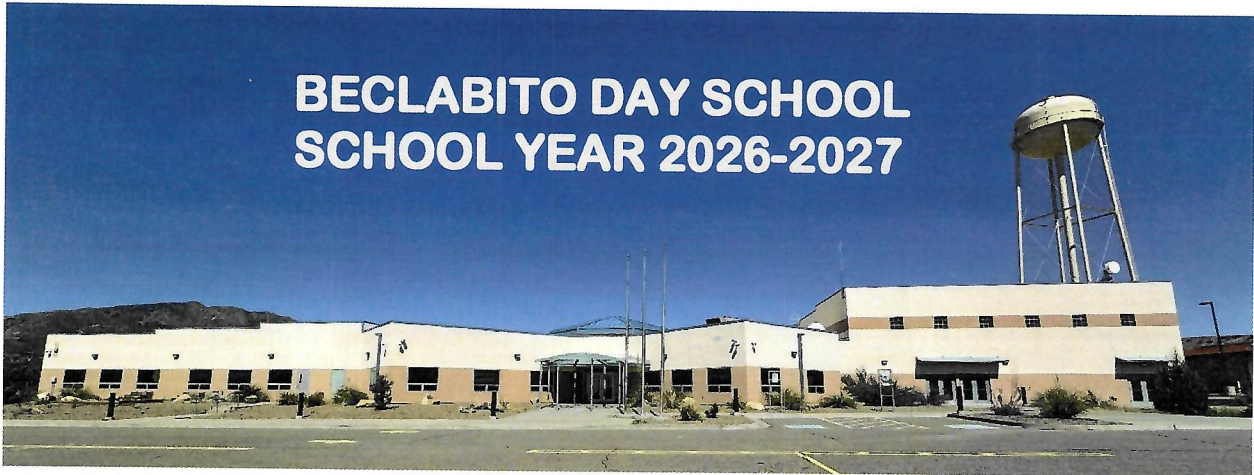




United States Department of the Interior
BUREAU OF INDIAN EDUCATION
NEW MEXICO NAVAJO NORTH
BECLABITO DAY SCHOOL
P.O. BOX #1200
SHIPROCK, NEW MEXICO 87420
Telephone: (928) 656-3555/3556 Telefax: (928) 656-3557



BECLABITO DAY SCHOOL SCHOOL YEAR 2026-2027

Welcome to Beclabito Day School, “The Learning Place in New Mexico”. Beclabito provides education, Kindergarten through 4th Grade

We are accepting enrollment for K-4th grade. For new Kindergarten your child has to be five (5) years old by December 31st. **Required documents: Certificate of Indian Blood (CIB), Birth Certificate & Updated Immunization Record.** Returning students need to update information, emergency contacts, mailing address, etc.

Safety First:

Students are transported daily from home to school and school to home. School days are from Monday to Thursday, 8:00am to 3:00pm and Fridays from 8:00am to 1:00pm.

SCHOOL INSTRUCTION BEGINS August 3, 2026

Any questions, please call the office at:
Phone: **(928) 656-3556** Fax: **(928) 656-3557**
Website: **<https://www.bds.bie.edu>**



STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: BECLABITO DAY SCHOOL	
Type: Day School <input checked="" type="checkbox"/> (X) Boarding School <input type="checkbox"/> () Peripheral Dormitory <input type="checkbox"/> ()	Funding: Pub. Law 100-297 Grant <input type="checkbox"/> () Pub. Law 93-638 Contract <input type="checkbox"/> () BIA Operated <input checked="" type="checkbox"/> (X)
1. IDENTIFICATION	
Name of Student: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) (Middle) </div>	
Address: P.O. Box _____ Street: _____ City: _____ State: _____ Zip Code _____ Miles from home to school: _____	
Date of Birth: _____ Place of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Verified by: _____	
Tribal Affiliation: _____ Degree Indian: _____ Enrollment Number: _____ Home Agency: _____ Dominant language spoken in the home: (1) _____ (2) _____	
2. FAMILY INFORMATION Father: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: () Deceased: () Occupation (Optional): Employer: Telephone Home: Work: Emergency: Other (specify)	Mother: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: () Deceased: () Occupation (Optional): Employer: Telephone Home: Work: Emergency: Other (specify)

