



WINSLOW RESIDENTIAL HALL, INC.

600 N. Alfred Avenue, Winslow, Arizona 86047

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

ALL STUDENTS must submit a completed application for **SY 2019-2020**. The following documents must be submitted with your application:

- Student Enrollment Application (**No faxed applications will be accepted**)
- Legal Documents (Power of Attorney, Custody, Restraining Order, School Suspension)
- Boundary Map & Navajo Nation Boundary Waiver Application
- Consent for Release of Information
- Application for Free & Reduced Meals
- Acceptance letter from WHS or WJHS
- Birth Certificate
- Certificate of Indian Blood (CIB)
- Social Security Card
- Medical Insurance Card with Enrollment/Policy #
- Current Immunization Record
- Physical Examination
- Transcript/Report Card
- IEP and/or 504 Documentation, if applicable
- \$50.00 Room Deposit (**Money Order only**)

Parents or legal guardians are to **complete all parts of the enrollment application**. Also, in order for a student's enrollment application to be approved, the student must **meet the following requirements**: A student's enrollment application will be approved only when the following requirements are met:

- Students must be enrolled at **Winslow High School** or **Junior High** full time and provide a class schedule prior to the approval of residency.
- All students must have **maintained a 2.5 GPA, accumulative** or above at their previous school. All students must **continue to have a 2.5 GPA, accumulative** while residing at Winslow Residential Hall, Inc. **An official school transcript must be attached to the enrollment application.** (Subject to change.)
- All students must have an **acceptable WRHI and school attendance rate** (No more than 10 days of absence). The student is expected to continue to maintain a good attendance rate, if a student fails to maintain their attendance, he/she can be released from Winslow Residential Hall, Inc.
- Students may enroll up to the age of 20 (students with IEP), may be accepted, and will be subjected to the same policies and procedures of WRHI student handbook. Young adults will still be considered as minors and must follow the same requirements as all students. Any student that enrolls at the age of 18 or above must sign a waiver of consent. If a student turns 18 years of age, they must sign a waiver of consent at that time.
- Students on juvenile probation will not be accepted for enrollment if a student is reported and found to be on juvenile probation, the student will be automatically withdrawn.
- Any returning students who were on student contract must be pre-approved by the Homeliving Manager and Homeliving Supervisor prior to re-enrollment. Students that did not complete the student contract may not be accepted. Behavior file will be reviewed by the Homeliving Manager and Homeliving Supervisor prior to admission.
- 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 medications and issues/problems that may arise in an emergency.

STUDENT ENROLLMENT APPLICATION

_____ Returning Student
_____ New Student

Type of School: Residential
Grade: _____ 7th _____ 10th
 _____ 8th _____ 11th
 _____ 9th _____ 12th

Identification:

Student's Name: _____
 Last First Middle

Social Security No: _____ - _____ - _____

Residential Address: _____

P.O. Box: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____
 Month Day Year

Birth Place: _____

Tribal Affiliation: _____

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

Enrollment No.: _____

Chapter/Village Affiliation: _____

Religious Affiliation (optional): _____

Sex: () Male () Female

Is your child eligible for special need service? NO YES

What is his/her disability category? _____

Does he/she have a current Individual Education Plan (IEP)? NO YES

Emergency Contact:

Name: _____

Phone No.: _____

Physical Address: _____

Relation: _____

If they can't be reached, contact: _____

Phone No.: _____

Physical Address: _____

Relation: _____

Family and Background Information:

Parent Information

Student lives with (circle one): Parents Mother Father *Legal Guardian

*Grandparents Mother/Stepfather Father/Stepmother *Other: _____

*Must present Legal Guardianship or Power of Attorney documents.

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City, State, & Zip: _____

City, State, & Zip: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Census No.: _____

Census No.: _____

Living () Deceased ()

Living () Deceased ()

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Cell No.: _____

Cell No.: _____

Work Telephone No.: _____

Work Telephone No.: _____

Email Address: _____

Email Address: _____

Sibling Information

Name

Age

School Attending

Language

Dominant Language spoken at home (circle one): Navajo Hopi English Other: _____

School(s) Previously Attended (most recent first):

School Name: _____ Dates Attended: _____

Grade: _____ Telephone No. : _____

Reason for Leaving: _____

School Name: _____ Dates Attended: _____

Grade: _____ Telephone No. : _____

Reason for Leaving: _____

School Name: _____ Dates Attended: _____

Grade: _____ Telephone No.: _____

Reason for Leaving: _____

Background Information:

Have you ever been arrested? Yes No

Are you on probation? Yes No

Have you ever been incarcerated? Yes No

Have you ever had Drug/Alcohol treatment, aftercare services or counseling? Yes No

Have you had treatment, hospitalization or counseling for other issues? Yes No

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

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

Signature of Parent/Legal Guardian

Date

Criteria for Winslow Residential Hall, Inc.:

Favorable action is recommended on this application and has to conform to the following criteria for all new residential students or out of boundary enrollment. Winslow Residential Hall, Inc., is an educational support services to WUSD that does not accept students who has social behavioral 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 releasing school from student's home and adverse road conditions;

Receiving residency offers residential and academic support service needed by student to attend public school;

Receiving residency offers academic support service needed to complete graduation requirement(s) for seniors;

Receiving residency accepts student who has 2.5 GPA (Grade Point Average) or better.

Verification of Acceptance:

Approved Disapproved

Official's Signature

Homeliving Supervisor
Title

Date

MINOR STUDENT CHECK-OUT

Weekly Check-out Policy

Student attendance is very important to us; therefore, parents and family are discouraged from checking their child/ren out during the week when school is in session unless prior arrangements have been made through the Residential Manager's office. We ask that you not check out your child/ren on Fridays until school is dismissed at 2:30 p.m. Any questions regarding this policy should be addressed to the administration office for clarification.

Student Signature

Grade

Parent/Guardian

Date

Friday Check-out Information

The Winslow Residential Hall Inc. provides bus services for any enrolled student on Friday. By signing up for the Friday bus run your child will be expected to use the bus service on a routine basis.

You are expected to pick your child up no later than 6:00 pm (MST) on Friday, unless prior and specific arrangements have been made. In the event you are unable to be here on time, you are required to call and inform the residential hall staff of the projected time of your arrival.

***Please remember that all authorized adults that check out your child/ren must be a blood relative and over the age of 25.**

Student Signature

Grade

Parent/Guardian

Date

AUTHORIZATION

Student Travel:

I give my permission for my child/ren to go on trips sponsored and endorsed by the Winslow Residential Hall, Inc. I authorize for my child/ren to travel in the Winslow Residential Hall, Inc., transportation approved sponsored activity.

Parent/Guardian

Date

Medical:

In case of an emergency or illness of my child, and I cannot be reached by phone or be contacted immediately, I give my permission for the residential hall 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/ren [does] [does not] have special medical condition(s): _____

He/She is being treated for: _____ by _____
(Type of medical treatment) (Physician's name)

at: _____
(location of treatment)

Other information: _____

Parent/Guardian

Date

MEDICAL INFORMATION FORM

Student Name: _____ Grade: _____

Which of the following conditions are you currently being treated or has been treated for in the past (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Heart disease/Murmur/Angina | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Heartburn (reflux) | <input type="checkbox"/> Anemia or blood problems |
| <input type="checkbox"/> Swollen ankles | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung problems/cough |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Ear problems |
| <input type="checkbox"/> Eye disorder/Glaucoma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Neurological problems | <input type="checkbox"/> Depression/Anxiety |
| <input type="checkbox"/> Psychiatric care | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney/Bladder problems | <input type="checkbox"/> Liver problems/Hepatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Ulcers/Colitis | <input type="checkbox"/> Thyroid problems |

Please describe any current or past medical treatment not listed above:

Please list your past surgeries:

Allergies:

Are you allergic to penicillin or any other drugs? Yes No

Please list: _____

In case of an emergency of my child, and I cannot be reached by phone or be contacted immediately, I give permission for the residential staff to transport my child to the nearest Indian Health Center.

Name of Insurance

Phone No.

Policy No.

