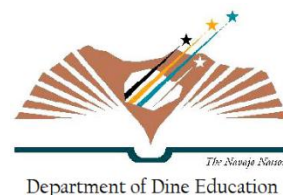




Winslow Residential Hall, Inc.



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

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

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

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 If a student is reported to be on juvenile probation, the student will be automatically withdrawn.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

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

WINSLOW RESIDENTIAL HALL, INC.

Student Enrollment Application

School Year: 22-23

Grade: ☐ 7th ☐ 10th
☐ 8th ☐ 11th
☐ 9th ☐ 12th

☐ 9th ☐ 12th

IDENTIFICATION

Gender: _____ Male _____ Female

Social Security No.: X X X - X X -

Date of Birth: _____ / _____ / _____
 Month Date Year

Month Date Year

Student's Mobile No.:

State: **Zip Code:**

Enrollment No.:

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

Other:

Dominant Language spoken in the home (circle one)

NO	YES
----	-----

NO	YES
----	-----

NO	YES
----	-----

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

BACKGROUND INFORMATION

NO	YES
----	-----

NO	YES
----	-----

NO	YES
----	-----

NO	YES
----	-----

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

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

Phone No.:

Relationship:

Phone No.:

Relationship:

SCHOOL(s) PREVIOUSLY ATTENDED (most recent first)

School Name: _____
Reason for Leaving: _____

Dates Attended: _____
Grade: _____

School Name: _____
Reason for Leaving: _____

Dates Attended: _____
Grade: _____

PARENT INFORMATION

Student resides with (circle one): Parents Mother Father *Legal Guardian
 *Grandparents Mother/Step-Father Father/Step-Mother
**Must present legal guardianship or power of attorney documents*

Mother's Name: _____
Address: _____

City State Zip Code

Mother's Name: _____
Address: _____

City State Zip Code

Tribal Affiliation: _____
Census No.: _____
☐ Living ☐ Deceased

Tribal Affiliation: _____
Census No.: _____
☐ Living ☐ Deceased

Occupation: _____
Employer: _____
Mobile No.: _____
Work No.: _____
Email: _____

Occupation: _____
Employer: _____
Mobile No.: _____
Work No.: _____
Email: _____

SILBING(s) INFORMATION

Name: _____	Age: _____	School Attending: _____
Name: _____	Age: _____	School Attending: _____
Name: _____	Age: _____	School Attending: _____
Name: _____	Age: _____	School Attending: _____

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

Print Name

Signature of Parent/Guardian

Date

CRITERIA FOR WINSLOW RESIDENTIAL HALL, INC.

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

EDUCATION FACTORS *(check all, if applicable)*

- ☐ Federal/Public schools near student's home;
- ☐ Grade level not offered - High School;
- ☐ Excessive distance to the nearby school from student's home and adverse road condition;
- ☐ Winslow Residential Hall Inc., offers residential and academic support services for student to attend public school;
- ☐ Winslow Residential Hall Inc., offers residential and academic support services to complete graduation requirement(s) for Seniors;
- ☐ Winslow Residential Hall, Inc., accepts students who have 2.5 GPA or better.

