





ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
Student Check-Out Card  
SY 2026-2027

DESCRIPTION OF STUDENT'S APPEARANCE:

Census#		DOB:		Date Enrolled:		NASIS ID#		Gender:	
Parent/Guardian:		Address:				Home Location:			
Emergency Phone:		Address:				Home Location:			
Weight	Height	Build:	Complexion:	Color of Eyes:	Noticeable ID Marks:		Color of Hair/length:		

I, \_\_\_\_\_ (Parent/Legal Guardian) give authorization to the following individual(s) that I have listed below to formally check out my child from Dormitory. The individual(s) I have listed below are over the age of 18. I understand that my child will be released to only those individual(s) listed. I understand it is my responsibility to inform these individuals that I have listed them on my child's check out form; and that **THEY SHOW A PICTURE ID** before my child is released to him/her.

THE FOLLOWING PERSON(S) IS/ARE AUTHORIZED TO CHECK OUT MY CHILD:

	Name / Relationship:	Physical Address:	Current Phone Number:
1.			
2.			
3.			
4.			

NOTE – The following individual(s) is/are NOT allowed to check out my child for the following reason(s):

Temporary Protection Order (Verify Copy)    
  Social Service Order    
  Other \_\_\_\_\_

Permanent Protection Order (Verify Copy)    
  Legal Guardianship Order

\_\_\_\_\_

\_\_\_\_\_

**\*PLEASE NOTE:** If there is a divorce or separation, current custody paper and/or decree must be provided and kept on file in the school office or residential office. If there is no custody or current court documentation on file, then any legal parent will have the right to check out his/her child(ren).

I understand by giving my consent to the individuals I have listed above that I am relieving Rough Rock Community School and all school personnel of any liability regarding my child when he/she is checked out from Dormitory.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Residential Staff

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
Residence Form  
SY 2026-2027

Wing: E S W N

( ) New Enrollee  
( ) Returning Student: Year attended \_\_\_\_\_

Grade: \_\_\_\_\_

Student Names: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Census Number: \_\_\_\_\_

Tribe: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contacts	Work number	Home phone number	Cell/Alternate phone number
Mother:			
Father:			
Legal Guardian:			
Emergency Contacts:			
Other:			

**DESCRIPTION OF STUDENT'S APPEARANCE:**

Sex:	Height	Weight	Eye Color	Hair Color
Male / Female				

I am legally responsible for my child and hereby apply for his/her admission to Rough Rock Community School Residential Program. I give consent to emergency care/transport, needed counseling, dental check-ups and routine trips to Agency Health Services if such trip/treatment is necessary while he/she is residing in the Dormitory. I approve such inculcations and treatments in the field of preventive medicine as may be deemed necessary by school or medical personnel.

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

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

ROUGH ROCK COMMUNITY SCHOOL  
Residential Services Department – Residential Program  
Residence Form  
SY 2026-2027

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please provide us a detailed map to your place of residence (From Store, Church, Chapter House, etc.):

**N**

**W**

**E**

**S**

Provide a written description to your home:

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ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
SCHOOL HEALTH QUESTIONNAIRE  
School Year 2026-2027

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Census Number \_\_\_\_\_ Gender \_\_\_\_\_  
 Parent/Guardian Names \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Primary Health Provider \_\_\_\_\_

Emergency Contact Person

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Home Location \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Home Location \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Please circle either yes or no, if yes please provide dates

Asthma	Yes or No _____	Hepatitis/Kidney Problem	Yes or No _____
Bedwetting	Yes or No _____	Mood/Behavior Problems	Yes or No _____
Chicken Pox	Yes or No _____	Scoliosis/Back	Yes or No _____
Dental Problems	Yes or No _____	Skin Problems (rash/dryness)	Yes or No _____
Diabetes	Yes or No _____	Sleepwalking/Nightmares	Yes or No _____
Eating Problems	Yes or No _____	Tuberculosis (TB)	Yes or No _____
Epilepsy	Yes or No _____	Vision Problems	Yes or No _____
Hearing Problems	Yes or No _____		

Is your child allergic to any medications/drugs, bee/wasp sting or any food? Yes or No \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 Is your child taking any medication or under doctors care? Yes or No \_\_\_\_\_  
 If yes, what kind and how often taken? \_\_\_\_\_  
 Has your child ever been hospitalized or had any type of surgery? Yes or No \_\_\_\_\_  
 If yes, please explain reason for hospitalization or type of surgery? \_\_\_\_\_

Prescription Medication over the Counter Medication Dispensing:

I give permission to Rough Rock Residential Staff to dispose of over the counter medication to my child while he/she is enrolled with Rough Rock Community School. The school nurse will give prescription medication with physician order ONLY. Medication is to be in the original container with the child's name and dosage clearly written on the label.

Please check off which medication can be dispensed or used:

Acetaminophen (Tylenol)		Sudafed		Bacitracin Ointment	
Ibuprofen / Motrin		Head Lice Shampoo		Aloe Vera	
Cold Medicine		Pepto-Bismol		Burn Jelly / Spray	
Cough Medicine		First Aid Cream		Calamine Lotion	
Cold Sore Cream		Hydrocortisone 1%		Eye Drops	

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 6/1/26

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
Consent for Medical Treatment and Emergency Contact Information  
SY 2026-2027

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ am the parent/legal guardian with legal custody of my child who is \_\_\_\_\_ years of age who is attending Rough Rock Community School and will reside in the Dormitory. I give permission for a licensed nurse, physician, or emergency treatment center to administer the necessary aid immediately to my child should he/she become sick or injured during any activities or overnight field trips throughout the school year, and to do so without having to wait until I am contacted. I consent to any x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care deemed necessary.

I understand the staff of the Residential Services Department/Residential Program will try to contact me. I will not hold any of the staff responsible if efforts to contact me are unsuccessful. I understand that the Residential Program does not assume responsibility for payment of a physician in any case. I also agree to be responsible to update any medical information that may be needed throughout the school year. During the school year, we can be reached at:

Contacts:	Work Number:	Home Phone Number:	Cell/Alternate Phone Number:
Mother:			
Father:			
Guardian:			
Other:			

Hospital in case of Emergency: Chinle Comprehensive Care Facility

Phone: (928) 674-7001

Allergies to medicine or other allergies: \_\_\_\_\_

My child is currently taking the following medication(s): \_\_\_\_\_

For the following condition(s): \_\_\_\_\_

Additional information that would be necessary in treating my/our child: \_\_\_\_\_

If parents/legal guardians cannot be reached, I/we authorize first aid treatment or emergency medical care (including ambulance service if needed) in the event of serious illness or injury.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
FIELD TRIP / SPECIAL EVENT AUTHORIZATION FORM  
SY 2026-2027

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

During the course of the school year, my child may participate in the following, but not limited, to the events listed below:

<b>Activities / Events:</b>	<b>Presentations:</b>
- Arts & Crafts	1. Violence
- Baking / Cooking	2. Rape
- Christmas Shopping	3. Emotional Abuse
- Cook-Outs	4. Depression
- Dances	5. Suicide Prevention
- Field Trips	6. AIDS
- Fishing	7. Alcohol
- Fun Run / Walk	8. Methamphetamines
- Hiking / Camping	9. Traditions & Dine Culture
- Holiday Dinners	10. Marijuana
- Horseback Riding	11. Physical Abuse
- Intramurals	12. Domestic Violence
- Movie / Dinner(incentive)	13. Relationships
- Parade	14. STDs
- Trail Rides	15. Sexual Abuse

In order to avoid sending numerous permission forms to allow your child to participate, this form will be sufficient for the entire school year. This will cover all activities/events and also presentations scheduled throughout the school year. This will also include field trips off campus from the Residential Program throughout the school year.

\_\_\_\_\_ I AGREE to allow my child to participate with Dormitory activities/events/presentations scheduled throughout the school year.

\_\_\_\_\_ I DO NOT AGREE to allow my child to participate.

Should it become necessary, I authorize RRCS to transport my child to medical facility, and to receive medical treatment by qualified and licensed medical personnel in the event of any medical condition, which in the opinion of certified medical personnel may endanger my child's life, adversely affect my child's health or undue discomfort if treatment is delayed. This authority is granted only after reasonable effort has been made to contact the parent(s), legal guardian, or emergency contact person by telephone.

By signing this form, I understand that the sponsors and adults will closely supervise all field trips/activities. I further absolve Rough Rock Community School of any liability arising out of any unforeseen accident/incident or injury while my child participates in any field trips/activities/events, etc.

