



Winslow Residential Hall, Inc.



ENROLLMENT APPLICATION

The following documents must be submitted with your application.

- | | |
|---|--|
| <input type="checkbox"/> Student Enrollment Application | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Verification of Enrollment WHS/WJHS | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Transcripts/Report Card | <input type="checkbox"/> Tribal Enrollment Document |
| <input type="checkbox"/> IEP/504 Documentation (if applicable) | <input type="checkbox"/> Insurance Card (if applicable) |
| <input type="checkbox"/> WUSD Open Enrollment | <input type="checkbox"/> Updated Immunization Record |
| <input type="checkbox"/> WRHI Authorization/Consent Waivers | <input type="checkbox"/> Dated After July 1 Current School Year |
| <input type="checkbox"/> Boundary Map & Waiver | <input type="checkbox"/> Updated AIA Physical Exam |
| <input type="checkbox"/> Free & Reduced Meal Application | <input type="checkbox"/> Must be Updated for Current School Year |
| <input type="checkbox"/> WIHCC Database Sheet | <input type="checkbox"/> Legal Documents |
| <input type="checkbox"/> \$50.00 Room Deposit (Money Order Only) | <input type="checkbox"/> <i>(Custody Agreement, Restraining Order, Guardianship, etc.)</i> |

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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In addition, the following requirements must be met prior to enrollment.

- Students must be enrolled with Winslow Junior High or High School prior to the approval of residency at WRHI
- All students 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 years old (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 waiver 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 If a student is reported to be on juvenile probation, the student will be automatically withdrawn.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 have any questions regarding this application, please contact our office at (928)289-4488.

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

Winslow Residential Hall, Inc. Student Enrollment Application

SCHOOL ATTENDING: _____ RETURNING STUDENT NEW STUDENT

STUDENT INFORMATION			
STUDENT FULL NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY NO.
	_ _ - _ - _	M F	###-##- _ _ _
PHYSICAL HOME ADDRESS	MAILING ADDRESS		
CITY	STATE	ZIP	STUDENT PHONE NUMBER
			(_ _ _) _ _ - _ _ _
CHAPTER/VILLAGE	STUDENT EMAIL		
TRIBAL AFFILIATION	ENROLLMENT NO	DEGREE (PER CIB)	RELIGIOUS AFFILIATION
		4/4 3/4 1/2 1/4	

**Attach student Census verification*

PARENT/GUARDIAN INFORMATION			
Student resides with whom? (Circle one)	Biological Parent(s)	*Bio-Parent *Step Parent	*Grandparents *Guardian
<i>*Legal guardianship or power of attorney documents will be requested.</i>			
A. PARENT/GUARDIAN			
FULL NAME		RELATIONSHIP TO STUDENT	
PHYSICAL HOME ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP	TRIBAL AFFILIATION
EMAIL ADDRESS:		Legal Guardian	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY PHONE:	(_ _ _) _ _ - _ _ _	Contact Allowed	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORK PHONE:	(_ _ _) _ _ - _ _ _	Lives with Student	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. PARENT/GUARDIAN			
FULL NAME		RELATIONSHIP TO STUDENT	
PHYSICAL HOME ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP	TRIBAL AFFILIATION
EMAIL ADDRESS:		Legal Guardian	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY PHONE:	(_ _ _) _ _ - _ _ _	Contact Allowed	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORK PHONE:	(_ _ _) _ _ - _ _ _	Lives with Student	<input type="checkbox"/> YES <input type="checkbox"/> NO

ANY GUARDIANSHIP OR CUSTODIAL ARRANGEMENTS MUST INCLUDE PROPER NOTARIZED/COURT DOCUMENTATION

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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EMERGENCY CONTACT (Other than Parent/Guardian)

A. EMERGENCY CONTACT

FULL NAME		RELATIONSHIP TO STUDENT	
PRIMARY PHONE NUMBER (___) ___ - ____		WORK PHONE NUMBER (___) ___ - ____	
CITY	STATE	ZIP	

B. EMERGENCY CONTACT

FULL NAME		RELATIONSHIP TO STUDENT	
PRIMARY PHONE NUMBER (___) ___ - ____		WORK PHONE NUMBER (___) ___ - ____	
CITY	STATE	ZIP	

CHILD PROTECTIVE SERVICE/CASE WORKER INFORMATION (If Applicable)

FULL NAME		AGENCY	
OFFICE PHONE (___) ___ - ____		EMAIL	
CITY	STATE	ZIP	

SIBLING(S) INFORMATION

NAME	AGE	SCHOOL ATTENDING
1.		
2.		
3.		
4.		