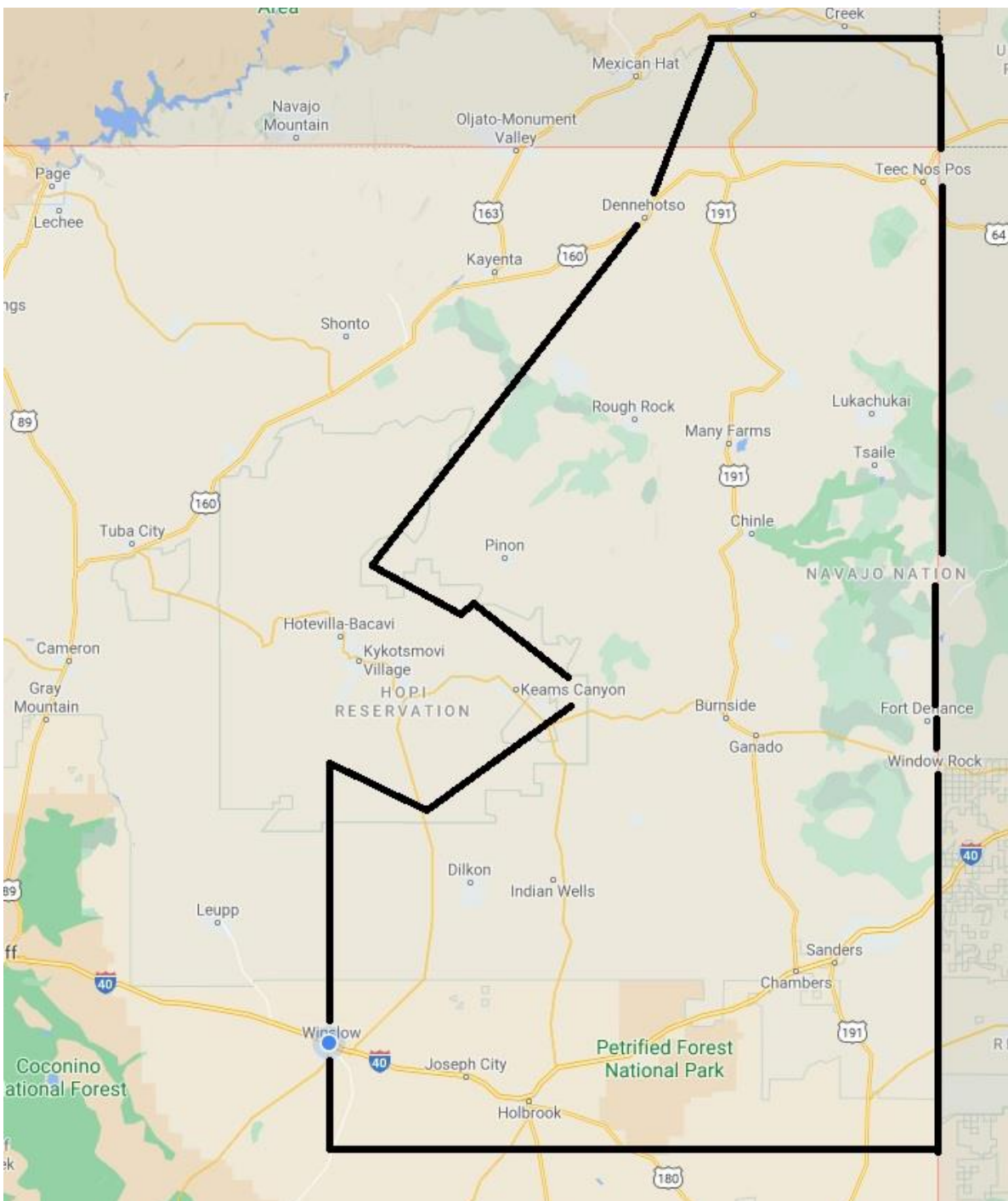
VERIFICATION OF ACCEPTANCE

- ☐ Approved
- ☐ Denied

Officials Signature

Title

Date



NAVAJO NATION
SCHOOL ATTENDANCE BOUNDARY WAIVER APPLICATION

Student Name: _____ Census No.: _____ Grade: _____

Parent/Legal Guardian Name: _____
Parent Signature

Location of Residence: _____

Mailing Address: _____

Releasing School Name

Receiving School Name

Fax No.

Fax No.

REASONS FOR REQUEST

CURRICULUM/GRADE LEVEL:

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

FACILITY CAPACITIES:

- ☐ Lack of Classrooms
- ☐ Health & Safety Deficiencies

SPECIALIZED PROGRAMS:

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

SOCIAL/LEGAL REASONS:

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

GEOGRAPHIC BARRIERS:

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

RELEASING SCHOOL BOARD RESOLUTION

Board Chairperson Signature

Date

RECEIVING SCHOOL BOARD RESOLUTION

Board Chairperson Signature

Date



Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047

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

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

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

DISCLOSURE

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

PERMISSION, ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND WAIVER

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

_____ 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 Releasors.

_____ 3. The Releasors, 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 Releasors further agree to report to the WRHI Homeliving Supervisor any activity that is contrary to such instructions or is potentially or actually dangerous because it promotes the spread of Coronavirus. I understand that any person, including Student, may be precluded from the Activity if it is determined that the person is not following instructions, protocols, rules, regulations, and best practices designed to slow the spread of Coronavirus.

