




UNITED STATES DEPARTMENT OF INTERIOR
BUREAU OF INDIAN EDUCATION
Arizona Navajo North
Rocky Ridge Boarding School
P.O. Box 299 Kykotsmovi, AZ 86039
(928) 725-3650/3651



July 15, 2022

MEMORANDUM

TO : Parents/ Guardian
FROM : Mrs. Susie Nez 
Clerk (OA)/Registrar
SUBJECT: Student Pre-Registration and New Enrollee

Rocky Ridge Boarding School is open for student enrollment for School Year 2022/2023. Parents and guardian are welcome to enroll their children or grandchildren. Kindergarten **must** be five (5) years old by December 31, 2022.

Documents to bring for new enrollee/s & returning students:

- CIB (Certificate of Indian Blood)
- Birth Certificate
- Updated Immunization (Mandatory for all students)
- Last school attended information: School Name; Address; Telephone & Fax Numbers
- Current guardianship document (If needed)

Business hour is 7:30 a.m. to 4:00 p.m. Monday through Friday. First day of school is August 3, 2022. Any questions call me at 928-725-3650 and ask for Susie.

2022-2023 Student Enrollment Application for students enrolled in Bureau-funded schools

Name of School: Rocky Ridge Boarding School **Grade Applying for:** _____

Type: Day School: () **Funding:** Pub. Law 100-297 Grant: (NA)
 Boarding School: () Pub. Law 93-638 Contract: (NA)
 Peripheral Dormitory: (NA) BIE Operated: (XX)

1. IDENTIFICATION

Name of Student: _____
Last First Middle

Address: _____
P.O. Box City State Zip Code

Miles from home to school: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City/State

Sex: Male () Female ()

Tribal Affiliation: _____ Degree Indian: _____

Enrollment Number: _____ Home Agency: _____

Dominant language spoken in the home:
 A. _____ B. _____

2. FAMILY INFORMATION

Father: _____
 Address: P.O. Box _____

Mother: _____
 Address: P.O. Box _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Enrollment Number: _____

Enrollment Number: _____

Living: () Deceased: ()

Living: () Deceased: ()

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Telephone Numbers _____

Telephone Numbers _____

Home: _____

Home: _____

Work: _____

Work: _____

Emergency: _____

Emergency: _____

Other(specify): _____

Other(specify): _____

e-mail: _____

e-mail: _____

Legal Guardian: _____

Address: P.O. Box _____

Other: _____

Address: P.O. Box _____

Tribal Affiliation: _____

Home Agency: _____

Enrollment Number: _____

Occupation: _____

Employer: _____

Telephone Numbers:

Home: _____

Work: _____

Emergency: _____

Other(specify: _____

3. SCHOOL(S) PREVIOUSLY ATTENDED:

School Name: _____

Address: _____

P.O. Box

City

State/Zip Code

Dates: _____

Grade: _____

Reason for Leaving: _____

School Name: _____

Address: _____

P.O. Box

City

State/Zip Code

Dates: _____

Grade: _____

Reason for Leaving: _____

School Name: _____

Address: _____

P.O. Box

City

State/Zip Code

Dates: _____

Grade: _____

Reason for Leaving: _____

4. Certification

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

Signature of Parent/Legal Guardian

Date

5. School Application:

Approved: _____

Not Approved: _____

Signature of School Principal

Date

U.S. DEPARTMENT OF EDUCATION
 OFFICE OF INDIAN EDUCATION
 WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
 Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____

(As shown on school enrollment records)

School Name BIE/Rocky Ridge Boarding School Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

Membership or enrollment number (if readily available) _____ OR ③

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., FOB-6/Room 5C152, Washington, D.C. 20202-6335.

STUDENT HOME MAP AND INFORMATION FORM

Student's Name _____ Grade _____ Day Student/Dorm _____

Student lives with: _____

Home Telephone No.: _____ Work Telephone No.: _____

Physical home location: _____

Use the building below as an indicator of a local public building (e.g. church, school, chapter house, or a store) near your home that can be easily identified in your community. Give mileage and road number to your home.

