

# Ch'ooshgai Community School Board of Education, Inc.



## **Residential Hall Student Enrollment Packet**

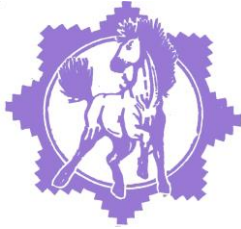
(Revised 05/5/21)

**P.O. Box 321  
Tohatchi, New Mexico 87325  
(505) 733 --2734 / 2720**

# Residential Hall Student Enrollment Forms

SY: 2021 - 2022

Route: \_\_\_\_\_



**Ch'oooshgai Community School  
Residential Program  
(505) 733 - 2734 or 2720  
Student Check-Out Card**



NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ HOSP #: \_\_\_\_\_  
 CENSUS NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_  
 PARENT / GUARDIAN: \_\_\_\_\_ Primary Contact Number \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 PARENT EMAIL ADDRESS \_\_\_\_\_  
 PHYSICAL ADDRESS: (Exact directions to your home / location) \_\_\_\_\_

EMERGENCY CONTACT: (Name and phone number of emergency contact, must be a working phone number)

1. \_\_\_\_\_ 1. Telephone # \_\_\_\_\_  
 2. \_\_\_\_\_ 2. Telephone # \_\_\_\_\_

I, Authorize the following person(s)/individuals to check out the above named student out of Ch'oooshgai Community School for home visit, vacations, and the closure of school. This is to be in accordance with existing policy and regulations of Ch'oooshgai Community School. Must be 18 years or older to check out student.

- |    | Name of Person | Phone Number | Relationship to child |
|----|----------------|--------------|-----------------------|
| 3. | _____          | _____        | _____                 |
| 4. | _____          | _____        | _____                 |
| 5. | _____          | _____        | _____                 |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PERSON SIGNING OUT THE STUDENT	RELATION	DATE TAKEN	TIME	STAFF INITIALS	DATE RETURNED	TIME	SIGNATURE OF PERSON RETURNING - SIGNING IN THE STUDENT	STAFF INITIALS

# Residential Hall Student Enrollment Forms

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## Residential Information Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Wing: 100 – 200 – 300 – 400

### 2. Student Clothing Information & Inventory:

Date: \_\_\_\_\_

Personal Clothing	How Many / Amount	Description (Brand, Color, Size)	New	Used
Jacket / sweater				
Shirt				
Blouse / Top				
Pants				
Shoes				
Socks				
Underwear				
T-shirts				
Pajamas				
other:				
bag / suitcase				

### 3. Student Behavioral Information: (Check yes / no for each question below)

YES	NO	STUDENT BEHAVIORAL CONDITION	EXPLANATION
		Calm, listens to adults	
		Has nightmares? Sleep walking?	
		Rude, selfish,	
		Talks back, yells, gets mad easily, temper-tantrum	
		shy, quiet, withdrawn	
		Is afraid of the dark?	
		May need counseling?	
		May need to be awoken to use the bathroom during the night. (bedwetting)	
		Suspension / Expulsion from another school for disciplinary reason in the past?	

# Residential Hall Student Enrollment Forms

Board of Directors:  
Jimmy Detsoi, President  
Hoskie Bryant, Vice-President  
Mitzi Begay, Sec./Treasurer  
Virginia Harvey, Member  
Vacant, Member

## CH'OOSHGAI COMMUNITY SCHOOL, INC.

P.O. Box #321, Tohatchi, N.M. 87325  
Phone: (505) 733-2700 Fax: (505) 733-2703  
(Http://www.ccsbroncos.bia.edu.)



*"The Vision of Ch'ooishgai Community School is to Educate our Students to Become Successful Contributing Citizens and Leaders in a Multi-Cultural Society."*

### Ch'ooishgai Community School – Residential Department

#### Participation in Non-Emergency Behavioral Health Services

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree:

To allow my child (ren) to receive counseling services as needed or as implemented by the Ch'ooishgai Residential Behavioral Health Program (CRBHP) according to the program narrative;

To cooperate to the best of my knowledge and abilities with the Residential Behavioral Program in coordinating services for my child (ren);

I recognize:

- The CRBHP provides comprehensive guidance program activities consistent with identified student needs and that I have a right to an explanation of the usefulness and the type of services being offered to my child (ren).

