

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
Telephone: (928) 728-3707 Fax: (928) 728-3558



Residential Enrollment Packet 2024-2025

() New Enrollee

() Returning Student

Student Name: _____ Grade: _____

Forms Needed for all New Enrollment & Re-Enrollment

- ___ Acceptance from school
- ___ Enrollment Data Sheet/Criteria
- ___ Student Checkout Authorization
- ___ Demographic Verification
- ___ Dormitory Contract
- ___ Consent for Medical Treatment and Emergency Contact Information
- ___ School Health Questionnaire 2023-2024
- ___ Field Trip / Activities Authorization Form
- ___ Photo / Image Parental Consent Form
- ___ School / Parent Compact Agreement 2023-2024

A copy of the following Documents must be provided before your child/children's application is considered complete for all New Enrollments.

- ___ Certificate of Indian Blood
- ___ Birth Certificate
- ___ Updated Immunization Record
- ___ Legal Guardianship

(Official Use Only)

___ Complete packet / Initial of Registrar Staff initial: _____ Date: _____

___ Background check cleared by Residential Director/Registrar

___ Behavioral/Counseling Contract established by Residential Services Director

___ Lacks the following information/documents: _____

2nd notification by _____ Date: _____

3rd and last notification by: _____ Date: _____

NASIS#: _____

ROUGH ROCK COMMUNITY SCHOOL
Residential Program
Student Check-Out Card
SY 2024-2025

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 PERON(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

5/29/24

ROUGH ROCK COMMUNITY SCHOOL

Residential Program

Residence Form

SY 2024-2025

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 2024-2025

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:

ROUGH ROCK COMMUNITY SCHOOL
Residential Program
SCHOOL HEALTH QUESTIONNAIRE
School Year 2024-2025

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 Aide Cream		Calamine Lotion	
Cold Sore Cream		Hydrocortisone 1%		Eye Drops	

Parent/Legal Guardian Signature _____ Date _____

5/29/24

ROUGH ROCK COMMUNITY SCHOOL
Residential Program
Consent for Medical Treatment and Emergency Contact Information
SY 2024-2025

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

Parent/Legal Guardian Signature

Date

5/29/24

ROUGH ROCK COMMUNITY SCHOOL
Residential Program
FIELD TRIP / SPECIAL EVENT AUTHORIZATION FORM
SY 2024-2025

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:

Activities / Events:	Presentations:
- 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 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

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 is 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 network 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: _____

Date: _____

System Administrator Signature: _____

Date: _____

ROUGH ROCK COMMUNITY SCHOOL
Residential Program
PARENTAL / GUARDIAN CONSENT FORM
SY 2024-2025



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 2024-2025

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. 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 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 to take 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, 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 alcohol 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 campus. 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 2024-2025

___ 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 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 failed 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 damage.*

- ___ Personnel Vehicles ARE NOT ALLOWED
- ___ Inappropriate pictures or symbols (example: nudity, ICP, 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, Portable Stereos, 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, I-Touch, MP3 Players, 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 by the rules I fully understand the items listed above will be taken away and will not be return to me till the end of the semester or if I should decide to withdraw.

I agreed by initialing each item above and fully understand that this contract will be abide 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 Technician

Date

Support Services Director

Date

Grade Level: _____
 Boarding: _____
 Day-Bus: _____

Bureau of Indian Education
Rough Rock Community School
 Residential Student Enrollment Application

BIA Form 6248
 OMB No. 1076-0122
 rrcs/rev. 05/2016
School Year: 2024 -2025 Exp. 05/2025

Entry Date:

Withdrawal Date:

Native American Student Information System (NASIS) ID NO.									
<i>Student Name: LAST</i> <i>First</i> <i>Middle:</i>			<i>Gender:</i>		<i>Date of Birth:</i>		<i>Census Number:</i>	<i>Degree of Indian Blood:</i>	
			Female: Male:						
<i>Student Address:</i>				<i>Birth Place:</i>		<i>Tribal Affiliation:</i>		<i>Chapter Affiliation:</i>	
<i>Home Location:</i>				<i>Language most Spoken at Home:</i>			<i>Language most Spoken by Student:</i>		
				Navajo: English:			Navajo: English:		
<i>With whom does the student live?</i>				<i>Did student participate in English Language Learn ELL?</i>			<i>Did student participate in Special Education?</i>		
Both Parents Father Mother Grandparents Guardian Other									
Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?									
Father:				Tribal Affiliation:					
Address (city,state,zip):				Address (city,state,zip):					
Home Location:				Home Location:					
Home Phone:			Work Phone:			Home Phone:			Work Phone:
Email:			Cell/Pager:			Email:			Cell/Pager:
Employer:			Census No:			Employer:			Census No:
Contact Allowed:				Received student mailings?					
Guardian Name:				Contact Allowed:					Received student mailings?
Address (city,state,zip):				Home Location:					
Home Phone:			Work Phone:			Cell/Pager:			Other:
Employer:				Email:					
Emergency Information: (other than parent/guardian):				Emergency Information: (other than parent/guardian):					
Relationship to Student:			May Pick up Student?			Relationship to Student:			May Pick up Student?
Home Phone:			Work Phone:			Home Phone:			Work Phone:
Cell/Pager:			Other:			Cell/Pager:			Other:

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School: _____ Address: _____
 Phone Number: _____ Grade Completed: _____ Dates Attended: _____

List all schools you have attended (Transfer students only):

Previous School Attended: _____ Address _____ Phone No. _____
 Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____
 Previous School Attended: _____ Address _____ Phone No. _____
 Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? _____ .

I am legally responsible for this student and hereby apply for his/her admission to Rough Rock Community School. I understand that additional may be required by the school before this student is officially enrolled.

I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian *Signature of Parent/Legal Guardian* *Date*

OFFICIAL USE ONLY	Verified by:
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I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of:

_____ **Degree of Indian Blood.** _____ **Enrollment/Census Number.** _____ **Agency.**

APPROVAL OF SCHOOL APPLICATION: _____ Approved _____ Not Approved

Signature of Principal or Registrar *Date*

Signature of Education Program Administrator *Date*