

CHOCTAW CENTRAL DORMITORY PROGRAM

2022-2023 DORM STUDENT APPLICATION

Criteria for Acceptance to Reside in the Dormitory

- All applications must be completed and signed in order to be considered.
- **DEADLINE to submit an application and required documentation is AUGUST 11, 2022 @ 4:30pm.**
- Should spaces become available at a later date, we may accept applications and students at that time. Otherwise, these students will be placed on a waiting list.

Check List & Important Information	2	Out-of-State Student Travel Form	8
Student Information	3	Authorization of Student Check Out	9
Parent/Legal Guardian Information	3	Medical Consent Form	10
Emergency Contacts (Non Parent/guardian)	3	Student Medical Insurance Form	11
Verification of Legal Custody	4	Student Information Summary/Behavioral Health Survey	12-14
Parental Consent Form	5	Social Information	14
Photograph and Video Release	5	House Arrest Information Form	15
Release/Transfer/Receipt of Records	5	Internet Use Policy	16
Search and Confiscation Policy	6	User Agreement Signatures	17
Gang-Related Behavior Policy	6	Application Signature Form	18
Testing Under Any Influence Policy	6		
Interrogation Consent Form	7		

OFFICE USE ONLY
DATE/TIME RECEIVED: _____
RECEIVING STAFF INITIALS: _____

STUDENT NAME: _____

GRADE: _____

ACCEPTING APPLICATIONS FOR
THE CHOCTAW DORMITORY PROGRAM
2022-2023 SCHOOL YEAR

ALL sections of the Dormitory application must be filled out by a parent/legal guardian
NO students will be allowed to attend the Dormitory without a completed application.

ALL necessary documentation must be submitted with a signed and signed Dormitory application in order to be accepted.

1 ST TIME DORM STUDENT WILL NEED:	RETURNING DORM STUDENT WILL NEED:
2022/2023 COMPLETED DORM APPLICATION	2022/2023 COMPLETED DORM APPLICATION
CDIB – DEGREE of INDIAN BLOOD	
BIRTH CERTIFICATE	
SOCIAL SECURITY CARD	
IMMUNIZATIONS	
MEDICAL INSURANCE CARD – COPY of FRONT & BACK	MEDICAL INSURANCE CARD – COPY of FRONT & BACK
COPY OF CUSTODY/LEGAL DOCUMENTS (IF APPLICABLE)	COPY OF CUSTODY/LEGAL DOCUMENTS (IF APPLICABLE)
COPY OF COURT DOCUMENTS IF STUDENT IS COURT ORDERED TO APPLY TO RESIDE IN THE DORMITORY	COPY OF COURT DOCUMENTS IF STUDENT IS COURT ORDERED TO APPLY TO RESIDE IN THE DORMITORY

Once an application is completed and ALL documents are received and approved, your child is ready to check into the Dormitory.

ALL students attending the Dormitory are required to be counted during all 3 Count Weeks.

1ST COUNT WEEK: September 25 – 30, 2022

2ND COUNT WEEK: October 2 – 7, 2022

3RD COUNT WEEK: October 9 – 14, 2022

(DATES MAY BE SUBJECT TO CHANGE.)

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT MICHELLE FERRIS @ (601) 650-7312; MELINDA GIBSON @ (601) 650-7311

MISSISSIPPI BAND OF CHOCTAW INDIANS



CHOCTAW CENTRAL DORMITORY

P. O. BOX 6008
CHOCTAW, MS 39350
TELEPHONE: (601) 650-7311
(601) 650-7310
FAX (601) 389-0111 2022-2023

STUDENT INFORMATION

STUDENT FULL NAME: _____ GRADE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
STUDENT CELL PHONE: () _____ COMMUNITY: _____
DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY #: _____
TRIBAL AFFILIATION: _____ ENROLLMENT #: _____
Do you live with (circle): Mother Father Legal Guardian Other: _____
Gender: Male Female Language Spoken by Student: _____

PARENT/LEGAL GUARDIAN INFORMATION

FATHER'S NAME: _____ ADDRESS: _____ TRIBAL AFFILIATION: _____ EMPLOYER: _____ DEPARTMENT: _____ TIME AT WORK: _____ WORK #: () _____ CELL #: () _____ HAS LEGAL CUSTODY OF STUDENT: YES NO	MOTHER'S NAME: _____ ADDRESS: _____ TRIBAL AFFILIATION: _____ EMPLOYER: _____ DEPARTMENT: _____ TIME AT WORK: _____ WORK #: () _____ CELL #: () _____ HAS LEGAL CUSTODY OF STUDENT: YES NO
--	--

LEGAL GUARDIAN (if not listed above): _____
If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list him/herself as guardian, even if he/she is 18 years of age or older.
NAME: _____
ADDRESS: _____
TRIBAL AFFILIATION: _____
EMPLOYER: _____ TIME AT WORK: _____
DEPARTMENT: _____
WORK #: () _____ CELL #: () _____
HAS LEGAL CUSTODY OF STUDENT: YES NO

EMERGENCY CONTACTS - (Other than the Parent/Legal Guardian)

Name: _____	Relationship to Child: _____	Phone: _____
Name: _____	Relationship to Child: _____	Phone: _____
Name: _____	Relationship to Child: _____	Phone: _____

