

# STUDENT ENROLLMENT APPLICATION

Type of School: Residential

School Year: 2020-2021

\_\_\_\_\_ Returning Student

Grade: \_\_\_\_\_ 7th \_\_\_\_\_ 10th

\_\_\_\_\_ New Student

\_\_\_\_\_ 8th \_\_\_\_\_ 11th

\_\_\_\_\_ 9th \_\_\_\_\_ 12th

## IDENTIFICATION:

Students Name: \_\_\_\_\_  
Last First Middle

Gender: Male / Female

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

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

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

Birth Place: \_\_\_\_\_ / \_\_\_\_\_  
City State

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

Chapter/Village Affiliation: \_\_\_\_\_

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

Religious Affiliation (optional): \_\_\_\_\_

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

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

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

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

\*Please attach a copy of student's IEP

## EMERGENCY CONTACTS:

Contact 1 Name: \_\_\_\_\_

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

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

Relation: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

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

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

Relation: \_\_\_\_\_

# FAMILY AND BACKGROUND INFORMATION

## PARENT INFORMATION:

Student lives with (circle one):      Parents      Mother      Father      \*Legal Guardian  
   \*Grandparents      Mother/Stepfather      Father/StepMother \* \_\_\_\_\_

\*Must present Legal Guardianship or Power of Attorney documents.

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

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

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

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

\_\_\_\_\_ CITY STATE ZIP CODE

\_\_\_\_\_ CITY STATE ZIP CODE

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 No: \_\_\_\_\_

Work No: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

.....

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

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

Telephone No: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

.....

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

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

Telephone No: \_\_\_\_\_

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

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 confirm 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 behavior (i.e., suspension or expulsion from school).

## EDUCATION FACTORS: (Check all, if applicable)

FEDERAL/Public schools near students's home:

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

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

\_\_\_\_\_ WRHI offers residential and academic support services needed by student to attend public school;

\_\_\_\_\_ WRHI offers residential and academic support services needed to complete graduation requirement(s) for Seniors;

\_\_\_\_\_ WRHI accepts students who have 2.5 GPA (Grade Point Average) or better.

## VERIFICATION OF ACCEPTANCE:

Approved     Denied

\_\_\_\_\_

Officials Signature

Home-Living Supervisor

\_\_\_\_\_

Title

\_\_\_\_\_

Date



# MINOR STUDENT CHECK OUT

Students Name: \_\_\_\_\_  
Last First Middle

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

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

## 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 after 2:30 pm. Any questions regarding this policy should be addressed to the administration office for clarification.

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

## WEEKLY CHECK-OUT POLICY:

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.

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

**\*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 Signature

\_\_\_\_\_  
Date

# AUTHORIZATION

Students Name: \_\_\_\_\_  
Last First Middle

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

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

## STUDENT TRAVEL:

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

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

\_\_\_\_\_  
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 permission for the residential 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 Condition) (Physicians Name)

at \_\_\_\_\_  
(Location of Treatment)

Other Information:

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

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

\_\_\_\_\_  
Date



# Winslow Residential Hall, Inc.

600 N. Alfred Avenue, Winslow, Arizona 86047

Telephone: (928) 289-4488 Fax: (928) 289-2821

## PHOTO RELEASE FOR MINOR STUDENTS

Students Name: \_\_\_\_\_  
Last First Middle

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

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

Dear Parent/ Gaurdian,

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 \_\_\_\_\_  
Parent/ Guardian(s) Name Student 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 Hal, Inc.

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date





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## STUDENT ASSISTANCE PROGRAM CONSENT

Students Name: \_\_\_\_\_  
Last First Middle

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

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

Dear Parent/ Gaurdian,

The counseling department at WRHI 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 goals of these groups are to increase students' self esteem, decision -making, life skills and communication skills, problem solving strategies, building self-worth and confidence, help promote and encourage healthy lifestyles. It is our belief that building these personal skills, our student will be better prepared to effectively cope with the peer pressures, school related stress and other issues they may currently 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 WRHI Counseling Department at 928-289-4488/2379.

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian(s) Name



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## GUIDANCE COUNSELING SERVICES

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

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

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

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

City

State

Zip Code

Date of Birth: \_\_\_\_\_  
Month      Date      Year

Gender:  Female  Male

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

The counseling and guidance services that will be provided by the WRHI Counselor are designed to supplement the counseling services of Winslow Junior 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 the students(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 participated in the counseling services provided by WRHI.

I/We **DO NOT** give consent for my child to participate in the counseling service provided by WRHI.

*The Bureau of Indian Affairs (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:

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian(s) Name



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## MEDICAL INFORMATION

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

Grade \_\_\_\_\_

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heart Disease/Murmur/Angina | <input type="checkbox"/> Neurological Problems    | <input type="checkbox"/> Thyroid Problems          |
| <input type="checkbox"/> High Blood Pressure         | <input type="checkbox"/> Psychiatric Care         | <input type="checkbox"/> Seasonal Allergies        |
| <input type="checkbox"/> Heartburn (Reflux)          | <input type="checkbox"/> Kidney/Bladder Problems  | <input type="checkbox"/> Ear/ Hearing Problems     |
| <input type="checkbox"/> Swollen Ankles              | <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Seizures                  |
| <input type="checkbox"/> Lung Problems/Cough/Asthma  | <input type="checkbox"/> Ulcers/Colitis           | <input type="checkbox"/> Headache/Migraines        |
| <input type="checkbox"/> Sinus Problems              | <input type="checkbox"/> High Cholesterol         | <input type="checkbox"/> Depression/Anxiety        |
| <input type="checkbox"/> Tonsillitis                 | <input type="checkbox"/> Low Blood Pressure       | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Eye disorder/Glaucoma       | <input type="checkbox"/> Anemia or Blood Problems | <input type="checkbox"/> Liver Problems/ Hepatitis |
| <input type="checkbox"/> Stroke                      | <input type="checkbox"/> Shortness of Breath      | <input type="checkbox"/> Cancer                    |

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

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Please list your past surgeries:

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Allergies:

Are you allergic to penicillin or any other drugs?

Yes  No

Please List:

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\_\_\_\_\_  
Name of Insurance

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Phone No.

\_\_\_\_\_  
Policy Holder Signature

\_\_\_\_\_  
Date

Acknowledge that all necessary is true and correct

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

I understand that this information is being furnished for the receipt of federal funds and that school officials may verify the information on the application. Deliberate misrepresentation of any information may subject me to procession under applicable state and federal laws.

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

Date \_\_\_\_\_

OFFICE USE ONLY

OUT OF BOUNDRY

YES

NO

CONTINUING ENROLLMENT

SCHOOL YEAR INITIAL

SY	_____
SY	_____
SY	_____
SY	_____
SY	_____

PHYSICAL LOCATION:

