

United States Department of the Interior  
Bureau of Indian Education  
Arizona Navajo Central Education Line Office  
Rough Rock Community School  
Residential Program  
PO Box 689  
Chinle, AZ 86503  
Telephone: (928) 728-3770 FAX: (928) 728-3558

## Residential Enrollment Packet 2018 -2019

( ) 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 2018-2019
- \_\_\_ Field Trip / Activities Authorization Form
- \_\_\_ Photo / Image Parental Consent Form
- \_\_\_ School / Parent Compact Agreement 2018-2019

**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

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### ***(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: \_\_\_\_\_
- 

2<sup>nd</sup> Notification by: \_\_\_\_\_

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

3<sup>rd</sup> and Last Notification by: \_\_\_\_\_

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

NASIS#: \_\_\_\_\_

# ROUGH ROCK COMMUNITY SCHOOL

Chinle, Arizona 86503

## Residential Program

SY 2018 – 2019

## ACCESS TO CUMULATIVE RECORD MATERIALS

Shown below is a record of those persons who, in their official capacities as educator, have had access to this school record of \_\_\_\_\_.

Also noted are the reasons for such personal of the record.

[illegible]

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
Student Check Out Card  
SY 2018 - 2019

**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 divorce 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

Grade Level: \_\_\_\_\_  
Boarding: \_\_\_\_\_  
Day-Bus: \_\_\_\_\_

Bureau of Indian Education  
Rough Rock Community School  
P.O. Box 680, Chinle, AZ 86503  
Telephone: (928) 728-3770 FAX: (928) 728-3558

BIA Form 6248  
OMB No. 1076-0122  
mfhs/rev.08/10  
Exp.03/31/2012

**RESIDENTIAL ENROLLMENT APPLICATION**

**Entry Date:**

**Withdrawal Date:**

<b>Native American Student Information System (NASIS) ID No.</b>											
Student Name: LAST First Middle				Gender: Female: Male:		Date of Birth:		Enrollment Number:		Degree of Indian Blood:	
Student Address: City: State: Zip Code:				Birth Place:		Tribal Affiliation:		Chapter Affiliation:			
Home Location				Language most Spoken at Home:				Language most Spoken by Student:			
				Navajo: English:		Navajo: English:					
With whom does the student live?				Did student participate in English Language Learn ELL				Did student participate in Special Education?			
Both Parents Father Mother Grandparents Guardian Other											
<b>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?</b>											
Father: Tribal Affiliation:				Mother: 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?				Contact Allowed: Received student mailings?							
Guardian Name:				Contacted 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 8<sup>th</sup> grade:

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

List all schools you have attended:

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 information 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 in violating any of the criminal laws. I further hereby certify the 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: \_\_\_\_\_

I certify that the above named student is an enrolled member with 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

# ROUGH ROCK COMMUNITY SCHOOL

## Residential Program

### Residence Form

SY 2018 – 2019

Wing: E S W N

( ) New Enrollee

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

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

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

#### DESCRIPTION OF STUDENT'S APPEARANCE:

SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
Male      Female		Lbs.		

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 the 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 preventative 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 2018 – 2019

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  
*Consent for Medical Treatment and Emergency Contact Information*  
SY 2018 - 2019

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 if he/she become injured or sick 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 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



ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
SCHOOL HEALTH QUESTIONNAIRE  
School Year 2018 - 2019

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

**Emergency Contact Persons**

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home Location: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home Location: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Asthma	Yes or No _____	Hepatitis/Kidney Problems	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 (Seizures)	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 dispense 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 below which medication can be dispense 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	

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
FIELD TRIP/SPECIAL EVENT AUTHORIZATION FORM  
School Year 2018 - 2019

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

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

Activities/Events	Presentations
Hiking/Camping	Traditions and Dine Culture
Fishing	Alcohol
Intramurals	Domestic Violence
Cook-outs	Depression
Dances	Suicide Prevention
Trail Rides	Sexual Abuse
Fun Run/Walk	Methamphetamines
Baking/Cooking	Rape
Arts & Crafts	Violence
Horseback Riding	Physical Abuse
Movie/Dinner (incentives)	Relationships
Christmas Shopping	Emotional Abuse
Holiday Dinners	Marijuana
Field Trips	AIDS
Parade	STDs

In order to avoid sending numerous permission forms to allowing 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 a 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/Legal Guardian Signature

\_\_\_\_\_  
Date

ROUGH ROCK COMMUNITY SCHOOL  
Residential Program  
PARENTAL /GUARDIAN CONSENT FORM  
School Year 2018 - 2019

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 personally 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 one of 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 identifies listed above 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 RULES/REGULATIONS AGREEMENT FORM (1 of 2)  
School Year 2018 - 2019

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 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.*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Bed Unit             | <input type="checkbox"/> Wardrobe            | <input type="checkbox"/> Smoke Detector         | <input type="checkbox"/> Lights/Fixtures |
| <input type="checkbox"/> Mattress             | <input type="checkbox"/> Chair               | <input type="checkbox"/> Walls                  | <input type="checkbox"/> Ceilings        |
| <input type="checkbox"/> Linen                | <input type="checkbox"/> Desk                | <input type="checkbox"/> Doors                  |  |
| <input type="checkbox"/> Pool Table/Equipment | <input type="checkbox"/> Foosball/Air Hockey | <input type="checkbox"/> Windows/Screens/Blinds |  |

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

\_\_\_\_\_ I will pass 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 student will not be allowed to sleep on the floor.*)

\_\_\_\_\_ I will not use staples or tape anything on the walls, I will not do any painting/writing of any kind, such as graffiti on the interior/exterior of walls or doors.

\_\_\_\_\_ I will sweep and mop the floors, vacuum the carpet, dust/wipe furnishing, put everything away where they should go, empty trash cans, and reline trash cans daily.

\_\_\_\_\_ I will sort dirty and clean clothes. I will wash my dirty clothes on a weekly basis and put them away.

\_\_\_\_\_ 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/gentlemen.*

\_\_\_\_\_ *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 2018 - 2019

- \_\_\_\_\_ 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 the 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's, 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

\_\_\_\_\_  
Residential Aide

\_\_\_\_\_  
Date

\_\_\_\_\_  
Support Services Director

\_\_\_\_\_  
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 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, and 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 or 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: \_\_\_\_\_