



PINE HILL DORMITORY

PO BOX 220 PINE HILL, NM 87357 (505) 775-4216/4217 or (505) 979-9253

SCHOOL YEAR 2024-2025 APPLICATION

Yáát'eeh Students, Parents/Guardians,

The Dorm staff, would like to welcome you (student and parents/guardians) back and are excited for the upcoming school year 2024-2025. A few of the changes include: student capacity, strict visitation guidelines, phone calls before student pick-ups, procedures for sick students, masks enforcement, transportation services, laundry and bedding (linens).

We are working hard to ensure everyone within our residential setting. Please keep in mind we are doing our best to keep up to date on any changes in safety guidelines. We will try to continue our monthly parents/students activities.

The items listed below are allowable and unallowable. If we have miss any item please notify us at (505) 775-4216/4217 or (505) 979-9253.

Allowable	Unallowable
Movies, based on approval, but all staff/students' parents/guardians - PG	Bed linen – blankets, comforters, pillows, towels, wash cloths-Already at the dorm
Clocks	MP3 players, iPods, Stereos,
Hair dryers, curling irons,	TV, DVD player - Already at the dorm
Lap Tops, Chrome Books – must be checked in at night (non-negotiable), allowed during study time	Throw rug
Cell phone – must be checked in at night (non-negotiable)	Fabric Softener Beads, bleach
Laundry detergent (Liquid ONLY) –PODS must be check in (non-negotiable) – STUDENTS PROVIDE THEIR OWN.	Full-length mirror, lamps, and lamp tables
Downy or Dryer sheets-STUDENTS PROVIDE THEIR OWN.	Iron and Ironing Board
Tooth brush, tooth paste,	Camcorders, Walkie-Talkies
Shampoo, Conditioner, body wash, lotion, hair brush, comb – If available	Ornamental Light- <u>unless</u> it's a night light
Feminine Pads/Tampons products	Power Strips, extension cords
Slippers for shower	Electric heaters, fans, electric blankets,
A week worth of snacks	Hair dye,
6 set of clothing, 4 set of pjs	Coffee makers, hot plates, candles
2 gym shoes, 1 outside shoe/walking (weather dependent).	Skate Boards, Roller Blades, Scooter
Hand Soap	NO CROP TOPS, etc. – See Student Handbook.



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DORMITORY ELIGIBILITY

The Pine Hill Dormitory provides temporary home-like housing for students attending Pine Hill Schools. The student must be enrolled in 1st grade through 12th grade and between the ages of 6 to 17. While the student is residing in the dormitory, she/he is strongly encouraged to maintain a 2.0 GPA. The student must agree and follow all rules set forth by Pine Hill Schools, Dormitory and other services providers during life-skills and health educational learning sessions.

ADMISSION PRIORITIES/PREFERENCES

- 1st – Ramah Navajo Community students
- 2nd – Pine Hill Schools Referral for a student who has issues regarding: attendance, home living environment, etc.
- 3rd – Other Native American students from outside of the Ramah Navajo Community such Vanderwagon, Gallup, Thoreau, Grants, etc.

REQUIRED DOCUMENTATION FOR A COMPLETE ENROLLMENT (*MANDATORY)

- | | | |
|-----------------------|----------------------------------|---|
| *Application | *Certificate of Indian Blood | *Birth Certificate |
| *Social Security Card | *Proof of Legal Guardianship | *Immunization Record (Current Copy) Current |
| Physical Exams | Medicaid/MCO CARD (If available) | COVID-19 vaccination cards (Copy) |

TRANSPORTATION

Dormitory transportation will vary depending on the number of students who need transport on Sunday/Mondays (Holidays). Pick up locations are as follows:

- The **Vanderwagon** location will be at Fire Station on Cousin Road.
- The **Gallup** location will be the south parking lot of Ellis Tanner
- **Grants/Albuquerque** direction the locations is at Century Link parking lot.
- **Zuni** location will be the Fence Lake turn off.

VISITATION

Student to student visit for no more than 15 minutes. The dormitory staff would like to limit visits to activities such as dropping off essential items; updating staff and your child on appointments/plans. Only parents/guardians/other authorized individuals will be allowed to visit the student enrolled at the dormitory. The dorm staff will check for legal identification, if we don't know the individual for students', parents' peace of mind, and staff liability.

ATTENDANCE

The dormitory encourages educational success and our suggestion is to limit number of absentees at school and the dormitory.

RECEIVED. MASKS ARE ALLOWABLE IF STUDENT AND PARENT CHOOSE TO CONTINUE WEARING THEIR MASK.

**Thank you for enrolling your child into our Dormitory program.
Please keep the page A & B for your information or reference.**



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STUDENT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
DATE OF BIRTH	CENSUS NUMBER	SSN	GENDER	GRADE	
DOES STUDENT REQUIRE SPECIAL ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO; IF YES, PLEASE EXPLAIN			STUDENT LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER		

EDUCATIONAL SERVICES: My child has the following Educational Plan: IEP 504

EXTRA CURRICULA ACTIVITIES: My child would like to join the following activities:

Football Cross Country Volleyball Basketball Track & Field

OPTIONAL, but STRONGY recommended for Diné Studies

MATERNAL CLAN	PATERNAL CLAN
MATERNAL GRANDFATHER	PATERNAL GRANDFATHER

PARENT(S)/GUARDIAN(S) INFORMATION

MOTHER/GUARDIAN'S NAME		
PHYSICAL ADDRESS	TELEPHONE #	ALTERNATIVE TELEPHONE #
MAILING ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER/GUARDIAN'S NAME		
PHYSICAL ADDRESS	TELEPHONE #	ALTERNATIVE TELEPHONE #
MAILING ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED INDIVIDUALS TO BE ABLE TO CHECK-OUT STUDENT

The following individuals are **over the age of 25** and have permission to check out the student.

AUTHORIZED ALTERNATIVE EMERGENCY CONTACT/PLACEMENT INDIVIDUALS' NAME		
RELATIONSHIP TO STUDENT	TELEPHONE #	ALTERNATIVE TELEPHONE #
PHYSICAL ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT'S NAME: _____

AUTHORIZED <u>ALTERNATIVE EMERGENCY CONTACT/PLACEMENT</u> INDIVIDUALS' NAME		
RELATIONSHIP TO STUDENT	TELEPHONE #	ALTERNATIVE TELEPHONE #
PHYSICAL ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTHORIZED INDIVIDUALS' NAME		
RELATIONSHIP TO STUDENT	TELEPHONE #	ALTERNATIVE TELEPHONE #
PHYSICAL ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTHORIZED INDIVIDUALS' NAME		
RELATIONSHIP TO STUDENT	TELEPHONE #	ALTERNATIVE TELEPHONE #
PHYSICAL ADDRESS	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok if, this phone number receives text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO

Notification of Changes

Please read and sign in the grey shaded area after you have read the Notification of Changes

Notification of Changes	Parent/Guardian Initials for acknowledgement
STUDENT CAPACITY: Please be aware that we will comply with the CDC, Navajo Nation, and State recommendation for student capacity therefore updates will be on-going.	
STUDENT PICK UP OR DROP OFF: A dorm staff will call you, to ask how many students are needing transportation and when we are leaving the dormitory to pick up locations. The dorm staff is not responsible when Parent(s)/Guardian(s) allow their child to spend the weekend at others' students resident.	
SICK STUDENT: You will be contacted that your child is feeling sick and that he/she needs some medical attention so you will be required to pick up your child at the dorm as soon as possible.	
STUDENT MEDICATION: Please be aware that we need an Authorization to Administer Prescribed and Over-the-Counter Medication form to be filled out for <i>each medication</i> your child needs and the Dorm will be required to administer to your child. This form needs to be filled out by yourself and a U.S. licensed medical professional provider. Please contact staff for extra forms.	
COVID-19 TESTING: I understand that my child could be tested, <i>if</i> there was possible Covid-19 exposure during my child's stay in the dormitory.	
BEDDING: DO NOT bring your own blankets, towels, sheets (fitted, flat, and pillow cases), and pillows from home.	
MEDIA: I agree and give consent for Pine Hill Dormitory to use my child's pictures, photographs of student activities, statements/quotes about their experiences, and polling survey to advertise and promote the Pine Hill Dormitory lifestyle and activities.	
ENRICHMENTS/FIELD TRIPS: I understand that attendance, academic standing, and my child's behavior are all considered for ANY trips organized by the dormitory staff.	

STUDENT'S NAME: _____

QUESTIONNAIRE

<p>HAS YOUR CHILD EVER BEEN ENROLLED INTO ANY DORMITORY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: So, our staff may be able to provide comfort and reassurance in this time of transition.</p>
<p>DO YOU HAVE CONCERNS ABOUT YOUR CHILDS' BEHAVIOR AT SCHOOL OR AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: To help our staff understand your child.</p>
<p>IS YOUR CHILDS' BEHAVIOR A RESULT OF A MEDICAL DIAGNOIS OF A CONDITION SUCH AS ADD/ADHD/COD/RAD/PTSD/ODD? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: To help our staff understand your child.</p>
<p>HAS YOUR CHILD EVER HAD ANY ACADEMIC PROBLEMS WHILE IN SCHOOL/CLASS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: To help our staff understand your child.</p>
<p>DOES YOUR CHILD HAVE ANY TATTOOS AND/OR PERCINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: So, our staff can clarify/explain appropriate display according to the school/residential handbook.</p>
<p>DOES YOUR CHILD TAKE ANY MEDICATION FOR BEHAVIOR MODIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: More information will be needed in the medical portion.</p>
<p>DOES YOUR CHILD RECEIVE ANY COUNSELING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: It will help our staff to guide your child.</p>
<p>DOES YOUR CHILD HAVE ANY PROBLEMS SLEEPING OR A HISTORY OF INSOMMIA? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: This information will help staff be aware of your child's needs.</p>
<p>DOES YOUR CHILD HAVE A HISTORY ANY MENTAL HEALTH ISSUES SUCH AS DEPRESSION, ANXIETY, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It helps our staff understand your child.</p>
<p>HAS YOUR CHILD EXPERIENCED A SIGNIFICANT EVENT/TRAUMA AND HAVING SOME ISSUES COPING? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It helps our staff to guide your child to learn some coping skills.</p>
<p>DOES YOUR CHILD HAVE A HISTORY OF SELF-INJURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: This information will help staff be aware of your child's needs.</p>
<p>DOES YOUR CHILD HAVE A HISTORY OF SUICIDAL IDEATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: This information will help staff be aware of your child's needs.</p>
<p>HAS YOUR CHILD EVER BEEN EVALUATED AND/OR TREATED FOR SUBSTANCE ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It helps our staff understand your child.</p>
<p>DOES YOUR CHILD HAVE A HISTORY OF ALCOHOL OR DRUG USE/ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It helps our staff to be able to guide/understand your child</p>
<p>IS YOUR CHILD CURRENTLY INVOLVED WITH SOCIAL SERVICES AND/OR TRIBAL COURTS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It will help staff be aware of your child's needs/situation.</p>
<p>HAS YOUR CHILD BEEN INCARCERATED OR ON PROBATION FOR ANY REASON? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: It helps our staff to be able to guide/understand your child.</p>

STUDENT'S NAME: _____

MEDICAL HEALTH HISTORY

Has your child had any of the following Infectious Diseases? (Yes or No, answers please)

_____ Scarlet / Rheumatic Fever	_____ Tuberculosis	_____ Chicken Pox
_____ Measles	_____ Hepatitis	_____ Mumps
_____ Malaria	_____ Other: _____	_____

Has your child had any of the following?

Please explain

X-Ray / CT Scans / MRI	
Broken bones / fractures	
Loss of consciousness / Black outs / Dizziness	
Chest / abdominal Pain / Upset Stomach	
History of Seizure	
History of Headaches / Migraines	
History of any Surgery/ies	
History Psychiatric /Psychological Issues	
Menstrual Issues	
Testicular Issues	
COVID-19	

Please check any symptoms that apply to your child

Frequent Cold(s)	Heart Issues	Arthritis	Bronchitis
Sore Throat	Hay Fever	Acne	Blood Disorders
Sinusitis	Ulcer	Jaundice	Asthma
Urinary Issues			

TYPES OF ALLERGIES

Please explain side effects

Food:	
Medication:	
Laundry Detergent:	
Materials (Cotton/wool/etc.)	
Plants/Pollens	

VISUAL		HEARING	
	Does your child wear glasses or contact lens?		Does your child have hearing loss?
	Was there a change in your child's vision?		Does your child need a hearing aid / devices?
	When was the last vision screening?		When was the last dental screening?

BEHAVIORIAL HEALTH SERVICES

Is your child receiving any type of Behavioral Health Services? _____

What is the name of the Behavioral Health Service Program? _____

What type of Behavioral Health Services? _____

Who is the primary Behavioral Health Services provider? _____

Does the Behavior Health Services need to continue? _____

STUDENT'S NAME: _____



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AUTHORIZED REPRESENTATIVE FOR MEDICAL SERVICES CONSENT FORM

PLEASE BE ADVISED THAT PINE HILL DORMITORY STAFF WILL MAKE EVERY ATTEMPT TO CONTACT YOU BEFORE ANY OF THE ABOVE SERVICES ARE RENDERED. THIS CONSENT IS ONLY VALID ONLY FOR THE SCHOOL YEAR WRITTEN ABOVE AND IS MADE BY THE PARENT(S)/GUARDIAN(S) OR WHOMEVER HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD.

I, _____, am the parent(s) /guardian(s) for _____. I _____, have the legal right and responsibility to **AUTHORIZE** the Pine Hill Dormitory staff to request/receive **Emergency Medical Services** on behalf of _____. Until I can resume by parental/guardian duties. However should the medical treatment be more in-depth, I, _____, will meet up with Pine Hill Dormitory staff and the medical provider. I, _____, release Pine Hill Dormitory staff of any indiscretion when acting in good faith to receive reactive/proactive medical services for my child.

I GIVE CONSENT FOR THE FOLLOWING MEDICAL SERVICES TO BE PROVIDED FOR MY CHILD.

1. Health care can include medical examinations, physicals exams for sport activities, routine screening process and recommended updating immunization record.
2. X-ray procedures, Optometry (Eye) care.
3. Emergency health care for accidents and/or illness.
4. Dental Care include preventive use of fluorides and necessary emergency dental care.
5. Allow for my child to be tested for COVID-19 and other variants.
6. Transportation to/from medical facilities as recommended by medical service providers.
7. Other: _____

LIST OF MEDICAL FACILITIES MY CHILD HAD CHARTS AT

NAME OF HOSPITALS / CLINICS	TELEPHONE #	Student Chart #
Physical Address		
Preferred Medical Provider's Name		
NAME OF HOSPITALS / CLINICS	TELEPHONE #	Student Chart #
Physical Address		
Preferred Medical Provider's Name		
NAME OF HOSPITALS / CLINICS	TELEPHONE #	Student Chart #
Physical Address		
Preferred Medical Provider's Name		

Student Signature

Parent/ Guardian's Signature & Date

Dormitory Coordinator Signature & Date

STUDENT'S NAME: _____



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AUTHORIZATION to ADMINISTER PRESCRIBED/OVER-THE-COUNTER MEDICATION

PART 1 – TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize designated and properly instructed dormitory personnel to administer prescribed medication as directed by the prescribing physician or other duly licensed provider (PART II Below). I certify that I have legal authority to consent to the administration of prescribed medication following the provider’s order. I understand additional prescriber/parent authorizations will be necessary for each medication to be administered, and if the dosage of the medication is changed. If necessary, I authorized the designated dormitory personnel to official to communicate with the prescriber or the student’s health care provider as allowed by HIPAA.

FIRST NAME		MIDDLE NAME		LAST NAME	
SCHOOL NAME		GRADE	HEIGHT (INCHES)	WEIGHT (LBS)	DATE OF BIRTH
NAME OF MEDICATION STUDENT WILL BE TAKING, INCLUDING OVER-THE-COUNTER:			LIST ANY KNOWN MEDICATION ALLERGIES/REACTIONS:		
PARENT/GUARDIAN CONTACT PHONE NUMBERS:		DAY		EVENING	
PARENT/GUARDIAN SIGNATURE				DATE	

PART II – TO BE COMPLETED BY THE PRESCRIBER/MEDICAL PROVIDER:

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION THAT IS PRESCRIBE OR ANY OVER-THE-COUNTER MEDICATION.

NAME OF MEDICATION		DIAGNOSIS			
DOSAGEAMOUNT		TIME/FREQUENCY TO BE GIVEN		ROUTE OF ADMINISTRATION	
MEDICATION BEGINS ON DATE:			MEDICATION SHOULD END ON DATE:		
POSSIBLE SIDE EFFECTS:					
SPECIAL INSTRUCTIONS: YES OR NO FOR THE QUESTIONS BELOW					
CAN THE MEDICATION BE SELF-ADMINISTRATED BY STUDENT?	HAS THE STUDENT RECEIVED PROPER SELF-ADMINISTER INSTRUCTION ON THE MEDICATION NAMED ABOVE?	IS MEDICATION A CONTROLLED SUBSTANCE?		IS REFRIGERATION REQUIRED?	
PRESCRIBER/MEDICAL PROVIDER’S SIGNATURE AUTHORIZATION FOR THE STUDENT TO SELF-CARRY/ SELF-ADMINISTER IN THE EVENT OF AN EMERGENCY					DATE
PRESCRIBER/MEDICAL PROVIDER’S NAME/TITLE (PRINT)			PHONE NUMBER		FAX NUMBER
ADDRESS					
PRESCRIBER/MEDICAL PROVIDER’S SIGNATURE					DATE

PART III – TO BE COMPLETED BY THE PRESCRIBER/MEDICAL PROVIDER:

- PARTS I AND II ABOVE ARE COMPLETED, INCLUDING SIGNATURES.
- PRESCRIPTION MEDICATION IS PROPERLY LABELED BY A PHARMACIST AND WITHIN THE EXIRATION DATE.
- MEDICATION LABEL AND PRESCRIBER ORDER ARE CONSISTENT.
- OVER-THE-COUNTER MEDICATION IS IN AN ORIGINAL CONTAINER WITH MANUFACTURER’S DOSAGE LABEL INTACT.

PRINCIPAL/AUTHORIZED DORMITORY REPRESENTATIVE SIGNATURE	DATE
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STUDENT’S NAME: _____

STATEMENT OF ACCOUNTABILITY

In accepting your child _____, **Pine Hill Dormitory** acknowledges the responsibility to act in the parental capacity while your child is residing in the dorm. The dormitory will promote and encourage educational goals, wellness, physical fitness, extra-curricular activities, other health information and everyday life learning skills. The dormitory will ensure the student’s welfare by reinforcing dormitory rules, policies, guidelines in the Pine Hill School Handbook.

PARENT(S) PRINTS NAME THEN INITIALS

As the parent(s) _____, I acknowledge my responsibilities to answering calls from any dormitory staff. I, understand that I am legal and financially responsible for MY CHILD _____, actions in regards to any of the school handbook violations. I, _____ will support and encourage my child to pursuit her / his educational interest and by being actively involved in activities for my child in conjunction with the dormitory. I _____, will not allow my child _____ to bully any student residing at the dormitory or at school; **nor will I act on behalf of my child**, if I do so my child _____ will be Dismissed or Suspended from the dorm. I _____ will notify the dorm staff of any concerns/issues I have. I _____, understand my child will be disciplined according to the rules, policies and guidelines in the Pine Hill School Handbook.

STUDENT PRINT HIS/HER NAME

As the student _____, I agree to obey the rules, policies and guidelines in the Pine Hill School Handbook. I will help to make my stay at the dormitory safe, comfortable and fun for myself and the other students around me. I promise to follow the Home Living Assistances and outreach service provider’s verbal instruction. I will be responsible for my behavior and commit to my educational development. I _____, will not bully any student residing at the dormitory or while I am at school, if I _____, should do so, I will be disciplined according to the rules, policies and guidelines in the Pine Hill School Handbook.

PARENTAL CONSENT

I _____, parent of _____, give consent for my child to participate in any educational enrichment activity under the Pine Hill Dormitory program and that my child could be transported within 75 mile radius of Pine Hill Dormitory. In signing this parental consent, I _____, agree to not hold Pine Hill Dormitory liable for any accidents and/or damages that could occur during any schedule field trip.

I _____, understand that I will be inform in advance of any educational enrichment activity outside of the 75 mile radius.

I _____, understand that the dormitory is required to offer Diné studies therefore, I agree to allow my child to participate in Diné studies.

I _____, understand and agree to allow my child to participate in the after school programs offered by Pine Hill School.

Student Signature

Parent(s)/Guardian(s) Signature & Date

Dormitory Coordinator Signature & Date

FILE CHECK LIST – RESIDENTIAL USAGE ONLY

CERTIFICATE OF INDIAN BLOOD	BIRTH CERTIFICATE	SOCIAL SECURITY CARD
IMMUNIZATION RECORD (COPY)	PHYSICAL EXAM (COPY)	MEDICAID /MCO CARD (if applicable)
PROOF OF LEGAL GUARDIANSHIP	COVID-19 Vaccination Cards	MEDICATION ADMINISTION AUTHORIZATION

STUDENT’S NAME: _____