I understand:

- The CRBHP component of the residential program will provide guidance instruction and activities that are cultural-specific and may include partial instruction in the Navajo Language and/or activities including support groups, music and storytelling. I have no objection to these techniques and methods.
- The staff of the residential department will not tell others any information about my child's/children's counseling support services without my written permission except as required by law, which includes the disclosing of harm to self or others, maltreatment to a minor under 18 years of age, or if a court subpoenas information.
- This agreement shall remain in effect for one year from the date of signing, unless the consent is cancelled before that time by written notice.

I / We give consent that the above named child/youth can participate in all non-emergency behavioral health services provided by the school/dormitory staff.

\_\_\_\_\_  
Parent(s)/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residential Counselor

\_\_\_\_\_  
Date

# Residential Hall Student Enrollment Forms

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**Ch'ooshgai Community School, Inc.**  
**Residential Program**  
**Student / Parent / Staff Residential Compact**  
**SY 20\_\_ / 20\_\_**

*School Mission:*

*Together, developing educated, engaged, and empowered students.*

**Student Agreement: It is important that I do the best I can. Therefore, I will do the following:**

- Understand that staying in the residential hall is a privilege not a right.
- Understand that my bags/suitcase will be searched upon return on Sunday by 8pm and Friday before 4pm
- Understand that all electronic devices will be confiscated, and may not be returned until school out.
- Come to the dorm every week on time and stay throughout the week.
- Show respect for myself, my dorm, and other students and have consideration for cultural differences.
- Conform to the rules and conduct at my dorm, and behave to the best of my ability.
- Believe that I can learn and will learn.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Agreement: It is important to have my child reach his/her full academic potential. Therefore, I will encourage him/her by doing the following:**

- See that my child attends school regularly, is punctual, checks in on Sunday and checks out on Friday, by 6pm.
- Support the residential staff and respect the cultural differences of others.
- Do activities at home with my child to continue learning at home.
- Have an on-going and open communication with my child's residential staff.
- Expect our child to behave respectfully, responsibly and exhibit safety.
- Attend parent conferences or meetings if needed or requested for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Residential Staff Agreement: Students must be given the opportunity to succeed; Therefore, I will do the following:**

- Provide a safe and healthy home-living environment for each student.
- Have high expectations for my students, the residential program, the school and myself.
- Maintain open lines of communication with my students and their parents, in order to support learning.
- Seek ways to involve parents in the dorm for observation or participation in residential activities.
- Respect the students, their parents and the diverse cultures of the dorm.
- CCS staff will not be permitted to check out students without a written permission consent from the parent.

Home living Asst.: \_\_\_\_\_ Date: \_\_\_\_\_

Home living Asst.: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

# Residential Hall Student Enrollment Forms

## Ch'ooshgai Community School Transportation Information / Bus Form SY 20\_\_ - 20\_\_

Route: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

### Part I - Student Information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

### Part II - Parent Information:

Father's Name: \_\_\_\_\_ Work Location & Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Location & Phone #: \_\_\_\_\_

### Part III - Emergency Contact:


Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

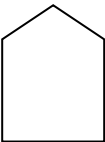
Part IV - Exact Home Location: \_\_\_\_\_

\_\_\_\_\_

**Part V - Home Map:** Indicate the building below as a local church, school, chapter house or trading post near your home that can be easily identified in your community. Give a description of mileage, road numbers to your exact home location. (Be specific)

House: \_\_\_\_\_ Color: \_\_\_\_\_ Model \_\_\_\_\_

North 



I, certify that the information provided on this map is true and accurate.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transportation Supervisor

\_\_\_\_\_  
Date

# Residential Hall Student Enrollment Forms

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## Ch'ooshgai Community School Residential Program

### Residential Hall Agreement

*Ch'ooshgai Community School, Residential Program recognizes the developmental value of a residential based education, and believes that residential hall living is a key component in a student's overall educational experience. For this reason, provisions are made to house all students on-campus throughout the school year.*

- Student will sign this agreement to acknowledge their responsibility to live in the dormitory, while in attendance at this school. Student will acknowledge and understand that **residing in the residential program is a privilege, not a right.**
- Students will acknowledge their responsibility to pay for any damages that are incurred. Students will also acknowledge their responsibility to read and comply with all policies and procedures set forth in the student residential handbook and this document includes but not limited to:

1. Students signing this agreement are acknowledging their understanding, responsibility and willingness to abide by the Ch'ooshgai Residential Policy and Procedure.
2. The school assumes no responsibility for loss of or damage to personal property for any reason, and has no insurance coverage protecting students' property, Inventory forms can be filed with the Residential Manager.
3. All students residing in the Residential Program must participate in the school's dining services (food services)
4. Students are responsible for any damage to rooms or furnishings and for unauthorized physical changes to a bedroom. Residents may also be held jointly responsible for any damages to the public areas in and around their room and will be billed accordingly.
5. All room will be inspected on a daily basis. Bed rooms are expected to be clean and orderly. The following will be checked during inspections: bed properly fixed, trash can emptied, neatness, furniture, fixtures and décor, clothing, locker / drawer, window blinds, etc.
6. All students are subject to temporary or permanent removal from residential hall as a result of being found responsible for a violation of Residential Regulations, or Ch'ooshgai Community School Student – Parent Handbook. **Residing in the residence hall is a privilege not a right.**
7. Any staff of Ch'ooshgai Community School has the right to enter the rooms to respond to emergencies, provide repair or maintenance, and or enforce school policies. Rooms will be inspected daily, and when unoccupied during break periods, for compliance with health and safety regulations and break closing procedures.
8. All students' bags / suitcase will be searched upon return on Sunday and departure on Friday, should a need arise. All electronics devices will be confiscated and may not be returned until the end of the school year. (Unless student voluntarily turns in the electronic device.)
9. Phone Usage: Students may contact their parents using the school's telephone, for **emergencies use only.** Staff will call parents as needed. Parents may call before 7:30pm daily.

I, hereby acknowledge my responsibility to abide by all regulations and policy as stated by Ch'ooshgai Community School, Inc and the Residential Handbook and Program. My signature indicates that I have read this document and understand my responsibility.

\_\_\_\_\_  
Student name (printed)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

I, the parent / guardian of the above signed student have read this document and understand the expectations of my son / daughter has outlined, while staying in the Ch'ooshgai Community School Residential Program. I will take responsibility for any damages incurred by my child and I will be billed accordingly and be subject to pay restitution.

\_\_\_\_\_  
Parent name (printed)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

# Residential Hall Student Enrollment Forms

## CCS – Transportation Department Bus Ridership Policy

When a student is found to be in non-compliance as a bus passenger, the following actions will be appropriate:

1. When a student misbehaves on a bus for the first time, the driver will explain to the offender the necessity for good behavior.
2. If, after repeated talks and warning, the rider (student) continues to violate the rules, the driver will inform the student that the rule violation will be reported to the principal. This report will include the use of a written form that lists the offense and the action taken by the principal.
3. Upon receiving the complaint and discussion with the driver, the principal will then call the student to the office and warn the student that the parents must be notified and that the student will be taken off the bus if misbehavior reoccurs.
4. If poor conduct continues, the driver will again report the incident to the principal. After discussion it will be decided whether to take the bus-riding privilege away from the student, and if so, for how long.
5. When a student is not allowed transportation by school bus, the principal will inform the parents of the penalty, the reason for it, and how long the penalty will last. In such cases, the parents become responsible for transporting their child to and from school safely each day.
6. To assure safe transportation of all students, the following infractions could result in five (5) day residential suspension from all transportation as follows:
  - a. Opening or playing with the emergency door;
  - b. Throwing objects at the driver or other students;
  - c. Throwing objects out the windows at pedestrians or other vehicles;
  - d. Crossing four-lane roadways or crossing in back of school bus before or after loading;
  - e. Directing inappropriate obscene language or gestures at the driver or other passengers on the school bus;
  - f. Behaving in ways that disrupt the safe operation of the school bus.

7. In the event of inclement weather, delays or closings it will be announced via radio: KGLX, KTNN, KYVA/KKOR, KGAK and television stations: KOAT-TV 7; KOB-TV 4; KRQE-TV 13

- **Bus Ridership is a privilege not a right.** Students, who persist in violating these rules and regulations, risk the loss of their riding privileges. It shall be the duty of the bus driver to notify the Transportation Coordinator and the school principal or designee of bus misconduct. Upon notification students may be removed from the bus or lose of his / her riding privileges. If student is removed from a bus or loses their ridership privileges, it will become the parent's / guardian's responsibility to transport their child to and from school. If parent / guardian have any questions concerning their student's transportation, please contact the Transportation office at (505) 733 – 2712.