Legal Guardian: Address: Tribal Affiliation: Home Agency: Enrollment Number: Occupation (Optional): Employer:	Other (group home, etc): Address: Telephone: Student Lives With: Telephone Home: Work: Emergency: Other (specify)	
3. SCHOOL(S) PREVIOUSLY ATTENDED:		
School Name: Address: City / State:	Dates Attended: Reasons for Leaving:	Grades Completed: _____
School Name: Address: City / State:	Dates Attended: Reasons for Leaving:	Grades Completed: _____
School Name: Address: City / State:	Dates Attended: Reasons for Leaving:	Grades Completed: _____
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/Adult Student		_____ Date
Day School Enrollment: Approved: Not Approved: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Principal Date </div>		

4. CRITERIA FOR BOARDING OR OUT OF BOUNDARY ENROLLMENT:

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out of boundary enrollment. If this application is for an off reservation boarding school and for social reasons, a social summary is to accompany this application.

Education Factors

Federal/Public schools near student's home:

- Do not offer grade level
- Are severely overcrowded
- Do not offer student's grade
- Exceed 1½ miles walking distance to school or bus route
- Do not offer special vocational/preparatory training necessary for gainful employment
- Do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences
- Receiving School offers special academic program needed by student

Approved: Date:

In Boundary

(signature & title of approving official)

Off-Reservation Boarding School

(signature & title of approving official)

Social Factors

In his/her environment, the student:

- Was rejected or neglected
- Does not receive adequate parental supervision
- Well being was imperiled due to family behavioral problems
- Has behavioral problems too difficult for solution by family or local resources
- Has siblings or other close relative enrolled who would be adversely affected by separation

Approved: Date:

Out-of- Boundary

(signature & title of approving official)

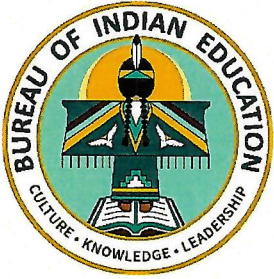
Privacy Act Statement: This information is collected as provided by 5 U.S.C. 552A. The Office of Indian Education Programs is authorized to collect this information in accordance with Public Law 95-561; 98-511;99-89; and 100-297. The information will be used to determine the level of funding to be distributed by formula to BIA funded elementary and secondary schools. Weighted student units, the value of basic and specialized instructional and residential programs, are used to calculate the distribution of funds. The information may be disclosed to appropriate Department of the Interior and Congressional Offices for policy and budgetary purposes.

Paperwork Reduction Act Statement: This information is collected to identify each student's instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by the respondent to obtain or retain a benefit, that is, to provide appropriate schooling and the needed funding. It is estimated that this form will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. The control number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number.

Instructions for Completing the Student Enrollment Application Form

1. IDENTIFICATION	
Name:	Enter the name of the student by last, first, and middle. Example: Green, Frances Jean
Address:	Enter the address where student receives mail.
Date of Birth:	Enter the student's date of birth.
Verified by:	The school is responsible for filling in this section. Verification of birth date may be done by birth certificate, affidavit, baptismal record, etc.
Place of Birth:	Enter the location, name of city or town, and state where the student was born.
Sex:	Indicate whether the student is male or female.
Tribal Affiliation:	List the tribe(s) in which the student is enrolled.
Degree Indian:	Indicate such as: 4/4, 3/4, ½, 1/4, etc.
Census Number:	Enter the census number or roll number assigned to the student by the governing Tribe or Agency in which he/she is a member/enrolled.
Home Agency:	Enter the name of government office which has the responsibility or list of enrolled members which includes the student's name.
Dominant language spoken in the home:	Enter dominant language spoken in the home.

2. FAMILY AND BACKGROUND INFORMATION	
Parents' Name	
Father's Address:	Enter father's address if different from student's.
Tribal Affiliation:	Enter father's Tribe.
Home Agency:	Enter Agency where father is enrolled.
Census Number:	Enter father's census number.
Living / Deceased:	Indicate whether father is alive or deceased, entering date if deceased.
Occupation (Optional):	Enter father's occupation.
Employer:	Enter the name of father's employer or where he works.
Telephone Numbers:	Please list father's home telephone, work number, an emergency number or other numbers where father can be reached, in case of an emergency. If other, indicate friend, aunt, uncle, etc.
Mother:	Same instructions as above.
Legal Guardian:	Same instructions as above.
3. SCHOOLS PREVIOUSLY ATTENDED: List the names, addresses, dates, grades completed and reasons for leaving all the schools the student previously attended. Please fill out as accurately as possible.	
4. FOR BUREAU USE ONLY: Self-Explanatory.	



