



Shonto Preparatory Schools  
Residential Life  
Student Enrollment Application

SY 2021-2022



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwiinít'í Bóhoo'aah  
Nináníltsoji' bee iiná 1zhdool77[  
Nits1h1kees Nahodit'áh G111 Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## 2022-2023 STUDENT ENROLLMENT APPLICATION

### STUDENT DATA

|   |  |                     |               |                                 |  |             |  |  |
|---|--|---------------------|---------------|---------------------------------|--|-------------|--|--|
| First Name  |  |                     | Last Name     |                                 |  | Middle Name |  |  |
| Grade   | Gender   | Census Number       | SSN           | Birth Date                      | Birth Place  |             |  |  |
| 1 <sup>st</sup> Clan (Maternal) OPTIONAL  |  |                     |               | 2 <sup>nd</sup> Clan (Paternal) |  |             |  |  |
| 3 <sup>rd</sup> Clan  |  |                     |               | 4 <sup>th</sup> Clan            |  |             |  |  |
| Phone Number  | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     | Email Address |                                 |  |             |  |  |
| Home Agency   |  | Chapter Affiliation |               |                                 | Student lives with<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other |             |  |  |
| Does student require special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |  |                     |               |                                 |  |             |  |  |

### PARENT DATA

|   |  |                 |  |  |
|---|--|-----------------|--|--|
| Mother's Name   |  | Mailing Address |  |  |
| Physical Address  |  | Phone Number    | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Alternate Phone Number                                  | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 | Email Address  |  |
| Father's Name   |  | Mailing Address |  |  |
| Physical Address  |  | Phone Number    | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Alternate Phone Number                                  | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 | Email Address  |  |
| Guardian's Name (if applicable; documentation required) |  | Mailing Address |  |  |
| Physical Address  |  | Phone Number    | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Alternate Phone Number                                  | Does this phone receive text messages?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 | Email Address  |  |

### SIBLING DATA

|      |     |       |        |  |
|------|-----|-------|--------|--|
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Age | Grade | Gender | SPS Student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwiinít'í Bóhoo'aah

Ninánítsoji' bee iiná 1zhdool77[

Nits1h1kees Nahodit'áh G111 Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## QUESTIONNAIRE

Has your child ever been in the dorm? ☐ Yes ☐ No  
Explanation.

Do you have concerns about her child's behavior at home or school? ☐ Yes ☐ No  
Explanation.

Has your child experienced a significant event or trauma to cope with? ☐ Yes ☐ No  
Explanation.

Does your child take any medication for behavior modification? ☐ Yes ☐ No If yes, what medication, physician's name, counselor's name.  
Explanation.

Does your child have any problems with sleeping? ☐ Yes ☐ No  
Explanation.

Has your child ever had any behavioral or academic problems while in school? ☐ Yes ☐ No  
Explanation.

Do you want your child to receive assessment for counseling? ☐ Yes ☐ No  
Explanation.

Does your child have a history of self-injuries? ☐ Yes ☐ No  
Explanation; give dates.

Does your child have any tattoos and/or piercing? ☐ Yes ☐ No  
Explanation.

Does your child have a history of alcohol or drug use/abuse? ☐ Yes ☐ No  
Explanation.

Has your child been evaluated and or treated for substance abuse? ☐ Yes ☐ No  
Explanation; give dates.

Has your child been involved with social services and/or tribal courts? ☐ Yes ☐ No  
Explanation.

Has your child been incarcerated? ☐ Yes ☐ No  
Explanation; give dates.

Has your child been on probation? ☐ Yes ☐ No  
Explanation; give dates.



