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**SEQUOYAH SCHOOLS**  
*School of Choice*



Ron Etheridge  
*Superintendent*

Jolyn Choate  
*Principal*

Holly Davis  
*Elementary Principal*

P.O. Box 520 • Tahlequah, OK 74465  
 918-453-5400 • 1-888-467-4746

Chuck Hoskin Jr.  
*Principal Chief*

Bryan Warner  
*Deputy Principal Chief*

**DORMITORY APPLICATION**

Student's legal name \_\_\_\_\_ Sex: Male / Female Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_ CDIB? Yes / No HIMC Chart #: \_\_\_\_\_ Private insurance (yes/no) **if yes, provide copy**

Father's name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ Zip: \_\_\_\_\_

Home/Cell phone#: \_\_\_\_\_ Home e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Home e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Legal guardian (if not parent): \_\_\_\_\_ Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT (Other than the above)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home/Cell phone #: \_\_\_\_\_ Work phone#: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

This form is to document that I, \_\_\_\_\_, am legally responsible for \_\_\_\_\_,  
 (Parent/Legal Guardian) (Student's Name)

a residential student at Sequoyah School. I hereby give consent to general medical care, behavioral health treatment, optometry appointments, emergency operations, psychiatric treatment and dental or minor surgery if such a procedure becomes necessary while the child is in school. I also approve such inoculations and treatment in the field of preventive medicine as may be deemed necessary by medical personnel.

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

(If the parent is not the legal guardian, the Sequoyah Schools Student Services Office and the Dormitory Office MUST have legal documentation stating such. Submitting an incomplete application may result in a delay of admission into the dormitory until a complete application is received.)





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**DORMITORY AGREEMENT**

**I have read, I understand and I agree to the responsibilities listed on this application packet. This constitutes the contract and terms.**

**I agree to keep the room I occupy maintained (kept clean) and in good working condition. I will complete assigned work detail every required day. I agree to be responsible to attend all required group work detail the Dorm Administrator may assign.**

**I understand that I will be held responsible for damages occurring during my occupancy which includes costs of repairs and replacement of damaged item(s). I will also be held responsible for any prohibited items or illegal activities that occur in any room I am occupying.**

**A room key will be issued to me at the time of my initial entrance into the dorm. If the key is lost or stolen, I will be required to purchase a replacement key for \$5.00.**

**Each room will be occupied by two or more students. However, there will be an exception if a student is dropped or withdrawn. The room will be occupied by a single student until another enrollee arrives. There are no private rooms available.**

**Honor Wing occupants from the previous year will be given the opportunity to earn the privilege to return to the Honor Wing based on their behavior as defined in the Honor Wing Contract. The selection will be made in September. *No freshmen students will be placed in the Honor Wing the first semester.* The rooms will be occupied by two students at all times unless circumstances occur and adjustments are made.**

**Each student will be on a Behavior Discipline Point System as listed in the Residential Handbook.**

I, \_\_\_\_\_ and \_\_\_\_\_  
(Student Name) (Parent/Guardian Name)

**accept the terms of this Dormitory Agreement and acknowledge that there are no private dormitory rooms and that a roommate will be present in each room during the school term.**





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**STUDENT SERVICES**

**LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_, am the parent/legal guardian of,

\_\_\_\_\_, a student at Sequoyah Residential

Department. I hereby freely give to the Sequoyah High School/Residential Department, my limited power of attorney for the period of time the student is enrolled at Sequoyah High School/Residential Department to perform in my stead, the following:

In the event the student runs away, is unaccounted for, or is missing from the premises or school functions, Sequoyah High School/Residential Department may, in my place, serve as his/her guardian for purposes of law, to secure a pick-up order from the Cherokee Nation District Court or any other competent court, accept services of a juvenile action for me, appear for me in juvenile action, and conduct probation or supervision services as directed by the courts.

I do not give up my right to receive notice of any proceeding affecting the student.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness





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## CONSENT FOR RELEASE OF INFORMATION

Student's name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone/cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, hereby authorize:

All school staff, to include teachers, counselors, residential therapists, residential advisors, and other staff working with my child,

to exchange information with \_\_\_\_\_ or properly designated members of the Sequoyah High School counseling staff for the purpose of providing necessary and appropriate counseling services. The information will be limited to school performance and behaviors which will impact on treatment planning.

**I UNDERSTAND THAT THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED. I ALSO UNDERSTAND THAT THIS INFORMATION MAY NOT BE RELEASED TO ANY OTHER PERSON OR ORGANIZATION WITHOUT MY WRITTEN PERMISSION. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED VALID.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### SOCIAL SUMMARY

1. Student's legal name: \_\_\_\_\_ Phone # \_\_\_\_\_
2. DOB: \_\_\_/\_\_\_/\_\_\_ Tribal affiliation: \_\_\_\_\_ Emergency # \_\_\_\_\_
3. Parent/Legal Guardian name: \_\_\_\_\_
4. Who has legal custody? \_\_\_\_\_
5. Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_
6. Explain the reason for dorm placement: \_\_\_\_\_
7. Did a specific event lead to this admission? Yes No  
If yes, explain \_\_\_\_\_
8. Does the student require a special diet? Yes No (If yes, a written doctor's request should be submitted).

### PERSONAL INFORMATION

**FAMILY RELATED:**

1. Mother's name: \_\_\_\_\_ Maiden: \_\_\_\_\_
2. Father's name: \_\_\_\_\_
3. How many people live in the home? \_\_\_\_\_ Please list names of student's brothers/sisters:

Name: _____	Male _____	Female _____	DOB: ___/___/___
Name: _____	Male _____	Female _____	DOB: ___/___/___
Name: _____	Male _____	Female _____	DOB: ___/___/___
Name: _____	Male _____	Female _____	DOB: ___/___/___

4. Explain the student/parent relationship (circle one): Poor Good Excellent
5. What form(s) of discipline is/are used? Grounding Corporal Time Out
6. What is the student's response to discipline (circle one)? Poor Good Excellent

7. Who disciplines the student? \_\_\_\_\_
8. Tell us about the relationships in the family, the current living situation, and how the student feels towards:
- a. His/Her sisters or brothers: \_\_\_\_\_
- b. Father (or adult male in the home): \_\_\_\_\_
- c. Mother (or adult female in the home): \_\_\_\_\_
9. How will you, the parent, contribute to the child's emotional well-being?
- \_\_\_\_\_
- \_\_\_\_\_
10. Check the areas in which the student is current experiencing difficulties:
- |                          |                      |
|--------------------------|----------------------|
| ___ Lying                | ___ Mood swings      |
| ___ Running away         | ___ Self-esteem      |
| ___ Curfew violations    | ___ Trust issues     |
| ___ Sneaking out         | ___ Sleep disorders  |
| ___ Throws/Breaks things | ___ Eating disorders |
| ___ Verbally abusive     | ___ Verbal abuse     |
| ___ Physically abusive   | ___ Physical abuse   |
| ___ Sexually abusive     | ___ Sexual abuse     |
11. List any hobbies the student has: \_\_\_\_\_
- \_\_\_\_\_
12. What is done to keep his/her hobbies affective? \_\_\_\_\_
- \_\_\_\_\_
13. Have you noticed any recent behavior changes? (please explain) \_\_\_\_\_
- \_\_\_\_\_
14. Has the student ever used alcohol or drugs, and if so, what? \_\_\_\_\_
- \_\_\_\_\_
15. Does anyone in the family have a problem with alcohol and/or drugs? \_\_\_\_\_
- \_\_\_\_\_

**COURT RELATED:**

16. Has the student had any contact with the court or juvenile authorities (arrested, jailed, or done community service)? Yes No
- DHS or child protective custody? Yes No Is child under a court order? Yes No
- What county? \_\_\_\_\_
- (A copy of the court order is required as part of the application)
17. Is the student being seen by a probation officer or social worker? Yes No

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Office address \_\_\_\_\_

18. Has the student seen or is he/she now seeing a counselor, doctor, psychologist, psychiatrist, or therapist? Yes No  
If yes, for what reason? \_\_\_\_\_
19. Has a psychiatric evaluation been performed? Yes No  
If yes, when? \_\_\_\_\_  
IQ test? Yes No Where? \_\_\_\_\_ Date \_\_\_\_\_
20. Has the student had a stressful event in his/her life (parental separation, divorce, death, hospitalization, abuse or emotional stress) in the last two years? \_\_\_\_\_  
\_\_\_\_\_
21. Number of family moves in the child's life? \_\_\_\_ Length of residence in present home? \_\_\_\_
22. Does the student have any strong fears? (insects, heights, darkness, yelling, discipline, etc.)  
\_\_\_\_\_
23. How does the student feel about living in a dormitory atmosphere? \_\_\_\_\_  
\_\_\_\_\_
24. Is there any family involvement or problems with the following?  
a. Alcohol Yes No  
b. Drugs Yes No  
c. Physical abuse Yes No  
d. Emotional abuse Yes No  
e. Deprivation Yes No  
If you answered yes to any of the above, please explain \_\_\_\_\_  
\_\_\_\_\_

Please be as honest as possible. This questionnaire will not affect your child's entry into the dorm. It is used to acquaint us with your child. It will help the staff assist your child in all areas.



