

Holbrook Seventh-day Adventist Indian School

◆ 2001 McLaws Rd, ◆ P.O. Box 910, ◆ Holbrook, AZ 86025, ◆ Tel # 928-524-6845 ◆ Fax 928-524-3190◆

Application for Admission

2011-2012 School Year

STUDENT INFORMATION

Last			First			Middle			entering		
Legal Name									Grade		
Mailing address				City			State		Zip		
Date of Birth / / month day year			Place of Birth City State				Census #		Social Security #		
Church Membership Address _____				Baptized Seventh-day Adventist? ___ Yes ___ No					Date _____		

FAMILY INFORMATION

Students live with: Check One		Both parents		Mother only		Father only								
Father and stepmother		Grandparents		Guardian										
Mother and step father		Foster parents		Other										
Last			First			Middle			Maiden			Church membership		
Mother's Name				City			State		Zip					
Mailing address				Work Phone			Census #							
Home Phone				Place of employment			Address							
Occupation				City			State		Zip					
Last			First			Middle			Maiden			Church membership		
Father's Name									Zip					
Mailing address				Work Phone			Census #							
Home Phone				Place of employment			Address							
Occupation				City			State		Zip					
Last			First			Middle			Maiden			Church Membership		
Guardian's Name									Zip					
Mailing address				Work Phone			Census #							
Home Phone				Place of employment			Address							
Occupation				City			State		Zip					
Names of children in family living in the home attending HIS				Other children in family living in the home										
_____				_____										
_____				_____										

EMERGENCY CONTACT IF UNABLE TO REACH MOTHER, FATHER, OR GUARDIAN

Name		Relationship			Telephone #		
Mailing address			City		State		Zip
Home Phone			Work Phone			Census #	
Physician's Name			Telephone #			Insurance #	

ACADEMIC INFORMATION

Name of school last attended		Telephone #			Fax #		
Mailing address			City		State		Zip
Name of contact			Position				
Which grades attended?		Reason for leaving.			Scholastic Standing: Above average _____ Average _____ Below Average _____		

Please finish the backside

STUDENT QUESTIONNAIRE * Tell Us About You

Height __ ft __ in	Weight _____ lbs	General Health (circle one)			Good	Fair	Poor
Any physical handicaps?	Yes _____	No _____	If yes, what?				
Any health problems?	Yes _____	No _____	If yes, what? List any diseases (i.e. diabetes, asthma, epilepsy, etc.)				
List medications taken regularly:						How often?	
Check any of the following that you have used in any form. . .							
in the last year:	___ Alcohol	___ Tobacco	___ Marijuana	___ Huffing	___ other controlled substances		
before last year:	___ Alcohol	___ Tobacco	___ Marijuana	___ Huffing	___ other controlled substances		
Have you had attendance problems at school? ___yes ___no				If yes, why?			
Have you ever been on probation in a school? ___yes ___no				If Yes for what? _____			
Have you ever been on suspended or expelled in a school? ___yes ___no				If Yes for what? _____			
How did you learn about Holbrook SDA Indian School? ___ Poster ___ Brochure ___ Friend ___ Relative ___ Alumnus ___ other							
Have you ever lived away from home before? ___yes ___no If yes, when and where? _____							
Is it your own choice to come to Holbrook SDA Indian School? ___yes ___no							
Why do you want to attend Holbrook Seventh-day Adventist Indian School? _____							
Have you ever been or do you want to be a gang member? ___yes ___no How do you feel about gangs? _____							
Do you wear anything gang related? ___yes ___no Are you willing to follow the dress code? ___yes ___no							
Are you willing to eat a vegetarian diet with no meat? ___yes ___no							
Do you want to learn about Jesus? ___yes ___no Are you interested in telling others about Jesus? ___yes ___no							
Please write in your own words what Jesus means to you: _____							
Do you feel you are being forced to come to this school? ___yes ___no							
What are your goals in life _____							
Comments _____							