SIGNATURE: _____

PARENT/LEGAL GUARDIAN

MISSISSIPPI BAND OF CHOCTAW INDIANS



CHOCTAW CENTRAL DORMITORY

P. O. BOX 6008
CHOCTAW, MS 39350
TELEPHONE: (601) 650-7311
(601) 650-7310 2022-2023
FAX (601) 389-0111

VERIFICATION OF LEGAL CHILD CUSTODY

Name of Child: _____ Date of Birth: _____

Name of Custodial Parent/Legal Guardian: _____

Name of Non-Custodial Parent: _____

Custody set forth by (please circle): Birth Divorce Decree Court Order Other: _____

State, County/Court House of legal Documentation regarding child: _____

Type of Custody (please circle): Sole Custody Joint Custody Other: _____

Is this child currently under the Custody of Children and Family Services? ____ Yes ____ No
(If Yes, please provide a copy of custody/court documents.)

Caseworker: _____ Phone #: _____

Is this child currently under Tribal Youth Court Services/on probation? ____ Yes ____ No
If Yes: Probation Officer: _____ Phone #: _____

Please provide the Choctaw Dormitory Program with a copy of the judgment issued regarding the custody of the above named child. In addition to providing the aforementioned documents, please answer the following questions:

May the non-custodial parent have access to your child's dorm records?
(report cards/progress reports, restriction papers, etc.)

Please Circle One
YES NO

May the non-custodial parent discuss your child's progress with dorm staff? YES NO

May the non-custodial parent VISIT your child at the Choctaw Dormitory? YES NO

May the non-custodial parent TELEPHONE your child at the Choctaw Dormitory? YES NO

Is there any restraining order in place? YES NO

If there is, please provide the name(s) of person(s) and a copy of the order:

Additional comments/restrictions regarding your child's non-custodial parent that the Choctaw Dormitory Program should be aware of:

PARENT/LEGAL GUARDIAN SIGNATURE: _____

**PARENTAL CONSENT FORM**

Name of Student: _____ DOB: _____

I (We) hereby grant permission for the above named student to participate in the following Choctaw Dormitory Program sponsored activity as approved by the Choctaw Tribal Schools. I understand the students will be properly chaperoned and all precautions will be taken to ensure his/her safety. **I WILL NOT HOLD THE CHOCTAW CENTRAL DORMITORY PROGRAM, CHOCTAW TRIBAL SCHOOLS, OR THE MISSISSIPPI BAND OF CHOCTAW INDIANS LIABLE FOR ANY INJURIES OR OTHER CIRCUMSTANCES BEYOND OUR CONTROL THAT MAY OCCUR ON THESE TRIPS/ACTIVITIES.**

PLEASE CHECK ANY/ALL BLANKS THAT YOU WILL ALLOW YOUR CHILD TO PARTICIPATE IN WITH OUR PROGRAM.

- _____ Bowling/Skating (Students are warned beforehand about the risks & injuries associated with skating.)
- _____ Swimming (Students are warned about risks & injuries associated with swimming.)
- _____ Movies (at movie theatres, Dormitory, and other venues)
- _____ Recreational Activities (Volleyball, Basketball, Baseball, Softball, Stickball, Pool, etc.)
- _____ On-Reservation (Games, After School activities, etc.)
- _____ Off-Reservation (Dinner & Movie Nights, Plays, Sports Events, etc.)
- _____ Ropes Course (Team Building Project)
- _____ Participate in Religious/Faith Based Activities (Personal Testimony, Skits, Plays, etc. @ the Dorm or another facility)

Photograph & Video Release:

I (We) hereby grant permission to the Choctaw Central Dormitory Program and Choctaw Tribal Schools for the use of the above named student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Choctaw Central Dormitory Program or the Choctaw Tribal Schools. This may include but is not limited to any informational display boards, or any other media/web page/internet displays.

PARENT/LEGAL GUARDIAN SIGNATURE: _____**Release/Transfer/Receipt of Records for Enrollment Purposes:**

- | | |
|--------------------------|--|
| Progress Records: | to include transcripts of grades, records of attendance, test results, related to achievement and measurement of ability |
| School Behavior Records: | Suspension, Expulsions, and Classroom Behavior |
| Any Health Records: | Immunizations and other health related records (Physicals, Test Results, Behavioral Health, etc.) |
| Other: | Certificate of Degree of Indian Blood, Birth Certificate, Legal Documents and Other necessary documents: _____ |

I (We) hereby authorize the release and consent of all the records above for the named student to the Choctaw Central Dormitory Program. I understand the above information is considered Confidential and will be used by the program for Enrollment purposes.