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



Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047

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

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

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

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

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

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

____ 9. I, on behalf of the 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

Phone: _____



Winslow Residential Hall, Inc.

600 N. Alfred Ave., Winslow, AZ 86047

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

STUDENT AGREEMENT

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

Student Signature

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____
Last First Middle

Grade: _____

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

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

Parent/Guardian Signature

Date

Winslow Residential Hall, Inc.

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

AUTHORIZATION

Student's Name: _____
Last First Middle

Grade: _____

STUDENT TRAVEL

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

Parent/Guardian Signature

Date

MEDICAL

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

Designated Hospital No. Name of Insurance Policy No.

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

My child is being treated for: _____ by _____
(Type of Medical Condition) (Physician's Name)

at _____
(Location of Treatment)

Other information: _____

Parent/Guardian Signature

Date

Winslow Residential Hall, Inc.

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



Winslow Residential Hall, Inc.

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

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

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

DISCLOSURE

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

PERMISSION, RELEASE ASSUMPTION OF RISK AND MEDICAL AUTHORIZATION

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

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

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

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

PARENT/GUARDIAN

Print Name

Signature

Date

STUDENT AGREEMENT

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

Student Signature

Date

GUIDANCE COUNSELING SERVICES

Student's Name: _____
Last First Middle

D. O. B.: _____
Month Date Year

Parent/Guardian Phone No.: _____

Grade: _____

Gender:

☐ Female

☐ Male

Dear Parent/Guardian,

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

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

☐

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

☐

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

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

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

Parent/Guardian Signature

Date

Winslow Residential Hall, Inc.

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

STUDENT ASSISTANCE PROGRAM CONSENT

Student's Name: _____
Last First Middle

Grade: _____

Dear Parent/Guardian,

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

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

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

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

Student Signature

Date

Parent/Guardian Signature

Date

Winslow Residential Hall, Inc.

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

PHOTO AUTHORIZATION

Student's Name: _____
Last First Middle

Grade: _____

I, _____ parent/guardian of _____ hereby
Parent/Guardian Name Student Name

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

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

Student Signature

Date

Parent/Guardian Signature

Date

☐

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

Winslow Residential Hall, Inc.

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

WINSLOW RESIDENTIAL HALL, INC. INTERNET USE AND AGREEMENT POLICY

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

PURPOSE:

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

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

SCOPE:

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

TERMS OF USE:

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

TERMS AND CONDITIONS:

1. All internet, tablet, or computer equipment use shall be consistent with the purpose, goals, policies and rules of the WRHI. It is imperative that users of the IT system conduct themselves in a responsible, ethical, moral, and polite manner, as well as following all rules for behavior and communications.
2. The users agree to abide by the general accepted rules of the WRHI Student Handbook as approved by the Governing Board. Furthermore, WRHI is governed by the BIE policies located at http://enan.bia.edu/site_res_view_folder.aspx?id=71dd2af0-a19a-4ceb-a11d-e2dad6ceace2
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.

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

PRIVILEGE:

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

SECURITY:

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

PENALTIES FOR IMPROPER USE:

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

DISCLAIMER OF ALL WARRANTIES:

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

INTERNET USE AGREEMENT

Student's Name: _____
Last First Middle

Grade: _____

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

Print Name: _____
Student Name

Date: _____

Signature: _____

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

Parent/Guardian Consent

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

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

Print Name: _____
Parent/Guardian Name

Date: _____

Signature: _____

Winslow Residential Hall, Inc.

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



Student Fees & Financial Responsibility Acknowledgement

I have read and understand that I am responsible for all fees and restitution provided for in the Student Handbook. I understand further that I am responsible for paying for any and all damage to WRHI property and the property of others that I caused.

Student Signature

Date

Parent/Guardian Signature

Date

Student Handbook Acknowledgment

I have received a copy of the Winslow Residential Hall, Inc., Student Handbook for School Year 2021-2022. I understand that I am responsible for reading and understanding the Student Handbook, and that I am responsible for asking any questions that I might have about the content of the Student Handbook. I understand and agree that I will follow all the rules and regulations set forth in the Student Handbook or I will be subject to disciplinary action.