Name of Person on Insurance

Parent/Guardian Signature

Date

WINSLOW RESIDENTIAL HALL, INC. INTERNET USE AND AGREEMENT POLICY

Before a student, parent and/or employee may access to 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 expose 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 and shall remain in effect for the remainder of the school year.

TERMS AND CONDITIONS:

1. All internet or computer equipment use shall be consistent with the purpose and goals 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, altering, attempting illegal access, and intentional spreading of a computer virus of the WRHI 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 MySpace, Bebo, 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 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 or quality of information obtained through its services.

Personal responsibility: *I will report any misuse of the IT system to the WRHI administration staff immediately, and I will not demonstrate the problem to others. Furthermore, I understand and agree that I will not use someone else's password or trespass in another's files.*

**WINSLOW RESIDENTIAL HALL, INC.
INTERNET USE AGREEMENT**

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

NAME (printed): _____

Signature: _____ **Date:** _____

Note: This agreement applies to students, parents, and employees.

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

.....
Parent or Legal Guardian Consent

As the parent or legal guardian of the above-named student, I have read the WRHI Internet Use and Agreement Policy and understand it. I understand this it is impossible for WRHI to restrict access to all controversial materials, and I will not hold the WRHI responsible for materials acquired 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 the Winslow Residential Hall Inc. IT system.

Parent/Guardian Name (printed): _____

Signature: _____ **Date:** _____

FOR WRHI USE ONLY

Assigned User Name: _____ PW: _____

Needs Email? Yes No

Account Created on: ____/____/____

WRH Staff: _____ Date: _____
(Signature)

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____

School: _____

Grade Level: _____

I, _____ hereby authorize a release of information between Winslow Residential Hall, Inc. (WRHI) and Winslow Unified School District (WUSD) concerning my child's student record information, including transcripts, grades, scholastic, cumulative records, assessment, counseling records, truancy & behavior, health records and attendance records to Winslow Residential Hall, Inc. I understand that only Winslow Residential Hall, Inc. personnel and their authorized agents will have access to my child's student records.

Print Name

Signature of Parent or Guardian

Date



Winslow Residential Hall, Inc.
600 N. Alfred Ave. Winslow, AZ 86047
TEL: 928-289-4488 FAX: 928-289-2821

PHOTO RELEASE FOR MINOR STUDENTS

Dear Parent/Guardian,

Winslow Residential Hall, Inc., would like to be able to use your child's photo for newsletters, brochures, WRHI website and Facebook. Be advised we **will not** give out confidential information.

I, _____, parent/guardian of _____
(Print name of Parent/Guardian) (Child's name)

hereby grant permission to Winslow Residential Hall Inc., to take and/or use photographs of my child to use in news releases 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). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Winslow Residential Hall, Inc.

Parent Signature

Date



Winslow Residential Hall, Inc.

600 N. Alfred Ave. Winslow, Arizona 86047

Phone: (928) 289-4488, 2379 Fax: (928) 289-2821, 2258

Guidance Counseling Services

School/Residential: Winslow Residential Hall, Inc.

Student Name: _____

Grade: _____

Gender: Male () Female ()

Date of Birth: _____

Mailing Address: _____

Phone No. _____

The counseling and guidance services that will be provided by the WRHI counselor are designed to supplement the counseling services of Winslow Jr. High and Winslow High School counseling staff. The WRHI counselor is certified to provide services in the area of career readiness, academic, social skills, planning skills, decision making skills and consequences, and behavior management.

The WRHI counselor will be the contact person with WIHCC and other related agencies if there are referral needs for additional counseling services for the student(s). The WRHI counselors training and responsibilities are tied to academic success. The WRHI counselor is not a psychologist or therapist.

- () I/We **DO** give consent for my child to participate in the counseling services provided by Winslow Residential Hall, Inc.
- () I/We **DO NOT** give consent for my child to participate in the counseling services provided by Winslow Residential Hall, Inc. *The Bureau of Indian Education (25 CFR Subpart 36.91) states parents/guardians may opt out of any non-emergency behavioral health services by submitting a written request.*

If you **DO NOT** give WRHI consent for counseling, please provide the reason:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____