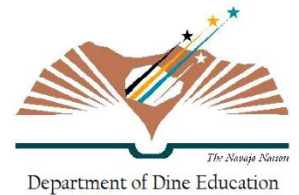




# Winslow Residential Hall, Inc.



**ALL STUDENTS must** submit a complete application for **SY 2022/2023**. The following documents **must** be submitted with your application:

- Student Enrollment Application  
*(NO faxed application will be accepted)*
- Legal Documents  
*(Power of Attorney, Restraining Order, School Suspension)*
- Acceptance Letter from WHS/WJHS
- Certificate of Indian Blood (CIB)
- Birth Certificate
- Current Immunization Record
- IEP and/or 504 Documentation, if applicable
- Transcript/Report Card
- Boundary Map & Wavier
- Free & Reduced Meal Application
- WRHI Authorization/Consent/Waivers
- AIA Physical Exam (2022/2023)
- COVID Vaccinations Card
- \$50.00 Room Deposit **(Check Money Order only)**

**In addition, the following information is what is required prior to enrollment and some of our expectations:**

- Students must be enrolled full-time and provide a class schedule at Winslow High School or Winslow Junior High prior to the approval of residency.
- All student **must** have a 2.5 GPA cumulative or above. An official transcript **must** be attached to the enrollment application.
- The student **must** have an acceptable attendance at the residential hall and school. If a student fails to maintain their attendance, they can be released from Winslow Residential Hall, Inc.
- Students may enroll up to the age of twenty (20), however students with IEP may be accepted and will be subject to the same policies and procedures of Winslow Residential Hall, Inc. student handbook. Students enrolled at the age of eighteen (18) years of age or during the school year, must sign a wavier of consent.
- Students on juvenile probation **will not** be eligible. If a student is reported to be on juvenile probation, the student will be automatically withdrawn.
- Returning students who were on student contracts **must** be pre-approved by the Homeliving Supervisor and/or Homeliving Manager prior to enrollment.
- Students are **required** to be present at school and Winslow Residential Hall, Inc. for student count week.
- Students with special needs will be considered for enrollment upon review of their medical history. If enrolled, the staff must be aware of all medication and any condition that may arise in an emergency.

**If you should have any questions or concerns regarding this application, please contact our office at (928) 289-4488.**



# WINSLOW RESIDENTIAL HALL, INC.

## Student Enrollment Application

Type of School: *Residential*

School Year: 22-23

Returning Student

Grade:  7th

10th

New Student

8th

11th

9th

12th

### IDENTIFICATION

Student's Name: \_\_\_\_\_  
Last, First, Middle

Gender:  Male  Female

Social Security No.: XXX - XX -

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Month Date Year

City: \_\_\_\_\_

Student's Mobile No.: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Degree (per CIB):  4/4  3/4  1/2  1/4

Language: Navajo Hopi English Other: \_\_\_\_\_

Is your child Hispanic or Latino?  NO  YES

*Dominant Language spoken in the home (circle one)*

Is your child eligible for special needs service?

NO  YES

What is their disability? \_\_\_\_\_

NO  YES

Does your child have a current Individual Education Plan (IEP)?

NO  YES

*\* Please attach a copy of your child's IEP.*

### BACKGROUND INFORMATION

Has your child been arrested?

NO  YES

Is your child on probation?

NO  YES

Has your child ever had drug/alcohol treatment, aftercare services or counseling?

NO  YES

Has your child had treatment, hospitalized or counseled for other issues?

