



# Winslow Residential Hall, Inc.



**ALL STUDENTS** must submit a complete application for SY2023-2024. The following documents must be submitted with your application.

*Student Enrollment Application with Original Signatures*

*Legal Documents (Power of Attorney, Restraining Order, School Suspension)*

*Acceptance Letter from WHS/WJHS*

*Certificate of Indian Blood*

*Birth Certificate*

*Current updated immunization record*

*IEP and/or 504 Document (if applicable)*

*Transcripts/ Report Card*

*Boundary Map & Waiver*

*Free & Reduced Meal Application*

*WRHI Authorization/Consent/Waivers*

*2023-2024 AIA Physical Examination*

*Covid Vaccination Card*

*\$50.00 Room Deposit (Money Order Only)*

**In addition, the following requirements must be met prior to enrollment.**

- Students must be enrolled with Winslow High School or Winslow Junior High School and provided a class schedule prior to the approval of residency.
- 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 If a student is reported to be on juvenile probation, the student will be automatically withdrawn.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.

# Winslow Residential Hall, Inc. Student Enrollment Application

SCHOOL ATTENDING: \_\_\_\_\_

RETURNING STUDENT

NEW STUDENT

<b>STUDENT INFORMATION</b>					
NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY NO.		
		M    F			
PHYSICAL ADDRESS		MAILING ADDRESS			
CITY	STATE	ZIP	PHONE NUMBER		
TRIBAL AFFILIATION	ENROLLMENT NO	DEGREE (PER CIB)		RELIGIOUS AFFILIATION	
		4/4    3/4    1/2    1/4			
<i>*Attach student Census verification</i>					
Dominate Language spoken in the home (circle one)    English    Navajo    Hopi    Other: _____					
Is your child Hispanic or Latino?			YES	NO	
Is your child eligible for special needs services?			YES	NO	
What is their disability?					
Does your child currently have an Individual Education Plan?			YES	NO	
<i>*Attach a copy of your current IEP</i>					
<b>BACKGROUND INFORMATION</b>					
Has your child been arrested?			YES	NO	
Is your child on probation?			YES	NO	
Has your child ever had drug/alcohol treatment, aftercare services or counseling?			YES	NO	
Has your child had treatment, hospitalized or counseled for other issues?			YES	NO	
If yes please explain: _____					
<b>PARENT INFORMATION</b>					
Student resides with whom? (Circle one)		Both Parents *Grandparents	Mother    Father Mother/Step-Father	*Legal Guardian Father/Step Mother	*Grandparents
<i>*Legal guardianship or power of attorney documents will be requested.</i>					
NAME	ADDRESS	EMPLOYER	PHONE NUMBER		
NAME	ADDRESS	EMPLOYER	PHONE NUMBER		
<b>EMERGENCY CONTACT (not parents or guardian(s))</b>					
NAME	RELATIONSHIP		PHONE NUMBER		
NAME	RELATIONSHIP		PHONE NUMBER		

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name:	Grade	<b>SY: 2023-2024</b>
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**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

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SCHOOL NAME	GRADE	DATES ATTENDED

REASON FOR LEAVING

--

***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.***

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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**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 Print Name

\_\_\_\_\_  
Parent/Guardian 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? If yes, explain.	YES	NO
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Is your child being treated for any conditions? If yes, explain.	YES	NO
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Are there any concerns?

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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**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 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.

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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- \_\_\_\_\_ 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 Releasors, 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

**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

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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**PARENTAL PERMISSION, RELEASE OF LIABILITY AND STUDENT AGREEMENT FOR HIGH SCHOOL STUDENT TO WALK TO AND FROM SCHOOL**

DISCLOSURE

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.

**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.

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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- 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

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

\_\_\_\_\_  
Date



WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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**GUIDANCE COUNSELING SERVICES**

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 WRHI.

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

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*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 Print Name

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

\_\_\_\_\_  
Date

WRHI ENROLLMENT APPLICATION CONTINUATION		
Student Name:	Grade	SY: 2023-2024

**STUDENT ASSISTANCE PROGRAM CONSENT**

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 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.

**PHOTO AUTHORIZATION**

As parents/guardians of \_\_\_\_\_ 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.

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 Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name:	Grade	<b>SY: 2023-2024</b>
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**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, 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.

**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.

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name:	Grade	<b>SY: 2023-2024</b>
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**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.

**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 Signature

\_\_\_\_\_  
Date

**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 Print Name

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

\_\_\_\_\_  
Date

WRHI ENROLLMENT APPLICATION CONTINUATION

Student Name:	Grade	SY: 2023-2024
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**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/Guardian Print Name

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

\_\_\_\_\_  
Date

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name:	Grade	<b>SY: 2023-2024</b>
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**NAVAJO NATION SCHOOL ATTENDANCE BOUNDARY WAIVER APPLICATION**

STUDENT NAME	CENSUS NO	GRADE	PHONE NUMBER
PARENT/ GUARDIAN LEGAL NAME		SIGNATURE	
PHYSICAL ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP	
RELEASING SCHOOL		FAX NO.	
RECEIVING SCHOOL		FAX NO.	

