



LEUPP SCHOOLS INCORPORATED

Building the Future, Keeping the Past.

LEUPP RESIDENTIAL HALL 2025-2026 APPLICATION PACKET

STUDENT NAME: _____

STUDENT NAME: _____

GRADE: _____

MALE/ FEMALE

THESE DOCUMENTS ARE REQUIRED FOR ENROLLMENT IN THE RESIDENTIAL HALL

This is a check off list that will help your student to enroll in the dormitory. Please provide original documents, so they will be scanned. All information submitted is considered confidential. (F.E.R.P.A.)

SCHOOL REGISTRATION PACKET (TURN THIS IN FIRST AND GET ACCEPTED).

RESIDENTIAL HALL REGISTRATION PACKET	
BIRTH CERTIFICATE	
CERTIFICATE OF INDIAN BLOOD (CIB)	
IMMUNIZATION RECORDS	
W.I.H.C.C. DATABASE	
CUSTODY/COURT PAPERS FOR GUARDIANSHIP OF STUDENT	
ANY MEDICAL DOCUMENTS PERTAINING TO WELL BEING OF THE STUDENT	

These are some of the items listed below that will be necessary for the students. Sheets, bed covers, baths towels and wash cloth will be provided. Student may bring their own laundry detergent which will be helpful as they are encouraged to and will be taught to wash their own clothes.

TOILETRIES

- ___ Tooth Brush/Tooth Paste
- ___ Shampoo
- ___ Body wash (Liquid)
- ___ Hair Dryer/Curling Iron
- ___ Shower Flip Flops
- ___ Laundry Basket to Wash Clothes

PERSONAL CARE

- ___ Deodorant
- ___ Finger Nail Clipper
- ___ Hair Ties
- ___ Feminine Napkins (Girls)
- ___ Foot Powder

CLOTHING AND SHOES

- ___ Underwear
- ___ Socks
- ___ Shirts
- ___ Pants
- ___ Pajamas

- ___ Shorts & Tank Top
- ___ Belt
- ___ Shoes
- ___ Slippers
- ___ Work Out Clothes (Older Students)

Listed above are some of the accessories the students will need while staying in the dormitory. Students are to bring clothes enough for 5 days, Monday through Friday. Students are allowed to take their clothes home on weekends.

FOOD AND SNACK POLICY

Students are allowed to bring edible snacks/drinks to the dormitory. Dry snacks that are packaged. No fruits or foods that will spoil. Drinks such as soda, fruit juices, bottled water, and Gatorade types of drinks are acceptable.

STUDENTS ARE NOT ALLOWED TO BRING ENERGY DRINKS OR HOT CHEETOS/TAQUIS TYPE OF SNACKS DUE TO HEALTH HAZARDS THAT CAN OCCUR.

Grade: _____

TERM APPLYING FOR: 2025-2026 SCHOOL YEAR

Student Name: _____

Last

First

MI

Address: _____

City

State

Zip Code

Gender: _____ Male

_____ Female

____/____/____

Date of Birth

Tribal Affiliation: _____ If Navajo, CIB # : _____

Person Filling Out Application: _____ Mother _____ Father _____ Legal Guardian

Phone Number: _____

To help us serve your child in case of emergency, we ask that you provide the following contact information. In the future, if you decide to make changes. Please notify the Residential Staff. Parents/Guardians will be contacted first.

Please provide 2 other emergency contacts below, if you cannot be reached.

Contact 1

Name: _____

Relationship to Child: _____

Phone Number: _____

Contact 2:

Name: _____

Relationship to Child: _____

Phone Number: _____

I authorize Leupp Schools, Inc. Residential Hall to contact the person(s) listed above. They are aware and you notify them that they are listed as your child's emergency contact. I authorize in case of serious emergency or illness. That if you the Parent/Guardian or contact are unavailable. We will seek medical attention for our child, by contacting the School Nurse or transporting your child to the nearest medical facility

Parent/Guardian Signature: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____
Last First MI

Address: _____
City State Zip Code

Cell/Phone Number: _____

Location Of Home: _____
(E.G.: Route 15, 3.5 miles South of Milepost 51 or NHA Housing in Dilkon, AZ, House # 09)
USE MAP ON NEXT PAGE TO PINPOINT THE LOCATION OF HOME.

LEGAL CUSTODY INFORMATION

If you are the Court Appointed Custodial Parent/Guardian. Please attach any court documents to verify your custodial status. All documents must be current, with stamp seal from the court. This does not disqualify any students from residing in the Leupp Residential Hall. Filling in the above information states you are the Legal Parent/Guardian of the child/children.

If custody litigations is involved, include any documents that pertain to the issue. The Parent/Guardian is responsible for providing accurate information or documents. We are not responsible for false reporting of a child/children custody information, which can result in termination of the child/children from the Residential Hall.

ATTACH ANY COURT OR CUSTODY DOCUMENTS. IF THE PARENTS ARE ABSENT OR DECEASED, PLEASE PROVIDE THE DOCUMENTS THAT VERIFYS THIS. WE WILL COPY THE DOCUMENTS AND ALL INFORMATIONS ARE SECURED AND KEPT CONFIDENTIAL.

For the safety of your child/children, please list any person(s) who you would not want to come in contact or communicate with your child/children.

(PLEASE PROVIDE A WRITTEN STATEMENT, RESTRAINING ORDERS OR ATTACH ANY COURT DOCUMENTS TO PACKET).

1. Name: _____

Relationship to Child/Children: _____

2. Name: _____

Relationship to Child/Children: _____

3. Name: _____

Relationship to Child/Children: _____

North

Cameron

Holeville

1st Mesa

palacca

Jendito

White Cove

(reservoir)

Dikou

Indian Wells

Tesh
Tah

Sela
Dakai

Wolani

Well Desert

old road
falls

West

Lepp

Bird
springs

Little
Spring

Flagstaff

South

Winglow

Goole

Holbrook

Chamber's

15
20
25

MEDICAL INFORMATION

Does the student have any medical conditions and/or need medical care while in school or the Residential Hall?

Does the student need a special accommodation? ☐ YES ☐ NO

Is the student registered with Winslow Indian Health Care Center? ☐ YES ☐ NO

We recommend that your child is registered with Winslow Indian Health Care Center. In case a serious medical issue arises. We will transport your child immediately to the nearest medical facility. *If your child has an upcoming appointment at any medical center, we advise that you check out your child and take them to their appointment.* We had problems in the past with taking students to their appointment, due to guardianship issues.

To help us understand your child's medical needs. Only check off all that apply to your child below.

- | | |
|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Chills/Night Sweats | <input type="checkbox"/> Repeated Infections |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Thyroid Issues |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Anxiety/Panic Attacks |
| <input type="checkbox"/> Dental Issues/Teeth/Braces | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Heartburn/Indigestion | <input type="checkbox"/> Excessive Thirst |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Tiredness/Always want to sleep |
| <input type="checkbox"/> Urination problems/Bedwetting | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Breathing Issues/Asthma | <input type="checkbox"/> Insomnia/Trouble Sleeping |
| <input type="checkbox"/> Diabetes: Type 1 or Type 2 | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Bone/Joint Issues | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Muscle Spasm |

FOR FEMALE STUDENT ONLY

- | | |
|--|--|
| <input type="checkbox"/> Irregular Menstrual /Heavy Bleeding | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Irregular Discharge | <input type="checkbox"/> Severe Stomach Cramps |

Does your child wear Glasses/Contacts? ☐ YES ☐ NO

Any Vision Problems? ☐ YES ☐ NO

Any recent Surgeries? ☐ YES ☐ NO Procedure: _____

I, _____, the Parent/Guardian consent for emergency medical treatment of my child in an event when LSI Residential is unable to reach me.

Please note that in cases where LSI Residential is unable to contact you, we cannot be held accountable. However, rest assured that we will ensure the well being of your child by promptly transporting them to a nearest hospital. Once your child is under the care of medical professionals at the hospital, you authorized the right for your child to be treated accordingly.

Please be informed that this service is provided on as needed basis for emergency medical situation.

CONSENT FOR ADMINISTERING MEDICATION TO STUDENTS

Is your child taking any prescription medication prescribed by a doctor? ☐ YES ☐ NO

(If they are, please list the medications below. Whether it be Liquid, Pill, Injectable or applied to the skin)

- | | | | | | |
|----|-------|----------|------------|---------------|-------------------------|
| 1. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |
| 2. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |
| 3. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |
| 4. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |
| 5. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |
| 6. | _____ | ___ Pill | ___ Liquid | ___ Injection | ___ Applied to the skin |

Does your child take over the counter medication? ☐ YES ☐ NO

- | | | | | |
|----|-------|------------|--------------|---------------------------|
| 1. | _____ | _____ Pill | _____ Liquid | _____ Applied to the Skin |
| 2. | _____ | _____ Pill | _____ Liquid | _____ Applied to the Skin |
| 3. | _____ | _____ Pill | _____ Liquid | _____ Applied to the Skin |
| 4. | _____ | _____ Pill | _____ Liquid | _____ Applied to the Skin |

Does your child have any allergies to medication? ☐ YES ☐ NO

If they are, please list medication allergic to:

I, the parent/guardian of _____, hereby request, give permission and consent for LSI Residential staff to administer to my child any Doctor prescribed medication(s) listed above. This is also a waiver to administer my child over the counter medication if needed to treat milder condition that do not need serious medical attention. I will provide all prescription medication in its original container with labeling that is current.

Medication must be picked up when the child goes home on the weekend. The medication must belong to your child and we will not accept medication that has expired or outdated. All medication(s) will be logged and accounted for.

Parent/Guardian Signature: _____ Date: _____

RESIDENTIAL HANDBOOK FOR PARENT AND STUDENT

Leupp School Inc. Residential Hall program supports and encourages a positive, safe and effective learning environment for their students. In order for our staff to help the student(s) and to better serve them throughout the school year. We base our program according to policies, rules and regulations and this is the reason we apply a Student/Parent Handbook. Each student will be given a handbook and it is the student's responsibility to understand the handbook and abide by it's guidelines. Listed below are some of the main key points that is stressed in the handbook.

PLEASE GO OVER IT WITH YOUR CHILD.

- Student must have a grade of "C" or better to reside in the Residential Hall. (2.0 or better)
- If a student is absent for 5 consecutive days for the dorm, they will be dropped from the program.
- Students who participate in sports are required to fill out physical forms with the Athletic Department.
- **We have a ZERO-TOLERANCE POLICY.** If a student is found with Drugs, Alcohol, Smoking, Vaping or caught with narcotic prescription pills that don't belong to them, the student will be terminated from the Residential Hall.
- Students are not to engage in Personal display of affection with one another, this includes: Kissing, Holding hands, Body contacts or Fondling. Students will be written up and parents will be called. (3 infractions expel student from the dormitory)
- Bullying will not be tolerated. If a student is caught Bullying, Hazing or Harassing another student, student will be written up and referred to the Principal. Parents will be notified and student will be suspended from the dormitory for the rest of the week.
- If a student fights, assaults or attacks another student, they will get expelled from the dormitory.
- Respect other students and staff. No name calling, use of vulgar or obscene language or gestures. Disruptive behavior and horseplay are unacceptable. Student will be written up and parents will be informed.
- Electronic/cell phones are allowed. We advised student to turn in any expensive electronic equipment in the evening and staff will lock them in a safe place. No cell phone usage after bed time, if caught, your phone will be taken away and parents will have to pick it up for the student when they are checked out. We are not responsible for stolen items.
- Energy drinks are not allowed as snack. This includes any energy drink that contains caffeine, due to the dangerous health side effects of using caffeine. Each snack will be checked by staff upon return to the dormitory.
- Snacks that contain any chili in or no it will not be accepted due to suffocation, choking and breathing complications that may occur from this type of snacks, they come in candy, chips and in various snacks.
- The latest time to check in student will be at 8:00 PM, due to safety concerns and gate will be locked by the Security at this time. If you are going to be late, please call the dormitory phone number during the day and let us know, so we can accommodate you.