NO  YES

If you answered YES to any of the above questions, please explain: \_\_\_\_\_

### EMERGENCY CONTACT *(other than parent(s)/guardian(s))*

Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

## SCHOOL(S) PREVIOUSLY ATTENDED *(most recent first)*

---

School Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Dates Attended: \_\_\_\_\_  
Grade: \_\_\_\_\_

School Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Dates Attended: \_\_\_\_\_  
Grade: \_\_\_\_\_

## PARENT INFORMATION

---

Student resides with (circle one):                      Parents      Mother      Father      \*Legal Guardian  
   \*Grandparents      Mother/Step-Father      Father/Step-Mother

*\*Must present legal guardianship or power of attorney documents*

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City                      State                      Zip Code

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City                      State                      Zip Code

Tribal Affiliation: \_\_\_\_\_  
Census No.: \_\_\_\_\_  
 Living                       Deceased

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_  
Work No.: \_\_\_\_\_  
Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_  
Census No.: \_\_\_\_\_  
 Living                       Deceased

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_  
Work No.: \_\_\_\_\_  
Email: \_\_\_\_\_

## SILBING(S) INFORMATION

---

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Age: \_\_\_\_\_  
Age: \_\_\_\_\_  
Age: \_\_\_\_\_  
Age: \_\_\_\_\_

School Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_

I am legally responsible for my child and hereby apply for his/her admission to Winslow Residential Hall, Inc. I understand that the residential hall may request additional information before my child is enrolled.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

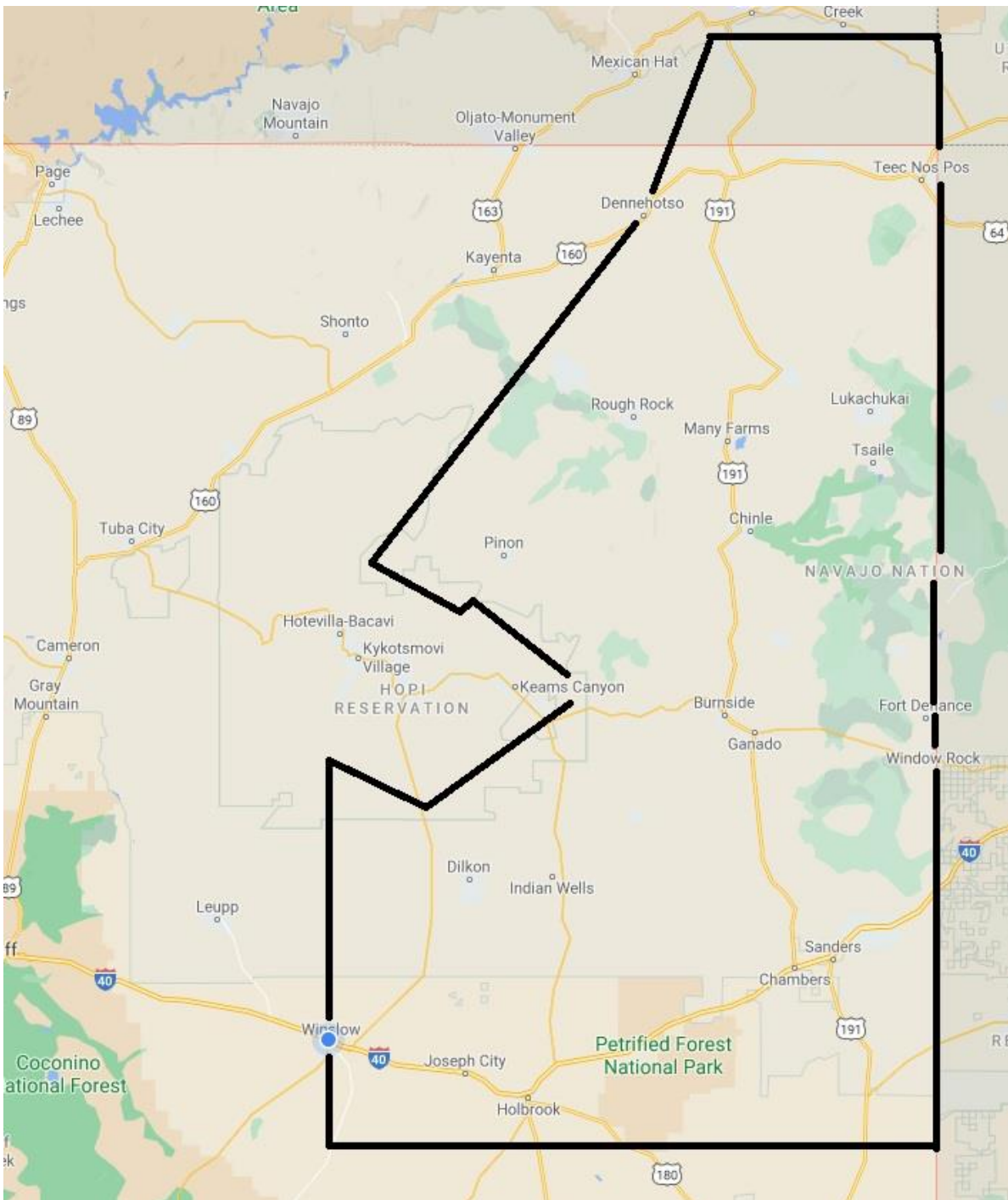
Acknowledge that all necessary is true and correct for \_\_\_\_\_, I understand that this  
Student Name  
Information is being furnished for the receipt of federal funds that school officials may verify the information on the  
application, and that deliberate misrepresentation of any information may subject me to prosecution under  
applicable state and federal laws.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Physical Location:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Please put an "X," where the student resides:**



