

SY 2017-2018 Residential Forms

Wingate High School

P.O. Box 2

Ft. Wingate, New Mexico 87316

Phone No. (505)488-6400 FAX No. (505)488-6444

Student: _____ Grade: _____ Dorm: _____

Welcome to Wingate High School Residential Program. Attached are all required documents for students who will reside in the dorm. All forms must be completed before checking into the dorm. Dorm assignments will be made on the first day of school based on your grade level and age. School will begin on July 31, 2017 and end on May 17, 2018.

The dorm will open on Sunday, July 30, 2017 at 12:00 p.m. Please report to the school administration first where you will be given a dorm pass.

*Forms Check-off List:

- _____ Dorm Registration Form
- _____ WHS Residential Life Parent/Guardian Agreement
- _____ Social Family History Form
- _____ Student Home Map
- _____ PHS Consent Form
- _____ Student Health History
- _____ WHS Residential Building Policy

Keep for your information: Permission Letter for Weekend Transportation, Dorm Information Sheet, Student Check-out Procedure and WHS Residential Building Policy.

For information, you may contact the Residential Supervisor at 505-488-6408 or Ms. Nettie Yazzie, Residential Clerk at 505-488-6405, Ext 5.

*All Residential Forms will be filed in the dorm to which the student is assigned and will be kept confidential. You may detach the information sheets at the end of the packet. Thank you for entrusting us to take care of your child.

DORM REGISTRATION FORM

NEW _____ RETURNEE _____

NAME	AGE	GRADE	SEX	DORM
DOB	CENSUS NO.	TRIBE	CHAPTER	
GUARDIAN/FATHER		GUARDIAN/MOTHER		
1 ST CONTACT PERSON	WORK PHONE	HOME PHONE	CELL PHONE	
2 ND CONTACT PERSON	WORK PHONE	HOME PHONE	CELL PHONE	
MAILING ADDRESS				
PHYSICAL ADDRESS				
E-MAIL ADDRESSES				
SCHOOL LAST ATTENDED		ADDRESS		

PHYSICAL DESCRIPTION OF STUDENT

HEIGHT	WEIGHT	BUILD	EYE COLOR	
HAIR COLOR	HAIR LENGTH	COMPLEXION	<u>Y / N</u> EYE GLASSES	<u>Y / N</u> CONTACTS

NOTABLE MARKS (e.g. birthmarks, scar, tattoo, piercing, etc.)

FRIDAY TRANSPORTATION

We hereby give _____ permission to ride the Wingate High School bus on
Fridays to _____. I have read and fully understand the Permission
Letter and the Transportation Section of the Parent/Student Handbook.

PARENT SIGNATURE_____
DATE

WHS Residential Life Parent/Guardian Agreement

This agreement serves as a legal notification for parents to understand the residential protocol for School Year 2017-18. This agreement is to provide a foundation for all residential students to be academically and behaviorally successful. Parents/guardians and student are required to read, sign and abide by this document.

