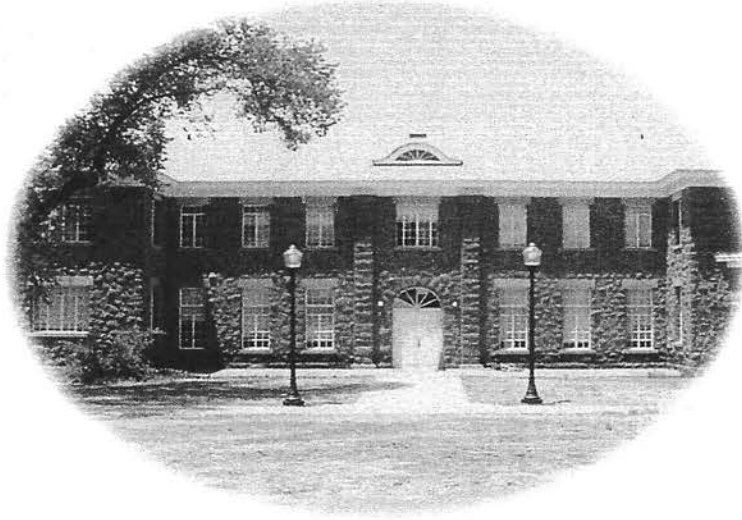


Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



THEODORE ROOSEVELT SCHOOL

Residential Program

Enrollment Application

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



Thank you for your interest in the Theodore Roosevelt School Residential Program. It is a delight to extend a warm Welcome to you and your family. We look forward to meeting you and your students. We look forward to a wonderful school year. We strive to teach our students the importance of education and how it will help their lives and become resilient individuals. We teach the importance of independent life styles by making good choices on their own for their future. We offer variety of services which include tutoring, counseling, academic support for your child to succeed academically and in general, life. We accept students from 6th-8th grade.

We are currently under a 5 day residential program. All local students will ride the bus home on Fridays. Cibecue students will be transported home after school Fridays. We have started and after school tutoring program Fridays. Any student who is not passing will stay afterschool until 3:00 PM. Cibecue Students will leave after tutoring. Off Reservation students will be allowed the stay on the weekends.

When your child lives on Campus, she/he will:

- Take advantage of programs to help them achieve their best in school
- Live independently in a supportive environment
- Get involved in our school organizations and events
- Share in campus experience making friendships with people from different backgrounds

We need copies of the following documents.

- ✓ Birth Certificate
- ✓ Certificate of Indian Blood
- ✓ Health Insurance Card (if have never been seen at Whiteriver IHS)
- ✓ Immunization Card
- ✓ Social Security Card
- ✓ Court Documents (If needed)

Please keep in mind that your child will have to first be accepted to the Theodore Roosevelt School prior to enrolling to the residential program. I look forward to serving your child in his/her academic goals, if you have any questions please feel free to contact me.

Sincerely

Ms. Sanjiv M. Thompson

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



**Student enrollment Application
2017-2018**

			Grade:		
First Name:		Last Name:			Middle name:
Age:	Grade:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:	
Tribal Affiliation			Census Number:		
Guardian/Mother			Guardian/ Father		
Mailing address:			State:		Zip:
Physical Address:			State:		Zip:
1 st Contact Person		Cell Phone	Work Phone		Home Phone
2 nd Contact Person		Cell Phone	Work Phone		Home Phone
Email Address					
Last School Attended:			Address:		

**FRIDAY TRANSPORTATION:
Cibecue Students**

We hereby give _____ permission to ride the Theodore Roosevelt School bus
Student
on Fridays to _____. I have read and fully understand the
Permission Letter and the Transportation Section of the Parent/Student Handbook.

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



TRS Residential Life Parent/Guardian Agreement

This agreement serves as a legal notification for parents to understand the residential protocol for School Year _____. This agreement is to provide a foundation for all residential students to be academically and behaviorally successful. Parents/guardians and student are required to read, sign and abide by this document.

1. Parents will bring their child to the dormitory with adequate school uniform for the week.
2. All residential students need to properly check in at the dormitory when returning from home at any time. **Do not get dropped off at the school building without checking in at the dormitory.**
3. Residential student curfew is at 8:00 p.m. **Parents/guardians visitation is allowable from 3:30 to 8:00 p.m. daily. ONLY** the parents/guardians will be allowed to visit their child in the front lobby area of the dormitory after 8:00 p.m. The parents must come into the dormitory for check-out or visitations, students are not allowed to meet their parents in the parking lot. This is a safety and accountability precaution for each student.
4. If parents need to make changes to their child's bus transportation, a signed document from the parents/guardians is required in person or faxed. The fax number is (928)338-1009 to the school. **A telephone call is not acceptable.**
5. **Parents/guardians are discouraged to check out their child during the week except for emergency leave or medical appointments.** Your child needs to be in school every day to receive the benefits of a quality education.
6. Expensive electronic devices (i.e. IPAD, IPOD, laptop computer, tablet, iPhone, PlayStation, stereo, etc.) are not encouraged to be brought to the dormitory; but not restricted. If a student does bring an expensive electronic device they are to lock it in the storage area. **The school is not liable or obligated to replace the item if it is lost or stolen.**
7. Electronic usage is a student privilege. If a student breaks that privilege, then all their electronic/technological usage (i.e. cell phone, IPAD, laptop computer, IPOD, stereo, DVD player, etc.) **will be taken from him/her for the remainder of the school year.** Breaking electronic/technological usage are: texting inappropriate messages; video filming the dormitory or any part of the school; internet use from a student's electronic device to inappropriate sites; playing music too loud; cyber bullying, gang-related storage on computer or cell phone; calling or texting non-family members after 9:00 p.m. curfew; watching inappropriate video or movies on their devices.
8. **Only alcohol-free mouthwash is allowed.** If mouthwash is not alcohol-free, it will be confiscated.
9. **Excessive body piercing and colored contact lenses are a distraction to other students.** Only one pair of ear piercing is acceptable; other facial and body piercings are not allowed. Furthermore, only prescription contact lenses (clear, brown or blue) are allowed. White, black, red, yellow or any other colors are not allowed.
10. Gang-related clothing (shirts, pants and shoes), accessories (bandanas, ICP necklaces, shoes laces, belts, and gloves) or bedding will be confiscated and returned to the parents. **Gang expression and affiliation will not be tolerated at TRS.**
11. **Only dry foods will be allowed in the dormitory.** Refrigerated foods and snacks (i.e. burritos, pizza, can foods, cheese, etc.) are not allowed. Liquid drinks (i.e. bottle water, canned soda, duck juice, etc.) are allowed except **FAYGO soft drink and energy drinks.** All students are encouraged to eat nutritiously at the school cafeteria.

This contract is aligned with student code of conduct and student/parent handbook. By signing this agreement, we have read, fully understand and agree to respect and abide by all the stipulations stated in this agreement.

_____ PARENT/GUARDIAN (PRINT NAME)	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ STUDENT (PRINT NAME)	_____ STUDENT SIGNATURE	_____ DATE

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students Theodore Roosevelt School 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 appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) Tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without Official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check—out and check—in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. 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 or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon are not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.

I fully understand the foregoing "Student Code of Conduct", and if accepted as a student at The Theodore Roosevelt School, I agree to abide by these rules:

Date: _____ Student Signature: _____

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct", further I agree to cooperate in resolving any disciplinary problems that may involve my child:

Date: _____ Parent Signature: _____

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



PERSONAL INFORMATION FORM FOR DORM USE:

1) Does the applicant have medical problems that interfere with school or attendance and/or need medical care while staying at Theodore Roosevelt School? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please explain? _____ _____
Please include name, address and phone of the clinic or Dr. Normally seen by the student: Doctor/ Clinic: _____ Address: _____ City/State/Zip: _____ Phone: _____
2) Does the applicant have any medication(s) he/she should be taking YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please List: _____ Please send the filled prescription with the student upon arrival at TRS. Remember to also send refills
3) Has applicant Received counseling or in therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Does the applicant have allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please, specify: _____ _____
5) Does the applicant need a special diet? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please, specify: _____ _____
6) Religious affiliation (optional): _____
7) Is there anything else you would like for us to be aware of regarding your child? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please explain? _____ _____ _____

These questions are for our information to better serve your Child while their stay here, and will not be released to anyone who is not employed by TRS

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



SOCIAL FAMILY HISTORY FORM

Student Name: _____ Grade: _____

The enrollment of your child in a BIE Boarding School is a shared and continuous responsibility between the school and you as parents/guardians. Your child's emotional/social growth and educational development is very important for him/her to function independently as an adult after graduation. Therefore, we seek your cooperation by completing the following questions to help the dorm staff prepare your child make a transition into adulthood. Your answers are confidential and will only be shared by staff members working with your child.

School and Academic Issues: *Do you have any concerns about your child's attendance and grades?* _____

Does your child need a tutor in any subject area? _____

Daily Life and Behavior: *What are your child's likes and dislikes (e.g. recreation, media, books, crafts, etc.)?* _____

Attitude, Outlook and Goals: *Do you have concerns in regards to your child's self-identity, self-esteem issues, fears, worries, hopes and dreams.* _____

Hobbies and Interest: *Identify your child's talent, interests, and hobbies that he/she is deeply passionate about.* _____

Social Life: *Do you have concerns about your child's friends, bullying, peer pressure or social networking?* _____

Family Issues: *Are there conflicts at home which may hinder your child's learning ability?* _____

Are you the custodian of this child? _____ *Is your child a ward of the tribal or state court?* _____

Delinquent Behavior: *Has he/she ever been suspended?* _____ *Has he/she ever been expelled for delinquent behavior?* _____ *Does your child have a probation officer?* _____
If yes, please explain: _____

Physical Health and Medical Issues: *Are there health issues that the dorm needs to be aware of such as sleep disorders, excessive junk food, too much TV, or video games?* _____

Mental Health: *Does your child show signs of depression, anxiety, or other mental health issues?* _____

Safety and Welfare Issues: *We want every child to feel safe here at school therefore if you have any concerns about your child's safety, you may contact the home living supervisor or counseling technician in the dorm.* _____

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



Dear Parents,

We are proud to inform you that if your child is accepted to TRS, he/she will be staying at on a Historic site while attending their education here at TRS. We have tourists visiting our campus year around; therefore, we are requesting that you talk to your child about respecting our History along with the site. All around our buildings are a part of History. You are being informed that you will be financially responsible for any damages done to the dorm and grounds by your child.

We are also concerned about providing transportation for students. So the school will only provide transportation at the beginning of the year, during Christmas, school intercessions and at the end of the school year. If any of these incidents should occur regarding your child 1) long term suspension, 2) expulsion, and 3) death in the family, YOU will be responsible for the transportation home and back to school.

We strongly recommend that you talk to your child about property damage and their behavior as a preventative measure. We do not wish any of the above to occur, but these things do happen.

Please sign below to say you understand your part as a parent.

I have read the above letter and will take any and all responsibility for my child's action while residing at TRS Dormitory.

Parent Signature: _____ Date: _____

Witness: _____ Relationship: _____

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



Permission for Student Check-Out from Dorm

Theodore Roosevelt School Dormitory prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file.

- ❖ A Student may be released to persons 21 years and older with written parental/guardian permission and administrative approval.
- ❖ Students will not be released to anyone under the influence of drugs or alcohol.

Individuals wishing to check out student must appear on the school campus and follow the dorms checkout procedures.

They may be asked to present a valid driver license for identification purposes.

TRS Dormitory will not be held responsible for:

- Any Legal problems. Expenses incurred by the students when the student is checked out.
- Health care expenses incurred while the student is checked out.
- Any contract Health services expenses that accumulate as a result of an injury occurring while the student is checked out will be the responsibility of the parent/guardian.

Individuals checking out students over the weekend must return student to the dorm by 8:00 PM the evening before school resumes.

By signing this document, the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.

No one has permission to check out my student at the present time.

Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip:
Phone:	Phone:
Type of check out granted <input type="checkbox"/> Off Campus Check out <input type="checkbox"/> Overnight Check out <input type="checkbox"/> Weekend Checkout	Type of check out granted <input type="checkbox"/> Off Campus Check out <input type="checkbox"/> Overnight Check out <input type="checkbox"/> Weekend Checkout
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip:
Phone:	Phone:
Type of check out granted <input type="checkbox"/> Off Campus Check out <input type="checkbox"/> Overnight Check out <input type="checkbox"/> Weekend Checkout	Type of check out granted <input type="checkbox"/> Off Campus Check out <input type="checkbox"/> Overnight Check out <input type="checkbox"/> Weekend Checkout

This permission will remain in effect until canceled by the undersigned parent/Guardian in writing.

Signature of Parent/Guardian

Date

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



**Residential Program
Parent Permission to Evaluate Level of Student Need**

Student Name: _____ Address: _____
DOB: _____
Parent/Guardian Name: _____ Physical Location of Home: _____
Phone Number: _____

Students who reside in the dorm at Theodore Roosevelt often need special guidance to successfully live in the Dorm. Many students need opportunities to learn how to interact successfully and cope with their family/friends and cope with their environment. TRS residential program offers a variety of programming over the course of the school year that helps students in these ways. Here are some services that the dorm provides: life skills training, interpersonal skills training, careers, cultural awareness, creative expression, cultural guidance, talking circles, substance abuse awareness, substance abuse counseling, and professional led counseling. In order to best help your child, we ask for your permission to determine your child's level of need for the services to be provided. There are several ways that we will do this. First, we need your involvement to give us more information on the behavior of your child. We ask your permission to review any relevant school documents, such as attendance grade and or/behavior reports. We ask your permission to contact any juvenile authorities, if your child has been involved with them, for your recommendations that they may have on admission to this dorm. Case specifics are not necessary. We ask permission to have your child speak with a psychologist if necessary, who will help us understand which activities may best suit the needs of your child. Also, we ask permission to confidentially ask teachers and staff members to offer information on your student's behavior at school and the Dorm.

Once again we gathered the relevant information, a recommendation of specific activities and goals for your student well be made. We would appreciate your input on this.

Also by signing this form for your child, it allows the dorm staffs to take them on weekend field trips, and activities that are planned throughout the school year.

I, the parent or legal guardian of _____ understand that:

- First my child will be evaluated by a psychologist/school counselor to help understand which activities may be best suit his/her needs.
- Then, a plan of specific activities and goals for my child will be created.
- At that time, I will be informed of the plan and asked to give my input.
- I will need to give my permission for that plan to be used to benefit my child.
- Finally, I give permission for my child to participate in any weekend trips of activities offered by the dorm.

I give my consent for my child to be evaluated for the services offered by the TRS residential program, and for any field trips and activities, the dorm may offer throughout the school year.

Signature of Parent/Guardian

Date

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Consent of: Parent or Legal Guardian or other person who has primary responsibility for the care of the child.

Name of Student _____ SSN #: _____

Birthdate: _____ Tribe: _____

I (we) have read the consent from the Indian Health to arrange for, or to provide the following health services for this child:

- 1.) Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin test.
- 2.) Dental care including dental examinations, preventive use of fluoride and necessary emergency dental care.
- 3.) Mental Health services including and treatment necessary.
- 4.) Emergency Health Care for accidents or illnesses.
- 5.) Transportation of the Child to and or from another health facility for these services.

I hereby give consent for all services.

Exceptions of Special Instructions: _____

I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Theodore Roosevelt School staff while my child is in attendance.

Parent/Guardian Signature: _____

Print Name: _____

Address: _____

City/State/Zip Code: _____

Relationship: _____

Phone # _____ Alternate #: _____

Date: _____ Valid Until: _____

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ -85926-
(928)338-4995



Items to Bring:

- Pants
- Sweat Pants
- Dress shirts T-shirts
- Sweaters
- Pajamas
- Undergarments
- Socks
- Jackets
- Shoes
- Blankets
- Bags/ Suitcase
- Towels/ wash clothes
- Sheets
- Plastic Hangers
- Clock
- Shampoo/ Conditioner
- Tooth Brush/ Tooth Paste
- Bath Soap
- Laundry Soap
- Area Rugs
- Flip Flops

Contra-banded items - things you can-not have in the dorm

- | | | |
|---------------------|---------------------|-----------------|
| • Nail polish | ■ Razors | ■ Scanners |
| • Playing Cards | ■ Pencil Sharpeners | ■ Glue |
| • Perminate Markers | ■ Razor Blades | ■ Scissors |
| • Mouth Wash | ■ Metal Hangers | ■ Aerosol Spray |
| • Shaving cream | ■ 2 way radios | ■ |
| • Bandanas | ■ Dice for gambling | |
| • Gule | ■ Radios/ TV's | |
| • Ouja Witch Boards | | |