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**BECLABITO DAY SCHOOL
HOME LANGUAGE QUESTIONNAIRE**

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

Thank you for your help.

Name of child: _____
Last First Middle

Date of Birth/Age: _____/____ Grade: _____ Tribe: _____

Please answer the following questions:

1. What Language(s) has your child learned to speak?

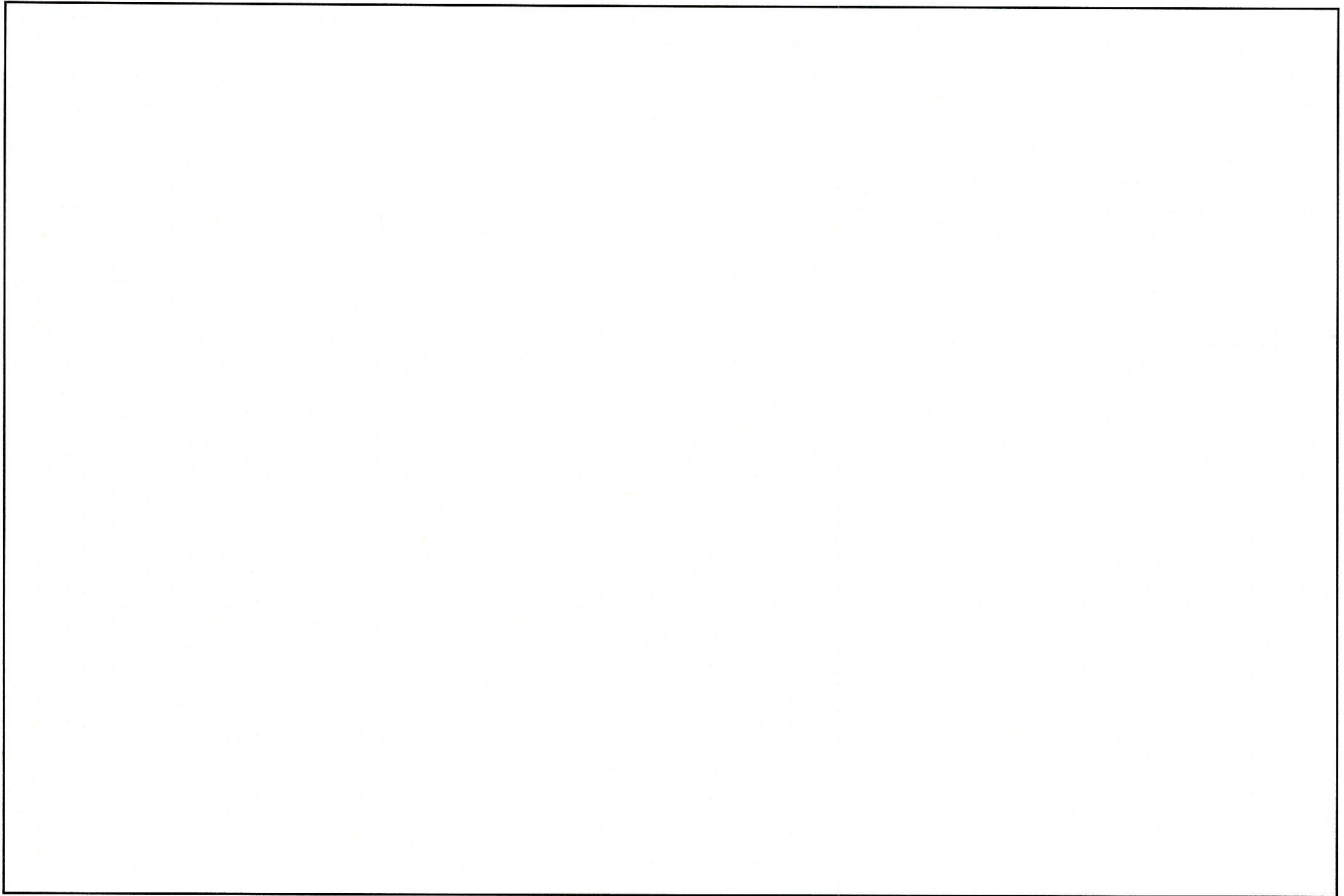
2. What language(s) does your child use most often at home?