NAVAJO NATION  
SCHOOL ATTENDANCE BOUNDARY WAIVER APPLICATION

Student Name: \_\_\_\_\_ Census No.: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_  
Parent Signature

Location of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Releasing School Name

Receiving School Name

Fax No.

Fax No.

**REASONS FOR REQUEST**

**CURRICULUM/GRADE LEVEL:**

- Bilingual/Bi-Cultural Courses
- Grade Level not offered
- Graduation Requirements
- Student Academic Deficiencies

**FACILITY CAPACITIES:**

- Lack of Classrooms
- Health & Safety Deficiencies

**SPECIALIZED PROGRAMS:**

- Special Education Offerings
- Vocational Education Offerings
- Gifted & Talented
- Alternative Programs
- Music, Fine Arts, Athletic, Speech, etc.
- Student Academic Deficiencies

**SOCIAL/LEGAL REASONS:**

- Court Ordered Placements
- Guardianship
- Social Services Agency Referrals
- Family Unity
- Disciplinary
- Expulsion
- Self-Placement (18+ years old)
- Inter-Tribal/Inter-Agency Agreements

**GEOGRAPHIC BARRIERS:**

- Bilingual/Bi-Cultural Courses
- Grade Level not offered
- Graduation Requirements
- Student Academic Deficiencies
- Grade Level not offered
- Graduation Requirements
- Student Academic Deficiencies

**RELEASING SCHOOL BOARD RESOLUTION**

**RECEIVING SCHOOL BOARD RESOLUTION**

Board Chairperson Signature

Date

Board Chairperson Signature

Date

## CRITERIA FOR WINSLOW RESIDENTIAL HALL, INC.

Favorable action is recommended on this application and has to confirm the following criteria for all residential students or out of boundary enrollment. Winslow Residential Hall, Inc., is an educational support services to Winslow Unified School District that does not accept students who have social behavior problems (i.e. suspension or expulsion from school).

### EDUCATION FACTORS *(check all, if applicable)*

\_\_\_\_\_ Federal/Public schools near student's home;

\_\_\_\_\_ Grade level not offered - High School;

\_\_\_\_\_ Excessive distance to the nearby school from student's home and adverse road condition;

\_\_\_\_\_ Winslow Residential Hall Inc., offers residential and academic support services for student to attend public school;  
\_\_\_\_\_ Winslow Residential Hall Inc., offers residential and academic support services to complete graduation requirement(s) for Seniors;

\_\_\_\_\_ Winslow Residential Hall, Inc., accepts students who have 2.5 GPA or better.