REFERENCES

Please list four references including professionals from your school, church or tribe who know you well. Do not include family members. Have them complete the Recommendation Forms included with this application, and write a short letter of reference. DO NOT LEAVE THIS PART INCOMPLETE

Pastor _____ Church _____ Address _____ City _____ State _____ Zip _____ Tel: ___ - ___ - ___ Fax: ___ - ___ - ___ Cell ___ - ___ - ___	Teacher _____ School _____ Address _____ City _____ State _____ Zip _____ Tel: ___ - ___ - ___ Fax: ___ - ___ - ___ Cell ___ - ___ - ___
Principal or Counselor _____ School _____ Address _____ City _____ State _____ Zip _____ Tel: ___ - ___ - ___ Fax: ___ - ___ - ___ Cell ___ - ___ - ___	Teacher _____ School _____ Address _____ City _____ State _____ Zip _____ Tel: ___ - ___ - ___ Fax: ___ - ___ - ___ Cell ___ - ___ - ___

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Physical Address:

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 an emergency.

DORMITORY INFORMATION

Welcome to Holbrook Seventh-day Adventist Indian School (HIS) campus. We are looking forward to a great year and hope that you will enjoy it. To ensure the welfare and happiness of all residents, the following list of safety codes and Christian standards cannot be over emphasized or over looked. Please read this information carefully. There will be strict disciplinary action taken when these rules are broken.

DO NOT BRING:

1. Tobacco of any kind, alcohol in any form (including mouthwash), drugs or their containers, chemicals that can be huffed to get a high (NO Aersols), or materials used with drugs such as clips, pipes, or any type of drug paraphernalia.
2. Guns, (including BB, pellet, and water), knives, firearms or weapons of any sort.
3. Matches, cigarette lighters, candles, fireworks of any kind, or anything which could cause a fire.
4. Heavy metal, rock or rap music or magazines, books or games that have any connection to the occult, witchcraft, satanism or vampirism, sexually suggestive books, photographs or posters, or any other materials which are objectionable and inconsistent with Christian standards.
5. Tee shirts or any type of clothing which advertises or represents alcoholic drinks, tobacco, or drug use, heavy metal/rock/rap groups, gangs, bad language, or occult, witchcraft, vampire and satanic symbols.
6. Fantasy role playing games (such as dungeons and dragons), or any type of gambling devices including playing cards.
7. Laptops, personal computers, or any type of device with access to the internet.
8. Video game equipment or games
9. Snack or Junk Food that is not in keeping with principles of good health, as well as meat or meat flavored snacks.
10. CD Players or Walkman listening devices
11. Any type of motorized vehicle.

FOR LIMITED USE WITH PERMISSION YOU MAY BRING:

- | | |
|---|---|
| 1. Cell phones | 4. Skateboards, skates, and bicycles with knee and elbow pads |
| 2. Plants | |
| 3. Musical instruments and their amplifiers | 5. MP3 and IPOD listening devices. |

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.

We hope that you will take note of the seriousness of the above items and abide by the principles of this campus. If you have any questions about this form, please feel free to ask any of the dormitory staff.

I have read and fully understand the above guidelines and I agree to abide by them.

Student's signature _____ **Date** _____

Parent or Guardian's signature _____ **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, sport programs including, but not limited to, cross country, volleyball, basketball, skiing, swimming, softball, gymnastics, hiking, backpacking, and rock climbing** provided by the Holbrook Seventh-day Adventist Indian School. In doing so I waive any legal right against the school for injuries which might occur during the 2011-2012, school year. However, I do understand that any injury will receive immediate medical attention.

Parent/guardian's signature _____ **Date** _____

PERMISSION FOR OFF CAMPUS CHAPERONES

School policy requires written permission for any adult to take your son/daughter off campus for non-school sponsored activities, or for transportation on home leaves or open weekends. Students may not leave school with anyone on closed weekends except for scheduled activities or trips. Please fill in the following list and sign to give permission.

I give my permission for my son/daughter _____, to go off campus with the following **ADULT INDIVIDUALS:**

1. Holbrook Indian School Faculty/Staff:	Yes	No	(Circle one)
2. Legal Guardians or parents only	Yes	No	(Circle one)
3. The following relatives	Relationship		
	Telephone #		
1.			
2.			
3.			
4.			
4. Friends of the Family and Others	Specify		
	Telephone #		
1.			
2.			
3.			
4.			
I DO NOT GIVE permission for my child to leave campus with the following.			
Name	Relationship		

***Note:** If 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's 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 2011-2012 school year for the purposes of:

- School/conference publications
- School/conference web site(s)
- School/conference radio broadcasts
- School news releases to media
- Class assignments and/or classroom display.

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

Parent/Guardian's signature _____ Date _____

Emergency Treatment Consent Form

I, the undersigned legal parent/guardian of _____, a minor, do hereby consent to any x-ray, examination, anesthetic, sutures, injections, medical or surgical diagnosis of treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of the physician or at a 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** 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 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 photocopy 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 Holbrook Seventh-day Adventist Indian School nurse or representative, any and all information with respect to any illness, medical history, consultation, prescription, or treatment and copies of all hospital or medical record.

Student's name	DOB	Allergies to medication	
Signature of person retaining legal custody		Date	Insurance
Print Name		Address	
Relationship		Nearest town.	
Phone (day)		Policy Number	
(evening)		Insured person	
List any allergies the student has		Medication(s)	
Condition requiring medication		Prescribing Doctor	
Address of Physician			
And Telephone #			
If unable to contact mother, father or legal guardian, please contact			
Name		Relationship	
Phone (Day)		Phone (Evening)	

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Doctor's Form

STUDENT MEDICAL RECORD ALL NEW STUDENTS, 7TH GRADERS, AND 10TH GRADERS

To be completed by the family physician and kept on file at the school of attendance. A) Entering school for the first time. B) At grade seven. C) At least once in grades nine through twelve. And D) when required by the Conference Board of Education.

Provider's name _____

Date _____

STUDENT INFORMATION			
Name	Years	Months	Date of Birth
Address	Age	/	zip
City		State	
Social Security # _____ - _____ - _____		Census Number _____	
Father's Name _____		Mother's Name _____	

PRENATAL HISTORY	
Was there alcohol consumption during pregnancy? ____ yes ____ no If yes, please specify (how much per week, etc.) _____	
Was Birth premature? ____ yes ____ no If yes, how much? _____	
Were there problems during birth? ____ yes ____ no If yes please explain. _____	

MEDICAL HISTORY		
Past illnesses and allergies. Please check those he/she has had.		
Cancer _____	Measles _____	Ear Infections _____
Chicken Pox _____	Rheumatic fever _____	Allergies, asthma _____
Diabetes _____	Scarlet fever _____	Hay fever _____
Diphtheria _____	Tuberculosis _____	Insect bites/stings _____
Epilepsy _____	Whooping cough _____	Penicillin _____
Heart disease _____	Other _____	Other drugs _____
Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, vision problems, which may affect the child's school experience. _____		

PHYSICIANS EXAMINATION				
Height	Weight			Blood Pressure
	Normal	Abnormal	Not Examined	Explain any abnormalities
Skin				
Eyes, vision, glasses				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back (Scoliosis 7 th grade)				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				

Please finish the back side.

Please give specific details in answering the following questions, especially if it will in anyway affect the child's school experience.