SCHOOL(S) PREVIOUSLY ATTENDED (Most Recent First)

SCHOOL NAME	GRADE	DATES ATTENDED
REASON FOR LEAVING		
REASON FOR LEAVING		

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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SOCIAL INFORMATION

Dominate Language spoken in the home (circle one)	English	Navajo	Hopi	Other:
Is your student Hispanic or Latino?	<input type="checkbox"/> YES			<input type="checkbox"/> NO
Is your student eligible for special needs services?	<input type="checkbox"/> YES			<input type="checkbox"/> NO
If YES, please explain:				
Does your student currently have an IEP/504?	<input type="checkbox"/> YES			<input type="checkbox"/> NO

PLEASE SUBMIT AND DOCUMENTATION FOR STUDENT IEP/504

BACKGROUND INFORMATION

Has student missed 10 or more days of school in the last school year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has student ever been suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student a ward of the court?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the student ever been arrested/detained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student currently on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your student ever had alcohol/drug treatment, aftercare, or counseling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your student had treatment, hospitalization or counseled for other issues?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*By signing 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 information before my child is enrolled. I also hereby certify that the information provided is true and accurate to the best of my knowledge and I understand the Winslow Residential Hall Inc may verify all information. **Student signature is also required if the student is 18 years of age or older.***

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE
STUDENT PRINTED NAME (IF OVER AGE 18)	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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IN LOCO PARENTIS AUTHORIZATION

I agree, for reasonable cause and assurance for the health and safety of all students, Winslow Residential Hall Inc Staff may act *In Loco Parentis*. They may, at their discretion, exercise search, seizure and drug testing while my student attends Winslow Residential Hall Inc. Such activities shall be in compliance with 25 CFR Part 42.3 (b). "Right of Individual Student" and 34 CFR Part 86.200 (b-c), "Drug Free Schools and Campuses."

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

STUDENT TRAVEL AUTHORIZATION

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

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

MEDICAL TRAVEL AUTHORIZATION

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 Health Care Facility, non-profit or private hospital for medical treatment.

Does your child have any special medical conditions? YES NO
If yes, explain.

Is your child being treated for any conditions? YES NO
If yes, explain.

Are there any concerns?

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:

Grade

SY: 2024-2025

PARENTAL PERMISSION, RELEASE OF LIABILITY AND STUDENT AGREEMENT FOR STUDENT TO PARTICIPATE IN WRHI ACTIVITIES

DISCLOSURE

PERMISSION, RELEASE ASSUMPTION OF RISK AND MEDICAL AUTHORIZATION

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.

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

WALKING TO/FROM WINSLOW RESIDENTIAL HALL

Parents and students have expressed an interest in student 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 no 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.

In consideration for permitting my child, 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:

PARENT AGREEMENT

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

My Student will NOT be allowed to Walk to/from WRHI Campus

PERSONAL TRANSPORT DEVICES

Student have expressed an interest in utilizing Personal Transport Devices (“PTD”) such as Personal or WRHI Owned Bicycles, Skateboards, Scooters while in enrolled with 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. Utilizing Personal Transport Devices 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 no 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.

In consideration for permitting my child, to access and use Personal Transport Device 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:

PARENT AGREEMENT

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

My Student will NOT be allowed to utilize PTD to/from WRHI Campus

STUDENT AGREEMENT

I agree and acknowledge 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. I acknowledge the permission my parent/guardian has agreed for me, while in the care of Winslow Residential Hall Inc.

STUDENT PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

GUIDANCE COUNSELING SERVICES

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 WRHI.

