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

SY: 2022 - 2023





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



| NAME OF STUDENT: | | | | DOB | : | | HOSP #: | |
|--|--------------|---------------|--------|-------------------|------------------|-----------|--|-------------------|
| CENSUS NUMBER: | | | | GRADE: | TEACHER | : | lumber | |
| PARENT / GUARDIAN | J: | | | | Primary C | ontact N | lumber | |
| MAILING ADDRESS: | | | | | <u> </u> | | | |
| PARENT EMAIL ADDI | RESS | | | | | | | |
| PHYSICAL ADDRESS: | (Exact dire | ctions to | your h | ome / locati | ion) | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | • | | | | | be a working phone num | |
| 1 | | | | 1. T | elephone#_ | | | |
| | | | | | | | | |
| • | . | | | | | | udent out of Ch'ooshgai | |
| - | | | | | | | be in accordance with e | xisting |
| policy and regulation | ıs of Ch'oos | hgai Cor | nmunit | y School. M | ust be 18 yea | rs or old | ler to check out student. | |
| Nam | e of Person | 1 | Phon | e Number | | Rel | ationship 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 |
| | | | | | | | | |
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Residential Information Form

| Name of Student: | | Grade: | | Wing: 100 - | _ Wing: $100 - 200 - 300 - 400$ | | |
|------------------|----------|-------------|--------------------------|-----------------------|---------------------------------|-------------|------|
| 2. St | tuden | t Clothii | ng Information & | & Inventory: | | Date | e: |
| Per | sonal C | Clothing | How Many / Amount | Description (Bra | and, Color, Size) | New | Used |
| Jacket | t / swea | ater | | | | | |
| Shirt | | | | | | | |
| Blouse | e / Top | ı | | | | | |
| Pants | | | | | | | |
| Shoes | ; | | | | | | |
| Socks | | | | | | | |
| Under | rwear | | | | | | |
| T-shir | ts | | | | | | |
| Pajam | nas | | | | | | |
| other | : | | | | | | |
| bag / | suitcas | e | | | | | |
| | | | | | | | |
| 3. St | udent | t Behavio | ral Information: (C | Check yes / no for ea | ach question belo | w) | |
| YES | NO | STU | IDENT BEHAVIORA | L CONDITION | 1 | EXPLANATION | |
| | | Calm, liste | ens to adults | | | | |
| | | Has nightr | mares? Sleep walking | ς? | | | |
| | | Rude, self | | - | | | |
| | | · | , yells, gets mad easily | , temper-tantrum | | | |

shy, quiet, withdrawn
Is afraid of the dark?
May need counseling?

the night. (bedwetting)

disciplinary reason in the past?

May need to be awaken to use the bathroom during

Suspension / Expulsion from another school for

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

Name of Student:

CH'OOSHGAI COMMUNITY SCHOOL, INC.

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



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

Ch'ooshgai Community School – Residential Department

Participation in Non-Emergency Behavioral Health Services

Date of Birth:

| l. agree: | |
|--|---|
| <u> ug. ee.</u> | |
| To allow my child (ren) to receive counseling Program (CRBHP) according to the program | ervices as needed or as implemented by the Ch'ooshgai Residential Behavioral Health arrative; |
| To cooperate to the best of my knowledge a | d abilities with the Residential Behavioral Program in coordinating services for my child (ren); |
| | e guidance program activities consistent with identified student needs and that I have a right to the type of services being offered to my child (ren). |
| may include partial instruction in no objection to these techniques ar The staff of the residential department without my written permission exeminor under 18 years of age, or if an armonic in the staff of the residential department. | nt will not tell others any information about my child's/children's counseling support services of as required by law, which includes the disclosing of harm to self or others, maltreatment to a |
| I / We give consent that the above nam | 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 |
| | |

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.

Residential Supervisor:

| Student Signature: | Date: |
|--|---|
| Parent Agreement: It is important to have my child re | each his/her full academic potential. Therefore, I will encourage |
| him/her by doing the following: | |
| Support the residential staff and respect the cu | |
| Do activities at home with my child to continue | _ |
| Have an on-going and open communication wi | • |
| Expect our child to behave respectfully, respor | |
| Attend parent conferences or meetings if need | led or requested for my child. |
| Parent Signature: | Date: |
| | the opportunity to succeed; Therefore, I will do the following: |
| Provide a safe and healthy home-living enviror | |
| Have high expectations for my students, the re | |
| • | y students and their parents, in order to support learning. |
| , , | bservation or participation in residential activities. |
| Respect the students, their parents and the div | |
| CCS staff will not be permitted to check out stu | udents without a written permission consent from the parent. |
| Home living Asst.: | Date: |
| Home living Asst.: | Date: |
| Residential Counselor: | Date: |