### VERIFICATION OF ACCEPTANCE

Approved

Denied

\_\_\_\_\_  
Officials Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date







## Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047

Telephone: (928) 289-4488;2379 Fax: (928) 289-2821/2258

### **PARENTAL PERMISSION, ACKNOWLEDGEMENT OF HAZARDS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT**

**BY SIGNING AND RETURNING THIS DOCUMENT, YOU ARE GIVING UP SUBSTANTIAL LEGAL RIGHTS. THEREFORE, YOU ARE ADVISED TO READ THIS AGREEMENT CAREFULLY BEFORE SIGNING AND RETURNING IT.**

#### **DISCLOSURE**

Our communities are facing a pandemic related to the outbreak of the 2019 novel coronavirus and Covid-19 ("Coronavirus"). Despite Federal, State, and Tribal governments taking measures to protect public health and slow the spread of Coronavirus, the virus remains a problem and threatens the health and well-being of our students, staff, and families, and can lead to illness, disability, and death. Winslow Residential Hall, Inc. ("WRHI") is striving to implement policies, procedures, and practices to prevent the spread of the virus. However, WRHI cannot guarantee that the virus does not exist or will not spread in our facilities and during our activities. In order to address this situation, WRHI is requiring students and their parents/guardians to follow certain procedures and acknowledge certain risks.

#### **PERMISSION, ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND WAIVER**

In consideration for permitting my child \_\_\_\_\_ ("the Student") to attend and reside at WRHI and participate in all WRHI-related activities (collectively "the Activity") and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, I hereby agree to the following on behalf of myself, the Student, my spouse, heirs, executors, administrators, representatives, and/or assigns (collectively "Releasers"):

\_\_\_\_\_ 1. I am familiar with Coronavirus, including its contagious nature, symptoms, health risks, and means by which it is spread and contracted by humans. I am also familiar with the Activity and understand that participation in the Activity might result in exposure to Coronavirus. Nonetheless, I give permission for Student to participate in the Activity.

\_\_\_\_\_ 2. I acknowledge that the risk of exposure to and contracting Coronavirus cannot be eliminated or even substantially reduced without jeopardizing the essential qualities of the Activity. Nevertheless, I accept those risks and assume full responsibility for the health, safety, and well-being of the Releasers.

\_\_\_\_\_ 3. The Releasers, including the Student, agree to abide by all instructions and protocols implemented by WRHI representatives pertaining to Coronavirus, including but not limited to rules and regulations regarding personal protective equipment such as masks and face shields, hygiene, social distancing, temperature checks, and physical examinations. The Releasers further agree to report to the WRHI Homeliving Supervisor any activity that is contrary to such instructions or is potentially or actually dangerous because it promotes the spread of Coronavirus. I understand that any person, including Student, may be precluded from the Activity if it is determined that the person is not following instructions, protocols, rules, regulations, and best practices designed to slow the spread of Coronavirus.

\_\_\_\_\_ 4. I certify that Student is in good health and fully capable of participating in the Activity. I certify further that Student has not tested positive for COVID-19, has not exhibited any symptoms of COVID-19 (including without limitation fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle



## Winslow Residential Hall, Inc.

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or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea), and to the best of my knowledge, does not have COVID-19 and has not been exposed to anyone who has COVID-19 or symptoms of COVID-19 within the past 14 calendar days.

\_\_\_\_\_ 5. I agree to check Student for symptoms of COVID-19 each week before weekly check-in to WRHI. I agree further that if Student exhibits symptoms of COVID-19 or is exposed to anyone who has COVID-19 or symptoms of COVID-19, I will have Student tested for COVID-19.

\_\_\_\_\_ 6. I agree that if Student contracts COVID-19, tests positive for COVID-19, or exhibits symptoms of COVID-19, or is exposed to anyone who has COVID-19 or symptoms of COVID-19, I will (a) voluntarily, fully, and honestly notify the WRHI Homeliving Supervisor and (2) voluntarily keep Student out of WRHI and the Activity until it is medically determined that Student does not have COVID-19.

\_\_\_\_\_ 7. I agree that WRHI may take reasonable measures, including temperature checks and physical examinations, to check Student for symptoms of COVID-19.

