



Shonto Preparatory Schools  
Residential Life  
Student Enrollment Application

SY 2019-20



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojjyá/Há'áhwiinít'í Bóhoo'aah  
 Nináníftsoj' bee iiná lzhdool77l  
 Nitslhlkees Nahodit'áh G11l Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## 2019-20 Student Enrollment Application

### STUDENT DATA

First Name		Last Name			Middle Name
Grade	Gender	Census Number	SSN	Birth Date	Birth Place
1 <sup>st</sup> Clan (Maternal) OPTIONAL			2 <sup>nd</sup> Clan (Paternal)		
3 <sup>rd</sup> Clan			4 <sup>th</sup> Clan		
Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Home Agency	Chapter Affiliation		Student lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Does student require special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					

### PARENT DATA

Mother's Name		Mailing Address			
Physical Address		Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Father's Name		Mailing Address			
Physical Address		Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Guardian's Name (if applicable; documentation required)		Mailing Address			
Physical Address		Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Phone Number	Does this phone receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		

### SIBLING DATA

Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Grade	Gender	SPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No



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## QUESTIONNAIRE

Has your child ever been in the dorm?  Yes  No  
Explanation.

Do you have concerns about her child's behavior at home or school?  Yes  No  
Explanation.

Has your child experienced a significant event or trauma to cope with?  Yes  No  
Explanation.

Does your child take any medication for behavior modification?  Yes  No If yes, what medication, physician's name, counselor's name.  
Explanation.

Does your child have any problems with sleeping?  Yes  No  
Explanation.

Has your child ever had any behavioral or academic problems while in school?  Yes  No  
Explanation.

Do you want your child to receive assessment for counseling?  Yes  No  
Explanation.

Does your child have a history of self-injuries?  Yes  No  
Explanation; give dates.

Does your child have any tattoos and/or piercing?  Yes  No  
Explanation.

Does your child have a history of alcohol or drug use/abuse?  Yes  No  
Explanation.

Has your child been evaluated and or treated for substance abuse?  Yes  No  
Explanation; give dates.

Has your child been involved with social services and/or tribal courts?  Yes  No  
Explanation.

Has your child been incarcerated?  Yes  No  
Explanation; give dates.

Has your child been on probation?  Yes  No  
Explanation; give dates.



