

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program

ADMISSIONS

*Application
Process*

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

www.richfelddorm.org

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

- ☐ Enrollment Application
- ☐ Copy of Certificate of Degree of Indian Blood
- ☐ Copy of Social Security Card
- ☐ Copy of Birth Certificate
- ☐ Copy of Health Insurance Card (front and back of card)
- ☐ A recommendation letter from principal or counselor
- ☐ A copy of School Transcript
- ☐ A copy of Standardized Test results (PARCC, AIMS, SAGE, NWEA, etc)
- ☐ Updated Immunization Record
- ☐ Signed Consent for Medical Services
- ☐ Permission for Participation / Check Out Form
- ☐ Physical Exam (Must be submitted before school begins)
- ☐ Drug and Alcohol Free Campus Contract and School Policies
- ☐ Student Questionnaire with Personal Essay

Richfield Residential Hall
765 West 1st Avenue
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:	Indicate 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 living. If deceased, enter date of death.

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 Updated Immunization Records
- A copy of School Transcript
- A copy of Standardized Testing results
- A letter of recommendation from principal or counselor

School records, to include: report cards, transcripts, standardized test results, IEP's , letters of recommendation etc. are required to ensure the best placement and eligibility for courses at school. It is essential these are sent with the application

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

RICHFIELD RESIDENTIAL HALL
765 West 1st Avenue
RICHFIELD, UTAH 84701
(435) 896-6121

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



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 1 Program ☐ Yes ☐ No

For Office Use Only

Certificate of Indian Blood ☐
Immunization Records ☐
Recommendation Letter ☐

Social Security Card ☐
Health Insurance ☐
Physical Examination ☐

Birth Certificate ☐
School Records ☐

Date Application Received: _____

Date Application Approved: _____

Parent/Guardian Information

With whom does the student live? ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Father: _____

Mother: _____

Address: _____

Address: _____

Social Security Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Birth: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Census Number: _____

Census Number: _____

Living ☐ Deceased ☐ _____

Living ☐ Deceased ☐ _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Emergency Phone: _____

Emergency Phone: _____

Name of Person/Contact at emergency number: _____

Dominant language spoken in the home: (1) _____

(2) _____

If the student does not live with either parent, complete the following information for the guardian.
Guardianship papers are required.

Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is enrolled.

Signature of Parent/Legal Guardian

Date

A COPY OF FRONT AND BACK OF INSURANCE CARD IS REQUIRED

Date

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: _____

- ☐ Immunizations are current (copy is attached)

Signed _____

Address _____

Relationship _____

Date _____ Valid Until May 30, 2020

ACADEMIC HISTORY

List each school you have attended during the last three years, beginning with the one you are attending now. If you withdrew before completing any school year, indicate the reason.

Grade:	Name of School:	Address & Zip	Year	Reason
8 th				
9 th				
10 th				
11 th				
12 th				

Please list any honors or prizes you have received or positions of leadership you have held during the past three years.

List those sports which you enjoy, and indicate whether you have played them recreationally or competitively. Where appropriate, also indicate which position(s) you played and any honors you have received in that sport (e.g. varsity letter, captain, all-star, MVP, etc).

What do you do for recreation? _____

Do you participate in any clubs? _____

What interest/experience do you have in student government? _____

What musical instrument(s) do you play? _____

What interest/experience do you have in arts and crafts (e.g. drawing, painting, photography)? _____

What subjects did you like best in school and why? _____

What subjects have been most difficulty and why? _____

PLEASE COMPLETE THE FOLLOWING SENTENCES:

The most important extracurricular activity to me is _____

My greatest skill or talent is _____

I am happiest when _____

My most memorable day was _____

Three adjectives that describe me best are _____

Someday I would like to _____

The personal quality I admire the most is _____

I would like to be better at _____

With my friends I am _____

ACADEMIC CONDUCT/BEHAVIOR

Have you ever been dismissed, suspended, placed on probation, or received other disciplinary actions or recommendations? If yes, please provide a full explanation.

What is your perception of your behavior in a classroom environment on a daily basis? _____

AUTOBIOGRAPHICAL ESSAY

A 200 word essay about yourself would be of value to us.

Include your goals, hopes, and expectations and how Richfield Residential Hall will influence your future.

Please write in your handwriting

[illegible]

I certify with my signature that my response to the three page questionnaire is true to the best of my knowledge and should I provide any false information will jeopardize my application acceptance.

Signature Required: _____ Date: _____

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



Richfield Residential Hall
765 West 1st Avenue
Richfield, Utah 84701

**PERMISSION FOR PARTICIPATION
Dorm/High School Activities**

I hereby give the Richfield Residential Hall permission to release my son and/or daughter _____ to participate in all Richfield Residential Hall functions and all high school related activities including, but not limited to athletics, socials, clubs, or class activities, intramural sports, field trips, class projects and competitions.

Parent or Legal Guardian Signature

Date

CHECK OUT AUTHORIZATION

The following person(s) listed below are authorized to checkout my son/daughter from the Richfield Residential Hall. I fully understand that once the authorized person has checked them out, Richfield Residential Hall is no longer responsible or liable for my son/daughter. It is further understood and agreed that Richfield Residential Hall administration may deny student checkout requests when such requests raise concern for student safety and supervision. **Persons other than immediate family must be 25 years old in order to check students out.**

Name	Relationship	Name	Relationship
_____	<u>Parent/Guardian</u>	_____	_____
_____	<u>Parent/Guardian</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NO OTHER PERSON MAY CHECK MY SON/DAUGHTER OUT OF THE RICHFIELD RESIDENTIAL HALL WITHOUT MY WRITTEN PERMISSION. AND NO OTHER ADDITIONS WILL BE MADE WITHOUT MY WRITTEN APPROVAL BY BOTH PARENTS AND DORM PRINCIPAL. ALL CHANGES MUST BE MADE IN WRITING AND VERIFIED BY PHONE BY THE PARENT/GUARDIAN.