\_\_\_\_\_ 8. I understand that any person, including Student, may be precluded from WRHI and the Activity if it is determined that the person is showing symptoms of COVID-19, has COVID-19, has tested positive for COVID-19, and/or has been exposed to a person showing symptoms of COVID-19 or who has COVID-19. The person may be permitted to return to the Activity after it is medically confirmed that the person does not have COVID-19.

\_\_\_\_\_ 9. I, on behalf of the Releasers, hereby voluntarily release, forever discharge, agree to hold harmless and indemnify, and agree not to sue WRHI, its Board Members, employees, volunteers, agents, attorneys, and all other persons and entities (collectively "Releasees") from and for any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with Coronavirus, including without limitation claims arising out of Student's exposure to or contracting of Coronavirus and claims arising from Releasee's negligent acts or omissions.

\_\_\_\_\_ 10. If any provision of this document is declared void or unenforceable, such provision shall be deemed severed from this document which shall otherwise remain in full force and effect. This document shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, assigns and successors-in-interest. This document contains the entire understanding between and among the parties and supersedes any prior understandings and agreements among them respecting the subject matter of this document.

\_\_\_\_\_ 11. I have carefully read this document and fully understand its content. I am aware that this document is a parental permission, acknowledgment of hazards, assumption of risks, waiver of liability, an agreement not to sue, and a contract between me and the School. I sign this document voluntarily, knowingly, and intelligently.

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Phone: \_\_\_\_\_



## Winslow Residential Hall, Inc.

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### STUDENT AGREEMENT

I, \_\_\_\_\_, agree that while attending and residing at Winslow Residential Hall, Inc. and participating in Winslow Residential Hall, Inc. activities, I will follow all instructions and protocols regarding Coronavirus, including rules and regulations regarding personal protective equipment such as masks and face shields, hygiene, social distancing, temperature checks, and physical examinations.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_



# AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

I, \_\_\_\_\_ here by authorize a release of information between  
Parent/Guardia Print Name

Winslow Residential Hall, Inc., (WRHI) and Winslow Unified School District (WUSD) concerning my child's student records information as followed: transcripts, grades, scholastic, assestments, counseling and health records, truancy, and behavior, and attendance to WRHI. I understand that only WRHI personnel and their authorized agents will have access to my child's student records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Winslow Residential Hall, Inc.**

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821

# AUTHORIZATION

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

## STUDENT TRAVEL

I authorize for my child to travel on trips that are sponsored and endorsed by Winslow Residential Hall, Inc., using Winslow Residential Hall Inc., transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## MEDICAL

In case of an emergency or illness of my child, and I cannot be contacted immediately, I authorize Winslow Residential Hall Inc., staff to transport my child to the nearest Indian Health clinic, non-profit hospital or private hospital for medical treatment.

\_\_\_\_\_  
Designated Hospital No. Name of Insurance Policy No.

My child (does) or (does not) have special medical condition(s):

\_\_\_\_\_  
\_\_\_\_\_

My child is being treated for: \_\_\_\_\_ by \_\_\_\_\_  
(Type of Medical Condition) (Physician's Name)  
at \_\_\_\_\_  
(Location of Treatment)

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Winslow Residential Hall, Inc.**

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821



## Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047  
Tel: (928) 289-4488 Fax: (928) 289-2821

### **SCHOOL YEAR 2021-2022 PARENTAL PERMISSION, RELEASE OF LIABILITY AND STUDENT AGREEMENT FOR HIGH SCHOOL STUDENT TO WALK TO AND FROM SCHOOL**

By signing and returning this document, you are giving up substantial legal rights. Therefore, you are advised to read this agreement carefully before signing and returning it.

#### **DISCLOSURE**

Parents and students have expressed an interest in students walking between Winslow Residential Hall, Inc. ("WRHI") and Winslow Unified School District ("WUSD") facilities for purposes of going to and from school and school-related extracurricular activities. Walking to and from school may involve a variety of hazards, including without limitation, traffic and traffic accidents, uneven surfaces, interactions with unsupervised adults and children not connected with WRHI or the WUSD, delays and interruptions in traveling to and from school, and other such matters. Your student will damage to property, as well as delays and interruptions.