1. Parents will bring their child to the dormitory with adequate school uniform for the week.
2. All residential students need to properly check in at the dormitory when returning from home at any time. **Do not get dropped off at the school building without checking in at the dormitory.**
3. Residential student curfew is at 9:00 p.m. **Parents/guardians visitation is allowable from 3:30 to 9:00 p.m. daily.** ONLY the parents/guardians will be allowed to visit their child in the front lobby area of the dormitory after 9:00 p.m. The parents must come into the dormitory for check-out or visitations, students are not allowed to meet their parents in the parking lot. This is a safety and accountability precaution for each student.
4. If parents need to make changes to their child's bus transportation, a signed document from the parents/guardians is required in person or faxed. The fax number is 505-488-6424 to Transportation Department. **A telephone call is not acceptable.**
5. **Parents/guardians are discouraged to check out their child during the week except for emergency leave or medical appointments.** Your child needs to be in school every day to receive the benefits of a quality education.
6. Expensive electronic devices (i.e. IPAD, IPOD, laptop computer, tablet, iPhone, PlayStation, stereo, etc.) are not encouraged to be brought to the dormitory; but not restricted. If a student does bring an expensive electronic device they are to lock it in there storage area. **The school is not liable or obligated to replace the item if it is lost or stolen.**
7. Electronic usage is a student privilege. If a student breaks that privilege, then all their electronic/technological usage (i.e. cell phone, IPAD, laptop computer, IPOD, stereo, DVD player, etc.) **will be taken from him/her for the remainder of the school year.** Breaking electronic/technological usage are: texting inappropriate messages; video filming the dormitory or any part of the school; internet use from a student's electronic device to inappropriate sites; playing music too loud; cyber bullying, gang-related storage on computer or cell phone; calling or texting non-family members after 9:00 p.m. curfew; watching inappropriate video or movies on their devices.
8. **Only alcohol-free mouthwash is allowed.** If mouthwash is not alcohol-free, it will be confiscated.
9. **Excessive body piercing and colored contact lenses are a distraction to other students.** Only one pair of ear piercing is acceptable; other facial and body piercings are not allowed. Furthermore, only prescription contact lenses (clear, brown or blue) are allowed. White, black, red, yellow or any other colors are not allowed.
10. Gang-related clothing gang (shirts, pants and shoes), accessories (bandanas, ICP necklaces, shoes laces, belts, and gloves) or bedding will be confiscated and returned to the parents. **Gang expression and affiliation will not be tolerated at WHS.**
11. **Only dry foods will be allowed in the dormitory.** Refrigerated foods and snacks (i.e. burritos, pizza, can foods, cheese, etc.) are not allowed. Liquid drinks (i.e. bottle water, canned soda, duck juice, etc.) are allowed except **FAYGO soft drink and energy drinks.** All students are encouraged to eat nutritiously at the school cafeteria.

This contract is aligned with student code of conduct and student/parent handbook. By signing this agreement, we have read, fully understand and agree to respect and abide by all the stipulations stated in this agreement.

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT (PRINT NAME)

STUDENT SIGNATURE

DATE

SOCIAL FAMILY HISTORY FORM

Student Name: _____ Dorm #: _____ Grade: _____

The enrollment of your child in a BIE Boarding School is a shared and continuous responsibility between the school and you as parents/guardians. Your child's emotional/social growth and educational development is very important for him/her to function independently as an adult after graduation. Therefore, we seek your cooperation by completing the following questions to help the dorm staff prepare your child make a transition into adulthood. Your answers are confidential and will only be shared by staff members working with your child.

School and Academic Issues: *Do you have any concerns about your child's attendance and grades?* _____

Does your child need a tutor in any subject area? _____

Daily Life and Behavior: *What are your child's likes and dislikes (e.g. recreation, media, books, crafts, etc.)?* _____

Attitude, Outlook and Goals: *Do you have concerns in regards to your child's self-identity, self-esteem issues, fears, worries, hopes and dreams.* _____

Hobbies and Interest: *Identify your child's talent, interests, and hobbies that he/she is deeply passionate about.*

Social Life: *Do you have concerns about your child's friends, bullying, peer pressure or social networking?* _____

Family Issues: *Are there conflicts at home which may hinder your child's learning ability?* _____

Are you the custodian of this child? _____ *Is your child a ward of the tribal or state court?* _____

Sexual Issues and Dating: *The dorm staff meets with students concerning the consequences of dating and sexual activity among teens. Do you have any questions and concerns?* _____

Drinking and Drug Use: *Does your child use alcohol and/or drugs?* _____ *Has your child ever been detained for alcohol or drugs?* _____ *Has your child been in an alcohol/drug treatment program?* _____

Delinquent Behavior: *Has he/she ever been suspended?* _____ *Has he/she ever been expelled for delinquent behavior?* _____ *Does your child have a probation officer?* _____ *Explain?* _____

Physical Health and Medical Issues: *Are there health issues that the dorm needs to be aware of such as sleep disorders, excessive junk food, too much TV, or video games?* _____ *Has your child ever received counseling, therapy or is currently taking medication?* _____

Mental Health: *Does your child show signs of depression, anxiety, or other mental health issues?* _____

Safety and Welfare Issues: *We want every child to feel safe here at school therefore if you have any concerns about your child's safety, you may contact the home living supervisor or counseling technician in the dorm.* _____

Wingate High School

STUDENT HOME MAP AND INFORMATION FORM

Student's Name _____ Grade _____ Day Student/Dorm # _____

Student lives with: _____

Home Telephone No.: _____ Work Telephone No.: _____

Physical home location: _____

Use the building below as an indicator of a local public building (e.g. church, school, chapter house, or a store) near your home that can be easily identified in your community. Give mileage and road number to your home.