Signature of Parent/Legal Guardian: _____

MISSISSIPPI BAND OF CHOCTAW INDIANS



CHOCTAW CENTRAL DORMITORY

P. O. BOX 6008

CHOCTAW, MS 39350

TELEPHONE: (601) 650-7311

(601) 650-7310

FAX (601) 389-0111

2022-2023

The Choctaw Central Dormitory Program staff wants to provide a positive learning environment for our students. Our major concerns are to encourage academic progress and to create a safe, effective residential environment. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

SEARCH AND CONFISCATION POLICY

The Choctaw Central Dormitory Staff, in their desire to provide for the health, safety, and general welfare of our students, with whom we are entrusted, will conduct periodic, random searches for illicit drugs, alcohol, and weapons. The search may include all personal items luggage, and/or the student, as well as school assigned items. Searches may be conducted with a canine trained to detect illicit drugs, alcohol, and weapons. Persons of the same sex will do student searches with a witness present. Illicit items will be promptly confiscated when found. **Any students found to be in possession of illegal items may be turned over to the Choctaw Law Enforcement Authorities.**

GANG-RELATED /GANG BEHAVIOR POLICY

Any wearing of apparel that signifies gang membership, items connected with gangs, such as handkerchiefs, "rags", necklaces, and/or "color clothes" depicting gang, drug, alcohol/liquor, tobacco, firearms, or explicit/implicit sexual connotation, oversized garments/"sagging" clothing/overalls with unbuttoned straps, and wearing pajama items to school are prohibited. **Furthermore, any clothing decided by the dorm staff to be gang-related or not appropriate for school will be banned.**

I (We) acknowledge with our signatures that my child and I have been informed of these policies that the Choctaw Central Dormitory Program has established towards ensuring a safe environment for my child/children.

Parent/ Legal Guardian Signature

Date

Student Signature

Date

TESTING UNDER ANY INFLUENCE POLICY

If any student who may be suspected of being under the influence of (1.) alcoholic beverage; (2.) any type of illegal/illicit drugs/substances, such as marijuana, sniffing volatile fumes, such as paint, glue, gasoline, etc. will be tested.

I (We), the parent/legal guardian, have read the "TESTING UNDER ANY INFLUENCE POLICY" and hereby give permission for my child to be tested and the results are to be given to the Choctaw Dormitory Program. I do understand that if my child refuses to be tested, this will result in dismissal from the Dormitory program.

Parent/Legal Guardian Signature

Date

Student Signature

Date



INTERROGATION CONSENT FORM

When needed, Choctaw Law Enforcement or other Law Enforcement Agencies respond to our calls of disorderly conduct, possession/use of alcohol/tobacco/drugs, assault, sexual assault, vehicle theft, other crimes, and school/dorm violations. Students and visitors are subject to prosecution through Choctaw Tribal Youth Court, as well as Adult Tribal Court, as well as other jurisdiction courts.

Policies are necessary to assure that no injustice or violations of constitutional rights result as a consequence of contracts or misunderstanding between students, law enforcement agencies, Choctaw Tribal Schools, and the Choctaw Dormitory Staff. The Choctaw Tribal Schools and the Choctaw Central Dormitory Program will cooperate with law enforcement agencies and/or other agencies dealing with student problems under the jurisdiction of the courts.

Under the provision of legal statutes relating to interrogation of a minor, if it becomes necessary for the Dormitory to contact parent(s)/Legal Guardian(s), the procedures below should be followed:

- ◆ The Homeliving Specialist/Dorm Manager/person in charge, will notify parent(s)/legal guardian(s) if a student is to be taken into custody or interrogated by Law Enforcement as soon as possible. The Law Enforcement Officer may take a student into custody upon their arrest. No Dorm Student will be interrogated without parent/legal guardian or their designee or Dorm Staff present.
- ◆ There have been occasions when parents have been away from home, unavailable, or unreachable for various reasons (i.e. no way of contacting/unreachable by phone, family emergency out of state, work-related travel out of state, working and can't get off, etc.) when they are needed for their child's interrogation. During interviews or interrogation of students by law enforcement, the Homeliving Specialist/ Dorm Manager/person in charge will act *in loco parentis*, if the parents/legal guardians can not be there or can not be contacted .

CHOCTAW DORMITORY STAFF AUTHORIZATION AS *IN LOCOC PARENTIS*

<p>I, _____,</p> <p>Give my consent for the Homeliving Specialist/Dorm Manager/Person In charge, to act in my stead until I arrive or if I am unavailable or unreachable for any reason and my child,</p> <p>_____, is to be interviewed/interrogated by Law Enforcement Officers/Court Officers/Investigators for any reason.</p> <p>_____ PARENT/LEGAL GUARDIAN SIGNATURE/DATE</p> <p>_____ Contact Phone Number</p>	<p>I, _____,</p> <p>DO NOT give my consent for the Homeliving Specialist/Dorm Manager/Person In charge, to act in my stead until I arrive or if I am unavailable or unreachable for any reason and my child,</p> <p>_____, is to be interviewed/interrogated by Law Enforcement Officers/Court Officers/Investigators for any reason.</p> <p>_____ PARENT/LEGAL GUARDIAN SIGNATURE/DATE</p> <p>_____ Contact Phone Number</p>
--	---

OUT-OF-STATE STUDENT TRAVEL INFORMATION**(REQUIRED for student living outside of the state of MISSISSIPPI ONLY)**

*Please complete this form if your student **DOES NOT** live in the state of MISSISSIPPI. All out-of-state students are required to travel by plane at the beginning of the school year. If your student does not fly at the beginning of the school year, you will be responsible for his/her transportation during Christmas break and at the end of the school year.*