\_\_\_\_\_  
Parent / Guardian Signature  
6/1/26

\_\_\_\_\_  
Date

United States Department of the Interior  
Bureau of Indian Education  
Arizona Navajo Central Education Line Office  
Rough Rock Community School  
Residential Program  
PO Box 680  
Chinle, AZ 86503

## Computer & Internet Usage Student Agreement Form

I, \_\_\_\_\_, a student of Rough Rock Community School, agree to abide by the terms and conditions of this policy for my own use only. I will ensure my privilege can be denied, if I am not abiding by any terms and conditions of Rough Rock Community School. I understand I will be allowed to access the Internet with an agreement and permission of Rough Rock Community School.

I realize that the use of the Internet is a privilege, not a right, and inappropriate use will result in the classroom of those privileges may lead to disciplinary actions, removal and/or legal action.

THE SYSTEM ADMINISTRATOR MAY DENY, REVOKE, OR SUSPEND ACCESS TO THE INTERNET.

1) The system and school administration have determined what is appropriate use includes but is not limited to the following activities:

- ❖ Accessing, viewing or printing offensive messages or pictures that are pornographic or obscene.
- ❖ Using obscene language & disruptive behavior.
- ❖ Accessing, viewing & transmitting material related to drug, alcohol, gang activity or hate groups.
- ❖ Damaging computer systems, computer networks or equipment.
- ❖ Violating copyright laws.
- ❖ Trespassing in another's folder, work, and files or using another student's work.
- ❖ Downloading inappropriate internet music or videos.
- ❖ Revealing the personal address & phone number of yourself or any other person with permission from your instructor.

2) Violations may result in a loss of access as well as other disciplinary or legal actions.

3) Cost incurred by Rough Rock Community School for vandalism, computer hardware or software Damages, i.e., any malicious attempt to harm or destroy another student's data.

4) Any attempt to steal, trade, or any means of theft shall be turned into the proper authorities or be presented in legal court.

I have read the rules acceptable online behavior, understand the rules, and agree to comply with the above stated rules.

Should I violate these rules, I understand that I will be suspended from the Computer Lab and lose network and computer privileges at Rough Rock Community School.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ System Administrator

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
PARENTAL / GUARDIAN CONSENT FORM  
SY 2026-2027



This is a parental consent form to both inform you and to request permission for your child's photo/image and personal identifiable information to be published on the district's school website.

As you are aware, there are potential dangers associated with posting of personal identifiable information on a website since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school do want to celebrate your child's work. The law requires that we ask for your permission to use the information regarding your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student's names, photo image, residential address, e-mail address, phone numbers, and locations/times of class field trips. If you, as the parent or guardian wish to rescind this agreement, you may do so at any time in a written statement to the principal. Such rescission will take effect upon receipt by the school.

Check on the following choices:

\_\_\_\_\_ I/WE GRANT permission for a photo image that includes my child without any other personal identifiers to be published on the school and/or district's public internet site.

\_\_\_\_\_ I/WE GRANT permission for my child's photo/image and name to be published on the school and/or district's public internet site.

\_\_\_\_\_ I/WE GRANT permission for my child's photo/image and all other personal identifiers listed below to be published on the school and/or district's public internet site.

\_\_\_\_\_ I/WE DO NOT GRANT permission for my child's photo/image and other personal identifiers to be published on the school and/or district's public internet site.

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Parent(s) / Guardian Name (print): \_\_\_\_\_

Parent(s) / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
RESIDENTIAL / REGULATIONS AGREEMENT FORM (1 OF 2)  
SY 2026-2027

I, \_\_\_\_\_ student (student is under the age of 18, parent/guardian signature is needed for this form), agree to the terms and conditions of this contract and accept personal responsibility to agree to the stated terms and conditions herein to reside at the Residential.

As parents of a student who is attending Rough Rock Community School, you have a responsibility to help us regarding the behavior of your child. Would you please talk to your child about the following rules and regulations. Violations may cause suspension or expulsion.

Please initial to acknowledge you understand and agree to abide by the following conditions:

\_\_\_\_ 1. I will be responsible for every item that is provided to me, and return them in good condition when this contract is voided by me at the time when I withdraw from school or dormitory. Failure to do so will result in a Bill of Collection, issued by the Support Services Director and/or Administrative Assistant, for any damages or loss of items. A hold will be placed on your school record and no school records will be released unless items are returned or payment is made in full.

