



WIDE RUINS COMMUNITY SCHOOL



P.O. Box 309 Chambers, Arizona 86502

Phone (928)652-3251

Fax (928)652-3286

STUDENT CHECKLIST

Residential Program

School Year 2024-2025

Student Name: _____

Grade: _____

****See WRCS Residential Staff if you have questions or need help****

Dorm Provides:

Pillows, blankets, bed sheets, tooth paste/brush, slippers, combs/brushes/hair ties, lotion, shampoo, soap, pencils, nightly snacks, and due to allergic reactions only limited Medication is allowed to be given to student by staff.

Do Not Bring:

Blankets, Pillows, Stuffed Animals, electronic devices, phones, iPad/tablets, knives/dangerous items, Medicines, paraphernalia/drugs, etc.

STUDENTS MUST PROVIDE:

- 3 or 4 sets of clothing
(All clothing needs to be marked with permanent marker with initials/name)
- 2 sets of Pajamas
- 2 pairs of shoes
- 1 pair of slippers (if none, it will be provided)
- Items provided by Student:
 - Shampoo
 - Soap
 - Brush/Comb
 - Other: _____
- Any Medication **MUST** be turned in with WRCS Residential Staff.
 - Allergic to: _____

CIRCLE ONE:

- YES / NO I am a student at WRCS
- YES / NO This is my first time in a dorm
- YES / NO I know how to tie my shoes
- YES / NO I know how to fix my hair
- YES / NO I know how to do laundry
- YES / NO I need help reading
- YES / NO I need help with Math
- YES / NO I will be participating in Sports

Residential Staff Signature: _____

Date: _____

Vision: We will learn in harmony today and throughout the future at Wide Ruins Community School
Mission: Wide Ruins Community School will provide academic excellence and cultural awareness for our children.



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Student BASE Consent Form School Year 2024-2025

Student Name:

Grade:

Dear Parents/Guardian:

As a Residential-Based Student, your child will be entitled to participate in all planned activities, events and school related programs to help his/her Growth and Development to enhance their individual well-being. Topics will include:

1. Daily Personal Hygiene and Cleanliness.
2. Assistance with daily Homework Assignments.
3. Completion of or completed daily assigned chores.
4. Physical activities to promote Health and Fitness.
5. Nutritious meals and snacks per USDA Guidelines.
6. Guidance and Career Awareness presentations.
7. Safety Awareness.
8. Monthly Educational Topics, i.e. clanship, personal hygiene, guidance, cultural teachings, wellness
9. Incentive Awards for i.e. behavioral, perfect attendance, etc.

The above components will be provided in accordance with the Bureau of Indian Education Federal Standards that are outlined for all Residential Base Programs.

Residential Staff Signature: _____

Date: _____

Parent/Guardian Name (print): _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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STUDENT CONSENT FORM

Residential Program

School Year 2024-2025

Student Name: _____

Date of Birth: _____

Circle One

1. I authorize my child to participate in the following activities:

- | | |
|--|----------|
| a) Attend Cultural-Related Activities | YES / NO |
| b) Participate in Residential/School Field Trips | YES / NO |
| c) Participate in Residential overnight Field Trips *
<i>(upon WRCS Board Approval)</i> | YES / NO |
| d) Participate in Extra Curricular Activities | YES / NO |

2. I authorize my child to participate in the following activities:

- | | |
|--|----------|
| a) Trim or cut my Childs hair | YES / NO |
| b) Help clean my Childs outer ear with Q-tip | YES / NO |
| c) Trim my Childs fingernails/toenails | YES / NO |
| d) Treatment for Head Lice *
<i>(Notify WRCS Residential staff if your child has head lice or bed bugs)</i> | YES / NO |
| e) Administer Prescribed Medication by a Licensed Physician
<i>(Includes over the counter medication)</i> | YES / NO |

Comments: _____

Residential Staff Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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STUDENT INFORMATION

Name of Student:		Grade:	
Mailing Address:	City:	State:	Zip Code:
Physical Address (L.O.H.):			
Household Contact Phone Number: <i>(This number will be used for school emergency contact, etc.)</i>			Text: YES / NO

Date of Birth:	Gender: MALE / FEMALE
*Tribal Affiliation:	*Census Number:

PARENT / GUARDIAN CONTACT INFORMATION

Father Name:	Mother Name:
Address:	Address:
*Tribal Affiliation: *Census:	*Tribal Affiliation: *Census:
Phone Number: Cell/Home/Work	Phone Number: Cell/Home/Work
Email:	Email:
Temp/Legal Guardian:	*Tribal Affiliation: *Census:
Address:	Phone Number: Cell/Home/Work
	Email:

STUDENT CLANSHIP

Mother's Clan:	Father's Clan:
Maternal Grandmother's Clan:	Paternal Grandfather's Clan:

EMERGENCY CONTACT: *(other than parent/guardian)*

1. Name:	Relationship:	Phone Number:
2. Name:	Relationship:	Phone Number:

THE FOLLOWING INDIVIDUALS HAVE PERMISSION TO CHECK OUT MY CHILD FROM SCHOOL

*Limit (4) The following person(s) MUST BE OVER 21 YEARS OF AGE. Any release of as student requires proper check out procedures at the Front Office. Parent/Guardian are to notify the Front Office/Registrar of any changes.

1. Relationship:	3. Relationship:
2. Relationship:	4. Relationship:

DISCLAIMER AND SIGNATURE

I am legally responsible for this student and hereby apply for his/her admission to this school. Therefore; I certify that the forgoing information is accurate and complete to the best of my knowledge. I also understand that additional information is requested by the school for myself and other public agencies in accordance with the rules and regulations and The Family Privacy Act to complete the enrollment.

Parent/Guardian Signature: _____ Date: _____

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