



Winslow Residential Hall, Inc.



ALL STUDENTS must submit a complete application for **SY 2021/2022**. 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)
- Consent for Release of Information
- Acceptance Letter from WHS & WJHS
- Certificate of Indian Blood (CIB)
- Current Immunization Record
- IEP and/or 504 Documentation, if applicable
- Boundary Map
- COVID-19 Wavier
- Application for Free & Reduced Meal
- Medical Insurance Information
- Physical Examination
- Birth Certificate
- Social Security Card
- Transcript/Report Card
- \$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 If a student is reported to be on juvenile probation, the student will be automatically withdrawn.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 Residential 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.

Student Enrollment Application

Type of School: Residential
_____ Returning Student
_____ New Student

School Year: _____
Grade: _____ 7th _____ 10th
_____ 8th _____ 11th
_____ 9th _____ 12th



IDENTIFICATION

Student's Name: _____
Last, First, Middle

Gender: _____ Male _____ Female

Home Address: _____

Social Security No.: _____ - _____ - _____

P.O. Box: _____

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

City: _____

State: _____ Zip Code: _____

Tribal Affiliation: _____

Enrollment No.: _____

Religious Affiliation: _____

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

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

Other: _____

Is your child eligible for special needs service?

NO YES

What is their disability? _____

NO YES

Does your child have a current Individual Education Plan (IEP)?

NO YES

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

BACKGROUND INFORMATION

Has your child been arrested?

NO YES

Is your child on probation?

NO YES

Has your child ever had drug/alcohol treatment, aftercare services or counseling?

NO YES

Has your child had treatment, hospitalized or counseled for other issues?

NO YES

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

EMERGENCY CONTACT *(other than parents/guardians)*

Contact Name: _____

Phone No.: _____

Address: _____

Relationship: _____

Contact Name: _____

Phone No.: _____

Address: _____

Relationship: _____

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

Homeliving Supervisor

Title

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____
Last First Middle

Grade: _____

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

Parent/Guardian Signature

Date

Winslow Residential Hall, Inc.

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

STUDENT CHECK-OUT POLICY

Student's Name: _____
Last First Middle

Grade: _____

WEEKLY CHECK-OUT POLICY

Student attendance is very important to us, therefore we discourage parents/guardians and family members from checking out your child(ren) during school hours unless prior arrangements have been made with the residential hall.

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

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

On Fridays, we ask that you **not** check-out your child(ren) until school is dismissed after 2:30pm. Any questions regarding this policy should be addressed to the administration office for clarification.

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

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

GUIDANCE COUNSELING SERVICES

Student's Name: _____
Last First Middle

D. O. B.: ____ / ____ / ____
Month Date Year

Grade: _____

Gender: Female Male

Phone No.: _____

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 Counseling Department 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 | 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, unauthorized 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 of quality of information obtained through its services.

INTERNET USE AGREEMENT

Student's Name: _____ Grade: _____
Last First Middle

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: _____ Date: _____
Student Name

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 responsibility and hereby give my permission to have my child use Winslow Residential Hall Inc., IT system.

Print Name: _____ Date: _____
Parent/Guardian Name

Signature: _____

Winslow Residential Hall, Inc.

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

MEDICAL INFORMATION

Student's Name: _____
Last First Middle

Grade: _____

Which of the following conditions is your child 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 (Relfux) | <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/Collitis | <input type="checkbox"/> Headaches/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/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:

Please list your child's past surgeries:

Allergies:

Is your child allergic to penicillin or any other drugs?

Yes

No

Please list:

Name of Insurance

Name of Policy Holder

Policy No.

Insurance Phone No.

Policy Holder Signature

Date

Winslow Residential Hall, Inc.

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

DATABASE

NAME (LAST, FIRST, MIDDLE)			OTHER NAMES USED(MAIDEN NAME)			WIHCC NO.			SEX M F		
BIRTH DATE		PLACE OF BIRTH (CITY, STATE)			SOCIAL-SECURITY NO.			MARITAL STATUS		INTERNET Y N	
CURRENT COMMUNITY		DATE MOVED		LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)							
MAILING ADDRESS					CITY/STATE			ZIP CODE			
HOME PHONE NUMBER			MESSAGE PHONE NUMBER			WORK PHONE NUMBER					
INDIAN BLOOD QUANTUM		TRIBE		DEGREE		CENSUS NUMBER		CIB Y N			
		OTHER TRIBE		DEGREE		RELIGION					
FATHER'S NAME				CITY OF BIRTH		STATE OF BIRTH					
MOTHER'S MAIDEN NAME				CITY OF BIRTH		STATE OF BIRTH					
EMPLOYER(IF APPLICABLE)					SPOUSE'S EMPLOYER(IF APPLICABLE)						
EMPLOYER'S ADDRESS					SPOUSE'S EMPLOYER'S ADDRESS						
EMPLOYER PHONE NUMBER					SPOUSE'S EMPLOYER PHONE NUMBER						
IF YOU ARE UNEMPLOYED, PLEASE GIVE SOURCE OF INCOME UNEMPLOYMENT RETIREMENT SSI SSB WELFARE OTHER											
NAME OF EMPLOYER (FATHER)18 & UNDER				EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER			
NAME OF EMPLOYER (MOTHER)18 & UNDER				EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER			
EMERGENCY CONTACT PERSON						NEXT OF KIN CONTACT PERSON					
RELATIONSHIP		PHONE NUMBER				RELATIONSHIP		PHONE NUMBER			
ADDRESS						ADDRESS					
HEALTH INSURANCE INFORMATION											
DO YOU HAVE MEDICARE COVERAGE?				YES	NO	DO YOU HAVE RAILROAD RETIREMENT COVERAGE?				YES	NO
DO YOU HAVE AHCCCS (MEDICAID)?				YES	NO	DO YOU HAVE PRIVATE INSURANCE COVERAGE?				YES	NO
MILITARY SERVICE?		YES	NO	BRANCH		CLAIM NUMBER		ENTRY DATE		SEPARATION DATE	
VIETNAM VETERAN?				YES	NO	SERVICE CONNECTED?				YES	NO
HOUSEHOLD INFORMATION: How many family members in your household – including children?											
PLEASE READ AND SIGN CAREFULLY											
I authorize Winslow Indian Health Care Center to release any medical information or records necessary to process my Medicare, Medicaid or other insurance claims. I authorize my insurance company to pay medical benefits directly to Winslow Indian Health Care Center. If I am a non-beneficiary, I understand co-payments and deductibles will be requested at the time of service. I understand that I will be responsible for all costs if my account should be turned over to collections.											
SIGNATURE OF PATIENT, PARENT OR GUARDIAN								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 "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



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: _____

Acknowledge that all necessary is true and correct for _____, I understand that this

Student Name

Information is being furnished for the receipt of federal funds that school officials may verify the information on the application, and that deliberate misrepresentation of any information may subject me to prosecution under applicable state and federal laws.

Signature of Parent/Guardian

Date

Physical Location: _____ School Year: _____

Please put an "X," where the student lives:

