

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

STUDENT NAME: _____

GRADE: _____

ACCEPTING APPLICATIONS FOR THE
CHOCTAW CENTRAL DORMITORY PROGRAM: 2023-2024 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 Dormitory application in order to be accepted. NO EXCEPTIONS!

1ST TIME DORM STUDENT WILL NEED:	RETURNING DORM STUDENT WILL NEED:
2023-2024 COMPLETED DORM APPLICATION	2023-2024 COMPLETED DORM APPLICATION
CDIB-DEGREE of INDIAN BLOOD	
BIRTH CERTIFICATE	
SOCIAL SECURITY	
IMMUNIZATION	IMMUNIZATION (UPDATED IF NEEDED)
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
COMPLETED B&G CLUB APPLICATION	COMPLETED B&G CLUB APPLICATION

Once an application is completed and ALL documents are received and approved, you will be notified of their acceptance into the program and then they can check in!

ALL students attending the Dormitory are required to be counted during all 3 Count Weeks, which are as follows:

1st COUNT WEEK: September 24 – 29, 2023

2ND COUNT WEEK: October 1 – 6, 2023

3RD COUNT WEEK: October 8 – 13, 2023

(DATES MAY BE SUBJECT TO CHANGE.)

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT:
MICHELLE FERRIS @ 601-650-7312; MELINDA GIBSON @ 601-650-7310; or STAFF @ 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

2023-2024

STUDENT INFORMATION

STUDENT FULL NAME: _____ GRADE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ AGE: _____ SOC. SECURITY #: _____
GENDER: MALE FEMALE Primary Language Spoken by Student: _____
COMMUNITY: _____ STUDENT CELL #: _____
TRIBAL AFFILIATION: _____ ENROLLMENT #: _____
Do you live with (circle): Mother Father Legal Guardian Other: _____

PARENT/LEGAL GUARDIAN INFORMATION

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

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

LEGAL GURADIAN (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: _____ DEPARTMENT: _____
TIME AT WORK: _____ 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: _____
Name: _____ Relationship to Child: _____ Phone: _____

PARENT/LEGAL GUARDIAN SIGNATURE

"CHOCTAW SELF-DETERMINATION"

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VERIFICATION of LEGAL CHILD CUSTODY

NAME of CHILD: _____ DOB: _____

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 under the Custody of Children & 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 Central Dormitory Program with a copy of the judgement issued regarding the custody of the above-named child. In addition to providing the aforementioned documents, please answer the following questions:

Please Circle One

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

YES NO

May the non-custodial parent discuss your child's progress with the Dorm Staff?

YES NO

May the non-custodial parent VISIT your child while at the Choctaw Central Dormitory?

YES NO

May the non-custodial parent TELEPHONE your child while at the Choctaw Central Dormitory?

YES NO

Is there any restraining order in place?

YES NO

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

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

PARENT/LEGAL GUARDIAN SIGNATURE

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PARENTAL CONSENT FORM

Name of Student: _____ DOB: _____

I (We) hereby grant permission for the above-named student to participate in the following Choctaw Central Dormitory Program sponsored activities 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. Students are warned beforehand about the risks & injuries associated with ALL of these activities.
(PLEASE PLACE AN X)

- ☐ Bowling/Skating
☐ Swimming
☐ Movies (at movie theaters, Dormitory, and other venues)
☐ Recreational Activities (volleyball, basketball, baseball, softball, stickball, pool, etc.)
☐ On-Reservation (games, after school activities, etc.)
☐ Off-Reservation (Dinner & Movies, plays, sports events, etc.)
☐ Participate in Religious/Faith based activities (personal testimony, skits, plays, etc. at the Dormitory or other venue)

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/Choctaw Central Dormitory Facebook Page/displays.

☐ **I GIVE MY CONSENT** ☐ **I DO NOT GIVE MY CONSENT**

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 measurements of ability.
School Behavior Records: to include, but not limited to suspensions, expulsions, and classroom behavior
Any Health Records: immunizations and other health related records (physicals, test results, Behavioral Health, etc.)
Other: CDIB, 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

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CHOCTAW CENTRAL DORMITORY PROGRAM AUTHORIZATION FOR STUDENT CHECK OUT

**** DORMITORY 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 A STUDENT'S CHECK OUT LIST MUST BE DONE IN PERSON BY THE PARENT/LEGAL GUARDIAN! NO EXCEPTIONS!!

STUDENT NAME: _____

PARENT/LEGAL GUARDIAN: _____

CONTACT 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 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 THE AGE OF 21 YEARS 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.

