

ADMISSIONS

Application Process

You may download and print an application for the Richfield Residential Hall from our website.

www.richfielddorm.org

You must have MS Word to open the file.

To complete the application packet, all of the following forms are required.

2009-2010 Application Packet

Record of Physical Exam

Authorization for Use or Disclosure of Health Information

Drug and Alcohol Free Campus Contract and School Policies

Consent for student participation in surveys and other activities

Technology Acceptable Use Policy

Before forwarding your application to the Richfield Residential Hall, please use the following checklist to ensure the packet is complete.

The application will not be reviewed unless it includes all of the following: (*)

The remaining items must be sent prior to the beginning of the school year.

- * Copy of Certificate of Degree of Indian Blood
- * Copy of Social Security Card
- * Copy of Birth Certificate
- * Copy of Health Insurance Card
- * A recommendation letter from principal or counselor
- * A copy of School Transcript
- * Immunization Record
- Signed Consent for Medical Services
- Permission for Participation / Check Out Form
- Physical Exam
- Drug and Alcohol Free Campus Contract and School Policies
- Consent for student participation in surveys and other activities
- Technology Acceptable Use Policy

Richfield Residential Hall
765 West 1st Avenue
Post Office Box 638
Richfield, Utah 84701
(435) 896-6121

INSTRUCTIONS FOR COMPLETING THE STUDENT ENROLLMENT APPLICATION

STUDENT DATA

SCHOOL:	Enter location of school in which you wish to attend, South Sevier High School or Richfield High School. School choice is based on availability.
SOCIAL SECURITY #:	Enter student's social security number. (Please attach a copy of card)
GRADE:	Enter student's enrollment grade, such as 9 th grade, 10 th grade, etc.
STUDENT NAME:	Enter the name of the student by last, first and middle Example: Begaye, Frances Jean
ADDRESS:	Enter the address where student receives mail.
DATE OF BIRTH:	Enter the student's date of birth (Attach a copy of Birth Certificate)
PLACE OF BIRTH:	Enter the location, name of city or town, and state where the student was born.
CELL PHONE #:	Enter student's cell phone number.
GENDER:	Indicate whether the student is male or female.
CENSUS NUMBER:	Enter the census number or enrollment number assigned to the student by the governing tribe or agency in which he/she is a member/enrolled. (Please attach a copy of Certificate of Indian Blood).
DEGREE INDIAN:	Indicates such as 4/4, 3/4, 1/2, 1/4, etc. (Verified by CIB).
HOME AGENCY:	Enter the name of government office which has the responsibility or list of enrolled members which includes the student's name.
CHAPTER AFFILIATION:	Enter the name of the Chapter which the student is enrolled.
RELIGION AFFILIATION:	(Optional) – This section is to be filled out only if you wish to provide the information.

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED:	List the name, address, dates, grade completed and reason for leaving the school previously attended. <u>The information is very important, PLEASE fill out as accurately as possible.</u>
PARTICIPATION:	Has the student participated in Special Education Programs or received additional assistance or educational resources.

FAMILY AND BACKGROUND INFORMATION

FATHER'S ADDRESS: Enter Father's address if different from students

TRIBAL AFFILIATION: List of Tribe(s) in which father is enrolled.

HOME AGENCY: Enter Agency where father is enrolled.

CENSUS NUMBER: Enter father's census number.

LIVING/DECEASED: Indicate whether father is deceased or not, enter date.

OCCUPATION: Enter father's occupation

EMPLOYER: Enter the name of your father's employer or where he works.

TELEPHONE NUMBERS: Please list father's home telephone, work number, cell phone and emergency number or any number where your father can be reached in case of an emergency. If other, indicate friend, aunt, uncle, etc.

MOTHER'S INFORMATION: Same instructions as above.

DOMINANT LANGUAGE: Enter the main language spoken at home.

LEGAL GUARDIAN: Same instructions as above.

**ALL ITEMS MUST BE RECEIVED BEFORE APPLICATION
WILL BE REVIEWED OR APPROVED**

COPIES NEEDED:

- A copy of student's social security card
- A copy of Certificate of Indian Blood
- A copy of Birth Certificate
- A copy of Immunization Records
- A copy of School Transcript
- A letter of recommendation from principal or counselor

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS APPLICATION
PLEASE CONTACT OUR OFFICE AT (435) 896-6121.

RICHFIELD RESIDENTIAL HALL
POST OFFICE BOX 638
RICHFIELD, UTAH 84701
(435) 896-6121

Richfield Residential Hall

Student Enrollment Application Form

We are pleased that you are enrolling your child in Richfield Residential Hall. We offer a comprehensive educational program to provide the very best education and learning experience for your child. Students will be placed in either South Sevier High School or Richfield High School which are fully accredited by the Northwest Association of Schools and Colleges and meet all requirements for promotion and graduation from a public school. In addition to an exemplary education, students will also grow socially, emotionally, and physically through a wide range of residential programs and support systems. Please complete this enrollment form as fully and accurately as you can. *Use only a black pen or type (print).*

STUDENT DATA: Please provide information to all of the following:

Name of School: _____

Social Security #: _____ - _____ - _____ Grade: _____

Student Name: _____
Last First Middle

Address: PO Box: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Place of Birth: _____ Cell Phone #: _____

Gender: Male Female Census # _____ Degree Indian; _____

Home Agency: _____ Chapter Affiliation: _____

Religious Affiliation (Optional): _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ Grade: _____

Phone Number: _____ Reason for Leaving: _____

Student has Participated in Special Education/Resource or Chapter I Program Yes No

For Office Use Only

Certificate of Indian Blood

Social Security Card

Birth Certificate

Immunization Records

Health Insurance

School Records

Recommendation Letter

Date Application Received: _____

Date Application Approved: _____

Health Consent

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

Name of Student _____ Birthdate _____

I (We), _____
give consent for the Richfield Residential Hall to arrange for treatment for the following services for this child.

Medical and Dental Health Insurance is required for services

Please a copy of the front and back of insurance card

- Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
- Dental care including dental examinations and necessary emergency dental care.
- Mental health services including evaluation and treatment as necessary.
- Emergency health care for accidents or illness.
- Transportation of the child to and/or from another health facility for these services.
- Administration of common over-the-counter medication to include (ibuprofen, tylenol, aspirin, cold/cough medicine, pepto, etc) as indicated in RRH medication administration policy.

I hereby give consent for all of the above services

Exceptions or special instructions: _____

Any known medication allergies: _____

Signed _____

Address _____

Relationship _____

Date _____ Valid Until May 30, 2009

Student Name: _____ School Year: 2009-2010

Student Alcohol/Drug Policy:

1. When a student is suspected of using alcohol, an initial assessment will be made by staff at the time of occurrence so as to determine if the student will be taken to the appropriate offices (academic or residential) for further assessment. If deemed appropriate by supervisor on duty, urinalysis or breathalyzer test will be administered by trained personnel. 911 may be called to transport student for medical advice and/or further testing. At this time, staff will begin documentation of intervention.
2. Trained Richfield Residential Hall staff will complete the RRH Health Screening form before the student is transported to the Sevier Valley Hospital. Hospital telephone number is: Sevier Valley Hospital (435) 896-8271.
3. When it is determined by medical staff through means of formal alcohol/drug assessment that it is safe for a student to return to campus, the student must obtain a medical release from Sevier Valley Hospital staff before they will be released to the custody of Richfield Residential Hall.
4. Students who are under the influence will not be placed in Sick Bay or with other students. Law enforcement or trained personnel will be called to assist for the protection of the student and others.
5. Students who are under the influences of alcohol or drugs will be referred for assessment and/or treatment and may face disciplinary action. All alcohol and drug violations are referred to appropriate court system.
6. Noncompliance with or refusal of service(s) may result in a disciplinary hearing or immediate expulsion from the program.

Act of Violence:

Any act of violence, to include harassment, threatening or inflicting physical harm, hazing or dragging or assault may result in a disciplinary hearing or immediate expulsion from the program.

Search Policy:

For reasonable cause and essential in assuring the welfare and safety of students and staff, Richfield Residential Hall staff, acting in loco parentis as legal custodian of the school and property may, at their discretion exercise search and seizure action. Such search and seizure activities will be held in compliance with 25 CFT-Part 42.3, (B), Rights and Responsibilities of the Individual Student. The Residential Hall may conduct canine searches of school property and residential facilities.