=====

I have discussed the conduct of student as a bus passenger with my son / daughter \_\_\_\_\_, Who

Ride the bus on route to: \_\_\_\_\_ will cooperate with the school bus driver and school authorities. We understand that these rules are necessary to ensure the safety on the school bus.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Residential Staff: \_\_\_\_\_ Date: \_\_\_\_\_



# Residential Hall Student Enrollment Forms

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## Ch'ooshgai Community School Computer and Internet Use Policy

### Terms and Condition of Computer and Internet Use Policy

**Acceptable Use: As a student I will use the computer service to support my personal educational objectives with the educational goals and objectives of Ch'ooshgai Community School. Inappropriate use may result in cancellation of use of information services and or appropriate disciplinary actions. I will not submit, publish, display or retrieve materials forbidden by statues, laws or school policy and regulations.**

- I will report any misuse of computers or internet violations to a teacher, school staff, parent or the system administrator's as appropriate, furthermore student will respect the general use of computer equipment, including the camera, downloading and uploading pictures, music, videos, and other graphic material. Keeping in mind that **school computers are for EDUCATIONAL USE ONLY!**
- I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without Ch'ooshgai Community School authorization.
- I am expected to abide by the general acceptable rules of network guidelines. Therefore I will:
  - Be polite and use appropriate language while on the computer; I will not send or encourage others to send, abusive messages, via e-mail, etc.
  - Respect privacy; I will not reveal any home address or personal phone numbers;
  - Avoid disruptions; I will not use the network in any way that would disrupt use of the systems by others;
  - Observes these other considerations:
    - Be brief;
    - Try to use correct spelling and make messages easy to understand;
    - Use short and descriptive titles for my assignments;
    - Post only to known groups.

Ch'ooshgai Community School specifically denies any responsibility for the accuracy of information. While CCS will make an effort to ensure access to proper materials, the users has the ultimate responsibility for how the computers and internet are used and bears the risk of reliance on the information obtained.

#### 1. STUDENT (USER) SIGNATURE:

I have read and agree to abide by Ch'ooshgai Community School policy and regulations on appropriate use of the computers and internet usage. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

\_\_\_\_\_  
Student Name (Printed)      Student Signature      Grade      Date

#### 2. PARENT OR GUARDIAN CO-SIGNER:

As the parent or guardian of the student, I have read this agreement and understand it. I understand that it is impossible for CCS to restrict access to all controversial materials, and I will not hold the school (CCS) responsible for materials acquired by the computer and internet. I also agree to report any misuse of equipment (computer) to school administrators. Misuse may come in many forms but can be viewed as any messages sent or received that indicates or suggest pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in this agreement.

I accept full responsibility for supervision of my child's use of computers and internet services not in a school setting. I hereby give my permission to have my child use computers and internet services while at CCS.

\_\_\_\_\_  
Parent/Guardian Printed Name      Parent/Guardian Signature      Date

# Residential Hall Student Enrollment Forms

## MEDICATION ADMINISTRATION CONSENT FORM

Name of Student: \_\_\_\_\_  
 Chart # \_\_\_\_\_

Primary Contact / Parent: \_\_\_\_\_  
 Relationship to Student / Child: \_\_\_\_\_

**Part I: Prescribed Medication:**

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Directions for Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Purpose for Medication: \_\_\_\_\_ Type of Medication: Pill(s) Liquid Capsule(s)

Side effects of medication are: \_\_\_\_\_

Diagnosis by Doctor: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ @ Medical facility: \_\_\_\_\_

Any other known Medical Condition: \_\_\_\_\_  
 Short-term  Long-term

Consent: I, \_\_\_\_\_ hereby give permission to the residential staff to give the prescribed medication to my child \_\_\_\_\_, directions: \_\_\_\_\_

X \_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN      DATE / TIME

**Part II: Allergies Information: (Answer yes / no for each question) (Plan with other departments)**

Allergy	Yes	No	Be specific:
Food:			
Medication:			
Household items:			
Animals:			
Plants:			
Others:			