NAME	RELATIONSHIP (TO STUDENT)	DORM USE ONLY		
		ADD	REVISED	STAFF/DATE

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

PARENT/LEGAL GUARDIAN SIGNATURE: _____



STUDENT POLICIES

The Choctaw Central Dormitory Program Staff wants to provide a positive home living 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 and the student may be subject to disciplinary action, including but not limited to suspension/expulsion/hearing with the Disciplinary Review Committee. **Any students found to be in the possession of illegal/illicit items may be turned over to Choctaw Law Enforcement Authorities. STUDENTS WILL BE SEARCHED UPON RETURN TO CAMPUS FROM ANY ACTIVITY AND ANY CONTRABAND FOUND WILL BE CONFISCATED.**

GANG-RELATED/GANG BEHAVIOR POLICY

The Choctaw Central Dormitory Program recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful. The Choctaw Central Dormitory refuses to allow gang activity to be 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/implied sexual connotation, oversize 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.**

ELECTRONICS

Personal electronics are not allowed to be in the study rooms during Study Period. Electronics seen or heard in the study rooms without permission from the Homeliving Specialist/Dorm Staff will be confiscated. Also, students are not to be on their electronics at night when they should be sleeping. Electronics seen or heard during the overnight hours will be confiscated. More information is available in the Dormitory Student Handbook.

PHONE CALLS DURING SCHOOL

Parents/Legal Guardians are asked to refrain from contacting students on their personal devices during school hours (7:50am – 3:20pm). If there is an emergency, calls may be made to the school offices. Personal phone calls for students may be placed to the Dormitory's main line, but please be aware that this line is also for business purposes.

By signing below, you are acknowledging and agreeing to the above policies.

Student Signature

Date

Parent/Legal Guardian Signature

Date



CHOCTAW CENTRAL DORMITORY: PARENT-STUDENT COMPACT AGREEMENT

The following rules and regulations shall apply to all enrolled students of the Choctaw Central Dormitory Program and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching/learning/living environment.

1. The use and/or possession of the following is prohibited: a) alcoholic beverages, b) illegal drugs, c) inhalants, d) over-the-counter medications (i.e. Tylenol, Advil, cold medications, etc.), and e) tobacco or vape products.
2. Unauthorized leave from the campus of the following types are not acceptable: a) absent without leave (AWOL), b) absence from Dormitory assemblies or other Dormitory functions.
3. Invasion of Privacy (of other students or Staff) by recording video/audio or taking pictures (may include other manner of such actions) of other Students or Staff in restricted areas where this is not allowed will not be tolerated under any circumstances.
4. Failure to fulfill proper check-out and check-in procedures when leaving or returning to the Dormitory.
5. All students are required to perform assigned work details and abide by the Dormitory's rules of operations.
6. Possession or use of any instrument that is intended as a weapon for assault, including but not limited to: explosives, firearms, knives, straight razors, clubs, lasers, or fireworks is prohibited. Toy guns, water guns, or replicas of any weapons are not allowed.
7. None of the following will be tolerated and may lead to legal prosecution or restitution: a) theft, b) damage to private property, c) unauthorized entry to government or personal property, d) gambling, e) being under the influence of or possession of drugs/alcohol.
8. Disrespectful, violent, or defiant actions are not permitted and will be documented on an Incident Report Form and consequences according to the Dormitory/School Rules will be implemented.
9. Engaging in defacement or destruction of personal or government (Tribal/Federal) property is prohibited.
10. Willful or defiant disobedience to a reasonable request by a Staff member shall be a violation of Dormitory rules.
11. Students found in violation of Dormitory Rules may be placed on a Behavior Contract at any time during the school year.
12. Full rules may be found in the Choctaw Central Dormitory Handbook, which is available to and can be sent to parents and is available online at the Choctaw Tribal Schools/Choctaw Central High School web page.

I fully understand the Choctaw Central Dormitory Program's Parent-Student Agreement and if accepted as a student by the Choctaw Central Dormitory Program, I agree to abide by the rules.

Student Signature

Date

I, the Parent/Legal Guardian, have read the rules and will encourage my/our child to abide by the prescribed "Choctaw Central Dormitory Program Parent-Student Compact Agreement". Further, I agree to aid in correcting any disciplinary problems that may involve my/our child.

Parent/Legal Guardian Signature

Date

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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/Dormitory violations. Students and visitors are subject to prosecution through Choctaw Tribal Youth Court, as well as Adult Tribal Courts, as well as other jurisdiction courts.

Policies are necessary to assure that no injustices or violations of constitutional rights result as a consequence of contracts or misunderstandings between students, law enforcement agencies, Choctaw Tribal Schools, and the Choctaw Central Dormitory Staff. The Choctaw Tribal Schools and the Choctaw Central Dormitory Program will cooperate with law enforcement agencies and/or other agencies dealing with the 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/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 Dormitory Student will be interrogated without parent/legal guardian or their designee or Dormitory 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 off work, etc.) when they are needed for their child's interrogation. During interviews or interrogation of students by law enforcement, the Homeliving Specialist/person in charge will act *in loco parentis*, if the parent(s)/legal guardian(s) cannot be there or cannot be contacted.