STUDENT INFORMATION	
NAME: _____ <div style="text-align: center; margin-top: 5px;">(As it appears on their student ID/State ID)</div> Date of Birth: _____ Age: _____ Social Security #: _____ Gender (circle one): MALE FEMALE	
TRAVEL INFORMATION	
AIRPORT USED: _____ (CLOSEST TO STUDENT'S HOME) TOWN/CITY: _____ STATE: _____ BEST TIME FOR STUDENT TO DEPART: _____ *Travel will not be scheduled until student has been accepted at CHOCTAW MIDDLE SCHOOL/CHOCTAW CENTRAL HIGH SCHOOL & the CHOCTAW DORMITORY.*	
PARENT/LEGAL GUARDIAN CONTACT INFORMATION	
PARENT/LEGAL GUARDIAN NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ Work phone: _____ Cell phone: _____ Parent/legal guardian email: _____ Parent/Legal Guardian Fax #: _____	

ANY TRAVEL QUESTIONS MAY BE DIRECTED TO: MELINDA GIBSON (601) 650-7311

CHOCTAW DORMITORY PROGRAM
AUTHORIZATION FOR STUDENT CHECK OUT

**** DORM POLICY****

NO NOTES OR PHONE CALLS WILL BE ACCEPTED TO CHECK YOUR CHILD OUT!! ALL CHECK OUTS MUST BE DONE IN PERSON! ANY CHANGES TO STUDENT'S CHECK OUT LIST MUST BE DONE IN PERSON BY THE PARENT/LEGAL GUARDIAN!! NO EXCEPTIONS!!

STUDENT NAME: _____

PARENT/LEGAL GUARDIAN: _____

CONTACT PHONE NUMBERS: _____

***THE FOLLOWING PERSONS HAVE PERMISSION TO CHECK OUT THE ABOVE NAMED STUDENT. I AM FULLY AWARE THAT THE PERSON WILL TAKE RESPONSIBILITY FOR THE CARE/WELFARE OF MY CHILD DURING THIS TIME AND THAT THE PERSON WILL BE RESPONSIBLE FOR MY CHILD'S SCHOOL ATTENDANCE THE NEXT DAY. ***

I WILL NAME ONLY PERSONS THAT ARE 21 YEARS OF AGE OR OLDER!! NO PERSON UNDER 21 YEARS OF AGE WILL BE ALLOWED TO CHECK ANY STUDENT OUT!! STUDENTS WILL NOT BE ALLOWED TO LEAVE WITH ANY PERSON(S) SUSPECTED OF BEING UNDER THE INFLUENCE OF ANY SUBSTANCE OR ALCOHOL.

		DORM USE ONLY		
NAME	RELATIONSHIP	ADD	REVISED	DATE/STAFF

****ANY SPECIAL COMMENTS OR STIPULATIONS ABOUT MY CHILD'S CHECKOUTS:** _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

MISSISSIPPI BAND OF CHOCTAW INDIANS



CHOCTAW CENTRAL DORMITORY

P. O. BOX 6008

CHOCTAW, MS 39350

TELEPHONE: (601) 650-7311

(601) 650-7310

2022-2023

FAX (601) 389-0111

CHOCTAW CENTRAL DORMITORY PROGRAM MEDICAL CONSENT FORM

I, _____, the parent/legal guardian of
(Print Parent/Legal Guardian's Name)

Name of Student: _____ DOB: _____
(Print Student's Name)

DO HEREBY AUTHORIZE **CHOCTAW CENTRAL DORMITORY PROGRAM OR THEIR DESIGNEE** to:

- acquire **MEDICAL SERVICES** from Choctaw Health Center or any other medical facilities for my child. I agree **NOT** to hold the Choctaw Central Dormitory Program/Choctaw Tribal Schools/MBCI responsible as the result of any Medical or other malpractice action you may take against any Agency, Private Vendor, or Medical Practitioner who provides services to your child under this agreement.
- having read this consent form, and having legal custody of the above named child, hereby grant the Choctaw Central Dormitory Program Staff or their designee permission to administer, acquire, or arrange for Medical Services for the above named child. I recognize that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to make contact with me. In such instances, I authorize a physician, surgeon, or dentist to exercise their professional judgement and assess the risks incident to and choose the necessary treatment as he/she determines to be necessary for the health or safety of the above named minor. These services will include, but are not limited to the following:
 1. Health Care including medical examination, routine laboratory studies, x-ray procedures, skin tests, etc.
 2. Dental Care including dental examinations, preventative use of fluorides, and necessary dental care.
 3. Emergency Health Care for accidents and illnesses. This may include emergency surgical procedures.
 4. Transportation of the child to and from another health facility for these services.
 5. Drug/Alcohol Testing
 6. Administer Physician's Prescription Medication and/or Over the Counter Medication

_____ I hereby give consent for all of the above services.

_____ I do not give consent to these services.

Is your child **ALLERGIC** to any medications/food/chemicals/etc? If so, what are they allergic to? _____

Exceptions or Special Instructions: _____

I agree that all **CHOCTAW DORMITORY STAFF/THEIR DESIGNEE** are **AUTHORIZED** to act "**IN LOCO PARENTIS**" for my child while he/she are attending the Choctaw Central Dormitory Program. The Dorm Staff has the authority to sign the required paperwork for emergency, medical, dental, or hospital care at ANY medical facility(until their Parent/Legal Guardian arrives.). Dorm Staff will make every attempt to contact you in any medical situation. However, if we are unable to reach you, the Dorm Staff will be their designee.

