



UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education
Aneth Community School
P.O. Box 600
Montezuma Creek, Utah 84534
Telephone: 435-651-3271 Fax: 435-651-3272

RESIDENTIAL HALL ENROLLMENT FORM 2024-2025

Dear Parents/Guardians:

Greetings! Here is the school year 2024-2025 enrollment packet for 1st-6th grade students. All students must have a census number upon enrollment at the dormitory. Please complete the enrollment package and return to school.

Student Registration:

Student Residential Hall Entry Form
Parent Consent Form
Eagle Hall Student Compact Agreement
Residential Hall Medication Consent Form
Criteria for Boarding or Out of Boundary Enrollment
What to Bring & What Not to Bring

**BUREAU OF INDIAN EDUCATION
Aneth Community School
RESIDENTIAL HALL ENTRY FORM
2024-2025**

Student Information

Entry Date: _____

Student's Name: _____

Gender: () Male () Female

Birthdate: _____

Census#: _____

In Case of Emergency Contact: _____

Relationship: _____

Phone: _____

Directions to Home: _____

Parent / Guardian Information

Father: _____

Phone: _____

Address: _____

Mother: _____

Phone: _____

Address: _____

Guardian: _____

Phone: _____

Address: _____

- List below the individuals of legal age that have your permission to check out your child out from the dorm. If a person is not on this list, please provide a signed and dated note indicating consent at the time of checkout.

Name of individual over 18	Age	Relationship to child

!!!PLEASE ALWAYS KEEP A CURRENT WORKING PHONE NUMBER AT THE SCHOOL AND DORMITORY FOR COMMUNICATION!!!

**Aneth Community School
Residential Program
PARENT CONSENT FORM**

I, _____, hereby grant permission for my child, _____
to participate in the following programs:

[] **Cultural Program**

- General teachings of sweat lodge, talking circle, etc. that may involve a general prayer.
- Cultural activities, arts and crafts
- Teaching reading, writing, and speaking in the Native language.

Childs Maternal Clan: _____

Paternal Clan: _____

Maternal Grandfather's Clan: _____

Paternal Grandfather's Clan: _____

[] **Wellness Program**

- The purpose of the program is to provide students with lessons in life skills, health education, character education, additional guidance, counseling, and other related activities while living in the dorm.

I understand the activities are on-going throughout the school year.

Parent

Date

Dorm Staff

Date

Aneth Community School
PO Box 600, Montezuma Creek, UT 84534
Eagle Hall Student Compact Agreement

It is important that your children understand the Student Compact Agreement at the dormitory for their own safety, success, and happiness. Please spend some time reviewing the Student Compact Agreement with your children at home.

- I will attend school every day to learn; therefore, I will make all efforts to be in bed ready to sleep at 8:30 PM on a nightly basis.
- I will be organized with my school supplies, and complete all homework on a daily basis, and be ready for school every day.
- I will be respectful, responsible, caring, fair, develop citizenship skills, and be trustworthy in all my daily activities while I am in the dormitory and at school.
- I will help to create a safe school and residential hall environment through the development of positive and excellent behavior habits.
- I will read at least 20 minutes per day while in the dormitory, and read to and with other students and staff.
- I will help in developing residential hall rules and regulations, and I follow these sets of rules on a daily basis for my own safety and others.
- I will handle all supplies, equipment, and materials with respect.
- I will report all health related concerns regarding myself and others if necessary.
- I will listen to all HLA's and HLS, and other adults for clarity and safety reasons.
- I will cooperate in following the Daily Dorm Schedule of daily activities.
- I will participate in all well-organized guidance and extra-curricular lessons.
- I will report to Eagle Hall at 3:30 PM and if I am advised to stay after school for tutoring or to participate in sports events or other special events, I will seek permission from the dorm staff.
- I will help keep my room and wing clean and organized at all times.
- I realize if I choose to NOT listen to nor follow rules as necessary for a safe environment, I will be suspended or expelled from the residential hall.

Signatures	Date
Student:	
Parent:	
Dorm Staff:	

ATTACHMENT A
BUREAU OF INDIAN EDUCATION
AUTHORIZATION TO ADMINISTER PRESCRIBED/OVER-THE-COUNTER MEDICATION

PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize designated and properly instructed school 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 authorize the designated school health care official to communicate with the prescriber or the student's health care provider as allowed by HIPAA.

STUDENT INFORMATION			
Student Name _____	Date of Birth _____	Gender M ___ F ___	
Last	First	MI	
School _____	Grade _____	School Year _____	Height (inches) _____ Weight (lbs) _____
List all medication(s) student is taking, including over-the-counter medication(s): _____ _____			
List any known drug allergies/reactions: _____			
Parent/Guardian Signature _____		Date _____	
Contact Number(s): _____ (Day) _____ (Evening)			

PART II—TO BE COMPLETED BY THE PRESCRIBER

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION	
Name of Medication: _____	Diagnosis: _____
Dosage: _____	Time(s)/Frequency to be given: _____
Route of Administration: _____	PRN (as needed) ___Yes ___No If PRN, (signs/symptoms): _____
Side Effects: _____	
Begin Medication: _____	Stop Medication: _____
Date	Date
Special Instructions:	
Refrigeration required? ___Yes ___No	
Is medicine a controlled substance? ___Yes ___No	
Is this an emergency self carry/self administration medication? ___Yes ___No	
Has student been instructed in the proper self administration of medicine? ___Yes ___No	
Prescriber's authorization for self carry/self-administration of emergency medication: _____	
	Signature _____ Date _____
Prescriber's Name/Title: _____	Phone _____
(Type or Print)	
Address: _____	Fax _____
Prescriber's signature: _____	Date _____

PART III—TO BE COMPLETED BY School Nurse/Other Duly Licensed Health Care Provider

- Parts I and II above are completed, including signatures.
- Prescription medication is properly labeled by a pharmacist and within the expiration 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 School Personnel Signature _____ Date _____

Release #16-4, Issued: 11/04/15

New

CRITERIA FOR BOARDING OR OUT OF BOUNDARY ENROLLMENT:

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out of boundary enrollment. If this application is for an off reservation boarding school and for social reasons, a social summary is to accompany this application.

<u>Education Factors</u>	<u>Social Factors</u>
Federal/Public schools near student's home: <input type="checkbox"/> Do not offer grade level <input type="checkbox"/> Are severely overcrowded <input type="checkbox"/> Do not offer student's grade <input type="checkbox"/> Exceed 1 ½ miles walking distance to school or bus route <input type="checkbox"/> Do not offer special vocational/preparatory training necessary for gainful employment <input type="checkbox"/> Do not offer adequate deficiencies or linguistic/cultural differences <input type="checkbox"/> Receiving School offers special academic program needed by student Date of Approved: _____ In Boundary _____ Signature & Title of Approving Official Off-Reservation Boarding School _____ Signature & Title of Approving Official	In his/her environment, the student: <input type="checkbox"/> Was rejected or neglected <input type="checkbox"/> Does not receive adequate parental supervision <input type="checkbox"/> Well-being imperiled due to family behavioral Problems <input type="checkbox"/> Has behavioral problems too difficult for solution by family or local resources <input type="checkbox"/> Has siblings or other close relatives enrolled who would be adversely affected by separation Date of Approved: _____ Out of Boundary _____ Signature & title of Approving Official

Privacy Act Statement: This information is collected as provided by 5 U.S.C. 552A. The Office of Indian Education Programs is authorized to collect this information in accordance with Public Law 95-561; 98-511; 99-89; and 100-297. This information will be used to determine the level of funding to be distributed by formula to BIA funded elementary and secondary schools. Weighted student units, the value of basic and specialized instructional and residential programs, are used to calculate the distribution of funds. The information may be disclosed to appropriate Department of Interior and Congressional Offices for policy and budgetary purposes.

To: Dorm Students and Parents
Fr: Residential Staff
Subject: **WHAT TO BRING & WHAT NOT TO BRING**

Parents thank you for your trust and support in our residential program at Aneth Community School. Your children are in good hands and we appreciate having your children in the dormitory. The dorm staff works diligently in meeting personal and academic needs for all dorm students on a daily basis.

There are many life lessons and responsibilities to be learned such as; personal hygiene, self-groom, chores, homework, respectfulness, making good decisions, following daily dorm schedules and activities, and many more. There are also safety lessons such as fire drills, evacuation drills, drug and alcohol abuse, creating a safe environment, and many more.

Please encourage your children to obey all rules and to be on their best behavior at all times on school campus and in residential.

Dorm students **MUST BRING:**

- 4 sets of labeled clothes
- 2 sets of labeled PJs
- Jacket or sweater (as weather permits)
- Suitable shoes
- Night slippers
- Healthy snacks (optional)

SHOULD NOT BRING

- MP3, iPOD, Cd player
- Money
- Rated R, PG13 movies/dvds
- PSP and Xbox
- Cell Phones
- Heelys

Dorm students can also bring personal items from home such as pillows, comforters, twin sheet sets, shampoo/conditioner, toothpaste/brush, and proper items to decorate room. ***We do provide personal items. If a student brings any electronic items or money, they are responsible for it.***

Thank You,
Residential Staff