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwiinít'í Bóhoo'aah

Ninánítsoji' bee iiná 1zhdool77[

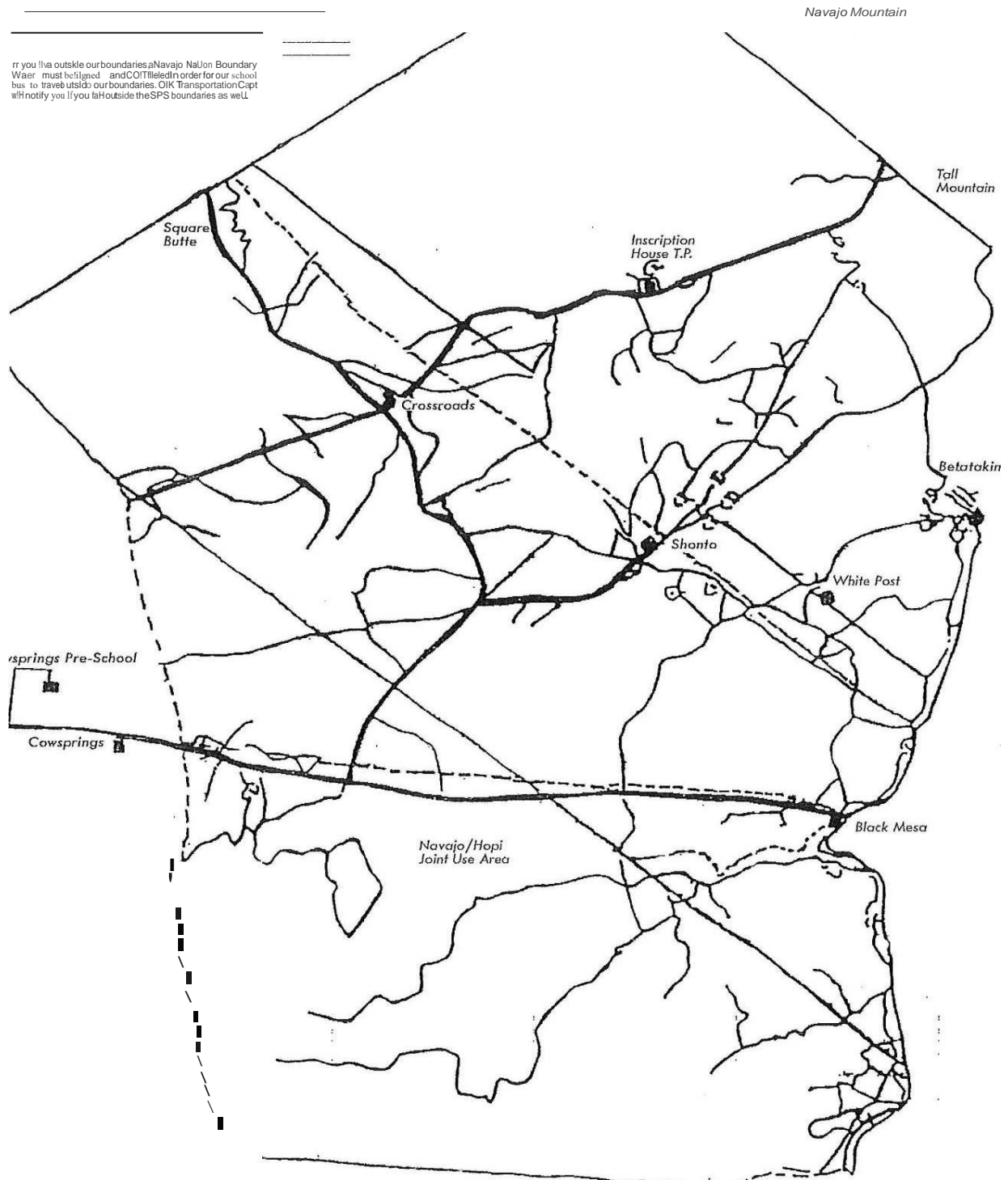
Nitslhlkees Nahodit'áh G111 Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## House Location

Student's Name: \_\_\_\_\_  
Home Location: \_\_\_\_\_

If you live outside our boundaries a Navajo Nation Boundary Waiver must be signed and carried in order for our school bus to travel outside our boundaries. OIK Transportation Captain will notify you if you live outside the SPS boundaries as well.





# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwíinít'í Bóhoo'aah

Nínánítsoji' bee iiná 1zhdool77[

Nitslhlkees Nahodit'áh G11l Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## PERSONAL ELECTRONIC DEVICE WAIVER

|               |       |            |
|---------------|-------|------------|
| Student Name: | Date: | Dorm/Wing: |
|---------------|-------|------------|

### STUDENT POSSESSION CONFISCATION POLICY

The following items are permitted on the residential campus with a waiver signed by a parent and student:

- Personal electronic devices (MP3's, iPads, iPods, laptops, tablets, game consoles, 3DS, etc.)
- Cell phones

The Shonto Preparatory Schools Residential Program will monitor student personal property possession and use on its campus. Students are expected to understand and observe student personal property possession in accordance to Wing Rules & Expectation in the handbook and the ones posted in the residential hall buildings. Students and their parents shall understand that the residential program personnel will assist students to take responsible care of their personal belonging on the campus. However, parents shall understand that their child, the student, is ultimately responsible for care and use of their own property. Students are discouraged to bring any personal electronic devices onto the campus because of the potential loss, damage or theft of the device. Rules are posted through the residential halls which describes the use of student personal electronic devices which students shall follow at all times. The students shall be permitted to play their video games provided they have completed all of their chores, homework, laundry and at the discretion of their residential assistant. Students' shall bring their personal electronic devices with the understanding that it is a privilege which can be removed at the discretion of the residential assistant without due process. In incidents when a student chooses not to follow to posted rules or residential assistants.

The residential assistant shall take the student aside and contact the student's parent about the personal device distraction, review the residential program student personal device policy and student personal property confiscation policy with the parent prior to requesting for permission to confiscate the device. If parent refuses to grant the permission to the personnel, parent shall be required to come onto the school campus to retrieve the property from their child. The device shall remain removed from the school campus until the parent conference is held with the residential assistant and mutual resolution is agreed to between all parties. The residential assistant shall be supported by the workforce leader during the enforcement of this policy.

The residential shall submit an incident report with a description of how the device is a distraction for the student with the narrative information about the incidents with the time chronology. Students shall register all personal property items they choose to bring onto the residential campus on the student clothing forms. Abuse of privileges or non-waivered items will be treated as contraband.