Parent/Legal Guardian Signature: _____

Contact Phone Number: _____

***Definition – In Loco Parentis:** *In Loco Parentis* is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties, and responsibilities of a parent to another person, agency. Alternatively, the term has been used in less formal references to describe the role played by an educational institution, such as a boarding school, college, or university in supervising minors and young adults.

MISSISSIPPI BAND OF CHOCTAW INDIANS



CHOCTAW CENTRAL DORMITORY

P. O. BOX 6008

CHOCTAW, MS 39350

TELEPHONE: (601) 650-7311

(601) 650-7310

FAX (601) 389-0111

2022-2023

CHOCTAW CENTRAL DORMITORY PROGRAM
STUDENT MEDICAL INSURANCE FORM

NAME OF STUDENT: _____ DOB: _____

IS YOUR CHILD COVERED UNDER ANY MEDICAL INSURANCE? YES NO
(EX: MEDICAID/MEDICARE, CHIP, BLUECROSS/BLUE SHIELD, ANY OTHER TYPE OF PRIVATE INSURANCE?)

****THE DORMITORY STAFF ARE ASKED THESE QUESTIONS WHEN TAKING YOUR CHILD TO THE CHOCTAW HEALTH CENTER ER OR FOR ANY MEDICAL APPOINTMENT REGARDING YOUR CHILD. WE NEED A COPY OF THE STUDENT'S INSURANCE CARD (FRONT & BACK) SO WE CAN BETTER HELP SERVE YOUR CHILD WHEN THE NEED ARISES. THANK YOU!!****

PLEASE MARK & COMPLETE THOSE THAT APPLY TO YOUR CHILD.

____ MEDICAL:
Name of Insurance Company: _____
Insurance Company Address: _____
Name of Policy Holder: _____ ID # _____
SSN# _____ DOB: _____ Group # _____

____ DENTAL: SAME AS MEDICAL INSURANCE? YES NO
Name of Insurance Company: _____
Insurance Company Address: _____
Name of Policy Holder: _____ ID # _____
SSN# _____ DOB: _____ Group # _____

____ PHARMACY: SAME AS MEDICAL INSURANCE? YES NO
Name of Insurance Company: _____
Insurance Company Address: _____
Name of Policy Holder: _____ ID # _____
SSN# _____ DOB: _____ Group # _____

____ VISION: SAME AS MEDICAL INSURANCE? YES NO
Name of Insurance Company: _____
Insurance Company Address: _____
Name of Policy Holder: _____ ID # _____
SSN# _____ DOB: _____ Group # _____

"CHOCTAW SELF-DETERMINATION"

STUDENT'S INFORMATION SUMMARY/BEHAVIOR HEALTH SURVEY

STUDENT NAME: _____ **GRADE:** _____ **DOB:** _____

This survey is to help the Dormitory Staff to better understand your child's health status and concerns so we can better serve our dorm students. Please answer all the questions. PLEASE CIRCLE/CHECK OR FILL IN THE BLANKS.

What difficulties (if any) do you feel the child has experienced within the last 3-6 months (Check all that apply and please explain on the lines below):

<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Grief	<input type="checkbox"/>	Family Problems
<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Anger	<input type="checkbox"/>	Fear	<input type="checkbox"/>	Suicidal Thoughts/Attempts
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Stress	<input type="checkbox"/>	Drug/Alcohol	<input type="checkbox"/>	Self-Harming Behavior	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Social Problems	<input type="checkbox"/>	Homesick	<input type="checkbox"/>	Depression	<input type="checkbox"/>	

How does the student cope with problems? (Circle all that apply.)

☐ Cry ☐ Fight - verbally ☐ Fight - Physically ☐ Ignore ☐ Eat
☐ Sleep ☐ Use drugs ☐ Use alcohol ☐ Use inhalants ☐ Pray

Other: _____

Describe any trauma/traumatic event the student has experienced (ex: death of close relative, abuse, divorce/separation of parents, etc.): _____

Has your child ever harmed themselves (i.e. cutting, burning, etc.)? Yes No

If Yes, please explain: _____

When did it start? _____

When was the last time this happened? _____

Are they receiving any type of counselling services? Yes No

Who is their counselor/therapist? _____

Are you currently or have you ever been afraid of the child? Yes No

If Yes, please explain: _____

Do you as the parent/legal guardian have any concerns that are not mentioned above? Yes No

If yes, please explain: _____

Does the student have any medical problems or conditions? Yes No
If yes, please explain: _____

Does the student wear glasses or contacts? Yes No

Has the student ever been/or is currently pregnant or have a child? Yes No
If Yes, please explain: _____

Does the student wet the bed? Yes No
Please describe student's sleeping patterns: _____

Is the student on a special diet? Yes No
If yes, please explain: _____

Does the student have problems with schoolwork or homework? Yes No
If yes, please explain: _____

Has your child ever been hospitalized/treated/diagnosed/exposed to/with any of the following medical conditions (Please check mark in the boxes next to each):