Nutritional status and general appearance of the child. _____

Recommendations for additional medical or dental care. _____

The student may participate in a normal physical education program which includes such activities as running, jumping, tumbling, etc. ____yes ____no

If the student must be restricted from participating in activities such as are listed above please indicate physical activities that may be permitted. _____

Date _____

Signed _____
Physician

Address _____
Street/PO Box City State Zip

Telephone Number _____

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Recommendation for Admission

Name of Applicant					Tel#								
Address			City		State	Zip							
Instructions to Reference Person: (Must not be a relative, should be a professional teacher or school official) Please give the applicant a rating from 1-12 on each of the characteristics listed below. Place rating number in the extreme right column. (If you are unable to make a judgment, place a "?" in the rating column. This information will be kept confidential for use in the admissions process and will not be available for student's review.													
Characteristics	1	2	3	4	5	6	7	8	9	10	11	12	Rating
1. Health	Weak, often incapacitated		Low vitality		Good, average health		Vigorous health						
2. Personal appearance	Undesirable		Careless		Neat, clean		Well groomed						
3. Influence upon associates	Detrimental		Passive		Helpful		Strong influence for good						
4. Integrity	Frequently dishonest; steals &/ or cheats		Questionable at times		Basically Honest		Consistently trust-worthy and honest						
5. Friendships	No standards of choice		Careless in choice		Usually discriminates		Chooses friends with high standards						
6. Social relationships	Disliked		Small circle of friends		Generally well-liked		Exceptionally well-liked						
7. Judgment	Poor sense of values		Jumps to conclusions		Uses good common sense		Uses very good judgment						
8. Reliability, trustworthiness	Often irresponsible		Must be supervised		Dependable		Conscientious and reliable						
9. Industry	Lazy		"Gets by"		Works well		Ambitious						
10. Cooperation	Self-centered		Cooperates at times		Cooperative		Always tries to please						
11. Emotional Stability	Tense, excitable, often loses control		Occasionally over-emotional, moody		Fairly well-balanced		Self-controlled, serene, happy						
12. Spiritual interest	Negative		Passive		Participates		Active leader						
13. Parent's financial responsibility	Poor risk-school bills are not a priority		Family frugal but just can't make ends meet		Account may lag, but definitely will pay		Accounts kept current						
14. Intellectual ability	Below average		Average		Above average		Superior						
How long have you known the applicant: ___ years ___ months Relationship _____													
To the best of your knowledge, has the applicant during the past year used:													
Alcoholic Beverages	_____ Yes	_____ No	_____ not sure	Would you be agreeable to this student rooming with your son or daughter? ___ Yes ___ No Please write a half page recommendation for this child on a separate piece of paper or on the back.									
Tobacco	_____ Yes	_____ No	_____ not sure										
Illegal drugs	_____ Yes	_____ No	_____ not sure										
Huffing	_____ Yes	_____ No	_____ not sure										
Based on character alone this applicant is: (Check One)		Recommended { } without reservation		Highly { } Recommended		Recommended { }		Not Recommended { }					
Signature					Date			Title/Position					
Address		City		State		Zip		Tel #		Fax #			

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11. Emotional Stability	Tense, excitable, often loses control		Occasionally over-emotional, moody		Fairly well-balanced		Self-controlled, serene, happy						
12. Spiritual interest	Negative		Passive		Participates		Active leader						
13. Parent’s financial responsibility	Poor risk-school bills are not a priority		Family frugal but just can’t make ends meet		Account may lag, but definitely will pay		Accounts kept current						
14. Intellectual ability	Below average		Average		Above average		Superior						

How long have you known the applicant: ___ years ___ months Relationship _____

To the best of your knowledge, has the applicant during the past year used:

Alcoholic Beverages	_____ Yes	_____ No	_____ not sure	Would you be agreeable to this student rooming with your son or daughter? ___ Yes ___ No Please write a half page recommendation for this child on a separate piece of paper or on the back.
Tobacco	_____ Yes	_____ No	_____ not sure	
Illegal drugs	_____ Yes	_____ No	_____ not sure	
Huffing	_____ Yes	_____ No	_____ not sure	

Based on character alone this applicant is: (Check One)	Recommended { } without reservation	Highly { } Recommended	Recommended { }	Not Recommended { }
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Signature				Date		Title/Position	
Address	City	State	Zip	Tel #		Fax #	

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Signature					Date			Title/Position					
Address		City		State		Zip		Tel #		Fax #			