#### **PERMISSION, RELEASE ASSUMPTION OF RISK AND MEDICAL AUTHORIZATION**

In consideration for permitting my child, \_\_\_\_\_, ("the student") to walk between WRHI and WUSD facilities ("the activity"), I hereby agree to the following on behalf of myself, the student, my heirs, executors, administrators, representatives, and/or assigns:

1. I am familiar with the nature of the activity. I understand the risks and dangers that might arise from or during the activity, including without limitation injury, death and/or property damage, as well as delays and interruptions. I am aware that the activity is not required and that other modes of transportation to and from WRHI are available.
2. I grant permission for the student to participate in any and all aspects of the activity.
3. I understand and acknowledge that WRHI is not responsible for injuries, death and/or property damage, or delays or interruptions in the student's attendance at WRHI arising from the student's participation in the activity.
4. I forever release, fully discharge, and agree to indemnify, defend, and hold harmless WRHI, its directors, officers, employees, volunteers, affiliates, attorneys, agents, representatives, successors and assigns (referred to herein as Releasees") from and against all claims, causes of action, responsibility, liability, damages, losses, costs, and expenses (including attorneys' fees, court costs and other expenses) attributable directly or indirectly to or arising out of the student's and /or releasees' acts or omissions in any way related to or connected with the activity and/or the student's participation in the activity.
5. I assume all risks and accept full responsibility for any death, injuries, (physical and/or emotional) and/or property damage, as well as delays or interruptions, which may result from the student's participation the activity.
6. In the event the student should be injured/ill while participating in the activity, I grant my consent and authorization for (1) WRHI to arrange for and obtain medical services for the student from any medical provider that it deems appropriate and (2) any medical doctor, hospital, or provider to render such aid, treatment or care to my child as, in the judgment of said doctor, hospital, or provider, may be required. This consent and authorization do not constitute or create a legal obligation for WRHI to take such actions. I certify that I

adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.

7. I certify that the student has medical or physical conditions which could interfere with the safety of the student or others participating in the activity and I agree to assume and bear the costs of all risk that may be created, directly or indirectly, by any such condition that does exist.
8. This Agreement will be governed by and construed according to the laws of the State of Arizona and, to the extent applicable, the Navajo Nation, Hopi Tribe, and other federally recognized tribes. If any provision of this agreement is declared void or unenforceable, such provision shall be deemed severed from this agreement which shall otherwise remain in full force and effect. This Agreement shall be binding upon the inure to the benefit of the parties hereto and their respective heirs, assigns and successors-in-interest. This Agreement contains the entire understanding between and among the parties and supersedes any prior understandings and agreements among them respecting the subject matter of this Agreement.
9. I have carefully read this Agreement and fully understand its content. I am aware that this Agreement is a release of liability, a waiver of claims, an assumption of risks, an agreement not to sue, and a contract between me and WRHI. I sign this Agreement voluntarily, knowingly, and intelligently.

## PARENT/GUARDIAN

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

---

## STUDENT AGREEMENT

I, \_\_\_\_\_, agree that, while participating in the activity, I will comply with all WRHI rules and Policies. I also further understand that this is a privilege and it can be suspended or revoked.

Student Print Name

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date



# GUIDANCE COUNSELING SERVICES

Student's Name: \_\_\_\_\_  
Last First Middle

D. O. B.: \_\_\_\_\_  
Month Date Year

Parent/Guardian Phone No.: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender:

Female

Male

Dear Parent/Guardian,

The counseling and guidance services that will be provided by Winslow Residential Hall Inc., Counselor are designed to supplement the counseling services of the Winslow Unified School District counseling staff. Winslow Residential Hall Inc., Counselor is certified to provide services in the area of career readiness, academic, social and planning skills, decision-making skills, and consequences and behavior management.