<input type="checkbox"/>	Diabetes (Type I or Type II)	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Stomach Problems/ Ulcers	<input type="checkbox"/>	Bladder/Kidney Problems
<input type="checkbox"/>	Vision	<input type="checkbox"/>	Seizures/Convulsions/ Epilepsy	<input type="checkbox"/>	Emotional Disorder
<input type="checkbox"/>	Speech	<input type="checkbox"/>	Headache/Migraines	<input type="checkbox"/>	Birth Defect: _____
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Suicide Attempt/Overdose	<input type="checkbox"/>	Alcohol/drug use
<input type="checkbox"/>	Heart	<input type="checkbox"/>	Allergies: _____	<input type="checkbox"/>	Cancer/Type: _____
<input type="checkbox"/>	Anaemia (Low Iron in Blood)	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Cutting/self-injury
<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Sleep Disorder/Sleep Apnea	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Hyperglycaemia	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Thyroid Problems	<input type="checkbox"/>	Anxiety Disorder	<input type="checkbox"/>	COVID-19
<input type="checkbox"/>	Hepatitis (liver disease)	<input type="checkbox"/>	ADHD /learning disability	<input type="checkbox"/>	
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Chicken Pox/Shingles	<input type="checkbox"/>	

List **Food Allergies** (fruit, nuts, dyes, lactose, gluten): _____

Reaction: _____

Uses medication for reaction (circle one or both): Benadryl/Diphenhydramine OR Epi-pen OR Other _____

List **Medication Allergies**: _____

Reaction: _____

Uses medication for reaction (circle one or both): Benadryl/Diphenhydramine OR Epi-pen OR Other _____

List **Other Allergies**: _____

Reaction: _____

Uses medication for reaction (circle one or both): Benadryl/Diphenhydramine OR Epi-pen OR Other _____

Does the student have asthma? Yes No Uses a rescue inhaler? Yes No
 Can the student have Tylenol for pain? Yes No If no, why not? _____
 Can the student have ibuprofen for pain? Yes No If no, why not? _____
 List any chronic meds/long term medications the student is currently taking (may continue on back if needed):

Medication	Dose	# pills/amount of liquid	Taken for

SOCIAL INFORMATION

Attendance:

Has your child missed 20 days or more days of school in the last school year? Yes No
 If Yes, give name of school: _____

Has your child been suspended or expelled from any school within the last year? Yes No
 If yes, give name of school & explain: _____

Anger-related Issues:

Does the student have any anger-related issues? Yes No
 If yes, please explain: _____

What triggers their anger/outbursts? _____

Could the student be a danger to themselves or others? Yes No
 If yes, please explain: _____

Is the student receiving counselling for this?: Yes No
 If yes, who is the counsellor/therapist?: _____

History of Drug Related Issues/Concerns:

Does the student have a history of drug related problems? Yes No
 If their problem is with drugs, what type(s)? _____

When did this start? _____
 Has it continued? Yes No

Does the student have a history of alcohol related problems? Yes No
 If yes, please explain: _____

Has the student sought treatment of any kind for their drug/alcohol problems? Yes No
 If yes, where and what type of help did they receive? _____
 If your child were to come into possession of any drugs or alcohol, is there a possibility that they would sell/distribute it to others? Yes No

HOUSE ARREST/ANKLE MONITOR/PROBATION

****ALL COURT ORDERED STUDENTS SECTION MUST BE FILLED OUT**(IF YOUR STUDENT IS COURT ORDERED TO BE IN THE DORM)**

PLEASE CIRCLE OR FILL IN THE BLANKS FOR EACH QUESTION.

Has your child been arrested? Yes No
If yes, please explain: _____

Has your child ever been in jail or detention? Yes No
If yes, please explain: _____
How many times? _____

Are they currently on probation? Yes No Name of Probation Officer: _____
Address & Phone Number for Probation Officer: _____

Is your child currently on House Arrest? Yes No
If Yes, for how long?: _____
What are the student's limitations while on probation?: _____

Is the student Court Ordered to be in the Dormitory? Yes No
If yes, what were they arrested/charged for?: _____

Is your child willing to be in the Dormitory? Yes No
If not, is there a possibility they will run away? Yes No

Is your child required to return to detention on the weekends? Yes No
If yes, who will be responsible for transporting the student to and from Detention? _____

CHOCTAW DORMITORY INTERNET USE POLICY

The use of equipment, computers, network resources, and the Internet is a Privilege, not a right, and inappropriate use will result in the CANCELLATION of these privileges.

Internet and network access is provided to the students and staff at Choctaw Tribal Schools. Education is the primary function of the Choctaw Tribal Schools. Computers are tools with which to perform research, retrieve information, compile data, and create documents. The Choctaw Dormitory follows the Choctaw Tribal Schools Internet Use Policy, in addition to our own.

Network Etiquette – Users are expected to abide by the general accepted rules of network etiquette.

These include but are not limited to the following:

- Be polite, messages should not be abusive to others.
- Use appropriate language. Do not swear or use vulgarities or other inappropriate language.
- Do not reveal addresses, credit card numbers, or phone numbers.
- Illegal activities are strictly forbidden
- Electronic mail is not guaranteed to be private.
- Messages relating to, or in support of, illegal activities may be reported to the authorities.
- Do not use the network in such a way that others' use of the network would be disrupted.

Users agree to abide by the following:

- Use of the network must be in support of education and research
- Users must not reveal their password or use others' passwords
- Users shall not damage computers, computer systems or computer networks, which include altering software components of a computer or system.
- Transmission or intentional receipt of hate mail, harassment, and other antisocial behaviours are prohibited.
- Users shall not use the network to access or process pornographic material, inappropriate files, or any illegal activity.
- Students must not play games on computers.
- Users agree not to use the chat rooms.
- Users agree not to send chain letters.
- Students shall not send, receive or check personal e-mail.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- Additional disciplinary action as determined at the administrative level regarding behaviour.
- Referral to law enforcement authorities for criminal or civil prosecution.