(North)



(South)

House No. _____ NHA House _____ Mobile _____ Color _____

Brick _____ Hogan _____ Color _____

Stucco _____ Log _____ Color _____

Apartment _____ Other _____

I certify that this is true and correct information of my home location.

Parent/Guardian _____ Date: _____



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 Bureau Of Indian Education
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Student Check-Out Form

Student Name: _____ DOB: _____

Parents/Guardian: _____

I/We authorize the following immediate family members (sister, brother, grandparents, aunt, or uncle) to check-out the above named child from school in accordance with the existing rules and regulations of the Rocky Ridge Boarding School and Bureau of Indian Education.

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

 Parents/Legal Guardian Signature

 Date

***Also, refer to the Bureau of Indian Education (Student Check-Out Procedures” memo attached.**



United States Department of the Interior

BUREAU OF INDIAN EDUCATION
Washington, D.C. 20240

IN REPLY REFER TO:

MEMORANDUM

APR 13 2010

To: All Education Line Officers

From: *in* Deputy Director, School Operations *Maurice Lesky*

Subject: Student Check-out Procedures

Each Bureau of Indian Education (BIE) operated boarding school and peripheral dormitory shall publish and distribute to all staff, parents and students a school or student handbook. Such handbook shall be reviewed and updated once a year and will have a section on checking out students. **At a minimum**, the handbook shall contain the following requirements for checking out students:

- Only immediate family members can check-out students. Immediate family is defined as a mother, father, legal guardian, sister, brother, grandparent, aunt, or uncle.
- School personnel will not be allowed to check a student(s) out overnight, unless they are the parent of the student.
- Check-outs during the academic day by school personnel shall be restricted to sanctioned school activities only.
- All check-outs must conclude by curfew unless pre-approved by staff in charge at the time of check-out.
- Students wishing to have check-out privileges must have an original written permission document signed by the parent or legal guardian stating that the school is released of any liability associated with the check-out.
- Parents or legal guardians may designate, in writing, family members who are authorized to check-out their child overnight.
- Check-out requests via telephone will not be approved, except in situations where a family emergency involving a serious illness or death of an immediate family member are involved.
- All students authorized for check-out are expected to return to the school campus at the specified time of return, as stated in their approved check-out request.

- When there is evidence that the welfare of the student is at risk, the school reserves the right to refuse or cancel the check-out.
- If a conflict arises concerning the student check-out process, the School Supervisor or acting designee reserves the right to revoke any check-out privileges.
- Student(s) must be in good academic standing in order to be checked out when they will be absent for class. The only exception to this would be in an emergency situation.
- Any student, regardless of age, shall not be authorized to check themselves out and no check-out may be approved to an adult less than 25 years of age. This applies to all parties, including family members.
- Students may not be checked out until any applicable restriction is served. Exceptions, prompted in the case of an emergency, must be approved by the school administration.
- In the event of local emergencies, i.e., natural disasters, fire or threatening weather conditions, any previously approved check-outs may be cancelled without prior notice.
- Students involved in inappropriate activity while in check-out status may have their check-out cancelled and will face disciplinary action upon their return to the campus.

At each BIE operated school and peripheral dormitory, the principal shall review the school's handbook annually during the month of August, and shall train all staff in the content of the handbook and review the procedures contained herein prior to September. Each year, the principal shall notify the Deputy Director, annually, by September 1 that the handbook is in place, being implemented, and that training has been provided.

cc: Deputy Director, School Operations
Associate Deputy Directors – East, Navajo and West



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**Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 11, 2011)**

Response to these statements and will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

District: BIE, AZ Navajo Region, AZ Navajo North

School: BIE/Rocky Ridge Boarding School



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Title X Program Eligibility

Student Name: _____

Grade: _____

(Please complete this section and circle your answer)