(North)



(South)

House No. _____ NHA House _____ Mobile _____ Color _____

Brick _____ Hogan _____ Color _____

Stucco _____ Log _____ Color _____

Apartment _____ Other _____

I certify that this is true and correct information of my home location.

Parent/Guardian _____ Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**
(Before completing this form, please read information on reverse side.)

Name of Student _____ Birth Date _____

I (We), _____

Have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date 7/30/2017 Valid Until: 7/30/2018

PLEASE RETURN THIS FORM TO THE SCHOOL

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____

(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:

- Y N Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
- Y N Has your child ever been hospitalized or had surgery?
- Y N Has your child ever been "knocked out", had a concussion or serious head injury?
- Y N Has your child ever had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or pain reliever?
- Y N Has your child had a shoulder, knee or ankle injury?
- Y N Has your child had a broken bone?
- Y N Has your child had more than three ear infections?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain with exercise?
- Y N Do you have any concerns about your child being in sports?
- Y N Does your child have any allergies (to food, animals, plants, etc.)?
- Y N Does your child take any medication on a daily basis for a chronic medical problem?
- Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE: _____

If you answered "yes" to any questions above, please provide additional information: _____

FAMILY HISTORY:

- Y N Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
- Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
- Y N Do you have other children with serious health problems?

If you answered "yes" to any questions above, please provide additional information: _____

OTHER HEALTH CONCERNS:

- Y N Does your child have trouble hearing, seeing or talking?
- Y N Does your child wear glasses or contact lenses?
- Y N Does your child have problems in school?
- Y N Does your child have behavior problems?

If you answered "yes" to any questions above, please provide additional information: _____

If you have any other health concern other than those listed in this questionnaire, please provide info: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WHS RESIDENTIAL BUILDING POLICY: DAMAGES AND FINES—Room # _____

Occupants of assigned dorm rooms are responsible for any damages occurring in the assigned room and restroom, including damages done by visitors or friends. **Monetary fines will be assessed and all fine will be paid by the parents/guardians of the occupants. All accumulated building damage fines must be paid before the next school year and/or before any student records (e.g. transcript or diploma) are released by WHS.**

The fines are as followed:

Damages to a student room:

Drywall (hole in the wall, cracked or graffiti)	\$ 50
Bed (tear or graffiti)	\$ 50
Bed Frame (broken or graffiti)	\$ 50
Student Desk (broken or graffiti)	\$ 50
All Cabinet Storage (broken or graffiti)	\$ 50
Wood Door (broken or graffiti)	\$ 50
Study Lamp (broken or graffiti)	\$ 30

Damages to the bathroom:

Bathroom Wall (broken or graffiti)	\$ 50
Toilet Bowl (broken or graffiti)	\$ 50
Shower Area (broken or graffiti)	\$ 50
Cabinet or Counter (broken or graffiti)	\$ 50
Broken or Cracked Mirror	\$ 30
Tile Wall or Floor (broken or graffiti)	\$ 30
Shower Curtain, Tissue and Soap Dispensers	\$ 20

Damages to any other part of the building:

Graffiti on any part of the building	\$ 50
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****Any other damages will be charges based on the incident report.**

There will be no posters or any hanging objects allowed in the students’ room or bathroom. We have a beautiful residential building for our students to call home. Let’s keep it clean and damage free.

As a parent, I understand that if my son or daughter damages any part of the building I will be responsible to pay for all damages with no remorse.