Computer Lab Usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of students is responsible for monitoring and overseeing their network and Internet activity.
- No food or drinks in the computer labs.

INTERNET USER AGREEMENT:

I understand and will abide by the terms and conditions for Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

User's Signature: _____ **Date:** _____

PARENT/GUARDIAN AGREEMENT (Completion of this section is required for students under the age of 18.):

As the parent or guardian of this student, I have read the terms and conditions for internet access. I understand that this access is designed for educational purposes and that the Choctaw Tribal Schools has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the Choctaw Tribal Schools to restrict access to all controversial materials, and I will not hold the Choctaw Tribal Schools responsible for materials acquired on the network. I hereby give my permission To grant access for my child and certify that the information contained on this form is correct. (This form Must be signed for each child attending Choctaw Tribal Schools). I grant permission for my child's Picture and/or name to be displayed on Choctaw Tribal Schools Internet materials.

Parent/Guardian Signature: _____ **Date:** _____

I enter into this agreement on behalf of the instructors/staff in this school who agree to instruct the students on acceptable use of the network and proper network etiquette. The students may use the network for individual work in the context of several classes, and we cannot be held responsible for the student's use of the network or the quality of the information for which they acquire.

Signature of Principal/: _____ Date: _____
Homeliving Specialist

2022-2023

PLACEMENT BY: I am LEGALLY RESPONSIBLE for the child, who is named above, and hereby apply for his/her admission to the Choctaw Central Dormitory Program. I understand that additional information/documentation may be required prior to enrolment.

Community

Date _____

CRITERIA FOR DORMITORY ENROLLMENT: Favourable action is recommended upon this application because this case conforms to the following criteria for Boarding School Enrollment. If this application is for social reasons, a statement attesting to the social situation needs to be written and signed by the parent/guardian, is to accompany this application. **PLEASE CHECK ALL CRITERIA THAT MAY APPLY.**

	Needs Tutorial assistance		Was Rejected or Neglected
	Student grade not offered		Does not receive adequate supervision due to employment shifts
	Does not offer adequate provision		Had excessive absences
	Does not offer Special Vocational or Preparatory Training necessary for gainful employment		Has behavioural problems too difficult for home management
	Does not offer adequate provision to meet Academic deficiencies or linguistic/cultural Differences		Has siblings or other close relative(s) enrolled, who would adversely affected by separation
	Exceeds ½ mile walking distance to school		Did not attend school regularly
	Are severely overcrowded		Well-being imperilled due to behaviour problems
	Receiving school offers Special Academic Program needed by student		Parent's & Student's choice

Other Factors: ☐ Court Order ☐ Dept. Children & Family Services/Social Services ☐ Lives Out-of-State

I certify that the above named applicant is PROPERLY ENROLLED in the Choctaw Tribal Schools System at () Choctaw Central Middle School or () Choctaw Central High School. GRADE LEVEL:

SIGNED:		PRINCIPAL
Signature of Educational Official	Title	Date

I certify that the above named applicant has been accepted into the Choctaw Dormitory Program with all documented evidence of eligibility and all application forms are properly completed and signed by the individual(s) legally responsible for applicant.

SIGNED: _____ **Homeliving Specialist**

Signature of Educational Official Title Date

In Boundary – Sending Education Line Officer _____ Date _____

Out-of-Boundary – Receiving Education Line Officer
Date

MEMBERSHIP APPLICATION

NEW / RENEW

MEMBERSHIP# _____

AGE: _____

GENDER: M / F

DATE REC'D _____ / _____ / _____

REC'D BY: _____



BOYS & GIRLS CLUBS
OF MISSISSIPPI
BAND OF CHOCTAW INDIANS

- ☐ BOK CITO UNIT
- ☐ CONEHATTA UNIT
- ☐ DORMITORY UNIT
- ☐ OKA HOMMA UNIT
- ☐ PEARL RIVER TEEN CENTER
- ☐ PEARL RIVER UNIT
- ☐ TUCKER UNIT

- ☐ OTHER YOUTH SERVED

MEMBER INFORMATION

TO ENSURE PROPER REPORTING, PLEASE FILL COMPLETELY & ACCURATELY

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HT: _____ WT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER IDENTIFYING FEATURES: _____ SHIRT SIZE: _____

SCHOOL: _____ GRADE: _____ Bus# AM: _____ Bus# PM: _____

PLEASE LIST ANY OTHER SIBLING ATTENDING BOYS & GIRLS CLUB: (NAME & AGE)

<u>PARENT /GUARDIAN NAME:</u>	<u>PARENT/GUARDIAN NAME:</u>	<u>PARENT/GUARDIAN NAME:</u>
PHONE: _____	PHONE: _____	PHONE: _____
CELL: _____	CELL: _____	CELL: _____
E-MAIL: _____	E-MAIL: _____	E-MAIL: _____

MEDICAL INFORMATION

HEALTH FACILITY / DOCTOR NAME: _____ PHONE: _____

SERIOUS HEALTH PROBLEMS: Y/N PLEASE EXPLAIN: _____

ALLERGIES INCLUDING FOOD: _____

OTHER MEDICAL INFO: _____

"GREAT FUTURE STARTS HERE"

Tel 601-663-7669 • Fax 601-389-7564 • P.O. Box 6010 • 117 Industrial Road Extension • Choctaw, MS 39350

ADDITIONAL CONTACT

<input type="checkbox"/> PICKUP ONLY <input type="checkbox"/> EMERGENCY CONTACT ONLY	<input type="checkbox"/> PICKUP ONLY <input type="checkbox"/> EMERGENCY CONTACT ONLY	<input type="checkbox"/> PICKUP ONLY <input type="checkbox"/> EMERGENCY CONTACT ONLY
NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:	PHONE:
CELL:	CELL:	CELL:
<input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> PICKUP ONLY	<input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> PICKUP ONLY	<input type="checkbox"/> EMERGENCY ONLY <input type="checkbox"/> PICKUP ONLY
NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:	PHONE:
CELL:	CELL:	CELL:

GRANT FUNDING SURVEY

THE FOLLOWING INFORMATION IS USED FOR STATISTICAL PURPOSE ONLY.

MEMBER RESIDES WITH:	HOME OWNERSHIP:	HOUSEHOLD SIZE:
<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> RENT	_____ # OF INDIVIDUALS IN HOUSE
<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> OWN	_____ # OF FAMILY IN HOUSE
<input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> LIVE W/FAMILY	
<input type="checkbox"/> GRAND PARENT(S)	<input type="checkbox"/> OTHER: _____	HOUSEHOLD INCOME:
<input type="checkbox"/> FOSTER HOME		<input type="checkbox"/> \$0 - \$12,000
<input type="checkbox"/> OTHER: _____	HOUSING:	<input type="checkbox"/> \$12,001 - \$24,000
RESIDENCY BOUNDARY:	<input type="checkbox"/> CHOCTAW HOUSING	<input type="checkbox"/> \$24,001 - \$36,000
<input type="checkbox"/> ON-RESERVATION	<input type="checkbox"/> TRIBAL HOUSING	<input type="checkbox"/> \$36,001 - \$48,000
<input type="checkbox"/> OFF-RESERVATION	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> \$24,001 - \$36,000
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> \$36,001 - \$48,000
		<input type="checkbox"/> \$48,000 +

PERMISSION/ DISCLAIMER: THE BOYS & GIRLS CLUB OPERATES UNDER THE "OPEN DOOR" POLICY. MEMBERS ARE ALLOWED TO COME AND GO AS THEY PLEASE. HOWEVER, ALL MEMBERS ARE REQUIRED TO CHECK-IN UPON ARRIVAL AND CHECK-OUT ONCE THEY LEAVE THE PREMISES. PROFESSIONAL SUPERVISION WILL BE PROVIDED TO MEMBERS INSIDE OUR FACILITY AND/OR OUTSIDE ACTIVITIES PROVIDED.

I HEREBY RELEASE THE BOYS & GIRLS CLUBS OF THE MISSISSIPPI BAND OF CHOCTAW INDIANS, IT'S EMPLOYEES, ASSOCIATES AND CONTRIBUTORS FROM LIABILITY FOR ANY INJURY TO MY SON/DAUGHTER. MY CHILD MAY PARTICIPATE IN ACTIVITIES OR LOCAL FIELD TRIPS SPONSORED BY THE B&GC MBCI.

FURTHERMORE, I HEREBY AUTHORIZE THE FOLLOWING ON BEHALF OF MY CHILD: _____

_____ EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER IN THE EVENT OF ACCIDENT OR EMERGENCY.

_____ I GIVE PERMISSION FOR MY CHILD'S PICTURE OR LIKE IMAGE TO BE USED IN ANY BOYS & GIRLS CLUB PUBLICATION.

_____ I GIVE PERMISSION FOR MY CHILD'S SCHOOL TO RELEASE PROGRESS REPORT OR REPORT CARD TO BOYS & GIRLS CLUB.

Print Name: Parent or Guardian

Signature of Parent or Guardian

Date

"GREAT FUTURE STARTS HERE"

Tel 601-663-7669 • Fax 601-389-7564 • P.O. Box 6010 • 117 Industrial Road Extension • Choctaw, MS 39350

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____
(date)

Thank you!

YOUTH APPLICATION FOR MENTORING PROGRAM

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's date _____

Name _____ Male _____ Female _____ (check one)

Address _____ City _____ State _____ ZIP _____

Telephone _____ Parent's Name _____

If you are not living with your mother or father, who is your legal guardian?

Name _____ Relationship to you _____

How many brothers and sisters do you have? _____ Their ages are: _____

My favorite kind of music is _____ My favorite television show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Are you a Boys & Girls Club Member? Yes _____ No _____

Do you have any after-school responsibilities? Yes _____ No _____

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

How could a mentor help you? _____

What do you hope to get out of your mentoring relationship? _____

Is there anything that you would like to share with your mentor? _____

What would you like to do with your mentor? _____

Why are you interested in participating in this program? _____

I agree that I will meet with my mentor at the Boys & Girls Club only at the times and locations arranged between us. I also agree to notify my mentor or my Club if I am unable to make a weekly meeting.

(Signature of Youth)

(Date)