- | | | |
|--|-----|----|
| Does your child live in a trailer home? | Yes | No |
| Does the child's home have plumbing? | Yes | No |
| Does the child's home have electricity? | Yes | No |
| Does the child's home have running water? | Yes | No |
| Does the child have his/her own bed to sleep in every night? | Yes | No |
| Does the family share a house with another family? | Yes | No |
| Does the child live in a home that is owned by his/her parents? | Yes | No |
| Does the child stay with family members while parents are working elsewhere? | Yes | No |
| Does the child participate in a foster care program? | Yes | No |
| Does the child ever stay in a motel, campground, or transitional shelter? | Yes | No |

Parent Signature: _____

Date: _____



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**Rocky Ridge Boarding School Community Compact
School Year 2022-2023**

We, the Rocky Ridge Boarding School community, establish this compact to foster the success of our students. We believe this is accomplished through the planned partnership of 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.

Rocky Ridge Teachers will provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet the Arizona state academic standards. Rocky Ridge Academic goals for school year in 2022-2023 are increasing assessment PARCC/NWEA goals in reading, language arts and writing in all grades. In addition, I will:

Reading/Literacy

- Keep parents informed of the reading and math skills their children are learning, and how they can reinforce these skills at home.
- Guide students in selecting reading materials that match their interest and independent reading levels.

Study habits/Self-directed learning

- Teach students how to study and encourage active listening skills.
- Provide homework assignments relevant to daily instruction in accordance with the school homework guidelines.

Respect/Responsibility

- Model and display responsible decision making and citizenship in all aspects of daily life.
- Maintain appropriate student behavior in the classroom so that all students can learn and be safe.

Community

- Communicate frequently with parents about their children's progress through quarterly report cards, and by notes, phone calls, and emails.
- Respond promptly to families' concerns, message and requests for information.
- Hold parent-teacher conferences, bi-annually, during which this compact will be discussed as it relate to the individual child's achievement.

Rocky Ridge Teacher Signature: _____

Date: _____

Rocky Ridge Students benefit when adults in their school community are bonded by strong relationships. They recognize that they, too, are partners with their parents and teachers in their success. I will:

Reading/Literacy

- Read regularly for pleasure as well as to learn.
- Ask my family to read with me or read to me 15 minutes each day 5 days a week.

Study habits/Self-directed learning

- Listen to my family, teachers, and others who help me learn, and ask questions when I need help.
- Complete my homework on time and in a thorough and legible way.

Respect/Responsibility

- Come to school on time, and ready to learn.
- Always try my best.
- Respect myself and the rights of others.

Community

- Deliver message from school to home and home to school to help inform my parents and teachers of events and activities that help support my learning experience.
- Encourage my family to participate in events and programs sponsored by my school community (e.g., Open House, Family Nights, Parent-Teacher-Student Conferences).

Rocky Ridge Student Signature: _____**Date:** _____

Rocky Ridge Parents/Families understand that involvement in their child's education is the number one determining factor in a child's academic success. To make education a top priority in our home, I will:

Reading/Literacy

- Read to or with our child 15 minutes per day 5 days a week.
- Help to reinforce our child's reading and math skills with direction of the teacher.
- Know our child's interests and encourage reading for pleasure.
- Discuss our child's progress in reading and math in ways that show our high expectations.

Study habits/Self-directed learning

- Make sure our child has a routine for homework that works for our family and follows our school's homework guidelines. If our child doesn't have homework on any given day, we will encourage independent reading time, (or read together if in K or 1st grade), review reading or math skills, or prepare for projects, quizzes or tests.
- Review our child's homework and sign student planner each night.
- Discuss our child's effort and potential in ways that show high expectations.

Respect/Responsibility

- Make sure our child attends school regularly, is on time, and is prepared to learn.
- Stress the importance of school and classroom behavior expectations in family conversations.
- Encourage my child to demonstrate respect for school personnel, classmate, and school property.

Community

- Communicate promptly with my child's teacher whenever a concern or question arises.
- Respond promptly to my child's teacher or the school regarding requests or information.
- Attend/participate in open house, parent/teacher conferences, Family Nights or other school events.

Rocky Ridge Boarding School Parent Signature: _____**Date:** _____

Our school helps to strengthen the family-school partnership to enhance student learning through our communication about students' progress toward learning standards and state assessments. Family activities are posted on the school's website, the parent bulletin board in the foyer, and distributed through student delivery.