3. What language(s) are commonly used in speaking with your child?

Signature of Parent/Guardian

Date

MAP OF RESIDENCE



Student Name(s):

Grade:

Location and Miles from home to Beclabito Day School:

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

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON¹
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 care 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 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.

2026-2027 BECLABITO DAY SCHOOL PHYSICAL HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____
(Parents: Please fill out this form out completely by answering Y = Yes or N = No for each question)

- Y N Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems, such as murmur, hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illness such as heart problems, asthma, high blood pressure, seizures, 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 had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicle, etc?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or Tylenol?
- Y N Has your child had shoulder, knee or ankle surgery?
- Y N Has your child had a broken bone?
- Y N Has your child had more than 3 ear infections?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain while exercising?
- Y N Do you have any concerns about your child being in sports or physical activity?
- Y N Does your child have any allergies (to food, animals, plants, etc)?
- Y N Does your child take any medication daily for a chronic medical problem?
- Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE:

If you have answered "Y" to any question above, please provide additional information:

FAMILY HISTORY:

- Y N Are there any diseases 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 "Y" to any question above, please provide additional information:

OTHER HEALTH CONCERNS:

- Y N Does your child have problems going to the bathroom?
- 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 "Y" to any question above, please provide additional information:

If you have any health concerns other than those listed in this questionnaire. Please provide information:

Please list any health care facility or hospital where your child received shots:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

School Dental Services Consent Form

The school dental services will consist of a dental examination of teeth and gums, x-rays to see in-between teeth, and a cleaning to remove plaque, bacteria, and hardened buildup. Preventative treatment includes sealants and fluoride varnish.

_____ **NO**, I do not want my child to receive these services. (**Enter Student's Name Only**)

_____ **YES***, I consent for my child to receive: (**CHECK ALL THAT APPLY**)

_____ **Dental Exam**

_____ **X-rays**

_____ **Cleaning**

_____ **Dental sealants to protect adult teeth from cavities**

_____ **Fluoride varnish to prevent cavities**

***IF YES, please fill out ALL the following information for your child below:**

Child's Name: _____ School: _____
Teacher/Grade: _____ Birthdate: _____
Address: _____ City/State: _____
Community: _____ Child's Tribal Affiliation: _____

Shiprock IHS Chart #: _____
*IF no Shiprock Chart#, what IHS facility has your child been to: _____

Child's Insurance: (circle) MEDICAID MEDICARE PRIVATE INSURANCE

Medical Information:

Allergies:(List all allergies) YES _____ NO _____ IF yes, to what? _____
Medication Usage: YES _____ NO _____ IF yes, for what? _____
Under Doctor's Care: YES _____ NO _____ IF yes, for what? _____
Seizures: YES _____ NO _____ IF yes, when? _____

Signature of Parent or Guardian

Date

Print Name and Relationship

Phone Number

****** If child needs treatment of cavities or infections, parents will need to come to the clinic with the child to complete treatment plan consent******



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2026-2027 Student Check-Out Permission Form

I give my permission to check off campus with the following people:

Name of Person who may check out student	Relationship	Address	Home/Cellular/ Emergency Phone

I DO NOT give the following persons permission to check out my child.

Name of Person who may NOT check out student	Relationship	Please list any information that may help us in regard to reasons why check-out should be denied

Parent/Guardian Signature: _____

Note: Checkout privileges may be forfeited if students are not checked out properly or returned at the agreed time. The school reserves the right to deny check out privileges whether it is not in the best interest of the student.

Only persons 18 years of age or older are allowed to check out students.



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

*This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act (FERPA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.*

School: _____ Date: _____
 Student Name: _____ • Male • Female • Non-binary
 Last School attended: _____ Current Grade: _____
 Birth Date: _____
 Address of where the student slept last night: _____
 Parent/Guardian/Adult Caring for Student: _____ Relationship: _____
 Main Contact Phone Number: _____ Email, if available: _____
 Is the student's address a temporary living arrangement? • Yes • No

Note: If you checked "No," you may STOP here. Thank you.

