

Holbrook Seventh-day Adventist Indian School

School Year: _____

2001 McLaws Road • PO Box 910 • Holbrook AZ 86025 • Telephone: (928)524-6845 • Fax: (928) 524-3190 • HISSDA.org

Please print clearly – All applicable questions must be completed for admissions consideration.

STUDENT INFORMATION

Student Legal Name: _____ Entering Grade: _____
Last First Middle

Gender: Male/Female Social Security #: _____ Census #: _____

Date of Birth: ____/____/____ Place of Birth: _____ Tribe: _____
City State

Mailing Address: _____
City/Town State Zip

Home Phone: _____ Student Cell Phone: _____ Student Email: _____

Baptized Seventh-day Adventist? Yes / No If no, please list current religion/denomination: _____

Medical Alerts: (If none, state "None") _____ (Ex. Asthma, Diabetes, Allergies, etc.)

FAMILY INFORMATION

Student Resides With: _____ Names of children in family attending HIS: _____

Mother/Legal Guardian: _____ Relationship to Student: _____
Last First Legal custody of student

Date of Birth: ____/____/____ Place of Birth: _____ Census #: _____
City State

Mailing Address: _____
City/Town State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Place of Employment: _____ Work Address: _____

Voting Chapter House: _____ Baptized Seventh-Day Adventist: Yes / No
City State

Father/Legal Guardian: _____ Relationship to Student: _____
Last First Legal custody of student

Date of Birth: ____/____/____ Place of Birth: _____ Census #: _____
City State

Mailing Address: _____
City/Town State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Place of Employment: _____ Work Address: _____

Voting Chapter House: _____ Baptized Seventh-Day Adventist: Yes / No
City State

EMERGENCY CONTACT

Emergency Contact: _____ Relationship to student: _____
First Last

Mailing Address: _____
City/Town State Zip

Home Phone: _____ Cell Phone: _____

MAP

Write your house number or physical address _____

*Please write directions, and draw a map on how to get to your house from a familiar city or place. Be specific with road names, house numbers, etc.:

***We must know how to get your child home in case of an emergency.**

DORMITORY INFORMATION

Welcome to Holbrook Seventh-day Adventist Indian School (HIS). We are looking forward to a great year and hope that you will enjoy your time with us. To ensure the welfare and happiness of all residents, the following list of safety codes and Christian standards cannot be over emphasized or overlooked. Please read the following information carefully.

DO NOT BRING:

- Any type of Drug Paraphernalia
 - Any equipment, product, or material of any kind which is primarily intended or designed for use in manufacturing, compounding, converting, concealing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance.
- Weapons
 - Including but not limited to knives, firearms, guns (BB, paint, water, etc...)
- Flammables (anything which could cause a fire)
 - Matches, lighters, candles, fireworks, etc....
- Materials which are objectionable and inconsistent with Christian standards
 - Including but not limited to music, magazines, books, games, movies, posters, photographs and any type of clothing.
- Junk food/snacks
- Any type of motorized vehicle

FOR LIMITED USE

With permission you may bring:

- Cell Phones
- Listening Devices
- Laptops/Tablets
- Food
- Video Games & Movies
- Musical Instruments
- Skateboards & roller skates/blades (must have helmet, knee and elbow pads)
- Bicycles & scooters (Must have helmet)

Do not bring anything which could be potentially harmful or dangerous to persons or property, any items brought without permission will be immediately confiscated, a fine may be imposed, and continued problems may result in suspension or expulsion.

By signing below, you certify that you have read and fully understand the above guidelines and agree to abide by them.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CONSENT TO FILM/VIDEO/PHOTOGRAPH/AUDIO

I, the parent/guardian of _____, give my consent for my child to be recorded, filmed and/or photographed by the media, school or approved conference personnel, and/or other students during the _____ school year for the purposes of:

- School/conference publications
- School/conference website(s)
- School/conference radio broadcasts
- School news releases to media
- Class assignments and/or classroom displays

I understand that neither I nor my child, are entitled to any compensation from such activities.

Parent/Guardian _____ Date _____

PERMISSION FOR OFF CAMPUS CHAPERONES

School Policy REQUIRES written permission for any adult to take your child off campus for non-school sponsored activities, transportation on home leaves and/or weekends.

I, the parent/guardian of _____, give permission for my child to go off campus with the following ADULT individuals (21 years and over):

•Holbrook Indian School Faculty/Staff	YES	NO	(Circle one)
•Legal Guardians & Parents	YES	NO	(Circle one)
•The Following Relatives	Relationship		Telephone #
-			
-			
-			
-			
-			
-			
-			
•Friends of the Family and Others	Relationship		Telephone #
-			
-			
-			
-			

I DO NOT GIVE PERMISSION for my child to receive visits on campus from the following •

Name	Relationship

***Note:** If the person listed is a parent of the child, a copy of court papers prohibiting this parent access to the child must be on file.

Parent/Guardian _____ Date _____

PERMISSION FOR SPORTS ACTIVITIES AND FIELD TRIPS

I, the parent/guardian of _____, give permission for my child to participate in any/all field trips, sports programs including but not limited to, cross country, volleyball, basketball, skiing, swimming, softball, gymnastics, hiking, backpacking, and rock climbing provided by Holbrook Seventh-day Adventist Indian School. In doing so I waive any legal rights against the school for any injuries which might occur in the _____, school year. However, I do understand that any injury will receive immediate medical attention.

Parent/Guardian _____ Date _____

EMERGENCY TREATMENT CONSENT FORM

I, undersigned legal parent/guardian of _____, a minor, do hereby consent to any x-ray, examination (physical or mental), anesthetic, sutures, injections, medical, surgical, mental health diagnosis of/and treatment, and hospital service that may be rendered to said minor under the general or special instructions of any physician or mental health provider the school or organization may call, whether such diagnosis of treatment is rendered at the office of physician, mental health provider, or at licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is to authorize HOLBROOK SEVENTH-DAY ADVENTIST INDIAN SCHOOL (HIS) or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

The signing of this form shall include authorization for immunization and/or injections for prevention of the disease as required for schools in the state of Arizona and/or Navajo County.

This consent shall remain in continuous effect until revoked in writing. A photo copy of this authorization shall be considered as effective and valid as the original.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to any appropriate insurance company, or its representative, the Indian Health Service, the HIS representative, any and all information with respect to any illness, medical history, consultation, prescription, or treatment and copies of all hospital or medical record.

Name of student: _____	Date of Birth: _____
Allergies: _____ (ex. Bees, Penicillin...)	Social Security Number: _____
Name of Legal Guardian: _____	Medications: _____
Date of Birth: _____	Relationship: _____
Phone (Day): _____	Insurance: _____
Phone (Evening): _____	Policy number: _____
Address: _____	Insured person: _____

Comments: _____

I authorize release of medical and mental health information on my child to Pedro L. Ojeda (Principal) as have a need to know.

Legal Guardian Signature: _____ Date: _____
Student Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____	Relationship: _____
Phone (Day): _____	Phone(Evening): _____

Doctor's Form

To be completed by the family physician and kept on file at the school of attendance.

- A) Upon entering school for the first time.
- B) At grade seven
- C) At least once in grades nine through twelve.
- D) When required by the local conference board of education

Name: _____ Pulse: _____

Date of Birth: _____ BP: ____ / ____ (____ , ____ / ____)

Age: _____ Vision: R20/____ L20/____

Sex: _____ Pupil: Equal Unequal

Height: _____ Corrected: Yes No

Weight: _____ % Body Fat (optional): _____

	Normal	Explain Abnormalities	Initials*
Medical			
Appearance			
Eye/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulse			
Lungs			
Abdomen			
Genitourinary			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Doctor's Form

Name: _____ DOB: _____

Consider additional questions on more sensitive issues.

- Do you feel stressed or under a lot of pressure? _____
- Do you ever feel sad, hopeless, depressed, or anxious? _____

• Do you feel safe at your home or residence? _____

• Do you drink alcohol or use any other drugs? _____

Notes: _____

Cleared Without Restriction

Sports Physical can be found at

Not Cleared For: All Sports Certain Sports Reason: _____

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

I have examined the above-named student and completed the physical examination. The student does not present apparent clinical contraindications to practice and participate in sports. A copy of the physical exam is on record in office and can be made available to the school at the request of the parents.

Signature of Physician/s: _____ Date: _____

*Signature of Physician/s: _____ Date: _____

*Multi-examiner set-up only.

- Because we understand and agree that the use of illegal drugs or alcohol is dangerous to users and those around them, we endorse the policies of Holbrook SDA Indian School specifically regarding abstinence by students from illegal drugs and alcohol.
- We agree that as a condition of admission and continuing attendance as a student at HIS, we will voluntarily authorize and submit to a drug or alcohol test at any time the student is asked by an employee or administrator of the school.
- We understand and agree that as a result of testing positive to illegal drugs there will be negative consequences.
- Never the less we choose for _____, to attend Holbrook Seventh-day Adventist Indian School and he/she will not use illegal drugs or alcohol.

Student Signature: _____ Date: _____
 Legal Guardian Signature: _____ Date: _____
 Legal Guardian Signature: _____ Date: _____

OVER THE COUNTER MEDICATION AUTHORIZATION

I, the parent/legal guardian of _____, give the Holbrook SDA Indian School nurse or other persons designated by the school administration in the absence of the school nurse, permission to give non-prescription, over-the-counter medications to my son/daughter in the event that she/he has symptoms without indication of a major underlying illness.

These medications may be used for elevated fever, headaches, pain, body lice, diarrhea, menstrual cramps, minor stomach ailments, nausea and vomiting, and other ailments. This consent includes but is not limited to vitamins, antihistamines, decongestants, cough suppressants, expectorants, throat sprays, ointments, creams or drops as may be needed for minor skin or eye irritations

I understand that these medications will be given as needed and that any ailment or condition that persists longer than 72 hours will be treated by a physician.

I also give the HIS case manager and dean's permission to accept prescribed medication/s for my son/daughter. The prescribed medications may be used for physical and mental health. I also understand that I will be informed whenever my son/daughter has been prescribed medication and I can refuse the medication/s for him/her.

This consent is given for the _____ school year only and must be renewed on a yearly basis. I also understand that in giving this permission, I will not hold HIS or its designated employees liable for administering these medications to my child providing that they were administered as directed on the container or as ordered by a licensed physician.

Legal Guardian Signature: _____ Date: _____