2026-2027 Enrollment Packet Checklist

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE			
Student First Name	**Student Last Name**	**Date of Birth (MM/DD/YYYY)**	**Grade**

[ ] Day Student **[ ] Residential Student –** *complete separate packet for residential*

NEW/TRANSFER STUDENT – THE REGISTRATION PROCESS CANNOT BE COMPLETED UNTIL WE HAVE THE FOLLOWING DOCUMENTS.

[ ] Original Birth Certificate
[ ] Original Certificate of Indian Blood (CIB)
[ ] Immunization Record – *Print out dated from June 1, 2026* [ ] Physical
[ ] Withdrawal form from previous school
[ ] Last Grade Report
[ ] Legal Guardianship or Custody Documents, if applicable - must be current.
[ ] Headstart Promotion Certificate for incoming Kindergarten students

RETURNING STUDENT from previous school year.

[ ] Immunization Record – *Print out dated from June 1, 2026* [ ] Physical
[ ] Custody Documents/Power of Attorney – *must be current*

This enrollment packet includes the following:

[ ] Enrollment pgs. 1-3 [ ] Media/Photo Release Form
[ ] Transportation Form [ ] Home Language Survey Form
[ ] McKinney Vento Form [ ] Student Health and Consent Forms
[ ] Parent-Teacher-Student Compact [ ] Special Dietary Accommodation Form
[ ] Parents Right-to-Know

For NEW/KINDERGARTEN student: *Kindergarten students must be 5 y.o. by 12/31/26*

[ ] Records Request/ Release of Information [ ] Kindergarten Questionnaire

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OFFICE USE ONLY

File Complete: [ ] Yes [ ] No Missing item(s): _____

[ ] New [ ] Returning	**Enrollment Start date:**	**Grade:**
Teacher:	**Transportation:** [ ] Yes [ ] No	**ESS:** [ ] Yes [ ] No
Food Allergies:	**Background Check:**	**Date Entered into NASIS:**

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE

Student's First Name:	Student's Middle Name:	Student's Last Name: Jr., III, IV, etc.

Date of Birth: _____ MM/DD/YYYY

Place of Birth: _____ City/State

Race: *(Choose at least one)*
[ ] Black or African American [ ] White [ ] Asian
[ ] Native Hawaiian or Other Pacific Islander
[ ] American Indian or Alaska Native

Ethnicity: *(Select A Response)*
Hispanic/Latino: [ ] Yes [ ] No

Gender: [ ] Male [ ] Female

If American Indian: ***Certificate of Indian Blood must be provided***

Tribal Affiliation: _____ Enrollment Number: _____ Degree Indian: _____

PARENT/GUARDIAN INFORMATION:

Student lives with: [ ] Mother [ ] Father [ ] Both Parents [ ] Legal Guardian(s) [ ] Temporary Guardian(s)
[ ] P of A [ ] DFS

Parent/Guardian # 1: **Receive Text Messages [ ] Yes [ ] No**

Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Tribal Affiliation: _____ Enrollment Number: _____
Chapter Affiliation: _____ Place of Employment: _____
Contact Information: Home: _____ Cell: _____ Work: _____
Email Address: _____

Parent/Guardian # 2: **Receive Text Message [ ] Yes [ ] No**

Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Tribal Affiliation: _____ Enrollment Number: _____
Chapter Affiliation: _____ Place of Employment: _____
Contact Information: Home: _____ Cell: _____ Work: _____
Email Address: _____

PRIMARY HOUSEHOLD INFORMATION:

Residential Address: _____ City/State: _____

Mailing Address: _____ City/State: _____ Zip: _____

*** Any changes, please update with the front office.***

Revised 4.20.26

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

EMERGENCY CONTACT(S)/CHECK-OUT: Do Not list parents/guardians from page 1. Person(s) listed below are **21** years of age or older and have permission to pick up my child. Students will **NOT** be released to anyone not listed as an EMERGENCY CONTACT/CHECK-OUT. *Names listed must be written as stated on Person's identification/driver's license as it may be requested when picking up student;* ***NO NICKNAMES.***