If temporary, is this living arrangement due to loss of housing or economic hardship? • Yes • No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- Doubled-up** – staying with a friend or relative because of 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)
- In a **hotel/motel** (Name of hotel/motel): _____
- In a **shelter** or transitional housing program (name of shelter or program): _____
- In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
 - In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects
- With an adult that is not a parent or legal guardian, or alone without a parent.

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:

Last Name	First Name	Grade	School

The undersigned certifies that the information provided above is accurate.

 Signature of Person Providing Information

 Date

Parent/Legal Guardian/Caregiver/Unaccompanied Student (Circle one)



Division of Performance and Accountability
 Supplemental Education Programs
 McKinney-Vento Education for Homeless Children & Youth Program
 HOUSING QUESTIONNAIRE

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency: _____

Name

Phone contact

Relationship to student

For School Use Only

Note: Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

- Doubled-up: _____ Sheltered: _____
 Hotel/Motel: _____ Unsheltered: _____

1) **Unaccompanied youth:** Yes No

2) **Transportation needed:** Yes No

Select all that apply: Special Education English Learner Migrant

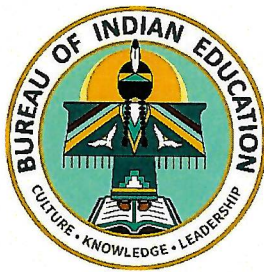
Resources and Services

Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

- McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals, fees waived)
 Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)
 School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: _____ **Date:** _____



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SCHOOL YEAR 2026-2027

Dear Parents/Guardians:

Your support of Safe Transportation of Beclabito Day School students is hereby requested. These rules promote and assure the Safety of all passengers while riding a School Bus.

Please discuss the following rules with your child/children. Complete and return the attached form to your child's bus driver. A separate form is required for each student.

Conduct of Students and Bus Passengers are as follows:

Only students regularly assigned to the bus for a particular route will be allowed to ride.

1. While at the Bus Stop or pick up point **Students must:**
 - a. Be at the Bus Stop **"five minutes"** before scheduled bus arrival. (Bus will not wait)
 - b. Conduct themselves in an orderly manner. (Bus stop is not a Play area and NO rock throwing, cursing, etc.)
 - c. Respect surrounding property. (NO Littering, Vandalizing property, etc.)
 - d. Stay out of the street or roadway.
 - e. Exit or entering a school bus, students need to be looking both ways before crossing the roadway. Crossing 10 feet in front of the bus after being signaled by the bus driver. **Students will obey all traffic controls for road crossing.**
2. While as passenger on the Bus, **Students shall:**
 - a. Comply with seat assignment. Take seats promptly after always boarding and remain seated. **Remember; the Bus driver is always in Charge.**
 - b. **Do Not change seats** while the bus is in motion.
 - c. Talk in a normal tone (volume). **NO** Yelling, Shouting, Screaming.
 - d. Not to carry on unnecessary conversation with the driver while the bus is in motion.
 - e. Keep all body parts inside the bus.
 - f. Keep the school bus interior **CLEAN.**
 - g. Not to be getting **OFF** and **ON** continuously during Bus Loading time after school.
 - h. Students must stay out of the **Driver Seat** area and must **NOT** tamper with equipment.

- i. Keep absolutely quiet when the bus is approaching a **RAILROAD CROSSING and remain quiet until the has Safely cross the tracks.**
3. While a passenger is on the bus, students **must NOT**:
 - a. Use tobacco, alcohol, drugs, and any controlled substances.
 - b. Throw objects inside or outside the bus.
 - c. Be discourteous, disobedient or engage in rough boisterous conduct. **(Will NOT tolerate BULLYING).**
 - d. Use profane language, make obscene gestures, and make unnecessary noises.
 - e. Eat food, drink beverages, chew gum or eat sunflower seeds.
 - f. Bring items that may endanger the health and safety of passengers, **NO glass items, animals, science project, Weapons, Firearms.**
 - g. Bring large items that cannot be held on the lap. NO items are to be placed in the driver's compartment or obstruct the aisles.
 - h. Open windows or emergency exits, unless instructed to do so by the driver.
4. The **BDS Student Code** procedures will be followed for **Disciplinary Action.**
5. **Any damage to the bus from any causes must be reported to the Bus Driver, The Bus Driver will report the damages to the proper School Administrator. Students/Parents are responsible for the damage and will pay for the repairs.**
6. Students will not be allowed to change Buses or Stops without a written request from the parent and approval by the Head Administrator.
7. Students are to follow the Rules that have been developed by the school personnel and drivers. Parents are asked to work with the school by making sure that their child complies with all Bus Safety Rules. Students must be at the bus stop at appointed time. Parents of very young children, Kindergarten through 3rd Grade students are to accompany their children to the bus stop for school and wait for them during pick up time after school at the bus stop.