Date: _____

Ch'ooshgai Community School <u>Transportation Information / Bus Form</u>

SY 20__ - 20__

| Route: | | Driver's Nam | e: |
|--|-----------------------------|-------------------|---------|
| 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 8 | & Phone #: | |
| Mother's Name: | Work Location 8 | & Phone #: | |
| Part III - Emergency Contact: | | | |
| Name: | Relationship: | Telephone #: | |
| Part IV - Exact Home Location: | | | |
| House: | Color: | Model | North |
| | | | |
| I, Certify that the information provided on the Signature of Parent / Legal Guardian | nis map is true and accurat | te. | |
| | Date | | |

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 <u>residing in the residential program is a privilege, not a right.</u>
- 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 <u>emergencies use only</u>. Staff will call parents as needed. Parents may call before 7:30pm daily.

| , , , , , , | , , , , , , | olicy as stated by Ch'ooshgai Community S ead this document and understand my resp | • |
|----------------------------------|-------------------|---|-----|
| Student name (printed) | Student signature | Date | |
| outlined, while staying in the C | • | ment and understand the expectations of m Program. I will take responsibility for any da | , . |
| Parent name (printed) | Parent signature | Date | |

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
 - <u>Bus Ridership is a privilege not a right</u>. 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 | s a bus passenger with my son / daught | er, Who |
| Ride the bus on route to:understand that these rules are necessary | | h the school bus driver and school authorities. We |
| Student Name: | Grade: | Teacher: |
| Physical Address: | | City: |
| Signature of Parent: | Phone Number: | Date: |
| Signature of Student: | | Date: |
| Signature of Recidential Staff | | Date: |

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.
 - o 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:

| usage. I understand and will a | - | ions indicated. I | understand that | opriate use of the computers and internet any violations of the above terms and s. |
|---|--|-------------------------------------|---------------------------------------|---|
| Student Name (Printed) | Student Signature | Grade | Date | |
| 2. PARENT OR GUARI | DIAN CO-SIGNER: | | | |
| access to all controversial ma also agree to report any misu | terials, and I will not hold the scho se of equipment (computer) to sol d that indicates or suggest pornog | ool (CCS) respon hool administra | sible for materia tors. Misuse may | stand that it is impossible for CCS to restrictly acquired by the computer and internet. It come in many forms but can be viewed a actions, racism, sexism, inappropriate |
| | supervision of my child's use of couse computers and internet service | • | | ot in a school setting. I hereby give my |
| Parent/Guardian Printed Nar | ne Parent/Guardian Signature | Date | _ | |

MEDICATION ADMINISTRATION CONSENT FORM

| | ne of Student: | | | | | | | |
|-------|----------------------|---------|----------------------------------|---|---------|--|--|--|
| Cha | rt # | | Relationship to Student / Child: | | | | | |
| | | | | | | | | |
| Par | t I: Prescribed Me | dicati | on: | | | | | |
| | | | | | | | | |
| Nan | ne of Medication: | | | Dosage | | | | |
| | | | | Time Given: | | | | |
| | | | | Type of Medication: Pill(s) Liquid Capsule(s) | | | | |
| | | | | | | | | |
| Diag | gnosis by Doctor: | | | 0.00 15 15 15 | | | | |
| Nan | ne of Physician: | | | @ Medical facility: | | | | |
| | | | | | | | | |
| Any | other known Medica | I Condi | tion: ₋ | hort-term Long-term | | | | |
| | | | S | hort-term Long-term | | | | |
| Con | cont. I | | h | arabu giva narmiccian to the recidential staff to give the proceed an edication t | to 1001 | | | |
| | | | | ereby give permission to the residential staff to give the prescribed medication to | LO IIIy | | | |
| Chile | u | | aireci | cions: | | | | |
| V | | | | | | | | |
| × | SIGNATURE OF R | | ./0 | | | | | |
| | SIGNATURE OF P | ARENI | /GUA | RDIAN DATE / TIME | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| D | .4 IT. All | 4 • | | (A | | | | |
| Par | t II: Allergies Inic | ormau | on: | (Answer yes / no for each question) (Plan with other departments) | | | | |
| | Allergy | Yes | No | Be specific: | | | | |
| | Food: | | | | | | | |
| | Medication: | | | | | | | |
| | Household items: | | | | | | | |
| | Animals: | | | | | | | |
| | Plants: | | | | | | | |
| | Others: | | | | | | | |
| | | | 1 | | 1 | | | |