Vandalism Policy:

Richfield Residential Hall students are made notice that all student acts of vandalism against the property of Richfield Residential Hall will be the financial responsibility of the student/parent/guardian. In addition to the cost of the vandalism, student may be subject to restitution through the juvenile justice department.

Personal Property Policy:

Care and protection of personal property shall be the responsibility of the owner. All personal property shall be clearly labeled and identified by the owner. Large sums of money should be kept under lock or placed in the office safe. Similarly, electronics and other valuable items should be kept under lock. Richfield Residential Hall is not legally or fiscally responsible for lost or stolen property.

I am legally responsible for this student and hereby apply for his/her admission to Richfield Residential Hall. I read and understand the above policy. I agree to support all program policies, procedures and the Student Code of Conduct and Student Handbook while my student is enrolled.

_____/_____/2009-2010 School Year
Parent Signature

I have read and understand the above policies. I agree to abide by all program policies, procedures, Student Code of Conduct and Student Handbook while I am enrolled at Richfield Residential Hall. I understand that violation of program rules or the Student Code of Conduct may result in disciplinary action and release from the program.

_____/_____/2009-2010 School Year
Student Signature

NOTE: Refusal to sign will result in applicant not being considered for enrollment.

**Richfield Residential Hall
Drug and Alcohol Free Campus
Student/Parent Consent**

Student Name: _____ School Year: 2009-2010

Expectation of Parent/Guardian:

- As the parent or guardian of the above named student, I support Richfield Residential Hall's **No Alcohol, Drug and Tobacco Policies**.
- I have discussed these policies with my student and will reinforce and support Richfield Residential Hall's recommendations for services when they are offered. (see previous page of policies)
- I agree to my child being randomly tested for use of alcohol and drugs.
- I understand that refusal or noncompliance with program recommendations may result in my child being suspended or expelled from Richfield Residential Hall.

Expectation of Students:

- I understand and will follow Richfield Residential Hall's policies and rules regarding use of alcohol, drugs or tobacco while enrolled at school.
- I will abide by recommendations for treatment or services for use of alcohol, drugs or tobacco.
- I understand that refusal or noncompliance with recommended services may result in my release from enrollment at Richfield Residential Hall.
- I will comply with my Individual Treatment Plan established with my counselor while residing at the Richfield Residential Hall.
- I agree to be randomly tested for use of alcohol or drugs.

We have reviewed and agree to policies, expectations and consequences for use of alcohol, drugs or tobacco as established by Richfield Residential Hall.

_____/_____/2009-2010 School Year
(Parent Signature)

_____/_____/2009-2010 School Year
(Student Signature)

Note: Refusal to sign will result in applicant not being considered for enrollment.

Protection of Pupil Rights Amendment and Consent/Opt Out of Specific Activities

The protection of Pupil Rights Amendment (PPRA), U.S.C. & 1232h requires Richfield Residential Hall to notify you to obtain consent to allow you to opt out your child's participation in certain program activities. These activities include student survey analysis or evaluation that concerns one or more of the following eight areas.

1. Policies affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with who the respondents have close family relationships;
6. Legally recognized privileged relationships, such as with doctors, lawyers, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents;
8. Income, other than as required by law to determine program eligibility

This requirement also applies to the collection, disclosure or use of student information for marketing purposes and certain physical exams or screenings. It may also include anonymous surveys that ask students questions about behaviors such as drug and alcohol use, sexual conduct, violence and other at-risk behaviors. Surveys may also ask questions of a demographic nature including family make-up, the relationship between parents and children, and use of alcohol and drugs at home.

If consent to participate is granted by the parent, the parent may, upon request, receive the results of any survey or activities. Please complete the following consent:

I _____ parent/guardian of _____ DO / DO NOT
Print Name Print Name (Circle One)

give consent for my son/daughter to participate in surveys and activities that may include the above listed.