PROCEDURES FOR NON-COMPLIANCE OF TRANSPORTATION RULES

The BDS Student Code will be followed when a student has an incident that occurs on the bus. Incident reports will be written and follow through procedures will happen. When a student is found Non-compliant of the **Conduct of Students as Bus Passengers**. Look in the Student Code for further clarification. When there is a Student Hearing, consequences may be suspension from riding the school bus. It then becomes the parent's responsibility to transport their child.

Cc: Colletta Wilson
Colletta Wilson, Head Teacher

Date: 5/07/2026



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**Beclabito Day School Transportation
 SCHOOL YEAR 2026-2027**

Please fill out form completely and return it to your Child's Bus Driver. Failure to complete and return this form is a cause for No Bus Riding privileges, until the form is turned into the Transportation Office.

Date: _____ **Bus Route:** _____ **Driver Name:** _____

I have discussed the Conduct of Student as Bus Passenger with my Child.

Print Student Name: _____ **Grade:** _____

And will cooperate with the Bus driver and School Authorities. I understand that these are necessary and must be observed to ensure Safe Transportation of students at Beclabito Day School.

Student Name: _____ / _____
Print Name Signature

Parent/Guardian Signature: _____ / _____
Print Name Signature

Physical Address:

Parent Contact Phone Numbers: _____
 Emergency Contact Phone Numbers: _____
 Other Contact Phone Numbers: _____

Please, update new phone numbers as they change in the future, for the main office and transportation department, in case of an emergency.

Return this form to your School Bus Driver.

Cc: Colletta Wilson
 Colletta Wilson, Head Teacher

Date: 5/07/2026



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May 7, 2026

Dear Parents,

The Environmental Protection Agency's Asbestos containing materials in schools, Final Rule and Notice, 40 CFR Part 763 requires that all public-school buildings be inspected and re-inspected for the presence of asbestos every three years after a management plan is in effect. This same statute also requires initial and annual notification of the availability of a management plan that outlines the steps taken to eliminate the hazard. We are very willing to comply with this statute because of our great concern for the well-being of our students and staff.

In February 2010. The staff and students moved into the new school facility. Please see the second page of the letter for an assurance by the construction company of no asbestos containing materials used in the construction of Beclabito Day School. As an additional precaution, we have received a management plan pinpointing asbestos in the old school facility. The plan is available for public review in the administrator's office during normal business hours.

I am asking that you sign this letter after you have read the content. The letter will be filed with your child's enrollment information.

Thank you for your cooperation. Any questions, contact me at the school.

Colletta Wilson
Head Teacher

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____



Bradbury Stamm Construction

7110 2nd St. NW, Albuquerque, NM 87107-0702 505-765-4200 fax 505-842-8474 brs@bradburystamm.com
PO Box 10360, Albuquerque, NM 87184-0650 Building in New Mexico, Arizona, Colorado and Texas

October 21, 2009

Log. No. 00005

Dyron Murphy Architects
Attn: Armando Romero
4505 Montbel Pk. NE
Albuquerque, NM 87107

Fax: 505-830-0237

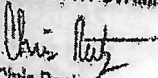
RE: Asbestos Letter
Project: Beclabito Day School
Project #: 0809

Armando,

To the best of our knowledge no asbestos containing materials were used for or installed as part of the construction of the Beclabito Day School.

Sincerely,

BRADBURY STAMM CONSTRUCTION, INC.


Chris Reelz
Project Manager

cc: files



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**2026-2027
YEARS 2-4 AND BEYOND
CEP LETTER TO HOUSEHOLDS**

NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

We are pleased to inform you that children in Beclabito Day School will be offered meals free of charge, regardless of income, through the 2026-2027 School Year unless otherwise notified.

All meals served must meet regulations established by the United States Department of Agriculture (USDA). However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitution because of a disability, please call us for further information.

CONFIDENTIALITY: School officials will use the information on your application only to decide if your child should get free or reduced-price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced-price school meals. They will use this information for funding and/or evaluation purposes.