Winslow Residential Hall Inc., Counselor will be the contact person with Winslow Indian Health Care Center and other related agencies if there are referral needs for additional counseling services for your child. Winslow Residential Hall Inc., Counselor training and responsibilities are tied to academic success. Winslow Residential Hall Inc., Counselor is not a psychologist or therapist.

I, **DO** give consent for my child to participate in counseling services provided by Winslow Residential Hall Inc.

I, **DO NOT** give consent for my child to participate in the counseling services provided by Winslow Residential Hall Inc.

According to the Bureau of Indian Affairs (BIA) **25 CFR Subpart 36.91**: parents/guardians may opt out of any non-emergency behavioral health services by **submitting a written request**.

If you **DO NOT** give Winslow Residential Hall Inc., consent for counseling, please provide a reason:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Winslow Residential Hall, Inc.**

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821

# STUDENT ASSISTANCE PROGRAM CONSENT

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

Dear Parent/Guardian,

The counseling department at Winslow Residential Hall Inc., will be inviting all students to participate in a peer support group. This is a **voluntary support group** that is part of our Student Assistance Program (SAP).

The goal of these groups are to increase students' self esteem, decision-making, life skills, communication skills, problem solving strategies, building self-worth and confidence, and help promote and encourage healthy lifestyles. It is our belief that building these personal skills help students prepare and effectively cope with peer pressure and school related stresses and other issues they may be facing.

Peer support groups meet weekly and are scheduled in the evenings while students are on campus and last not longer than one (1) hour. Facilitators are specially trained residential advisors and staff. The training model is used by Winslow Unified School District.

If you would like further information or have any questions, please contact the Winslow Residential Homeliving Manager at (928) 289-4488/2379.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821

# PHOTO AUTHORIZATION

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ hereby  
Parent/Guardian Name Student Name

grant permission to Winslow Residential Hall Inc., to take and/or use photos of my child to use in news release and/or educational material.

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s) and I authorize the use of these images without compensation to Winslow Residential Hall Inc. All negatives, prints, digital reproductions shall be property of Winslow Residential Hall Inc.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I do not grant permission to Winslow Residential Hall Inc., to take/or use photos of my child in any Winslow Residential Hall Inc., sponsored news release and/or educational material.

**Winslow Residential Hall, Inc.**

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821

## **WINSLOW RESIDENTIAL HALL, INC. INTERNET USE AND AGREEMENT POLICY**

Before a student, parent and/or employee may access the Winslow Residential Hall, Inc.'s (WRHI) technology resources, the individual must have a signed and dated user agreement on file. The user agreement of a student **who is a minor** must also have the signature of a parent or guardian who has read and will uphold this agreement.

### **PURPOSE:**

Winslow Residential Hall, Inc. is pleased to continue offering access to the internet to their students, employees, and parents. The internet is provided to support access to global information to increase career development, research, homework assistance, and communication.

The WRHI has the right to set reasonable restrictions on any material a student can access or post. This policy is set forth to protect the students, parents, and staff of WRHI. Inappropriate use can increase the risks of virus attacks, endangers the network systems and service, legal copyright violation, student privacy and unacceptable risks to students.

### **SCOPE:**

This policy will be relevant and applied to all the students, parents, and employees using the Information Technology (IT) system at WRHI. This policy also applies to all equipment owned or leased by WRHI and all related equipment. The internet users accept the responsibilities of adhering to high standards of conduct and the terms and conditions set forth in all parts of this policy.

### **TERMS OF USE:**

Only the authorized users who have signed the user agreement shall have computer access, the agreement shall remain in effect for the remainder of the school year.