Signature of Parent/Guardian Date: _____

These rights transfer at the age of 18 years at which time he/she may give consent to participate or opt out without parent involvement. If a student making application is already 18, he/she may elect to sign for themselves. If this is the case, the following is for student consent:

I _____ consent to participate in surveys or activities that include the above listed.
Print Name (Student)

Signature of Parent/Guardian Date: _____

This consent does not apply to:

1. Colleges or other post secondary education recruitment, or military recruitment
2. Book clubs, magazines and programs providing access to low-cost literary products
3. Curriculum and instructional materials used by Richfield Residential Hall
4. Tests and assessments used to provide cognitive, evaluative, diagnostic clinical aptitude, or achievement information about students.
5. The sale by students of products or services to raise funds for education or school related activities
6. Student recognition programs
7. Physical examinations or screening that is permitted or required by State law, including physical examinations or screenings permitted without parental notification

RICHFIELD RESIDENTIAL HALL TECHNOLOGY ACCEPTABLE USE POLICY

Internet access, network access and staff email are made available to all students and staff at Richfield Residential Hall. The Internet, through computers, connects millions of individual users worldwide. Staff and students have access to electronic mail, information, research, news, weather, graphics, etc. relevant to educators and students.

Content filtering and logging have been established to monitor any and all Internet and intranet transmissions for the security of students, staff and network resources. No right to privacy shall be construed, nor do academic freedom issues apply.

The following guidelines are provided so that users are aware of the responsibilities of appropriate technology use. All Richfield Residential Hall users (and parents) are required to sign an Acceptable Use Policy, with agreements kept on file in the Administration offices. The signatures on this document are legally binding and indicate agreement with the terms and conditions and that you understand their significance.

Terms and Conditions of Use

Acceptable Use – The purpose of technology at Richfield Residential Hall is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. Your use must be in support of education and research and consistent with the educational objectives of school. The use of chat lines is prohibited unless under staff direction. Transmission of any material in violation of any national, state or local regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Users granted computer access through Richfield Residential Hall's network assumes all responsibility and liability, both civil and criminal, for their use of this service. Complete and detailed network use guidelines and procedures can be found in Parent/Student Handbook and in the computer lab and are covered under this Acceptable Use Policy.

Privileges – The use of technology is a privilege, not a right, and inappropriate use will result in a cancellation of this privilege. Inappropriate use and/or content is at the sole discretion of the administration and their decision is final.

Email – Understanding that students at Richfield Residential Hall are away from their homes and families for extended periods of time, email is an option for students to keep in touch with friends and family. This email is to be done during designated computer time. Students and staff are prohibited from sending, forwarding, or posting sexually explicit messages, profanity, and harassing or violent messages. Messages relating to or in support of illegal or inappropriate content and/or activities will be reported to authorities and privileges suspended.

Security – Security on all computer systems is a high priority. You are under obligation to notify the system administrator if you become aware of any security problems. Use of another person's account is strictly prohibited. Use of proxy avoidance system to bypass filters and blocks is prohibited. Unauthorized entry into any directory is considered a serious offense and is subject to disciplinary procedures.

Privacy – All data and personal files are the property of Richfield Residential Hall. Routine maintenance and monitoring of the system may lead to discover that a user has been or is violating this Acceptable Use Policy, the student or employee code, Utah or Federal laws. Such violations will be reported to Bureau IT Security Office and Supervisors. Privileges will be suspended until the situation is resolved.

Vandalism – Any damage to technology equipment access, resources or data as a result of negligence or vandalism is the direct responsibility of the user. Repair or replacement of said equipment or resources and any costs construed is at the discretion of the administration and the responsibility of the user.

Richfield Residential Hall makes no warranties of any kind, either expressed or implied, that the service provided will be continuous, error free or without defect. Richfield Residential Hall will make every reasonable effort to maintain the integrity of the data and services but will not be held responsible for any damage the user may suffer, including but not limited to loss of data stored on the network, interruption of service, accuracy or quality of information obtained from the Internet, and/or financial obligations resulting from unauthorized used of the network.

Violations of Richfield Residential Hall's Technology Policy will be reported to the system administrator or administration for investigation. Violations will then be handled in accordance with the school's general student disciplinary code.

User Certification

I understand and will abide by the above Technology Acceptable Use Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action.