Listed above are the main key points.

I understand the residential hall rules and I will comply with it. I understand I can be written up and have my parent informed as a result of my actions and I can get expelled from the dormitory program. I have received a Student Handbook, and will read it thorough with my parents.

Student Signature: _____

Date: _____



WINSLOW INDIAN HEALTH CARE CENTER

DATABASE

NAME (LAST, FIRST, MIDDLE)			OTHER NAMES USED(MAIDEN NAME)			WIHCC NO.			SEX M F			
BIRTH DATE		PLACE OF BIRTH (CITY, STATE)			SOCIAL-SECURITY NO.			MARITAL STATUS		INTERNET Y N Email Address:		
CURRENT COMMUNITY		DATE MOVED		LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)								
MAILING ADDRESS					CITY/STATE			ZIP CODE				
HOME PHONE NUMBER			MESSAGE PHONE NUMBER			WORK PHONE NUMBER						
INDIAN BLOOD QUANTUM		TRIBE		DEGREE		CENSUS NUMBER		CIB Y N				
		OTHER TRIBE		DEGREE		RELIGION						
FATHER'S NAME				CITY OF BIRTH		STATE OF BIRTH						
MOTHER'S MAIDEN NAME				CITY OF BIRTH		STATE OF BIRTH						
EMPLOYER(IF APPLICABLE)					SPOUSE'S EMPLOYER(IF APPLICABLE)							
EMPLOYER'S ADDRESS					SPOUSE'S EMPLOYER'S ADDRESS							
EMPLOYER PHONE NUMBER					SPOUSE'S EMPLOYER PHONE NUMBER							
IF YOU ARE UNEMPLOYED, PLEASE GIVE SOURCE OF INCOME												
UNEMPLOYMENT			RETIREMENT		SSI		SSB		WELFARE		OTHER	
NAME OF EMPLOYER (FATHER)18 & UNDER				EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER				
NAME OF EMPLOYER (MOTHER)18 & UNDER				EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER				
EMERGENCY CONTACT PERSON					NEXT OF KIN CONTACT PERSON							
RELATIONSHIP		PHONE NUMBER			RELATIONSHIP		PHONE NUMBER					
ADDRESS					ADDRESS							
HEALTH INSURANCE INFORMATION												
DO YOU HAVE MEDICARE COVERAGE?				YES	NO	DO YOU HAVE RAILROAD RETIREMENT COVERAGE?				YES	NO	
DO YOU HAVE AHCCCS (MEDICAID)?				YES	NO	DO YOU HAVE PRIVATE INSURANCE COVERAGE?				YES	NO	
MILITARY SERVICE?		YES	NO	BRANCH		CLAIM NUMBER		ENTRY DATE		SEPARATION DATE		
VIETNAM VETERAN?				YES	NO	SERVICE CONNECTED?				YES	NO	
HOUSEHOLD INFORMATION: How many family members in your household – including children?												
PLEASE READ AND SIGN CAREFULLY												
I authorize Winslow Indian Health Care Center to release any medical information or records necessary to process my Medicare, Medicaid or other insurance claims. I authorize my insurance company to pay medical benefits directly to Winslow Indian Health Care Center. If I am a non-beneficiary, I understand co-payments and deductibles will be requested at the time of service. I understand that I will be responsible for all costs if my account should be turned over to collections.												
SIGNATURE OF PATIENT, PARENT OR GUARDIAN						DATE						