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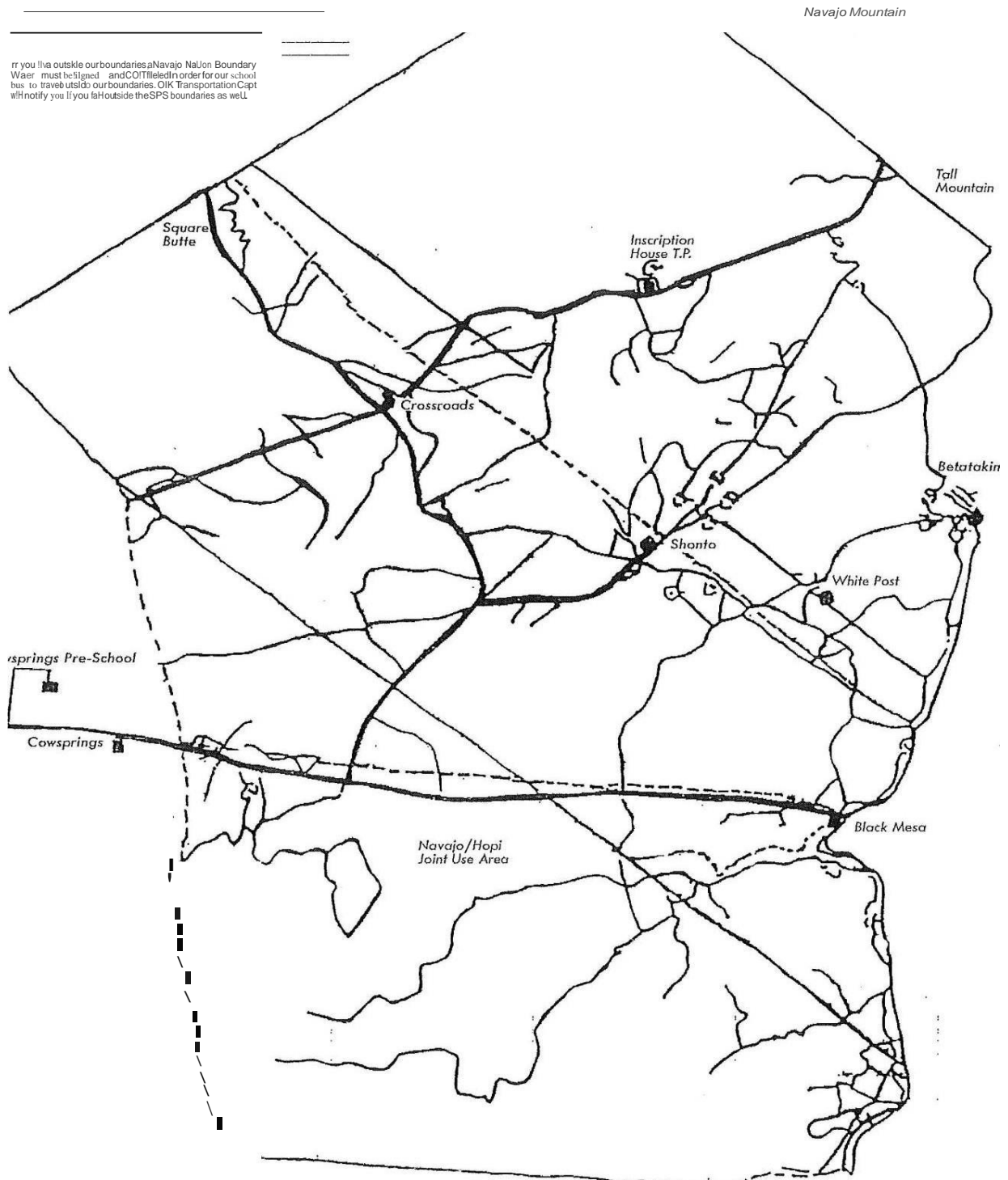
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## House Location

Student's Name: \_\_\_\_\_  
Home Location: \_\_\_\_\_

If you live outside our boundaries a Navajo Nation Boundary Waiver must be signed and COIT filed in order for our school bus to travel outside our boundaries. OIK Transportation Capt will notify you if you live outside the SPS boundaries as well.





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## PERSONAL ELECTRONIC DEVICE WAIVER

Student Name:	Date:	Dorm/Wing:
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### STUDENT POSSESSION CONFISCATION POLICY

The following items are permitted on the residential campus with a waiver signed by a parent and student:

- Personal electronic devices (MP3's, iPads, iPods, laptops, tablets, game consoles, 3DS, etc.)
- Cell phones

The Shonto Preparatory Schools Residential Program will monitor student personal property possession and use on its campus. Students are expected to understand and observe student personal property possession in accordance to Wing Rules & Expectation in the handbook and the ones posted in the residential hall buildings. Students and their parents shall understand that the residential program personnel will assist students to take responsible care of their personal belonging on the campus. However, parents shall understand that their child, the student, is ultimately responsible for care and use of their own property. Students are discouraged to bring any personal electronic devices onto the campus because of the potential loss, damage or thief of the device. Rules are posted through the residential halls which describes the use of student personal electronic devices which students shall follow at all times. The students shall be permitted to play their video games provided they have completed all of their chores, homework, laundry and at the discretion of their residential assistant. Students' shall bring their personal electronic devices with the understanding that it is a privilege which can removed at the discretion of the residential assistant without due process. In incidents when a student chooses not to follow to posted rules or residential assistants.

The residential assistant shall take the student aside and contact the student's parent about the personal device distraction, review the residential program student personal device policy and student personal property confiscation policy with the parent prior to requesting for permission to confiscate the device. If parent refuses to grant the permission to the personnel, parent shall be required to come onto the school campus to retrieve the property from their child. The device shall remain removed from the school campus until the parent conference is held with the residential assistant and mutual resolution is agreed to between all parties. The residential assistant shall be supported by the workforce leader during the enforcement of this policy.