I DO NOT give consent for my child to participate in the counseling services provided by WRHI for the following reason:

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.

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

SUPPORT GROUP CONSENT

The goal of these groups is 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 no 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.

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

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
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, authorized 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. 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.
6. *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.*
7. 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.
8. 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.

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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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.

PARENT/GUARDIAN CONSENT

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

I accept full responsibility and hereby give my permission to have my child use WRHI IT system.

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

STUDENT AGREEMENT

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

STUDENT PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize a release of information between Winslow Residential Hall, Inc. and Winslow Unified School District concerning my child’s records information as follow: transcripts, grades, scholastic, assessments, 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 AUTHORIZATION

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

PHOTO AUTHORIZATION

I grant permission to WRHI to take and/or use photos 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 authorized the use of these images without compensation to WRHI. All negatives, prints, digital reproductions shall be property of WRHI.

PARENT AUTHORIZATION

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

- I DO NOT grant permission to WRHI to take/or use photos of my child in any WRHI sponsored news released and/or educational materials.

STUDENT AGREEMENT

I acknowledge the permission my parent/guardian has agreed for me, while in the care of Winslow Residential Hall Inc.

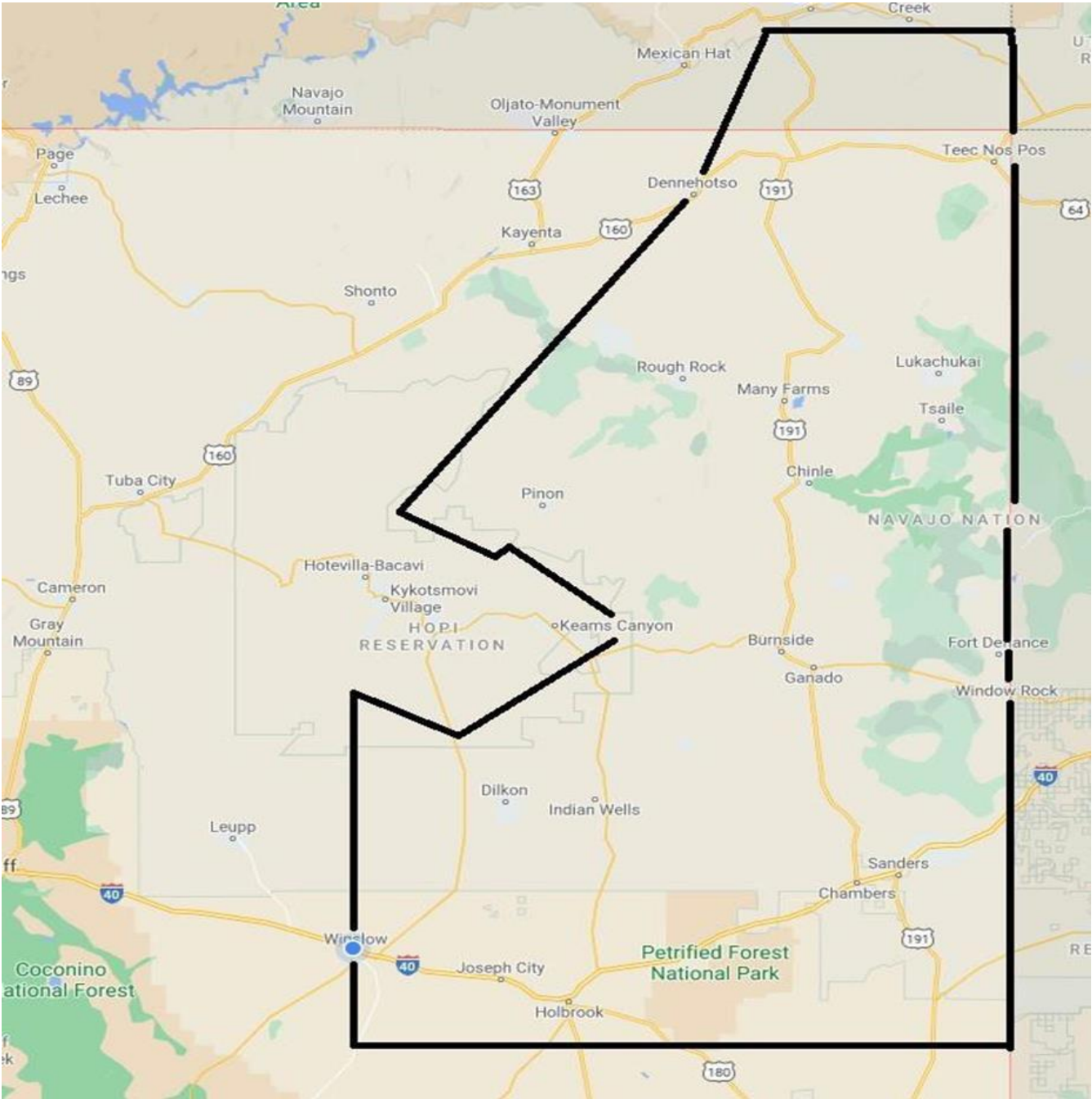
STUDENT PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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PHYSICAL LOCATION OF RESIDENCE	CITY	STATE	ZIP CODE

Place an "X" of the resident.



I acknowledge that all necessary information is true and correct my student, and this information is being furnished for the receipt of federal funds that school officials may verify the information on the application and deliberate misrepresentation of any information may subject me to prosecution under applicable state and federal laws.

PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2024-2025

CRITERIA FOR OUT-OF-BOUNDARY ENROLLMENT

STUDENT NAME	TRIBAL ENROLLMENT NUMBER	GRADE	CONTACT PHONE NUMBER
PHYSICAL ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP	
RELEASING SCHOOL/PROGRAM		CONTACT NO.	
RECEIVING PROGRAM		CONTACT NO.	
WINSLOW RESIDENTIAL HALL INC		928-289-4488	
REASON FOR REQUEST			
CURRICULUM/GRADE LEVEL		SOCIAL/LEGAL REASONS	
<input type="checkbox"/> Bilingual/Bi-Cultural Courses <input type="checkbox"/> Grade Level Not Offered <input type="checkbox"/> Student Academic Deficiencies <input type="checkbox"/> Vocational Education Not Offered <input type="checkbox"/> College Preparation Not Offered <input type="checkbox"/> Lack of Classrooms <input type="checkbox"/> Health & Safety Deficiency <input type="checkbox"/> Special Education Offerings <input type="checkbox"/> Alternative Programs		<input type="checkbox"/> Court Ordered Placements <input type="checkbox"/> Guardianship <input type="checkbox"/> Social Services Agency Referral <input type="checkbox"/> Family Unity <input type="checkbox"/> Disciplinary <input type="checkbox"/> Expulsion <input type="checkbox"/> Self-Placement (18+) <input type="checkbox"/> Inter-Tribal Agency Agreement <input type="checkbox"/> Home Geographic Barrier	

REQUEST FOR OUT-OF-BOUNDARY ATTENDANCE		
PARENT/GUARDIAN PRINTED NAME	SIGNATURE	DATE
STUDENT PRINTED NAME	SIGNATURE	DATE

RELEASING SCHOOL/PROGRAM		RECEIVING PROGRAM	
AUTHORIZED SIGNATURE/ TITLE	DATE	WRHI HOMELIVING SUPERVISOR	DATE

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2024-2025
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WINSLOW RESIDENTIAL HALL, INC. CRITERIA

Favorable action is recommended on this application and has to confirm the following criteria for all residential students or out-of-boundary enrollment. WRHI 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

- Federal/Public School near student home
- Grade level not offered
- Excessive distance to the nearby school from student's home and/or adverse road conditions
- WRHI offers residential and academic support services for student to attend public school
- WRHI offers residential and academic support services to complete graduation requirement for Seniors.
- WRHI accepts students who have 2.5 GPA or better

VERIFICATION OF ACCEPTANCE

Approved

Disapproved

HOMELIVING SUPERVISOR

HOMELIVING MANAGER

Date