### STUDENT THEFT POLICY

The Shonto Preparatory School Residential Program is a public institution which is not immune to theft among the school population. Students should not bring anything which they do not want taken away or loan out to other students on the residential campus. It is important for the student and parent to log all personal property brought onto the campus, by logging all items on a clothing form provided by the residential program the student first arrives to the residential hall and every time the student returns from home, thereafter.

In cases of a theft is reported, the assigned Residential Assistant will check the student clothing form for verification. If the item is listed the Resident Assistant will complete an incident form submit to the workforce leader's office. The residential assistant will notify the parent of the student who reported the stolen property. The students in the Wing in which the stolen item was reported will be notified of the missing item and warned to return it; the residential theft discipline will reviewed with the students by the Residential Assistant. The steps will be recorded by the Residential Assistant for record. In incidents, when a student is found in possession of a stolen item, school or a reported stolen personal item, the will be disciplined for Major Discipline Infraction.

### Personal Electronic Device (One sheet per item)

|  |                   |
|--|-------------------|
| Type/Brand   |                   |
| Serial No.   |                   |
| Description  |                   |
| <b>Signing this document signifies that you have read, understand, and agree to our Personal Electronic Device &amp; Student Theft policies.</b> |                   |
| Parent Signature   | Student Signature |
| Parent Name  | Student Name      |
| Date   | Date              |



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwiinít'í Bóhoo'aah

Ninánítsoji' bee iiná 1zhdool77[

Nits1h1kees Nahodit'áh G111 Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

I (We), \_\_\_\_\_, Parent(s) of \_\_\_\_\_  
(Parent/Legal Guardian) (Student)

have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child. (Please Check Mark ✓)

1. \_\_\_\_ Health care include medical examinations, sport physicals, screening, routine laboratory studies, x-ray procedure, skin tests and routine immunizations.
2. \_\_\_\_ Dental Care include dental examinations, preventive use of fluorides and necessary emergency dental care.
3. \_\_\_\_ Optometry care for eye examinations and eye glasses.
4. \_\_\_\_ Mental health services include evaluation and treatment as necessary.
5. \_\_\_\_ Emergency health care for accident or illness.
6. \_\_\_\_ Transportation of child to and/or from another health facility for these services.
7. \_\_\_\_ Psychiatric services to include assessment, treatment, and medication as necessary.

### PLEASE CHECK THE APPROPRIATE BOX (ES):

- ☐ - I hereby give consent for all of the above services.
- ☐ - Exceptions or Special Instructions: \_\_\_\_\_
- ☐ - I hereby give consent for reasonable cause and essential need to assure the health and safety of

my child to Shonto Preparatory School staff while my child is in attendance.

Parent/Guardian **Signature** \_\_\_\_\_

Please **Print** Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ \*Valid Until \_\_\_\_\_

✓ **Check the one that applies:** \_\_\_\_ -Enrolled in AHCCCS, \_\_\_\_ -No Health Insurance,  
\_\_\_\_ -Other Health Insurance, # \_\_\_\_\_

-----  
Please be advised that Shonto Preparatory School staff will make every attempt to contact you before any of the above services are rendered. \*This consent is only valid for one year from the date it was signed, a new one needs to be signed yearly.



# SHONTO SCHOOLS RESIDENTIAL PROGRAM

Hódzá/Hojíyá/Há'áhwiinít'í Bóhoo'aah

Ninánítsoji' bee iiná 1zhdool77[

Nits1hlkees Nahodit'áh G111 Háni' Hats77s

PO Box 7900 • East Hwy 160 & Rt. 98 • Shonto AZ 86054-7900 • (928) 672-3538 • [www.shontoprep.org](http://www.shontoprep.org)

## SIGNATURE OF ACKNOWLEDGEMENT

I am legally responsible for this student and hereby apply for his/her admission to Campus Life. Therefore I certify that the foregoing information is accurate and complete to the best of my knowledge. Second, I understand I am ultimately responsible for the well-being and behavior of my child while in the Campus Life program. I also understand that additional information may be requested by Campus Life from me and other public agencies in accordance with the rules and regulations or the Family Privacy Act to complete enrollment of my child.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date

Residential Manager

Date

Jason Secakuku, Director of Support Services

Date

### ATTACHMENTS

|  |  |
|--|--|
|  | Consent of parent or legal guardian or other person who has primary responsibility for the care of the child |
|  | Authorization for use or disclosure of protected health information  |

### FOR OFFICE USE ONLY

|  |  |                                 |  |   |  |                      |
|--|--|---------------------------------|--|---|--|----------------------|
| Birth Certificate  |  | Boundary Waiver (If Applicable) |  | Certificate of Indian Blood   |  | Check Out Card       |
| Court Document (If Applicable)   |  | Health Insurance Card           |  | Immunization  |  | Social Security Card |
| Consent of parent or legal guardian or other person who has primary responsibility for the care of the child |  |                                 |  | Authorization for use or disclosure of protected health information |  |                      |