## CHECKOUT POLICY AND PROCEDURE

1. Any change on the checkout list will need to be done at the high school by the parent. The staff cannot make changes. The staff will not allow any checkout until verified by logging on to NASIS.
2. Staff are not to call on the parent's behalf to add anyone to the checkout list. The parent or legal guardian will have to personally add or delete people on the student's checkout list.
3. Any student who has been checked out from the dormitory is expected to leave the premises with the person who signed them out from the dormitory/school.
4. Students are not to remain on campus after they have been checked out.
5. If a student checks out and returns to the dorm, they are automatically considered checked back in. They may not leave the campus until they are checked out again by the appropriate person.
6. If a student leaves the campus without properly checking out, he/she is considered **AWOL (Absent WithOut Leave)**. See the AWOL procedure if this occurs. The proper procedure for an AWOL student will be followed up with an incident report.
7. The age of those appearing on the student's checkout list may be restricted to twenty-one (21) years or older. Siblings must be eighteen (18) years of age and not a student at Sequoyah Schools and must be listed as a designated pickup person on NASIS.
8. A student may not be checked out overnight on a school day/night except by the custodial parent or legal guardian.
9. **A student that is checked out by someone other than the parent or legal guardian during a school day/night will need to return to the dormitory by check-in time (9:00 P.M.) the same day/night.**
10. The weekend checkout time is 3:30 P.M. on Friday afternoon. Students must return to the dormitory by 9:00 P.M. on Sunday night, unless notification is given by the custodial parent or legal guardian.
11. Any person who checks out a student from the dormitory is responsible for the student's safety and welfare.
12. A person may be on more than one student's checkout list – however, that person will only be able to check out one student at a time. The exception is in the case of siblings. Any other exceptions must be approved by school administration.
13. In order to maintain fair and equal treatment of students, employees who are not related to the student will not be allowed to check out students.
14. A one-time only checkout of a student will be allowed if a letter or e-mail is sent from the parent/legal guardian or a call is received from administration at the school or dorm. A new checkout form that lists this one-time checkout designee will need to be submitted if he/she is to become a permanent checkout person.

I, \_\_\_\_\_, fully understand these procedures.  
(Parent/Legal Guardian)





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### ITEMS PROVIDED/ITEMS NOT ALLOWED

The following is a list of items the school provides and items that the student can and cannot bring to the dorm. Some items must be left in the dormitory office and checked out and returned after each use. These items must be personalized for ownership.

**The students are allowed to have these items:**

1. Non-perishable food – Cup of Noodles, microwave popcorn, soda, water, juices, etc. (must be approved by the Residential Assistant on duty).
2. Personal apartment refrigerator.

**The school will furnish, if available:**

detergent	linens	hygiene products
bleach	brooms & mops	over-the-counter medications
nightly (9 pm) snacks from cafeteria		

**Items not allowed:** (If you have any of these items with you, please send them back home.)

1. Alcohol, intoxicants, drugs, and paraphernalia (to include any equipment, product, accessory, or material that is modified (or not) for making, using, or concealing drugs).
2. Weapons, mace, pepper spray, sharp instruments and scissors
3. Drug-reference emblems or logos, tobacco or alcohol related items on clothing, hats, posters, jewelry, etc.
4. Tobacco products, matches, lighters, candles or incense.
5. Vulgar or explicit music or videos, pornographic posters or magazines
6. Glue, white out, and spray paint.
7. Permanent markers, tattooing paraphernalia and bandannas.
8. Household cleaners and cooking appliances.
9. Cough syrups or mouthwash containing alcohol (not allowed in student's room)
10. Aerosol sprays or any kind – cheese whiz, whip cream, hair spray (if not sure, check with the RA on duty).
11. No more than four pairs of shoes. Exception: two pairs of athletic sports shoes are allowed for a maximum total of six (6) pairs of shoes.
12. Movies rated X and XX.
13. Bath salts.

**The following items must be checked in at the office:** (All items need to be personalized for ownership)

OTC medications	nail polish	nail polish remover
iron	personal bleach	personal detergent