The residential shall submit an incident report with a description of how the device is a distraction for the student with the narrative information about the incidents with the time chronology. Students shall register all personal property items they choose to bring onto the residential campus on the student clothing forms. Abuse of privileges or non-waivered items will be treated as contraband.

### STUDENT THEFT POLICY

The Shonto Preparatory School Residential Program is a public institution which is not immune to theft among the school population. Students should not bring anything which they do not want taken away or loan out to other students on the residential campus. It is important for the student and parent to log all personal property brought onto the campus, by logging all items on a clothing form provided by the residential program the student first arrives to the residential hall and every time the student returns from home, thereafter.

In cases of a theft is reported, the assigned Residential Assistant will check the student clothing form for verification. If the item is listed the Resident Assistant will complete an incident form submit to the workforce leader's office. The residential assistant will notify the parent of the student who reported the stolen property. The students in the Wing in which the stolen item was reported will be notified of the missing item and warned to return it; the residential theft discipline will reviewed with the students by the Residential Assistant. The steps will be recorded by the Residential Assistant for record. In incidents, when a student is found in possession of a stolen item, school or a reported stolen personal item, the will be disciplined for Major Discipline Infraction.

### Personal Electronic Device (One sheet per item)

Type/Brand	
Serial No.	
Description	
<b>Signing this document signifies that you have read, understand, and agree to our Personal Electronic Device &amp; Student Theft policies.</b>	
Parent Signature	Student Signature
Parent Name	Student Name
Date	Date



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

## PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

I (We), \_\_\_\_\_, Parent(s) of \_\_\_\_\_  
(Parent/Legal Guardian) (Student)

have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child. (Please Check Mark ✓)

1. \_\_\_ Health care include medical examinations, sport physicals, screening, routine laboratory studies, x-ray procedure, skin tests and routine immunizations.
2. \_\_\_ Dental Care include dental examinations, preventive use of fluorides and necessary emergency dental care.
3. \_\_\_ Optometry care for eye examinations and eye glasses.
4. \_\_\_ Mental health services include evaluation and treatment as necessary.
5. \_\_\_ Emergency health care for accident or illness.
6. \_\_\_ Transportation of child to and/or from another health facility for these services.
7. \_\_\_ Psychiatric services to include assessment, treatment, and medication as necessary.

### PLEASE CHECK THE APPROPRIATE BOX (ES):

- I hereby give consent for all of the above services.
- Exceptions or Special Instructions: \_\_\_\_\_
- I hereby give consent for reasonable cause and essential need to assure the health and safety of

my child to Shonto Preparatory School staff while my child is in attendance.

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

Please **Print** Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ \*Valid Until \_\_\_\_\_

✓ **Check the one that applies:** \_\_\_ -Enrolled in AHCCCS, \_\_\_ -No Health Insurance,  
\_\_\_ -Other Health Insurance, # \_\_\_\_\_

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Please be advised that Shonto Preparatory School staff will make every attempt to contact you before any of the above services are rendered. \*This consent is only valid for one year from the date it was signed, a new one needs to be signed yearly.



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## SIGNATURE OF ACKNOWLEDGEMENT

I am legally responsible for this student and hereby apply for his/her admission to Campus Life. Therefore I certify that the foregoing information is accurate and complete to the best of my knowledge. Second, I understand I am ultimately responsible for the well-being and behavior of my child while in the Campus Life program. I also understand that additional information may be requested by Campus Life from me and other public agencies in accordance with the rules and regulations or the Family Privacy Act to complete enrollment of my child.

\_\_\_\_\_  
 Parent/Legal Guardian Name (Print)

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Elroy Watson, Workforce Leader

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Jason Secakuku, Director of Support Services

\_\_\_\_\_  
 Date

### ATTACHMENTS

	Consent of parent or legal guardian or other person who has primary responsibility for the care of the child
	Authorization for use or disclosure of protected health information

### FOR OFFICE USE ONLY

Birth Certificate		Boundary Waiver (If Applicable)		Certificate of Indian Blood		Check Out Card
Court Document (If Applicable)		Health Insurance Card		Immunization		Social Security Card
Consent of parent or legal guardian or other person who has primary responsibility for the care of the child				Authorization for use or disclosure of protected health information		