CHOCTAW DORMITORY STAFF AUTHORIZATION AS IN LOCO PARENTIS

<p>I, _____, give my consent for the Homeliving Specialist/Person in charge, to act in my stead until I arrive or if I am unavailable or unreachable for any reason and my child, _____, is to be interviewed/interrogated by Law Enforcement Officers/Court Officers/Investigators for any reason.</p> <p>_____ Parent/Legal Guardian Signature</p> <p>_____ Date</p> <p>_____ Contact Phone Number</p>	<p>I, _____, DO NOT give my consent for the Homeliving Specialist/Person in charge, to act in my stead until I arrive or if I am unavailable or unreachable for any reason and my child, _____, is to be interviewed/interrogated by Law Enforcement Officers/Court Officers/Investigators for any reason.</p> <p>_____ Parent/Legal Guardian Signature</p> <p>_____ Date</p> <p>_____ Contact Phone Number</p>
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CHOCTAW CENTRAL DORMITORY PROGRAM MEDICAL CONSENT FORM

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

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 Choctaw Central Dormitory Program/Choctaw Tribal School/MBCI responsible as the result of any Medical or other malpractice action that you may take against any agency, private vendor, or Medical Practitioner who provides services to you 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 the physician, surgeon, dentist, or other medical practitioner to exercise their professional judgement and assess the risks incident to 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 students at Choctaw Central Dormitory Program. I give the Dormitory Staff the authority to sign any required paperwork for emergency, medical, dental, or hospital care at ANY medical facility (until their Parent/Legal Guardian arrives). Dormitory Staff will make every attempt to contact the parent/legal guardian in any medical situation. However, if we are unable to reach them, the Dormitory Staff will be their designee.

Parent/Legal Guardian Signature

Contact Phone Number

- **Definition – In Loco Parentis:** "In Loco Parentis" is the 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, etc. 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.

"CHOCTAW SELF-DETERMINATION"

STUDENT'S INFORMATION SUMMARY

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

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

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

<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Grief	<input type="checkbox"/>	Self-harming Behaviors (cutting, burning, etc.)
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Anger	<input type="checkbox"/>	Fear	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Stress	<input type="checkbox"/>	Withdrawn/Isolated	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Family Problems	<input type="checkbox"/>	Drug/Alcohol	<input type="checkbox"/>	Suicidal Thoughts/Attempts	<input type="checkbox"/>	
<input type="checkbox"/>	Homesick	<input type="checkbox"/>	Social Problems	<input type="checkbox"/>	Lack of motivation	<input type="checkbox"/>	

Please tell us how your child copes with problems/concerns: _____

Do you, as the parent/legal guardian, have any concerns that have not been mentioned thus far? ____ Yes ____ No

Of yes, please explain: _____

Does your child have any medical conditions/concerns? ____ Yes ____ No

If Yes, please explain: _____

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

<input type="checkbox"/>	Diabetes (Type I or 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"/>	Appendicitis
<input type="checkbox"/>	Speech	<input type="checkbox"/>	Headache/Migraines	<input type="checkbox"/>	Emotional Disorder
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Suicide Attempt/Overdoes	<input type="checkbox"/>	Birth Defect:
<input type="checkbox"/>	Heart	<input type="checkbox"/>	Allergies: _____	<input type="checkbox"/>	Alcohol/Drug Use
<input type="checkbox"/>	Anemia (Low Iron)	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Cancer: _____
<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Sleep Disorder: _____	<input type="checkbox"/>	Self-Harming/Cutting
<input type="checkbox"/>	Hyperglycemia	<input type="checkbox"/>	Eating Disorder: _____	<input type="checkbox"/>	Surgery
<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"/>	Other: _____
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Chicken Pox/Shingles	<input type="checkbox"/>	

Please list **Food Allergies** (fruit, nuts, dyes, lactose, gluten, etc.): _____

Reaction: _____

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

Please list **Medication Allergies:** _____

Reaction: _____

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

Please list **Other Allergies:** _____

Reaction: _____

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

Does your student have Asthma? Yes No Uses a rescue inhaler? Yes No

Has your student or anyone in your household contracted COVID-19? Yes No

If yes, how did they cope with being quarantined/isolated? _____

Did they experience any lingering affects from it? Yes No

If Yes, please explain: _____

Please list ALL medications/long term medications your student is currently taking (may continue on back if needed):

Medication	Dose	#Pills/Amount of liquid	Taken for:

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

SOCIAL INFORMATION

School/Attendance:

Has your child missed 20 days or more of school in the last school year? Yes No

If Yes, please give the name of the school: _____

Has your child been suspended or expelled from any school within the last school year? Yes No