Please read and sign this Compact, then return it to the front office. The school will refer to this compact to confirm our family-school partnership to enhance our students' learning.

Rocky Ridge Boarding School Principal supports and encourages the efforts of all family-school partnerships in this school community.

Rocky Ridge Principal Signature: _____**Date:** _____



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Media Release

I grant Rocky Ridge Boarding School (RRBS) the right to take photographs of the children in my care.

I authorize RRBS to copyright, use and publish the same photos in print or electronically. I agree that RRBS may use such photographs of my child/children without my name and for such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Print Student's Name: _____

Address: _____

City, State, Zip: _____

Signature of Parent/Legal Guardian: _____

Date: _____

SY-2022/2023

RE: Guidelines for Confiscation

Student Name: _____

Student's Cell Phone Number: _____
(if any or write none)

Dear Parents of Rocky Ridge Boarding School

The school policy discourages students from bringing electronic devices and other prohibited items to school due to financial liability problems, stealing or destruction of property, safety issues, and classroom disruption issues. Students will not use item such as radios, personal iPads, CD players, electronic games, toys, laser, beepers, pagers, cell phones, or cameras at school during school hours. If a student must have cell phone, parents must inform the registrar in the front office. Cell phone must be turned off and checked into the front office before class time and must remain in the office during school hours. Any student caught with any kind of handheld electronic device will immediately have it confiscated and turned into the front office.

Parents and guardian are encouraged to receive a current Rocky Ridge Boarding School Student Handbook, School Year 2022-2023 from the front office.

Discipline Guidelines for Confiscation

1. Verbal warning and student can retrieve the item(s) from the office after school.
2. Parent Notification/verbal warning. The parent must retrieve the item(s) from the front.
3. Parent Notification/written warning. The device must be confiscated for up to 30 days. Parent must retrieve confiscated item from the office.
4. Item(s) will be confiscated for the remainder of semester/SY and a recommendation for parent meeting by Principal.

Please sign & date below, indicating that you have read and understood the statement above.

Parent Signature

Date

Date	Item Confiscated	Staff Initial	Date	Retrieved by	Student or Parents Signature



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Date: _____

Request for Transfer of Student Records

Name of Student: _____
Last
First
Middle

Date of Birth: ____/____/____ Grade Completed: _____

Previous School Attended: _____

City/State/Zip Code: _____

Telephone No: ____/____/____ Fax No: ____/____/____

Dates Attended: ____/____/____ From ____/____/____ To ____/____/____

I hereby authorize the transfer of the above student's official record to:

Rocky Ridge Boarding School
ATTN: Registrar
P.O. Box 299
Kykotsmovi, AZ 86039

It is understood that this information will be used in a confidential and professional manner in the best interest of the child.

Parents/Guardian Signature

School Registrar

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

(Before completing this form, please read information on reverse side.)

Name of Student _____ Birth Date _____

I (We), _____
have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ Valid Until: _____

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

DEFINITIONS

1. HEALTH CARE:

Health care is the provision of health services of preventive, diagnostic, therapeutic and/or rehabilitative nature that do not involve major surgical procedures.

The purpose of a medical examination is to appraise the child's health and physical condition. The medical examination consists of two parts: in the first part, questions are asked relative to the health, present and past, of the child and his/her parents; in the second part, a thorough examination is made of the child's body, including weight, height, blood pressure, vision, and hearing.

Laboratory studies include tests of urine and blood.

X-rays are taken when necessary to see if there is any abnormality within the body.

A skin test consists of the injection into the skin of about a drop of a substance such as "tuberculin" or "coccioidin." By means of these tests and x-rays of the chest, the physician determines whether the patient has or has had tuberculosis or valley fever.

2. DENTAL CARE:

Dental care begins with the dental examination, which consists of (a) examining teeth, gums, tongue, and other parts of mouth with dental mirror and explorer (probe) and (b) taking dental x-rays as needed.