*****NOTE: Both legal parents/guardians may check-out the student unless there is a legal court document that prevents the other parent/guardian from doing so. Court document must be provided. *****

[ ] I do not wish for my child to be checked out of the school by anyone other than myself and/or the other legal parent/guardian. _____ initial

---

First/MI/Last Name: _____

Relationship to student: _____

Phone Number: _____ [ ] Cell [ ] Home **Emergency Priority: 1 2 3 4 5 6 7**

First/MI/Last Name: _____

Relationship to student: _____

Phone Number: _____ [ ] Cell [ ] Home **Emergency Priority: 1 2 3 4 5 6 7**

First/MI/Last Name: _____

Relationship to student: _____

Phone Number: _____ [ ] Cell [ ] Home **Emergency Priority: 1 2 3 4 5 6 7**

First/MI/Last Name: _____

Relationship to student: _____

Phone Number: _____ [ ] Cell [ ] Home **Emergency Priority: 1 2 3 4 5 6 7**

First/MI/Last Name: _____

Relationship to student: _____

Phone Number: _____ [ ] Cell [ ] Home **Emergency Priority: 1 2 3 4 5 6 7**

PLEASE LIST ALL BROTHERS AND SISTERS ATTENDING THIS SCHOOL FROM KDG TO 8TH GRADE

1. Last Name/First Name: _____ Grade: _____
2. Last Name/First Name: _____ Grade: _____
3. Last Name/First Name: _____ Grade: _____
4. Last Name/First Name: _____ Grade: _____

Revised 4.20.26

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

STUDENT BACKGROUND INFORMATION – For New/Transfer Students ONLY

Has the student ever been retained? [ ] No [ ] Yes If Yes, what grade? _____

Has the student ever been dropped from enrollment? [ ] No [ ] Yes If Yes, date, reason and school:

_____

Has the student ever been suspended from school? [ ] No [ ] Yes If Yes, date, reason, and school:

_____

Has the student ever been expelled from school? [ ] No [ ] Yes If Yes, date, reason and school:

_____

Has the student participated in the Gifted program? [ ] No [ ] Yes If Yes, date and school:

_____

Has the student received ELL services? [ ] No [ ] Yes If Yes, date and school:

_____

Has the student received special education services or 504 accommodations?

[ ] No [ ] Yes If Yes, please provide current copy of IEP or 504 plan.

PREVIOUS SCHOOL(S) ATTENDED – For New/Transfer Students ONLY

School Name: _____ Grades Attended: **K 01 02 03 04 05 06 07 08**

Reason for leaving: _____

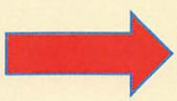
School Name: _____ Grades Attended: **K 01 02 03 04 05 06 07 08**

Reason for leaving: _____

School Name: _____ Grades Attended: **K 01 02 03 04 05 06 07 08**

Reason for leaving: _____

I am legally responsible for this student and hereby apply for his/her admission to Many Farms Community School, Inc. I understand that additional information may be requested by the school before the student is enrolled. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked at a later date. This also includes disciplinary reports. Failure to report past disciplinary issues will result in termination of enrollment. I affirm all information on this form is accurate, I understand it is my responsibility to notify the school of any changes such as home residency, mailing address, phone numbers, etc.



_____ _____

Parent/Guardian Signature **Date**

Revised 4.20.26

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

MEDIA/PHOTO RELEASE FORM

I, the parent/guardian of _____, give permission for my child's work to be shared publicly on the school website, at conferences, with teachers, and with other audiences as an example of excellent student work. I understand that, as part of participating in Many Farms Community School, Inc. programs, my child may appear in school-related media, including the school website, promotional materials, video clips, newsletters, and the school yearbook. I have no objections to my child being included in these materials or to the distribution of my child's work. My child's last name will be omitted to protect their safety and identity.

[ ] Yes, I give permission.