Sincerely,

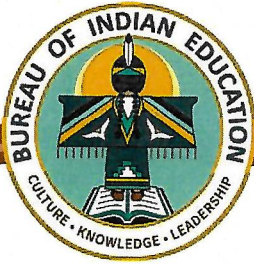
Colletta Wilson *Colletta Wilson*

Head Teacher

May 7, 2026

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-5964 (voice and TTY). USDA is an equal opportunity provider and employer.



Release Form

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U.S. Department of the Interior
Bureau of Indian Education
1849 C Street N.W.
Washington, DC 20240

Permission to Photograph / Video / Audio Record

Subject Permission to post/record/audio

Location Beclabito Day School, Beclabito, NM

I grant to the U.S. Department of the Interior, Bureau of Indian Education, its representatives and employees, the right to take photographs / video / audio recording of me and my property in connection with the above identified subject. I authorize the U.S. Department of the Interior, Bureau of Indian Education, its assign and transferees to copyright, use and publish the same in print and / or electronically.

I agree that the U.S. Department of the Interior and the Bureau of Indian Education may use such photographs / video / audio recording of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) Beclabito Day School

Address P.O. Box 1200 Shiprock, New Mexico 87420

Date _____

Signature of parent or guardian _____

(if under age 18)

*I consent to have my child's picture/video/audio to be posted on Beclabito Day School's Facebook page, school website and/or school literature.

YES _____ NO _____



United States Department of the Interior
BUREAU OF INDIAN EDUCATION
NEW MEXICO NAVAJO NORTH
BECLABITO DAY SCHOOL
P.O. BOX #1200
SHIPROCK, NEW MEXICO 87420
Telephone: (928) 656-3555/3556 Fax: (928) 656-3557



Elementary School Community Compact
SY26-27

We, the Beclabito Day 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.

Teachers will provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet (state's name) academic standards. (See key Academic goals for this school year in 2025-2026. 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 interests 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 e-mails.

Go Bobcats!

- Respond promptly to families' concerns, messages and requests for information.
- Hold parent-teacher conferences, bi-annually, during which this compact will be discussed as it relates to the individual child's achievement.
- Encourage families to participate in school community programs and events.

Teacher Signature _____



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.

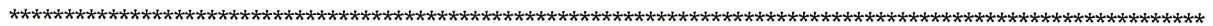
Respect/Responsibility

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

Community

- Deliver 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-Teacher-Student Conferences.)

Student Signature _____



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.

Go Bobcats!

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, classmates, 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.

Parent/Guardian Signature(s)

Our school helps to strengthen the family-school partnership to enhance student learning through our School Community Council, Parent Teacher Organization, Family Nights, parent workshops, classroom visits by parents, and 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.

If you are interested in volunteering for our school, please complete the survey available at Open House or on the website at: bds.bie.edu. There will be orientation and training for all interested family and community members.

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.

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

Head Teacher Signature COLLETTA
 WILSON

 Digitally signed by COLLETTA
 WILSON
 Date: 2026.05.07 12:12:26
 -06'00'

Go Bobcats!



United States Department of the Interior
BUREAU OF INDIAN EDUCATION
NAVAJO DISTRICT
BECLABITO DAY SCHOOL
P.O. BOX #1200
SHIPROCK, NEW MEXICO 87420
Telephone: (928) 656-3555/3556 Fax: (928) 656-3557



REQUEST FOR STUDENT RECORDS

TO: _____

(Name of Last School Attended & Address)

STUDENT'S NAME: _____ DOB: _____ GRADE: _____

The student above has enrolled at Beclabito Day School. He/She has formally attended your school. Please email or mail the following student's records as soon as possible.

RECORDS NEEDED

1. Latest Report Card including Attendance and Promotion status.
2. Latest WIDA/ELL Test results.
3. Latest NWEA Math/Reading results.
4. Legal Court Family/Medical Records.
5. Behavior Reports.
6. Counseling records.
7. IEP/Special Education Records or Gifted and Talented (if any)
 - Eligibility Determination Team form
 - Current EVALS
 - IEP
 - Vision and Hearing Screening

Your Prompt response is appreciated. Please email records to:

Email: **Buford.Begay@bie.edu**

Thank you for your time and assistance.

Parent's Signature: _____ Date: _____

Buford Begay, IT Technician: _____ Date: _____
(Delegated Registrar)