\_\_\_\_ 2. I will be responsible for taking care of all furniture and equipment in the dormitory. I will help maintain all items in excellent condition, not just the room I am assigned to. *Please check all.*

	Bed Unit		Wardrobe		Smoke Detector		Lights/Fixtures		Mattress
	Chair		Walls		Ceilings		Linen		Desk
	Doors		Pool Table/Equipment		Foosball/Air Hockey		Windows/Screens/Blinds		Other

\_\_\_\_ 3. I will accept personal responsibility to keep my assigned room clean every day: **students must keep their rooms clean and do their share of assigned details everyday Monday to Friday.**

\_\_\_\_ I will pass a room inspection every day.

\_\_\_\_ I will make my bed each morning prior to going to school and before I go home for the weekend (**beds are to remain apart and positioned according to the direction of staff due to Safety Hazard. Beds are to have 2 sheets, blanket, bedspread, and pillow w/case. Mattresses are not allowed on the floors and students will not be allowed to sleep on the floor.**)

\_\_\_\_ 4. I will comply with the Parent/Student Handbook, which will be reviewed with me, a copy will be provided to me and I will keep it in my room.

\_\_\_\_ I will conduct myself as a young lady/gentleman.

\_\_\_\_ I will not show any inappropriate display of affection.

\_\_\_\_ I will adhere to all school/dormitory rules, regulations, and policies.

\_\_\_\_ I will not threaten, try to fight, bully, or intimidate my peers, the staff, and/or visitors.

\_\_\_\_ I will not enter other student's rooms, without consent.

\_\_\_\_ I will not steal personal belongings of my peers, staff, and any school property.

\_\_\_\_ I will not consume any alcoholic beverages, attempt to AWOL, or attempt to go into any locked school buildings/houses on Rough Rock Community School Campus. According to Arizona State Law, parents may be charged for destruction of Government property for the cost of false fire alarms, and for any stolen property which cannot be reclaimed.

\_\_\_\_ I will not sell, distribute, and/or utilize drugs/alcohol on school campus and dormitory; RRCS is a drug free campus. Therefore, no alcohol, drugs, smoking or chewing tobacco of any kind will not be permitted on school campuses. Any violation will be dealt with in accordance with the Student Code of Conduct.

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
RESIDENTIAL RULES / REGULATIONS AGREEMENT FORM (2 OF 2)  
School Year 2026-2027

\_\_\_ 5. I will cooperate and listen to the staff and follow directions/rules. I will also assist my peers in maintaining a safe, fun, healthy, and learning environment. I will maintain my ability to be a team player. I will be on my best behavior and be a role model for my fellow peers and those younger than me.

\_\_\_ 6. I will attend all mandatory sessions and required meetings that will be scheduled daily/weekly. I will follow directions, listen, and actively participate in all sessions.

\_\_\_ 7. I will check in and out appropriately according to dormitory rules, if I fail to do so I am aware that I will lose my privileges.

\_\_\_ 8. I will report any findings if I notice any equipment, etc. are not working and if they have been damaged.

\_\_\_ 9. I will agree not to bring personal items that are not allowed at the dormitory and also those listed in the Parent/Student Handbook. *By initialing below I understand the following are not allowed and will not hold the residential staff if any personal items are stolen or damaged.*

- \_\_\_ Personnel Vehicles ARE NOT ALLOWED
- \_\_\_ Inappropriate pictures or symbols (example: nudity, Satanic cults, gang affiliated items, promotion of drugs/alcohol substances, or any form of violence.
- \_\_\_ Music that contains profanity or vulgar languages.
- \_\_\_ Television, Microwave, X-Box, Play Stations, etc.
- \_\_\_ Personal Computers, laptop, copiers, printers, and scanners.
- \_\_\_ Loud music will not be tolerated.
- \_\_\_ Skateboards, weights, tools, of any kind.
- \_\_\_ Furniture other than what is already in the dormitories, and bicycles.
- \_\_\_ Weapons of any sort.
- \_\_\_ Black lights and laser lights.
- \_\_\_ Any type of fireworks. Fireworks may not be stored or used on school campus.
- \_\_\_ Personal Valuable Items.

\_\_\_ 10. I understand if I should bring any electronic items such as portable DVD players, Ipod, Ipads, Cellular Phones, etc. Such items will be collected during study hour, after curfew hours, and will be returned till leisure time. If I do not comply with the rules I fully understand the items listed above will be taken away and will not be returned to me till the end of the semester or if I should decide to withdraw.

**I agreed by initializing each item above and fully understand that this contract will be abided by and if I should violate any of the rules and regulations, I will lose all dormitory privileges for the remainder of the school year. I understand I will be asked to withdraw from residential and become a regular day student.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Living Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date