

2023 – 2024 Student Enrollment Packet

*Completed Packets can be returned to 1665 Roosevelt Rd or emailed to katherine.bricker@anya-itpak.com Questions can be directed to the Ai ES front office at 928-346-2300



The Mission of the Anya 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 STEAM (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 Anya 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 Anya 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 Anya 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 Anya itpak Elementary School will be given preference for enrollment when space is available.**

Policy on Preschool Enrollment: The Anya 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.**

Anya itpak Elementary School
1665 Roosevelt Road, Mohave Valley, AZ 86440

Pupil Registration Form

(FOR OFFICE USE ONLY)

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

TRANSCRIPT:

Date Requested: _____
 Date Received: _____

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: _____

<u>Name of Person(s) with whom child resides</u>	<u>Phone Number</u>	<u>Address</u>	<u>Employer Contact Number</u>
Parent 1: _____	_____	_____	_____
Parent 2: _____	_____	_____	_____
Stepparent: _____	_____	_____	_____
Legal Guardian: _____	_____	_____	_____

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

Name	Age	School	Name	Age	School

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

Parent or Legal Guardian Signature: _____ **Date:** _____



Anya itpak Elementary School
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REQUEST FOR STUDENT RECORDS

School: _____

Date: _____

Phone: _____

Last Name	First Name	Date of Birth	Previous Grade

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:

**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
 1665 Roosevelt Road
 Mohave Valley, AZ 86440



**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



**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



Anya itpak 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 in 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? _____

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AUTHORIZATION STATEMENT

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of rules, injuries are still a possibility, on rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/We have read and understand this warning.

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

Player Signature: _____

Parent/Guardian Signature(s): _____

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12



Requirements by age/grade at entry and on a continuing review status¹. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies to these ages and intervals in most situations.

Age	Number of doses required of each immunization				
Kindergarten-12 th Grade	3 Hep B ²	4 Polio ³	2 MMR ⁴	1 Varicella ⁴	5 DTaP ⁵
Additional requirements at age 11 Years and older ⁶				1 Tdap ⁷	1 MenACWY

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 4th 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 1st 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 6th 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 11th 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 11th 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 [Frequently 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 Menveo. 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.