[ ] No, I **DO NOT** give permission.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Revised 4.20.26

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

TRANSPORTATION FORM

[ ] **DAY** [ ] **RESIDENTIAL**

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Contact Phone Number: _____ _____

GPS Coordinates: _____, _____

Please draw a map and give a complete description of your location of residence below.

N

W **E**

S

WRITTEN DESCRIPTION: *For example, 3.5 miles north of Many Farms at mile post 467, ½ mile east of HWY 191, second turn off to the right, brown house with green trimmings and a red roof.*

_____

_____

Should your child need to be picked up or dropped off at another location other than their home location will require a written note or an email bus change notice- NO PHONE CALLS accepted.

Revised 4.20.26

MANY FARMS COMMUNITY SCHOOL, INC. SY 2026-2027

TRANSPORTATION INFORMATION

BUS SAFETY PROCEDURES:

1. Obey the bus driver at all times.
2. Be on time for the bus, both in the morning and afternoon.
3. The bus will not move until all passengers are seated.
4. Remain seated throughout the trip, and leave your seat only when the bus has reached its destination and comes to a complete stop.
5. Keep your books and belongings on your lap or put them under the seat.
6. Keep the aisle clear.
7. Only speak to the driver in case of emergency.
8. Avoid doing anything that might disturb or interfere with the driver. Refrain from loud talking or yelling.
9. Do not stick hands, arms, head, or feet out of the windows of the bus.
10. Keep the windows closed.
11. Do not throw anything within the bus or out the window.
12. Use the emergency door or exit controls only in case of emergency.
13. Prohibit video recording (using any electronic devices such as cell phones, smart phones, iPads, tablets).

Any infractions will result in disciplinary action per Student/Parent Handbook.

BUS CHANGES:

Only a written note signed by the **PARENT/LEGAL GUARDIAN** can change a student's assigned bus and/or drop off location. Bus changes must be received at the front office by **2 PM** on regular school days or **11:30 AM** on early dismissal days. Bus changes can be emailed to mfcswarriors@gmail.com. Phone calls or text messages will not be acceptable.

INCLEMENT WEATHER DAYS:

On days of inclement weather, the buses will only do highway pick-ups and drop-offs.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Date:_____

Parent/Guardian Signature: _____

Revised 4.20.26

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student *first* speak or understand?**

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter_____

School Many Farms Community School, Inc.

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

MANY FARMS COMMUNITY SCHOOL, INC.

EMERGENCY MEDICAL INFORMATION AND CONSENT FORM FOR HEALTH SERVICES

School Year: 2026-2027 New Student_____ Returning Student_____ Grade_____

NOTE: All students are required to provide an **Up to Date Immunization Record** upon enrollment. New students without an attached Complete Immunization record will NOT be enrolled.

Student Name_____Date of Birth_____ ☐Male ☐Female
Mailing Address_____
Physical Address_____
Home Phone Number_____Cell Phone_____
Parent/Guardian Name_____
Parent/Guardian Work Number_____

Please give the names of friends or relatives in the local area who will take responsibility for your child in the event you cannot be reached; in case of any **emergencies** or **illness**. Please notify these persons of the arrangements. *Individuals need to be listed on student's check out list as well.*

Name_____Relationship to child_____Home number_____
Cell phone_____Home location_____

Name_____Relationship to child_____Home number_____
Cell phone_____Home location_____

IF YOUR CHILD REQUIRES EMERGENCY TREATMENT WHILE AT SCHOOL OR AT A SCHOOL RELATED FUNCTION:
MFCS staff will provide emergency treatment for your child and if needed, will transport your child, by whatever means necessary as determined by MFCS staff, to the nearest emergency medical facility for emergency treatment only. The rendering of emergency medical services will be provided for your child as deemed necessary in the opinion of the doctor and/or medical personnel rendering such services at the nearest emergency medical facility.

If your child is taken to an Emergency Room/Hospital, a Parent/Guardian MUST meet student and school staff at Emergency Room/Hospital immediately! (Hospital rules)

Many Farms Community School Inc. WILL NOT transport students for REGULAR medical visits or appointments.