Date: _____

Student Name Print: _____ Sign: _____

Parent Name Print: _____ Sign: _____

UHSAA

FORM A

USE THIS FORM FOR INITIAL PHYSICAL EXAM

Instructions for use of pre-participation Health Examination and Consent Form

Instructions for completing FORM A

COMPLETING THIS FORM

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent or Guardian is to complete page 1 of Form A and the Disclosure and Consent Document.
3. Please note student and parent are to sign both forms.
4. Physician/Provider is to complete and sign the physical examination.
5. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

A health examination must be performed and the Pre-participation Physical Evaluation (FORM A) must be completed before any student may participate in athletic activities sponsored by this Association. Clearance Form (Form B) must be completed by the parent each subsequent year. Form A along with the Disclosure and Consent Document must be on file at the Dorm before participating in activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), or Registered Nurse Practitioner (RNP).

PLEASE MAKE ALL NECESSARY COPIES OF THIS FORM FOR STUDENT. MULTIPLE COPIES ARE NOT PROVIDED BY THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION.

PARTICIPANT & PARENTAL DISCLOSURE AND CONSENT DOCUMENT

*PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE PARENT OR
GUARDIAN TO NOTIFY THE SCHOOL IF THERE ARE ANY UNIQUE
INDIVIDUAL PROBLEMS.*

STUDENTS NAME: _____

Is the student covered by health/accident insurance? YES _____ NO _____

Name of health insurance provider _____

If none, explain _____

CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participation in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice session and activities. I further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting for his/her athletic participation. I recognize that a risk of possible injury is inherent in all sports participation.

I also understand that a copy of this form will remain in the student's school.

I agree that if my student's health changes and would alter this evaluation, I will notify the school within 10 days.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

SIGNATURE OF THE STUDENT _____

FORM A
 UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION
 CONSENT FORM

It is required that all students have a Health History and Physical Examination completed prior to competition in high school interscholastic athletic programs in the State of Utah. The exam is at the expense of the student/ parent and may not be taken prior to May 1, 2009. Consent forms and physical evaluations are required for all new enrolling students.

NAME: _____ DATE: _____

GRADE: _____ DATE OF BIRTH _____

HEALTH HISTORY

(To be completed by parent prior to physical)

HAS THE STUDENT HAD:	YES	IS THE STUDENT CURRENTLY:	YES
1. Previously hospitalized and/or surgeries?	_____	1. Under a health professional's care	_____
2. Previously diagnosed chronic or serious diseases e.g. diabetes, kidney disease, asthma	_____	2. Taking any medication?	_____
3. Previous restrictions from participating in athletics for any health problems?	_____	3. Known to have allergies?	_____
4. Any unconscious episodes or had any type of seizure or convulsion?	_____	4. A wearer of contacts or glasses	_____
5. Trouble with knees or any other joints?	_____	5. Experiencing any health problems?	_____
6. Any previously diagnosed heart murmur?	_____	Date of most recent tetanus immunization _____	
7. A fainting episode during or directly after exercise?	_____	Date of most recent completed history and physical exam _____	
8. Chickenpox? _____ (Date)			

'YES' to any of the above, list appropriate numbers and specify any abnormalities: _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

TO BE COMPLETED BY A HEALTH PHYSICIAN

PHYSICAL EVALUATION

DATE OF EXAM _____	Name _____
Sex _____ Age _____	Date of Birth _____ Grade _____ School _____
Address _____	Phone _____
Personal Physician _____	

EXAM

Physical examination should incorporate and evaluation of the following areas: (1) vision; (2) hearing; (3) skin; (4) respiratory; (5) cardiovascular; (6) liver, spleen, kidney; (7) musculoskeletal; (8) neurological; (10) urinalysis (protein and sugar exam required); (11) physical status (developmental level).

PROBLEM LIST

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DISPOSITION: Physician to check one of the following:

- A. I certify that I have examined the patient and find him/her physically able to complete in all supervised activities.
- B. Student is not physically able to participate in activities pending evaluation of:
_____ (ailment) _____ (specialist)
- C. Student may participate but should have a yearly physical exam with special reference to _____
- D. Student may not participate in the following activities: _____

Reason: _____

Physician's Name _____
(print)

Address _____
_____ Phone _____

Physician's Signature _____ Date _____