Routine dental care includes those services necessary to prevent the loss of teeth, such as cleaning the teeth, applying fluoride to the teeth, filling decayed teeth, and pulling teeth in order to prevent infection or clear up existing infection.

Necessary emergency dental care consists of those services that cannot be deferred without endangering the child's health or life, such as the relief of pain, the clearing up of infection, and the control of bleeding.

3. MENTAL HEALTH SERVICES:

Mental health services include psychological and psycho-educational testing, psychiatric evaluation, and consultation or assessment by mental health professionals. The information obtained is used to determine if it is appropriate or necessary to develop a treatment program for the child.

4. EMERGENCY HEALTH CARE:

Emergency health care includes surgical and/or non-surgical procedures that cannot be deferred without endangering the child's health or life. Surgical procedures that can be deferred are not authorized by the consent in this form. In such cases, the specific authorization for surgery from the parent or legal guardian is required.

PRIVACY ACT NOTICE TO PARENTS OR GUARDIANS

The Privacy Act of 1974 establishes procedures to protect information which the Federal government collects from individuals. It also requires that you be provided with the following information:

- Records of health care provided to your child are maintained by IHS under the following laws:
 - Public Health Service Act, Section 321;
 - Indian Self-Determination and Education Assistance Act;
 - Snyder Act;
 - Indian Health Care Improvement Act;
 - Construction of Community Hospitals Act;
 - Indian Health Service Transfer Act.
- IHS personnel will not reveal to anyone what is in your child's medical record without your written permission, except to:
 - Individuals or organizations who are authorized by an IHS medical staff member to provide health service to your child or to reimburse contractors for the services provided to him/her;
 - Federally approved organizations that evaluate the health care your child receives;
 - Persons performing health related research where IHS is assured the research will help Native American people and the information will be adequately protected;
 - State or local governmental agencies when required by State or local law for purposes such as law enforcement and communicable disease control;
 - Local schools for the purpose of providing health care to the children they teach;
 - To the Bureau of Indian Affairs and their contractors for the identification of American Indian and Alaska Native handicapped children in support of P.L. 94-142, the Education for All Handicapped Children Act of 1975.
 - Organizations (Medicare/Medicaid, insurance companies) for them to reimburse IHS and contract health service providers for services provided to your child;

— Agencies acting on behalf of IHS to collect reimbursable payments or to make payments on behalf of the Indian Health Service.

- IHS employees are required to keep a list of people to whom they release information from your child's medical record. You have a right to see that list. The list must show what was released, to whom (name and address), for what purpose and the date of release. You may speak with personnel in the Medical Records Department to find out how to do this.
- The information you provide will be maintained in Health and Medical Records System, HHS/PHS/IHS, (System Number 09-17-0019). The following are the reasons why Indian Health Service (IHS) and contract health service providers need to collect information from and about your child (name, date of birth, mailing address, and past and present health information):
 - To find out how he/she feels or what they think is wrong;
 - To find out if a member of your family as a condition that could affect your child's health;
 - To locate their medical record among all the others;
 - To reach you and your family (for follow-up care, or to mail medical test results or future appointments to you) to maintain your child's health;
 - To determine your child's health condition and the kind of care that is right for him/her.

It is not necessary to answer these questions to receive medical care. However, if you give complete and correct information to the best of your ability, then IHS and contract health service staff will be better able to decide what the proper care is that your child needs. If you have any questions about this form or your child's health record, you may ask an Indian Health Service doctor or nurse to explain it to you. Thank you for your help.

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____

(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:

- Y N Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
- Y N Has your child ever been hospitalized or had surgery?
- Y N Has your child ever been "knocked out", had a concussion or serious head injury?
- Y N Has your child ever had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or pain reliever?
- Y N Has your child had a shoulder, knee or ankle injury?
- Y N Has your child had a broken bone?
- Y N Has your child had more than three ear infections?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain with exercise?
- Y N Do you have any concerns about your child being in sports?
- Y N Does your child have any allergies (to food, animals, plants, etc.)?
- Y N Does your child take any medication on a daily basis for a chronic medical problem?
- Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE: _____

If you answered "yes" to any questions above, please provide additional information: _____

FAMILY HISTORY:

- Y N Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
- Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
- Y N Do you have other children with serious health problems?

If you answered "yes" to any questions above, please provide additional information: _____

OTHER HEALTH CONCERNS:

- Y N Does your child have trouble hearing, seeing or talking?
- Y N Does your child wear glasses or contact lenses?
- Y N Does your child have problems in school?
- Y N Does your child have behavior problems?

If you answered "yes" to any questions above, please provide additional information: _____

If you have any other health concern other than those listed in this questionnaire, please provide info: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Submission Deadline: 3/4/2022

No student/staff calendar available for this location

Org Code: D33N15

Federal Holidays - not to exceed 9

Duty Station: Rocky Ridge Boarding School

Admin. Days (NTE 10)

Edu. Prog. Administrator: Dr. Walter Coulter

KEY: Federal Holidays
 School Vacation Leave
 Instructional day
 Staff Dev/Full Admin. Days
 Teacher/Parent Conference
 half day school/half admin day

July 2022

Su	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	13	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2022

Su	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022

Su	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Federal Holiday: 0
 Employees Return: 07/27/22
 First Day of School: 08/03/22
 Full Admin. Days: 3
 Instructional Days: 0
 School Vac. Days: 0

Employees Return: 07/27/22
 First Day of School: 08/03/22
 Full Admin. Days: 2
 Instructional Days: 21
 School Vac. Days: 0

Federal Holiday: 1
 Full Admin. Days: 0
 Instructional Days: 21
 School Vac. Days: 0

Potential total (22) 22

October 2022

Su	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022

Su	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	SV	SV	SV	24	SV	26
27	28	29	30			

December 2022

Su	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	SV	SV	SV	SV	31

Federal Holiday: 1
 Full Admin. Days: 1
 Instructional Days: 19
 School Vac. Days: 0
 Potential total (21) 21

Federal Holiday: 2
 Full Admin. Days: 0
 Instructional Days: 16
 School Vac. Days: 4
 Potential total (22) 22

Federal Holiday: 1
 Full Admin. Days: 0
 Instructional Days: 17
 School Vac. Days: 4
 Potential total (22) 22

January 2023

Su	M	T	W	Th	F	S
1	2	SV	SV	SV	SV	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023

Su	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023

Su	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	SV	SV	SV	SV	SV	25
26	27	28	29	30	31	

Federal Holiday: 2
 Full Admin. Days: 0
 Instructional Days: 16
 School Vac. Days: 4
 Potential total (22) 22

Federal Holiday: 1
 Full Admin. Days: 1
 Instructional Days: 18
 School Vac. Days: 0
 Potential total (20) 20

Full Admin. Days: 0
 Instructional Days: 18
 School Vac. Days: 5
 Potential total (23) 23

April 2023

Su	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2023

Su	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023

Su	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Full Admin. Days: 0
 Instructional Days: 20
 School Vac. Days: 0
 Potential total (20) 20

Federal Holiday: 0
 Last Day-Students: 05/18/23
 Last Day-Employees: 05/23/23
 Full Admin. Days: 3
 Instructional Days: 14
 School Vac. Days: 0

Federal Holiday: 0
 Last Day-Students:
 Last Day-Employees:
 Full Admin. Days: 0
 Instructional Days: 0
 School Vac. Days: 0

School Instructional Days (Normally 180)

TOTAL: 180

Admin	10
Holiday	8

July	0
Aug.	21
Sept.	21

Oct.	19
Nov.	16
Dec.	17

Jan.	16
Feb.	18
Mar.	18

Apr.	20
May	14
June	0

Principal: Elizabeth McCauley 2-18-22
Signature _____ Date _____

Edu. Prog. Administrator: W. Houtts 3/3/22
Signature _____ Date _____

School Board: W. Houtts on behalf of SB 3/3/22
Signature _____ Date _____

Submission Deadline: 3/4/2022 No student/staff calendar available for this location

Union Representative: _____ 3-8-22
Signature _____ Date _____