Please indicate below any allergy or medical concern which may affect the treatment of your child.
If a question does not apply, please fill in the blank with None.
Medical Condition: _____
Medication Allergies: _____
Food Allergies: _____
Other Allergies that may require *Emergency Medical Treatment*: _____
_____
Medication currently taking at home: _____
_____
Notes or comments:_____

Does your child currently have any of the following? Please check Yes or No.

ASTHMA Yes ☐ No ☐
If Yes, does your child currently take DAILY medication? Yes ☐ No ☐
Type and Name of Asthma medication: _____

ADD/ADHD	Yes ☐	No ☐	Heart Condition, Chronic	Yes ☐	No ☐
Chicken Pox, History of	Yes ☐	No ☐	Heart Murmur	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐	Lice/Nits, Chronic	Yes ☐	No ☐
Chronic Ear Infections	Yes ☐	No ☐	Respiratory Problems	Yes ☐	No ☐
Ear Tubes R L	Yes ☐	No ☐	Seizure Disorder	Yes ☐	No ☐
Skin Condition, Eczema	Yes ☐	No ☐		Yes ☐	No ☐

Any other health issue not listed:

_____

Please check if your child has any of the following:

Hearing Problem R L	Yes ☐	No ☐	Vision Problems	Yes ☐	No ☐
Hearing Aid R L	Yes ☐	No ☐	Glasses/ Contact lens	Yes ☐	No ☐
Emotional Issues	Yes ☐	No ☐	Speech problem	Yes ☐	No ☐

Are there any restrictions for your child in physical education or other physical activity?
If yes, please explain:

_____

_____

MEDICATION INFORMATION:

On occasion, an over the counter medication may be needed. Please indicate if any of the following may or may not be administered to your child by checking **Yes** or **No**. **FOR DORM STUDENTS, PLEASE MARK YES ON ALL BOXES.**

Tylenol (Acetaminophen)	Yes ☐	No ☐	Children's Sudafed (decongestant)	Yes ☐	No ☐
Motrin (Ibuprofen)	Yes ☐	No ☐	Pepto Bismol (stomach upset)	Yes ☐	No ☐
Allergy eye drops	Yes ☐	No ☐	Tums (antacid/stomach)	Yes ☐	No ☐
Benadryl Liquid (colds/allergy)	Yes ☐	No ☐		Yes ☐	No ☐
Diarrhea Medication	Yes ☐	No ☐		Yes ☐	No ☐
Cough Syrup	Yes ☐	No ☐		Yes ☐	No ☐
Cough Drops	Yes ☐	No ☐			

If your child has a **SEVERE ALLERGY** that may require emergency prescribed **Epinephrine Injection** during school hours, please bring in a doctor's statement indicating allergy and Epinephrine Pen with attached pharmacy label.

_____

Parent Signature for over the counter medication to be given at school, if needed. **Date**

NOTE: ALL PRESCRIPTION MEDICATION TO BE DISPENSED DURING THE SCHOOL YEAR MUST BE IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL ATTACHED WITH CHILD'S NAME & CLEAR TYPED INSTRUCTIONS. A SEPARARATE CONSENT FORM WILL NEED TO BE COMPLETED. PARENT/GUARDIAN IS RESPONSIBLE FOR OBTAINING MONTHLY REFILLS.

PARENT(S)/GUARDIAN(S) AGREE TO UPDATE THE SCHOOL HEALTH OFFICE OF ANY HEALTH CHANGES IMMEDIATELY, WHILE THE CHILD IS ATTENDING THIS SCHOOL.

Information on this form will only be used by the school and emergency health care providers in the event of an emergency during school hours, sports related field trips, classroom field trips and any other school related activity when and if a student requires emergency medical care and/or treatment.