**REASON FOR REQUEST**

**CIRRICULUM/GRADE LEVEL**

Bilingual/Bi-Cultural Courses  
 Grade Level Not Offered  
 Graduation Requirements  
 Student Academic Deficiencies

**FACILITY CAPACITY**

Lack of Classrooms  
 Health & Safety Deficiency

**SPECIALIZED PROGRAMS**

Special Education Offerings  
 Vocational Education Offerings  
 Gifted & Talented  
 Alternative Programs  
 Music, Fine Arts, Athletics, 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 Agreement

**GEOGRAPHIC BARRIERS**

Bilingual/Bi-Cultural Courses  
 Grade Level Not Offered  
 Graduation Requirements  
 Student Academic Deficiencies

RELEASING SCHOOL BOARD RESOLUTION

RECEIVING SCHOOL BOARD RESOLUTION

\_\_\_\_\_  
 Board Chairperson Signature

\_\_\_\_\_  
 Board Chairperson Signature

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name:	Grade	<b>SY: 2023-2024</b>
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**WINSLOW RESIDENTIAL HALL, INC. CRITERIA**

Favorable action is recommended on this application and has to confirm the following criterial 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 explosion 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

Denied

\_\_\_\_\_  
Official Signature

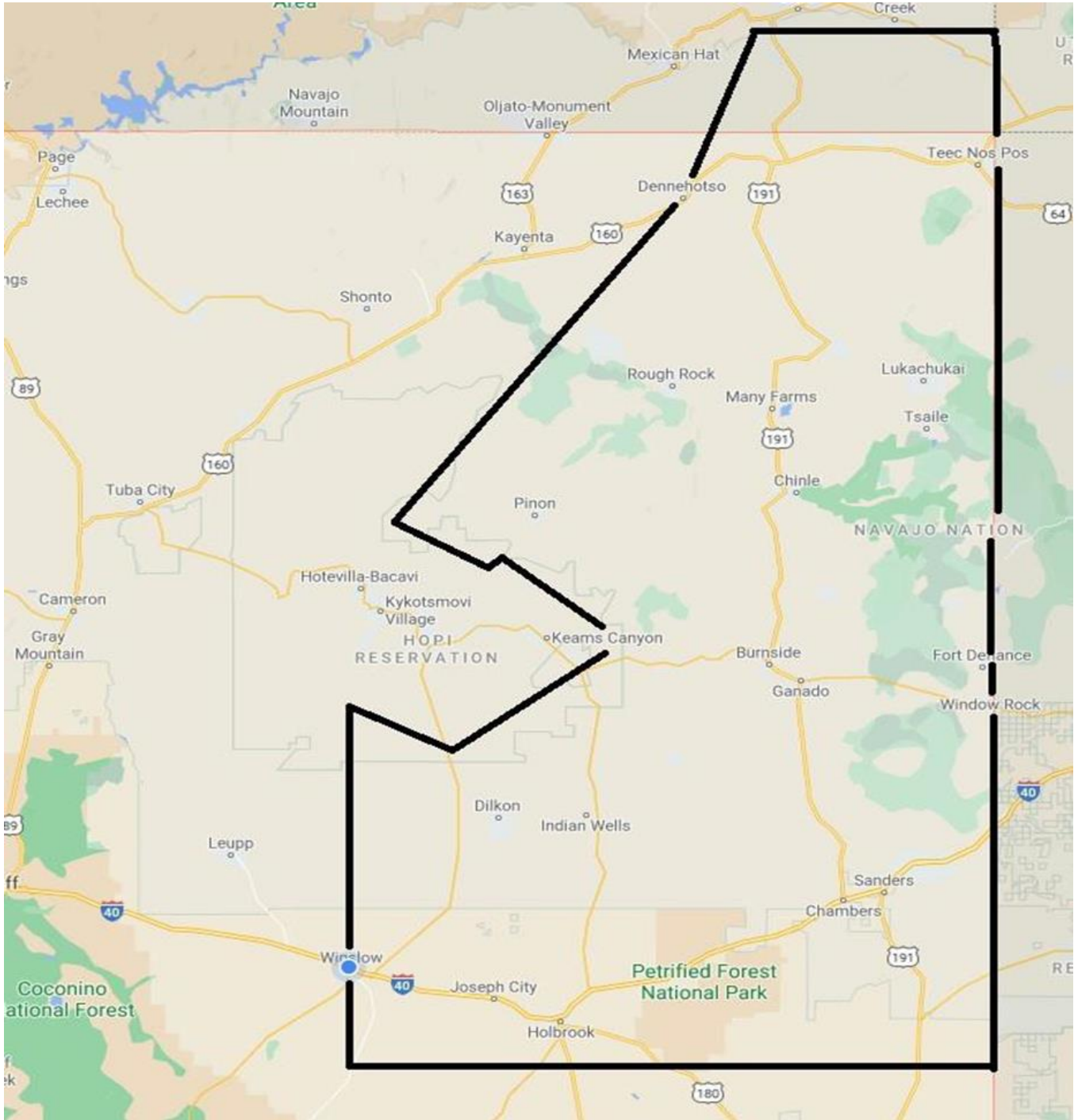
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**WRHI ENROLLMENT APPLICATION CONTINUATION**

Student Name: _____	Grade _____	<b>SY: 2023-2024</b>
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Physical Location of Resident: \_\_\_\_\_  
 Place an "X" of the resident.



I acknowledge that all necessary information is true and correct for \_\_\_\_\_, 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 Print Name

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

\_\_\_\_\_  
 Date