PARENT/GUARDIAN (PRINT NAME)	PARENT/GUARDIAN SIGNATURE DATE
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STUDENT (PRINT NAME)	STUDENT SIGNATURE	DATE
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IN REPLY REFER TO:

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Office of Indian Education Programs
Wingate High School
P.O. Box 2
Fort Wingate, New Mexico 87316



PERMISSION LETTER FOR WEEKEND TRANSPORTATION

Dear Parents:

Wingate High School will continue to provide transportation for residential students for School Year 2017-2018. Friday transportation will be on the following routes: Albuquerque, Burnside AZ by way of I-40, Crownpoint, Ramah, Shiprock, and Window Rock. If your child goes home on the bus, you are required to bring your child back to school on Sunday. **Sunday transportation is only along the Crownpoint Route.**

If you should request any changes in your child's bus transportation, a signed document from the parent/guardian is required in person or faxed. The fax number is 505-488-6424, attention to Transportation Department. **A telephone call is not acceptable.**

Parents should be aware that school transportation operates only on the main roads and your child will get off at the destination which you indicated on the Dorm Registration Form. Any student who abuses the procedures will lose her/his privilege to ride the bus, which includes all major violations of the Student Code of Conduct. Parents may revoke this authorization at any time by calling the school at (505)488-6400 or (505)488-6408.

Sincerely,

Ms. Alta Mitchell
Transportation Supervisor

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This contract is aligned with student code of conduct and student/parent handbook. By signing this agreement, we have read, fully understand and agree to respect and abide by all the stipulations stated in this agreement.

***GUARDIAN(S) COPY!**

Wingate High School:

Student Check-Out Procedure

The use of student check-out, accountability, general observation and supervision of students are required procedures. Procedures apply to all residential and day students. All students are required to check-out through the attendance office and the residential halls.

Off Campus Check-out:

- **Only immediate family member can check out students.** Immediate family members is defined as a mother, father, brother, sister, grandparent, uncle and aunt. Parents or legal guardians are required to submit a list of person(s) authorized to check out students. No exceptions for check-out will be granted to anyone without a written and signed request by the student's parents or legal guardians.
- Any student, **regardless of age, shall not be authorized self-check-out** and no check-out may be approved to an adult less than 25 years of age and/or under the influence of alcohol or drugs. This applies to all parties, including family members.
- Parents or legal guardians may designate, in writing, family members who are authorized to check out their child overnight. Authorization and approval in writing will state conditions and restrictions to school personnel. This applies to students of all ages.
- **School personnel will not be allowed to checkout student(s) at any time** (e.g. Overnight, weekdays and weekends), unless they are the parent of the student (*reference the employee handbook*).
- Check-out request via telephone will not be approved, except in situations where a family emergency involving a serious illness or death of an immediate family member are involved.
- All check-out must conclude by curfew unless pre-approved by the staff in-charge of the check-out. All residential students must be in their assigned residential halls at 6:00 p.m. for curfew every evening including weekends. Overnight check-outs will not be made during the school week (Monday through Thursday) except in cases of special need where parents request the need of their children. Prior approval of the principal or assistant principal must be received for these special check-outs.

- Students wishing to have check-out privileges must have an original permission written document signed by the parent or guardian, stating that the school is released of any liability associated with the check-out. This applies to school sponsored activities and transportation bus passes. Bus pass permission forms must be completed and approved by school personnel.
- Students may not be checked out until any applicable restriction is served. Restrictions can be, but not limited to student violations of the code of conduct, in-dorm suspension, behavior contracts and 100 club participants. Exceptions prompted in the case of an emergency, may be approved by the school administration.
- Check-out during the academic day by personnel shall be restricted to sanctioned school activities only. This is a school approved check-out and absent with an authorized parent permission letter. School approved absent is time missed for school related business such as field trips, testing, club activities, and athletics on travel and clinic appointments.
- Students must be in good academic standings in order to be checked out when they will be absent from class (*reference attendance policy on page 7 in the student handbook*). The only exception in this would be an emergency situation.
- If a conflict arises concerning the student check-out process, the school supervisor or acting designee reserves the right to revoke any check-out privileges.
- When there is evidence that the welfare of the student is at risk, the school reserves the right to refuse or cancel the check-out.
- All students authorized for check-outs are expected to return to the school campus at the specific time of return, as stated in their approved check-out request.
- In the event of local emergencies, i.e. natural disasters, fire or threatening weather conditions, any previously approved check-outs may be cancelled without prior notice.
- Students involved in an inappropriate activity while in check-out status may have their check-out cancelled and will face disciplinary actions upon their return to the campus depending on the severity of the infraction. Applicable to misuse of bus pass and AWOL.

* Also refer to the Bureau of Indian Education “Student Check-out Procedures” memo attached.

***GUARDIAN(S) COPY!**