MFCS Health Services Consent Page

Student Name_____ **Grade**_____ **SY 2026-2027**

DAILY Prescription Medication at School: A separate Consent form is required to be completed and signed by Parent/Guardian and the Medical Provider prescribing the medication. This form is available in the nurse's office. This form gives authorization to give **DAILY** prescribed medication to your child during school hours for the current school year. If you choose this option, Parent/Guardian must bring in the prescribed medication with the completed and signed permission form and drop off at the nurse's office in the original pharmacy bottle with the student's name and clear directions printed on the original label. **Do not send any prescribed medication or over the counter medication with your child to school.** **Parent/Guardian is responsible for obtaining MONTHLY refills.** **Initial**_____

School Health Screenings: Height, Weight, Basic Vision & Hearing screening, Lice/Nit check may be performed by the school nurse, MFCS Staff, or by IHS Health Personnel and/or Apache County Health Personnel. School Screenings are scheduled by grades according to Arizona Statutes. Parents will be notified by mail of any abnormalities. **Initial**_____

School Health Presentations- I give permission for my child to attend age appropriate presentations in the areas of health education, prevention and safety. These presentations and/or health fairs may be provided by Many Farms Community School, Inc. school personnel, Indian Health Services Medical Personnel, Public Health and/or Tribal Community Health Nurses, Tribal Community Health Representatives, Apache County Health Personnel, Navajo Nation Health Services, Arizona Health Representatives and other Health Care Providers and/or Educators approved by the building principal. **Initial**_____

Lice/Nits- If a student is found to have LIVE LICE and/or Excessive Nits (eggs) in their hair, parent will be called to pick up child at school and can return ONLY if hair has been treated with Lice Shampoo and/or Nits removed by comb or by hand and then rechecked upon return. **DORM STUDENTS**: LICE SHAMPOO WILL BE USED BY DORM STAFF TO TREAT STUDENT'S HAIR AS NEEDED THROUGHOUT THE SCHOOL YEAR. Parents may be notified if Chronic. **Initial**_____

_____ _____ _____

Signature of Parent/Guardian **Relationship to Student** **Date**

Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program.

Send completed forms to:

Marie T. Chee, Senior Cook

marie.chee@mfcsazwarriors.org

For any questions, please contact:

Marie T. Chee, Senior Cook

marie.chee@mfcsazwarriors.org - 928-781-6221 Ext: 620

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian Signature: _____

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona (HNS# 11-2015): Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

☐ This medical statement is **permanent**.
(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

☐ This medical statement is **temporary**.
(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____

CHINLE SERVICE UNIT
2026-2027
Parent CONSENT for SEASONAL FLU and COVID VACCINE for CHILDREN under 18 years of age

SCHOOL: _____ **GRADE:** _____ **TEACHER:** _____

Photocopy on white paper only. Form will be scanned into patient chart. **Please use BLACK ink only.**

The vaccinations will be provided by Chinle Service Unit. The **seasonal flu shot** is recommended annually for all school students. If you would like your child to receive the seasonal flu vaccine and/or the COVID vaccine at school this year, please complete and sign this consent. **Only students with a signed consent will receive a seasonal flu and/or COVID vaccine at the school clinic.**

If you DO NOT want your child to receive ANY vaccines, DO NOT turn in this form!

INFORMATION ABOUT MY CHILD (Please print clearly in BLACK INK ONLY)

Name: Last: _____ **First:** _____ **MI:** ____ **Age:** _____

Birth Date: _____ **Child's Gender: Male Female** **Child's Medical Record #** _____

Regular Health Care Facility Used: _____ **Child's Social Security # (last 4 digits only)** _____

Parent/Guardian Name: _____ **Day Time Phone:** _____

Mailing Address: Box: _____ **City:** _____ **State:** _____ **Zip:** _____

Physical Location of Home: _____

Parents: Please check/circle the box for the vaccines you want your child to receive, then answer additional questions:

Influenza Vaccine: **[ ] YES, I want my child to receive the current recommended seasonal FLU vaccine**
[ ] NO, I do not want my child to receive the seasonal FLU vaccine

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COVID Vaccine: **[ ] YES, I want my child to receive the current recommended COVID vaccine**
[ ] NO, I do not want my child to receive the COVID vaccine

If **YES**, please answer the following questions:

1. **Has your child ever had an allergic reaction to a flu (influenza) vaccine?.....[ ] YES [ ] NO**
2. **Has your child ever had an allergic reaction to an ingredient in the flu vaccine? .....[ ] YES [ ] NO**
   (this does not include egg allergy, anyone with an egg allergy can get a flu vaccine)
3. **Has your child ever had Guillain-Barre Syndrome? .....[ ] YES [ ] NO**

If you answered "yes" to #1, 2, or 3 talk to your child's healthcare provider before the flu vaccine

4. **Has your child ever had an allergic reaction to a COVID vaccine or an ingredient in the COVID vaccine?.....[ ] YES [ ] NO**
5. **Has your child ever had myocarditis or pericarditis? .....[ ] YES [ ] NO**
6. **Has your child ever had Multisystem Inflammatory System MIS-C? .....[ ] YES [ ] NO**

If you answered "yes" to #4, 5, or 6, talk to your child's healthcare provider before the COVID vaccine.

I certify that I am the parent or Legal Guardian of the child named above. I am legally authorized to request vaccination of the child with the seasonal flu and/or COVID vaccine. I have read the Vaccine Information Statement and/or Emergency Use Authorization Fact Sheet (see attached), about the flu and/or COVID vaccine. I authorize a medical provider to assess my child, if needed, prior to my child's flu/COVID vaccination. I have had the opportunity to ask questions about the benefits and risks of the flu/COVID vaccination. My questions, if any, have been answered.

Parent/Guardian Signature: _____ **Date:** _____

Patient Identification:

Mission Statement:
Many Farms Community School's mission is to offer students the opportunity to achieve in an engaging, inspiring, and challenging environment.

Dá'ák'eh Halání Diné Bi'ólta'
Many Farms Community School, Inc.
"Together We Learn & Succeed"

MFCS Acting Principal
Mrs. Kimberly Peralto-Gee

Governing Board Member
Ms. Joy Grant-Manus

STUDENT HOUSING QUESTIONNAIRE
SCHOOL YEAR 2026 – 2027

Name of Student _____ Date of Birth_____ Grade_____
With whom does the student live? Name:_____
This person is (check one):

[ ] Parent/Guardian
[ ] Foster Parent (student was placed with guardian through CPS or Foster care system)
[ ] Unaccompanied Youth (a youth that does not live with a parent/guardian)
[ ] Other (please specify):_____

The information provided is confidential and protected by the Federal Education Rights and Privacy Act. We use this information to help determine which services students may be eligible to receive, as well as to make sure the rights of students or unaccompanied youth are met as required by the McKinney Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? (Living in a motel, car/camper, shelter, friend's or relative's house?) Yes_____ No_____
2. Is the student's living arrangement due to loss of housing? (Due to financial hardship, eviction, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation?) Yes____No___

Complete Section A…IF you are living in a **TEMPORARY** residence. If you own/rent a **PERMANENT** residence (such as a house, mobile home or apartment), please **skip to Section B.**

Section A.

PLEASE CHECK THE BOX BELOW THAT BEST DESCRIBES WHERE THE STUDENT IS CURRENTLY LIVING:

[ ] Sharing the housing of others (including family or friends) due to:
  [ ] Loss of housing, economic hardship or similar reason (ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
  [ ] You have nowhere else to live
  [ ] Other arrangement, please explain:_____
[ ] Living in a motel or hotel due to no other options: Name of hotel_____
[ ] Living in emergency or transitional housing such as domestic violence or homeless shelters
  [ ] Living in a BIE Residential program: Please explain where student lives on the weekend
  _____
[ ] Sleeping in a car, campground, park, public space or abandoned building
[ ] Living in a public or private place not meant to be used as a regular place for people to sleep
[ ] Moving from place to place (couch surfing)
[ ] Living with an adult that is not a parent or guardian, or living alone without an adult

Section B.