### **TERMS AND CONDITIONS:**

1. All internet, tablet, or computer equipment use shall be consistent with the purpose, goals, policies and rules of the WRHI. It is imperative that users of the IT system conduct themselves in a responsible, ethical, moral, and polite manner, as well as following all rules for behavior and communications.
2. The users agree to abide by the general accepted rules of the WRHI Student Handbook as approved by the Governing Board. Furthermore, WRHI is governed by the BIE policies located at [http://enan.bia.edu/site\\_res\\_view\\_folder.aspx?id=71dd2af0-a19a-4ceb-a11d-e2dad6ceace2](http://enan.bia.edu/site_res_view_folder.aspx?id=71dd2af0-a19a-4ceb-a11d-e2dad6ceace2)
3. Accessing or transmitting of immoral, obscene, pornographic, profane, lewd, vulgar, rude, defaming, harassing, threatening, disrespectful, or otherwise inappropriate images or information is strictly prohibited.
4. Any attempt to bypass school internet security (e.g. bypassing proxies or "hacking" servers or work stations), and/or installing of any type of software is forbidden.
5. Any destruction, defacement, theft, unauthorized altering of WRHI's computer system, attempting illegal access to or from WRHI computer systems, and intentional spreading of a computer virus or similar programs is unacceptable, and will not be tolerated.

6. The users agree to abide by all patent, trademark, trade name, and copyright laws. Plagiarism in any form will not be tolerated. All sources must be cited.
7. ***The users will not access any chat rooms, instant messaging, and websites such as: Facebook, You Tube, Twitter, and/or any other similar websites, as these sites have inappropriate content that violates this policy. In addition, users are prohibited from downloading music to their IPOD or to any other devices.***
8. Users are prohibited from providing information about themselves or others over the internet including social security number, credit card information, passwords, usernames, and/or other personal information.
9. All users agree NOT to use any computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.

### **PRIVILEGE:**

The use of the IT system within the WRHI is a **privilege, not a right**. The information produced from internet access, tablet, or computer use shall be deemed the property of WRHI. All users agree and consent to allow WRHI staff to review any and all files, data and messages to ensure that users are using the system responsibly at any time with or without notice.

### **SECURITY:**

Internet users may encounter materials that are controversial or inappropriate or offensive. WRHI has taken precautions to restrict access to inappropriate materials through a filtering and monitoring system. However, it is impossible on a global Internet to control access to all data which a user may discover. It is the user's responsibility not to initiate access to such material, and any site or material that is deemed controversial. These activities shall be reported immediately to the appropriate administrator. WRHI expressly disclaims any obligation to discover all violations of inappropriate Internet access.

### **PENALTIES FOR IMPROPER USE:**

1. Unacceptable use or violations of this policy may result in restricting Internet use or use of any or all computers. WRHI administrators may refuse to reinstate privileges to use the IT system for the remainder of the student's enrollment at WRHI.
2. The WRHI may also take other disciplinary actions in certain circumstances. In some instances inappropriate computer and internet use violates state and/or federal laws and may result in criminal prosecution or juvenile court action.

### **DISCLAIMER OF ALL WARRANTIES:**

WRHI makes no warranties of any kind, whether expressed or implied, for the services provided in connection with use of the internet or computer equipment. WRHI will not assume the responsibility or liability for any loss of data resulting from delays, non-deliveries or service interruptions caused by negligence or errors indirectly or directly. WRHI specifically denies any responsibility for the accuracy of quality of information obtained through its services.

# INTERNET USE AGREEMENT

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Middle

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the internet use policy may result in disciplinary actions and the revocations of my use of the IT system at Winslow Residential Hall Inc.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Student Name

**Signature:** \_\_\_\_\_

*\* The user agreement of a student who is a minor must also have the signature of a parent/guardian who has read and will uphold this agreement.*

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## Parent/Guardian Consent

As the parent/guardian of the above-named student, I have read the Winslow Residential Hall Inc., Internet Use and Agreement policy and understand it. I understand that its impossible for Winslow Residential Hall Inc., to restrict access to all controversial materials, however I will not hold Winslow Residential Hall, Inc., responsible for materials by use of the IT system. I also agree to report any misuse of the IT system to a Winslow Residential Hall Inc., administrator.

I accept full responsibility and hereby give my permission to have my child use Winslow Residential Hall Inc., IT system.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian Name

**Signature:** \_\_\_\_\_

Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047 | Telephone: (928) 289-4488 Fax: (928) 289-2821