If yes, please give the name of the school and a brief explanation: _____

Does your student have problems with school work or homework? Yes No

If Yes, please explain: _____

Anger-related Issues:

Does your child have any anger-related issues? Yes No If Yes, please explain: _____

Please tell us what triggers their anger/outbursts: _____

Could your student be a danger to themselves or others? Yes No

If Yes, please explain: _____

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

Is your child 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 House Arrest/Probation? _____

Is your student Court Ordered to be in the Dormitory? Yes No
If Yes, please explain: _____

Is your child willing to be in the Dormitory? Yes No
If No, is there a possibility that they will run away? Yes No

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

CHOCTAW CENTRAL DORMITORY INTERNET 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 are provided to the Students and Staff at all 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 Central Dormitory Program follows the Choctaw Tribal Schools Internet Use Policy, in addition to our own.

Network Etiquette – Users are expected to abide by the generally accepted rules of network etiquette. This includes, but is 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 related 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 others' passwords.
- Users shall not damage computers, computer systems, or computer networks, which include altering software components of a computer system.
- Transmission or intentional receipt of hate mail, harassment, and other anti-social behaviors is prohibited.
- Users shall not use the network to access or process pornographic material, inappropriate files, or any illegal activity.
- Users shall not play games on the computers.
- Users shall not use chat rooms.
- Users shall not send chain letters.
- Users agree not to access/use Facebook, SnapChat, TikTok, etc. on computers/network.
- Users 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 behavior.
- Referral to Choctaw Law Enforcement/other law enforcement authorities for criminal or civil prosecution.

Computer Lab Usage:

- All Staff are responsible for monitoring student activity on the network. Staff members assigned to a group of students is responsible for monitoring and overseeing their network and internet activities.
- No food or drinks are allowed in the computer labs or while using any computers.

Internet User Agreement

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

User/s Signature

Date

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

As the Parent/Legal 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 that 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 hereby grant permission for my child's Picture and/or Name to be displayed on Choctaw Tribal Schools Internet materials.

Parent/Legal Guardian Signature

Date

I enter 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 can not be held responsible for the student's use of the network or the quality of the information for which they acquire.

Signature of Homeliving Specialist/Principal

Date

STUDENT NAME: _____

2023-2024

APPLICATION for CHOCTAW CENTRAL DORMITORY PROGRAM

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 enrollment.

Parent/Legal Guardian Signature_____
Community_____
Date

CRITERIA FOR DORMITORY ENROLLMENT: Favorable 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/Legal Guardian, is to accompany this application. **PLEASE CHECK ALL CRITERIA THAT MAY APPLY.**

EDUCATION FACTORS: STUDENT'S SCHOOL**SOCIAL FACTORS: STUDENT'S FAMILY**

<input type="checkbox"/>	Needs Tutorial Assistance	<input type="checkbox"/>	Was Rejected or Neglected
<input type="checkbox"/>	Student Grade not offered	<input type="checkbox"/>	Does not receive adequate supervision due to employment shifts
<input type="checkbox"/>	Does not offer adequate provision	<input type="checkbox"/>	Had excessive absences
<input type="checkbox"/>	Does not offer Special Vocational or Preparatory Training necessary for gainful employment	<input type="checkbox"/>	Has behavioral problems too difficult for home management
<input type="checkbox"/>	Does not offer adequate provision to meet Academic deficiencies or linguistic/cultural differences	<input type="checkbox"/>	Has siblings or other close relative(s), who would be adversely affected by separation
<input type="checkbox"/>	Exceeds ½ mile walking distance to school	<input type="checkbox"/>	Did not Attend School Regularly
<input type="checkbox"/>	Are severely overcrowded	<input type="checkbox"/>	Well-being imperiled due to behavior problems
<input type="checkbox"/>	Receiving school offers Special Academic Program needed by Student	<input type="checkbox"/>	Parents & 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 Central Dormitory Program with all documented evidence of eligibility and all application forms are properly completed and signed by the individual(s) **LEGALLY RESPONSIBLE** for the 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

- ☐ BOKE 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

Last 4 SSN: _____

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)

PARENT / GUARDIAN NAME:

PARENT / GUARDIAN NAME:

PARENT / GUARDIAN NAME:

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
	<input type="checkbox"/> CHOCTAW HOUSING	<input type="checkbox"/> \$24,001 - \$36,000
RESIDENCY BOUNDARY:	<input type="checkbox"/> TRIBAL HOUSING	<input type="checkbox"/> \$36,001 - \$48,000
<input type="checkbox"/> ON-RESERVATION	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> \$24,001 - \$36,000
<input type="checkbox"/> OFF-RESERVATION	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> \$36,001 - \$48,000
<input type="checkbox"/> OTHER: _____		<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

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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)