PLEASE CHECK ANY BOXES BELOW THAT DESCRIBES THE STUDENT'S PERMANENT HOME:

[ ] Home DOES NOT have running water, electricity or heat
[ ] There are more than two family members for each bedroom in the home
[ ] Home is in need of significant repairs: (please specify)
_____
[ ] **None of the above applies to the student's living situation**

MFCS Acting Principal
Mrs. Kimberly Peralto-Gee

Governing Board Member
Ms. Joy Grant-Manus

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school (please use back side if needed):

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned certified that the information provided above is accurate.

_____ _____

Signature of Person Providing Information Date
Parent / Guardian / Caregiver / Unaccompanied Student (Circle one).

OFFICE USE ONLY: MV Eligible ___Yes ___No FC Eligible ___Yes ___No

Many Farms Community School, Inc.
Parent-Teacher-Student Compact

We, The Many Farms Community School, Inc. established 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. By signing this compact all individuals have read, discussed, and understand the K-8th Parent / Student Handbook.

As a student at Many Farms Community School, Inc. I will:

- Come to school on time and ready to learn by attending school regularly.
- Work to the best of my ability in classes and at home and always try my best.
- Help make the school a safe place.
- Listen to my family, teachers, and others who help me learn, and ask questions when I need help.
- Respect myself and the rights of others and cooperate with other students and adults.
- Complete my homework on tie and in a thorough and legible way.
- Ask my family to read with me or to me 30 minutes each day 5 days a week.
- Deliver messages 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 Presentations, Parent Teacher Conferences).
- Follow all school rules and health guidelines.

Print Full Student's Name: _____ **Grade:** _____ **Date:** _____
Student's signature: _____

As a parent or legal guardian of a student at Many Farms Community School, Inc. I understand that involvement in my child's education is the number one determining factor in my child's academic success. To make education a top priority in our home, I will:

- Schedule a daily routine homework time, review it regularly, and discuss what my child has learned. 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 test.
- Read to or with my child(ren) 30 minutes per day 5 days a week.
- Know our child's interests and encourage reading for pleasure.
- Keep in contact with the school through school visits, phone calls, e-mails, letters and attendance at parent-teacher conferences.
- Discuss our child's progress in reading and math in ways that show our high expectations. Praise his/her achievement by encouraging academic success.
- Make sure our child attends school regularly, is on time, and is prepared to learn.
- Encourage my child to be responsible for his/her actions by stressing the importance of school and classroom behavior expectations in family conversation.
- Encourage my child to demonstrate respect for school personnel, classmates, and school property.
- Keep my child's school records up to date.
- Report any and all changes. (e.g., phone numbers, mailing addresses, home locations, e-mail addresses).
- Respond promptly to my child's teacher or the school regarding requests or information.

- Attend/participate in parent-teacher activities and other parent functions throughout the year. (e.g., Open House Parent Presentations & Trainings, Parent Engagement Committee, Family Nights, School Committee's).

Print Full Parent Name: _____ **Date:** _____
Parent signature: _____

As a teacher at Many Farms Community School, Inc. I will provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet Arizona academic standards. In addition, I will:

- 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 interests and independent reading levels.
- Provide homework assignments relevant to daily instruction in accordance with the school homework guidelines.
- Maintain appropriate student behavior in the classroom so that all students can learn and be safe.
- Model and display responsible decision making and citizenship in all aspects of daily life.
- Have high expectations of all students and myself.
- Communicate frequently with parents about their children's progress through quarterly report cards, and by notes, phone calls, and e-mails.
- Provide a safe and stimulating environment focused on student growth and development.
- Hold parent-teacher conferences, bi-annually, during which this compact will be discussed as it relates to the individual child's achievement.
- Respect the cultural differences of students and their families.
- Support the components of this parent-student-teacher compact.
- Encourage families to participate in student-parent school community programs and events.

Print Full Teacher Name: _____ **Date:** _____
Teacher signature: _____

SCHOOL: Many Farms Community School, Inc.

Please read and sign this Compact, then return it to your child's teacher. Please post your copy in a place that can serve as a reminder of each school community member's responsibilities toward the success of each and every child in our school community. We will refer to this compact at parent-teacher conferences and meetings that confirm our family-school partnership to enhance our students' learning.

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

Principal Signature _____

Thank you.