Parent or Legal Guardian Signature

Date

If employees of Richfield Residential Hall check students out while employees are off their tour of duty, the Richfield Residential Hall assumes no responsibility or liability. Overnight checkouts of students by RRH employees are not authorized or sanctioned by RRH.

2019 - 2020 SY

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



Student Name: _____ School Year: _____

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.

Parent Signature

_____/_____/_____ School Year
Date

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.

Student Signature

_____/_____/_____ School Year
Date

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: _____

Richfield Residential Hall students are enrolled in a highly competitive program primarily for the purpose of obtaining a world class education. Drugs, alcohol, tobacco and other mind altering substances are contrary to that outcome and are not tolerated on our campus. RRH is a drug free school zone and will be strictly enforced as such. Every student deserves the right to learn in a safe and drug free environment. As such, the following must be agreed to prior to acceptance into the program.

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 agree to be randomly tested for use of alcohol or drugs.
- 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.

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

(Parent Signature) _____/_____/_____ School Year
Date

(Student Signature) _____/_____/_____ School Year
Date

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

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

2019-2020 SY



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HEALTH

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PATIENT REGISTRATION AND INFORMATION

PATIENT INFORMATION									
Patient Last Name:			First Name:		Preferred Name:		Middle Name		
Suffix (Jr, Sr., II, etc.)	Sex (Circle One) Male Female		Date of Birth:		Social Security Number:				
Address				City		State		Zip Code:	
Home Phone		Work Phone		Patient Email:					
Cell Phone		Consent to text (Circle One) Yes No		Patient Portal Access Circle One Yes No		Contact Preference (Circle One) Phone Mail Portal			
Preferred Language (Circle One): English Spanish Other: _____ Decline				Race (Circle One): American Indian African American Islander					
Marital Status (Circle One): Single Married Divorced Widowed Separated Partner Decline				White Other: _____ Decline					
Ethnicity (Circle One): Not Hispanic/Latino Hispanic/Latino Other: _____ Decline				Indian Blood Quantum (IF APPLICABLE): Tribe of Membership					
Live on Reservation Yes No				Tribal Enrollment Number:					
Family Size: _____ Estimated Income _____ (Circle One): Annual Monthly Bi-weekly, Weekly				Sexual Orientation (Select One)					
Agriculture Worker: Yes No Decline				Lesbian/Gay/Homosexual Straight/Heterosexual Bisexual Choose not to Disclose					
Homeless: Yes No Decline				Gender Identity (Select One)					
School Based Health Center Patient Yes No Decline				Male Female Transgender Gender Queer Choose not to Disclose					
Veteran Status Yes No Decline									
Public Housing Patient Yes No Decline									
Employer Name				Employer City		Employer State		Employer Zip Code:	
Occupation:			Employment Status (Circle One): Full-Time Part-Time Act Military Retired Self Unemployed						

GUARDIAN & EMERGENCY CONTACT INFORMATION			
Legal Guardian Last Name (if applicable):		Guardian First Name	Guardian Middle Name
Emergency Contact Name:		Next of Kin Name:	
Relationship		Next of Kin Relationship (Circle One):	
Phone:		Spouse Parent Child Sibling Friend Cousin Guardian Other	

(800) 658-5340

Cedar City:
(435) 867-1520

Richfield:
(435) 893-0977

Kanosh:
(435) 759-2610

Shivwits:
(435) 688-8198

Owned and Operated by the Paiute Indian Tribe of Utah



INSURANCE INFORMATION - PLEASE PROVIDE COPY OF CURRENT INSURANCE CARD						
TYPE OF PRIMARY COVERAGE MEDICAID MEDICARE PRIVATE INSURANCE NONE OTHER						
Primary Insurance Company				Effective Date		Expiration Date
Primary Policy Holder Name		Member ID		Group Number:		
Patient's relationship to policyholder (Circle One) Husband Wife Self Parent Grandparent Guardian						

TYPE OF SECONDARY COVERAGE (IF APPLICABLE) MEDICAID MEDICARE PRIVATE INSURANCE NONE OTHER						
Secondary Insurance Company (If Applicable)				Effective Date		Expiration Date
Policy Holder Name		Member ID		Group Number:		
Patient's relationship to policyholder (Circle One) Husband Wife Self Parent Grandparent Guardian						

AUTOMATIC NOTIFICATION PREFERENCE			
I would like to be contacted through automatic messages for the following (Circle all that apply):			
Health Notifications:	Email	Phone	Text Message
Appointments:	Email	Phone	Text Message
Announcements:	Email	Phone	Text Message
Billing:	Email	Phone	Text Message
I don't want to be contacted for automatic messaging _____ (Please Initial)			

I, the undersigned, certify that the information contained on this form is correct to the best of my knowledge. Furthermore, I authorize the release of any medical information necessary to process the claim for treatment, payment, or operations. I authorize payment of medical benefits to Paiute Indian Tribe of Utah, provider or suppliers for services. I assign my insurance benefits be paid directly to the Paiute Indian Tribe of Utah. I hereby authorize the provider and whomever else he/she may designate as his/her assistant(s), to administer those treatments and procedures which in his/her opinion are deemed necessary. I hereby agree, regardless of insurance coverage, that I am responsible for all charges incurred. Payment is expected at the time of service. We will bill your insurance as a

PATIENTS OR LEGAL GUARDIAN SIGNATURE _____
 If patient is a minor, must be signed by guardian listed on application

Date _____

PATIENT REGISTRATION FORM MUST BE COMPLETED IN FULL TO BE SEEN BY A PROVIDER, NO EXCEPTIONS



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