

SY 2026-2027

Residential Enrollment 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 the Wingate High School Residential Program. Enclosed are the required forms for students residing in the dormitory. All documents must be completed prior to check-in. Dorm assignments will be issued on the first day of school according to grade level and age. The 2026–2027 school year begins on August 3, 2026, and ends on May 20, 2027.

*Forms Check-off List:

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

Once all required forms have been submitted and reviewed, your child's dorm placement will be confirmed. You will receive further instructions of any additional documentation needed for the school year. Please ensure that emergency contact details and medical information are accurate and up to date to support the safety and well-being of every student. *All Residential Forms will be filed in the dorm that is assigned and will be kept confidential. We look forward to providing a supportive and engaging residential experience for your child.

For information, you may contact Mr. Eric Chischilly, Home Living Specialist Supervisor at 505-488-6487, Dorm 18 (Boys) 505-488-6424, or Dorm 19 (Girls) 505-488-6495.

RESIDENTIAL REGISTRATION FORM

NEW STUDENT _____ RETURNING STUDENT _____

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 _____ (student) permission to ride the school bus on Fridays and
Sundays to/from _____ (destination). I have read and fully understand the
Transportation Policy in the Parent/Student Handbook and the Residential Handbook.

PARENT SIGNATURE DATE

WHS Residential Life Parent/Guardian Agreement

For 2026-2027 school year, parents and students are reminded that respectful behavior and cooperation with dormitory staff are expected at all times to foster a positive living environment. The school encourages open communication regarding any concerns or issues that may arise, and parents are welcome to contact the residential staff for support. Students and parents must follow all established procedures for check-in, check-out, and visitation to ensure safety and accountability. By adhering to these guidelines, families help maintain a secure, respectful, and productive residential community for all students.

1. Students will bring adequate school appropriate clothing for the week.
2. Students need to properly check in and out of the dormitory properly.
3. Student curfew is at 9:00 p.m. daily. Family is allowed visitation between 3:30 and 9:00 p.m. in the dormitory common area. Students will not be sent to the parking without identifying the visitor. This is a safety and accountability precaution for each student.
4. Transportation request is allowed by parents and guardians only by email or FAX. The FAX number is 505-488-6444. A telephone call is not acceptable.
5. Students are encouraged to return on Sunday and check out on Friday weekly. Thursday check-out is discouraged. 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. Usage of electronic devices is a privilege and will be confiscated if misused. 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; and 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 not allowed. 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, 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 the student code of conduct and student/parent handbook. By signing this agreement, student and parent 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

SOCIAL FAMILY HISTORY FORM

Student Name: _____ Dorm: _____ Grade: _____

Enrolling your child in a BIE Boarding School represents an ongoing partnership between the school and you as a parent or guardian. We recognize that your child's emotional and social growth, as well as their educational advancement, are crucial for helping them develop the skills needed to live independently after graduation. In order to best support your child's transition into adulthood, we kindly ask for your cooperation in completing the following questions. The information you provide will assist our dormitory staff in understanding and preparing for your child's individual needs as they adjust to life in the dormitory. Please note that your responses are confidential and will only be shared with staff members directly involved in supporting 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 about your child's self-identity, self-esteem issues, fears, worries, hopes, and dreams.* _____

Hobbies and Interest: *Tell us about your child's talent, interests, and hobbies that he/she is 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?* _____

Sexual Issues and Dating: *The dorm staff will meet 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 staff need to be aware of such as sleep disorders, eating disorder, or extreme habits?* _____ *Has your child ever received counseling, therapy or is currently taking medication?* _____

Mental Health: *Does your child show signs of depression, self-harm, 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 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 8/3/2026 Valid Until: 5/20/2027

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: _____

WINGATE HIGH SCHOOL RESIDENTIAL BUILDING CARE AND DAMAGE POLICY

Room, Restroom, and Building Damage Accountability

Room Number: _____

The responsibility for maintaining the condition of a student room and its adjoining restroom rests with the assigned students. Any damage that occurs within the room or restroom, whether caused directly by the occupants or by their visitors or friends, is the responsibility of those students. When damages are identified, monetary fines will be imposed according to the established schedule. All fines assessed for building damages must be paid by the parents or guardians of the students involved. Furthermore, students must ensure that any outstanding fines accumulated over the school year are settled before the start of the next academic year. Failure to pay these fines may result in the withholding of important student records, such as transcripts or diplomas, until all financial obligations have been met.

The fines for specific types of damages are listed below.

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 damages to areas or items not specifically listed above will be assessed and charged according to the findings in the incident report. The cost for such damages will be determined based on the nature and extent of the incident. To maintain the cleanliness and integrity of the WHS residential building, students are strictly prohibited from displaying posters or hanging any objects in their rooms or bathrooms. This policy ensures that the facility is intended to provide a welcoming and comfortable home for students. It is important to keep all areas clean and free from damage. Parents and guardians should be aware that they are financially responsible for any damage caused by their child to any part of the building. Payment for such damages must be made in full, without exception or leniency.

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN SIGNATURE DATE

STUDENT (PRINT NAME)

STUDENT SIGNATURE

DATE