

SY 2024-2025 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 August 5, 2024 and end on May 22, 2025.

***Forms Check-off List:**

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

For information, you may contact Mr. Eric Chischilly, Homeliving Specialist Supervisor at 505-488-6487, Dorm 18 (Boys) 505-488-6492, or Dorm 18 (Girls) 505-488-6495.

*All Residential Forms will be filed in the dorm in which the student is assigned and will be kept confidential. Thank you for entrusting us to take care of your child.

DORM REGISTRATION FORMS SY 24-25 NEW _____ RETURNEE _____

NAME AGE GRADE SEX DORM

DOB CENSUS NO. TRIBE CHAPTER

GUARDIAN/FATHER GUARDIAN/MOTHER

1ST CONTACT PERSON WORK PHONE HOME PHONE CELL PHONE

2ND 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 Y / N
EYE GLASSES Y / N
CONTACTS

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

FRIDAY TRANSPORTATION

We hereby give _____ permission to ride the school bus on Fridays and Sundays
Student
to/from _____ . I have read and fully understand the Transportation
Destination
Policy in the Parent/Student Handbook and the Residential Handbook.

PARENT SIGNATURE DATE

WHS Residential Life Parent/Guardian Agreement

This agreement serves as an official notification for parents to understand the residential protocol for School Year 2024-2025. This agreement is to provide a foundation for all residential students to be successful. Parent/guardian 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.
3. Residential student curfew is at 9:00 p.m. Parent/guardian visitation is allowed between 3:30 and 9:00 p.m. daily. ONLY the relatives on the check-out card will be allowed to visit their child in the front lobby area of the dormitory before 9:00 p.m. The visitor(s) will have to physically walk into the dormitory. Students will not be sent to the parking without identifying the visitor. This is a safety and accountability precaution for each student.
4. If a parent would like to change their child's bus destination (i.e. Friday bus transport, to ride the day bus, etc.), in person request or signed faxed document from the parent/guardian is required. The fax number is 505-488-6444. A telephone call is not acceptable.
5. Parents/guardians are encouraged to have their child present in the dorm from Sunday – Friday, therefore Thursday check-out is discouraged. Your child needs to be in school every day and attendance is crucial to receiving a quality education.
6. Expensive electronic devices (i.e. ear devices, IPAD, IPOD, tablet, mobile phone, etc.) are not encouraged to be brought to the dormitory; but not restricted. If a student does bring an expensive electronic device, he/she is responsible for that item. The school is not liable or obligated to replace the item if it is lost or stolen.
7. Electronic usage is a student privilege. Any misuse of electronic devices will result in the electronic device being confiscated and turned over to the home living supervisor. Misuse of devices include 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 the laptop or cell phone; calling or texting after 9:00 p.m. curfew; watching inappropriate video or watching movies.
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 face 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 (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 packaged foods are allowed in the dormitory. Refrigerated foods, (i.e. burritos, pizza, cheese, etc.), and energy drinks are not allowed. All students are encouraged to eat nutritious meals at the cafeteria.
12. 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.

<hr/> PARENT/GUARDIAN (PRINT NAME)	<hr/> PARENT/GUARDIAN SIGNATURE	<hr/> DATE
<hr/> STUDENT (PRINT NAME)	<hr/> STUDENT SIGNATURE	<hr/> DATE

WHS Residential Life Student and Parent Contract

This contract serves as legal notification for parents (guardians) and student to understand the protocol for School Year 2024-2025. Wingate High School has ZERO tolerance policy for all drug and gang related activities. Parent(s) and student are required to read and sign this document.

- 1. Code 300-301 -Fighting/Gang Related Activities/Bullying/Harassment**
Unacceptable behavior in any setting will not be tolerated anywhere on Wingate High School campus. Reports of any violent activity or behavior will be referred to any staff member, supervisor or school security for the safety of all students and staff. The seriousness of this offense may result in immediate expulsion.
- 2. Code 309 – Consumption of Illegal Substances**
No student is to deliberately consume by drinking, injecting, smoking, inhaling, sniffing, chewing, or by other means, a substance capable of an abnormal reaction. Odor on the breath/clothing/hair and/or functional impairment or other methods of determining consumption may be used at the discretion of the staff. The misuse of a prescription drug or non-prescription drug shall be considered a violation of this code. Student may be referred to Law Enforcement.
- 3. Code 311A – Selling/Distributing Drugs or Alcohol**
No student shall be involved in selling, distributing, giving, or exchanging alcohol in any form or drugs in any form to another student. This code will be used when it has been proven that the student is selling or distributing drugs or alcohol to other students of Wingate High School. In this case, a verbal or written report from another student, staff, or parents will be use to justify the charge. Transporting a student to or from the campus to obtain drugs or alcohol will be considered a form of distributing, selling, giving, or exchanging illegal items. The identity of the student who is reporting a student for selling or distributing will be kept confidential. The distributor will be referred to Law Enforcement.
- 4. Code 312 - Uniform Policy**
No student is to wear or display clothing in any form other than the prescribed school uniform. All students shall adhere to the Uniform Policy. Student who is not complying with the policy with he sent home or to the residential hall until proper clothing is worn.
- 5. Code 315 –Mandatory Attendance Policy**
Attendance (instructional and residential) – Parents (guardian) are required to return their child to the residential hall by 9:00 p.m. on Sunday. All students must be in class at 8:00 a.m. everyday. A SCAN (Suspected Child Abuse and Neglect) Report will be filed on parents who have a child with excessive absences.

Refer to Student Code of Conduct Handbook for description of all infractions.

By signing this contract, we have read, fully understand and agree to respect and abide by all the rules stated in the handbooks.

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT (PRINT NAME)

STUDENT SIGNATURE

DATE

SOCIAL FAMILY HISTORY FORM

Student Name: _____ Dorm #: _____ Grade: _____

Enrolling your child in a BIE Boarding School is a shared and continuous responsibility between the school and you as parent(s) or guardian(s). 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 8/4/2024 Valid Until: 5/22/2025

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'S 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, or 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# _____

The occupants of a room are responsible for any damage occurring in that room and restroom, including damage done by visitors or friends. **Monetary fines will be assessed and all fine will be paid by the parents/guardians of the students. All accumulated building damage fines will need to be paid before the next school year and/or 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 Black 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 object allowed in the students room or bathroom. It is a neat building as designed. The WHS residential building is a new and beautiful building for a student 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

STUDENT (PRINT NAME) STUDENT SIGNATURE DATE