



P.O. Box 160  
Tuba City, AZ 86045  
(928) 283-7271 ext. 177  
(928)283-6604 fax

## **Greyhills Academy High School**

### **Residence Life**

### **Application SY 2025-2026**

*As you will discover, Greyhills Academy High School Residence Life program has real advantages—it is designed with benefits that make living well and learning easier during your time here. By living on campus, students have unique opportunities to establish lifelong friendships, to participate in exciting activities and to truly feel connected to the school. The added convenience of living close to classes, dining and support services, make on-campus living at GAHS the ideal environment to live, learn and lead.*

#### **Eligibility:**

- Must be 17 years old and younger on date of enrollment.**
- Maintain a passing grade to maintain eligibility.**
- Adhere to the school “Zero Tolerance” for alcohol and drug use.**
- New students attend *New Student Orientation Groups.***

#### **Check list:**

- Complete school registration**
- Copy of last grade report**
- Complete Dorm enrollment application**
- Check out Card**
- Health Care Card**
- Academic history**
- Alcohol and drug free school policy.**
- Counseling opt**

*Greyhills Academy High School Residential Hall is a 5 day program and will be open from Sunday evening 4:00 P.M. through Friday after school. Parents are responsible for arranging transportation to and from the dorm.*

*Universal and correct use of masks is the top mitigation strategy for safe in-person learning. We encourage use of Masks on school buses and during school-associated activities by all students, faculty, staff, contractors, and visitors. Additional information on covid19 and pandemic protocol is available in the residential handbook.*

RESIDENTIAL STUDENT APPLICATION FORM 2025-2026

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STUDENT: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Gender:  Male  Female Census#: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Address: P.O. Box \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Student cell phone number: \_\_\_\_\_

Home Agency: \_\_\_\_\_ Chapter: \_\_\_\_\_

Student's Tribe: \_\_\_\_\_

Student's Clan: Maternal \_\_\_\_\_ Paternal \_\_\_\_\_

If the student does not live with either parent, complete the following information for guardianship.  
ATTACH COURT ORDER OR GUARDINSHIP PAPERS:

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

PARENT INFORMATION:  
EMERGENCY LOCATOR/Map to Student's Home:

*The following information is for the use of school personnel and will not be given to any outside agency without written permission from the parents or legal guardians.*

Place a √ in the box for whom the student now lives with:

- Mother       Stepmother       Grandmother       Aunt       Female Guardian  
 Father       Stepfather       Grandfather       Uncle       Male Guardian

Marital Status of Child's biological parents:

- Biological Mother Deceased       Biological Father Deceased

If divorced, please indicate legal custody of child:     Mother       Father  
 Joint       Ordered Custody

**Visitation rights of non-custodial parent: Unless otherwise informed, the school will assume that the non-custodial parent has full visitation right, including the right to take the child off campus.**

Mother :Home Phone \_\_\_\_\_

Father: Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact Numbers:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_



P.O. Box 160  
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Business Ph: 928-283-6271 Ext. 177  
Business Facsimile: 928-283-6604

## RESIDENTIAL PERMISSION FORM School Year 2025-26

Student's Full Name: \_\_\_\_\_  
Last First Middle Initial

### SECTION 1- Residential Closed Campus

#### **Closed campus during non-school hours.**

The off campus sign out or destination sign out is allowed during non-academic hours and is restricted to parent or parent authorized individuals who sign student out for destination. Student must return to dorm by designated check in times.

Students may be escorted to local shopping area by residential staff between 5:00 and 6:00 P.M.

Student will be in study hour from 6:00 p.m. to 7:00 p.m. every night.

7:00-8:00 residential sponsored activity

8:00 P.M. Students are to be in the dorm area and complete assigned cleaning details.

9:00 P.M. all students in own rooms and lights out 9:30 P.M.

Parent initial \_\_\_\_\_

**ALL STUDENTS MUST ABIDE BY THE NAVAJO NATION CURFEW REGULATIONS.**

### SECTION 2- FIELD TRIPS

I hereby give permission for my child to take part in all local field trips (to include day trips from academic department), excursions and organized activities which may be scheduled by the Residential Program. List any restrictions or limitations that your child may have, i.e. physical limitations, psychological, medical, etc.

**NOTE:** Field trips for overnight, i.e. camping/hiking, conferences etc. will require additional permission which will be provided prior to the event.

Restrictions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Interest Survey

### Activity

During a typical week, from Monday through Friday, how many hours do you spend participating in extracurricular activities? (Do not include hours spent doing jobs or paid work.)

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What is the main reason you participate in extracurricular activities (Please select one answer):

- My parents want me to
- It looks good on college applications
- I enjoy the activities
- I can hang out with my friends
- I can learn new things
- Other (please specify) \_\_\_\_\_

### Student Engagement

- How often do you try as hard as you can in school?
- How often do you enjoy your schoolwork?
- How often do you find your schoolwork valuable?

### Parent Goals and Expectations

How important is it to your parents/guardians that your schoolwork challenges you to think?

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How much do your parents/guardians worry about you getting a bad grade in school?

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What recreational activities do you enjoy?

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What experience do you have with Navajo Culture? (E.g. language, stories, music, dance, clanships)

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# RESIDENCE LIFE DRUG AND ALCOHOL POLICIES

## **ZERO TOLERANCE – ALCOHOL AND CHEMICAL INFLUENCE**

The purpose of Greyhills Academy High School is to offer a solid educational program to all students. The school and the student's have an obligation, teachers to teach and students to learn. Any student who is under any type of chemical influence is not prepared to participate in his/her education. If the student is not prepared to actively participate in the educational process, then Residence Life may not be a suitable living environment for them.

In keeping with the US Department of Education guidelines for drug/alcohol abuse, prevention and intervention and recognizing the negative impact on learning when students use mood altering substances, the Greyhills Academy High School Residence Life has revised and adopted the following policies.

1. On the first offense, students will be immediately suspended from the dorm for use or possession of drugs, alcohol or drug related paraphernalia.
2. Students may be return to the dorm upon receiving a drug/alcohol assessment and enrollment in a structured out-patient treatment program and follow-through with the recommendations.
3. All policies and procedures regarding drug/alcohol use will be fairly and consistently implemented.
4. Campus security measures will be consistently implemented, particularly in regards to supply and sale of controlled substances by regular patrol of critical campus areas. Security procedures shall include regular dormitory searches and canine searches.
5. Students found where drug/alcohol activity is taking place, even if not actively participating, may be subject to disciplinary procedures.

## **GREYHILLS ACADEMY ALCOHOL AND DRUG POLICY**

- A. When a student is suspected of using alcohol and/or drugs, an initial assessment will be done at the site by staff that detained the student so as to determine if Navajo Police is to be called or if the student is to be taken to the academic or residential offices. At the time of initial contact with the identified student, the staff must start documentation of the intervention.
- B. Trained Greyhills Academy High School staff or medical personnel must complete the Greyhills Academy health screening form before the student is transported to Tuba City Regional Health Care (Monday-Friday 8-5pm) or to the hospital emergency rooms (after normal hours of operation). The hospital utilized by Greyhills Academy High School is Tuba City Regional Health Care Corporation (928-283-2501).
- C. All students who have been released from medical care after being determined that they have been under the influence will be turned over to the Navajo police department or picked up by the parents. Students under the influence of alcohol or controlled substances will not be allowed to stay in the dorm.
- D. Upon return to school and following a parent conference, students will continue to be monitored through dorm hourly check off as determined by their behavioral management plan.
- E. Law enforcement will be called to handle students who are out of control and non-complaint.
- F. Students who are caught using alcohol and/or drugs will face immediate suspension in accordance to Greyhills Academy High School Disciplinary Policy.
- G. Use of any vapor device is strictly prohibited

**Greyhills Academy High School is a Drug Free – Alcohol Free and Tobacco Free School Campus.** All students are expected to follow this policy. Greyhills Academy and Indian Health Services will provide an individualized treatment program to all students who need help with addictions.

**Expectations of Parent/Guardian:**

- As the parent or guardian of the above-named student, I support Greyhills Academy High School’s No Alcohol, Drug and Tobacco Policies.
- I have discussed these policies with my student and will reinforce and support Greyhills Academy’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 Greyhills Academy.

**Expectations of Students:**

- I understand and will follow Greyhills Academy’s policies and rules regarding use of Alcohol, Drug 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 Greyhills Academy.
- I will comply with my Individual Treatment Plan established with my provider while residing in the Greyhills Academy Dormitory.
- I agree to be randomly tested for use of alcohol or drugs.

It is expected that respect be applied to each other in the residential halls. Students are to share mutual respect for staff and follow instructions and directives from school staff members as they are responsible for social education and for student safety on campus. We also will share mutual respect for parents and guardian in an effort to apply what is in the best interest of each student.

**We have reviewed and agree to policies, expectations and consequences for use of alcohol, drugs or tobacco as established by Greyhills Academy High School residence Life.**

\_\_\_\_\_ / \_\_\_\_\_ **2025-26 School Year**  
**(Parent Signature)**

\_\_\_\_\_ / \_\_\_\_\_ **2025-26 School Year**  
**(Student Signature)**

**Note: Refusal to sign will result in applicant not being considered for residential enrollment. Residence Life is considered a privilege as opposed to a right.**

# Greyhills Academy High School

## Residence Life Counseling Referral Process

### SY 2025-2026

Dear Parent / Guardians,

Referral for Residence student counseling services are available to all Greyhills Academy High School dormitory students through Tuba City Regional Health Care, the Guidance Center programs, and related behavioral health programs.

School Mission support:

- Students will develop and demonstrate competencies of higher achievement through life long learning and critical thinking so they may deal with and contribute to society.
- The residential counseling program will provide up-to-date resources to assist students in their educational and learning development.
- The residential Dorm Manger will provide effective communication with parent/guardian regarding attendance policy and substance abuse and disciplinary referrals.

Career guidance:

- Students will acquire and demonstrate knowledge of life skills that will influence future planning of career and occupational exploration along with preparing for post secondary opportunities and career.
- The school day counseling program will provide occupational information to students and school.
- The day school Counseling program will provide information to post secondary institutions.

Parents may choose to opt their children out of any or all residential **non-emergency** counseling referral services by acknowledgement on the bottom of this page. Parents may review any or all material used in the residential counseling program by making an appointment with the dorm manager. Small group counseling, individual behavioral health, or on going; structured counseling of a personal/social nature requires written parental permission.

Some non-emergency life skills education may include but not limited to the following:

Self esteem	Peer relationships
Communication	Getting good grades
Depression	Alcohol and drug awareness
Dorm Life	Goal setting
Self-concept	Culture
Feelings	Healthy relationships
Respect	Peer Pressure resistance
Safety	Conflict prevention
Stress reduction	Career exploration
Respect	Responsibility

Yes I wish for my child to receive non emergency counseling services \_\_\_\_\_

Parent Signature

Date

**OR**

No I do not wish my child to participate in non emergency counseling services \_\_\_\_\_

Parent Signature

Date