Student Signature

Date

Parent/Guardian Signature

Date



Sexual Harassment and Discrimination Violence/Bullying, Cyber Bullying & Hazing Student Acknowledgement

This is to acknowledgement receipt of the Winslow Residential Hall, Inc. Student-Parent Handbook policy concerning Sexual Harassment and Discrimination, Violence/Bullying, Cyber Bullying, and Hazing. I have carefully read and understand the policy and procedures concerning Sexual Harassment, Violence/Bullying, Cyber Bullying, and Hazing. I acknowledge that it applies to me while I am residing at Winslow Residential Hall, Inc.

I will comply with the policy and procedures as set forth in the policy concerning Sexual Harassment, Violence/Bullying, Cyber Bullying, and Hazing. I understand that I should immediately report any violates a staff member. If I fail to do so it may result in discipline.

I understand this will be filed in my student files.

Student Signature

Date

Parent/Guardian Signature

Date

Homeliving Manager Signature

Date

Homeliving Supervisor Signature

Date

NOTE: Signed Acknowledgement Form is placed in Student Files.



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: _____

<p>Name: _____</p> <p>Home Address: _____</p> <p>Phone: _____</p> <p>Date of Birth: _____</p> <p>Age: _____</p> <p>Gender: _____</p> <p>Grade: _____</p> <p>School: _____</p> <p>Sport(s): _____</p> <p>Personal Physician: _____</p> <p>Hospital Preference: _____</p>	<p>In case of emergency contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone (Home): _____</p> <p>Phone (Work): _____</p> <p>Phone (Cell): _____</p> <hr/> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone (Home): _____</p> <p>Phone (Work): _____</p> <p>Phone (Cell): _____</p>
---	--

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Y	N			
1) Has a doctor ever denied or restricted your participation in sports for any reason?					
2) Do you have an ongoing medical conditional (like diabetes or asthma)?					
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____					
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____					
5) Does your heart race or skip beats during exercise?					
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection					
7) Have you ever spent the night in a hospital?					
8) Have you ever had surgery?					
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)					
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):					
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):					
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm
Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh
Knee	Calf/Shin	Ankle	Foot/Toes		

Y N

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?
- 24) Have you ever had a seizure?
- 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

Females Only

Explain "Yes" Answers Here

Y N

- 37) Have you ever had a menstrual period?
- 38) How old were you when you had your first menstrual period? _____
- 39) How many periods have you had in the last year? _____



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

Y N

- 1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?
- 2) Has your child ever had extreme shortness of breath during exercise?
- 3) Has your child had extreme fatigue associated with exercise (different from other children)?
- 4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?
- 5) Has a doctor ever ordered a test for your child's heart?
- 6) Has your child ever been diagnosed with an unexplained seizure disorder?
- 7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?

Explain "Yes" Answers Here

COVID-19...

Y N

- 1) Has your child been diagnosed with COVID-19?
1a) If yes, is your child still having symptoms from their COVID-19 infection?
- 2) Was your child hospitalized as a result for complications of COVID-19?
- 3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?
- 4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?
- 5) Has your child returned back to full participation in sports?
- 6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?
6a) Was your child tested for COVID-19?
- 7) Did your child receive the COVID-19 vaccine?
7a) What was the manufacturer of the vaccine? _____
7b) Date of vaccination(s) _____

Explain "Yes" Answers Here



Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)		
2) Are there any family members who died suddenly of "heart problems" before age 50?		
3) Are there any family members who have unexplained fainting or seizures?		
4) Are there any relatives with certain conditions, such as:		
	Y	N
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm Problems		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, Age 50 or Younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth		

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Student-Athlete

Signature of Parent/Guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
	BP: ____ / ____ (____ / ____, ____ / ____)
Vision: R20/____ L20/____	Corrected: Y N
Pupils: Equal Unequal	

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only

& - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: _____

Not Cleared For: All Sports Certain Sports: _____ Reason: _____

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

Arizona Interscholastic Association, Inc.
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: _____ Signature: _____ Date: _____



2022-23 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____