

BOARDING PROGRAM APPLICATION PACKET

Checklist of Required Material for Admission to Housing

The following forms are required for admission:

- _____ 1. *Application for Admission* completed by Parent or Guardian
- _____ 2. *Health Information* completed by Parent or Guardian
- _____ 3. *Power of Attorney for Medical Care, Educational information & Extracurricular Participation*
- _____ 4. Copy of the Insurance Card: front and back
- _____ 5. *Prescription Medication Purchase Method* completed by Parent or Guardian
- _____ 6. Copy of current Immunization Record
- _____ 7. *Permission to Administer Prescription Medications* signed by Parent or Guardian
- _____ 8. Copy of Birth Certificate
- _____ 9. Copy of Social Security Card
- _____ 10. *Acceptable Computer Use and Internet Contract* signed by Parent or Guardian and Student

The following forms are to be completed and submitted if applicable:

- _____ 1. *Medical Management Authorization* signed by Parent or Guardian
- _____ 2. Medication requirements:
 - a. Doctor's Order - from physician (Must be provided before medication will be dispensed.)
 - b. 2 bottles of medication properly labeled by pharmacy
- _____ 3. *Legal Visitation* signed by Parent or Guardian

Applicant Information

(to be completed by parent or guardian of applicant)

Full name of applicant (student):

(First) _____ (Middle) _____ (Last) _____

Home Address:

(Street) _____ (City) _____

(State) _____ (Zip) _____

Student's Social Security Number: _____

Home Phone: _____ Student's Cell: _____

Parents e-mail: _____ :

Religious preference: _____ Attend Church regularly? Yes No

Date of Birth: _____ Current Age of Child: _____

Expected Age at Graduation: _____

Date of Proposed Entrance _____ Current Grade in School _____

Current GPA: _____

Personal and academic strengths _____

Academic Challenges or Special Needs _____

Areas in which student most needs help _____

Outside interests, hobbies _____

Any outside group/organization student attends or belongs to _____

Parents or Legal Guardians

(to be completed by parent or guardian of applicant)

Father's name _____

Home Phone _____ Cell phone _____

Address _____
(Street) (City) (State) (Zip)

E-mail _____

Place of Employment _____ Occupation _____

Work Phone _____ FAX# _____

Work address _____
(Street) (City) (State) (Zip)

Mother's name _____

Home Phone _____ Cell phone _____

Address _____
(Street) (City) (State) (Zip)

E-mail _____

Place of Employment _____ Occupation _____

Work Phone _____ FAX# _____

Work address _____
(Street) (City) (State) (Zip)

Siblings:

Name	Ages
_____	_____
_____	_____
_____	_____
_____	_____

Who does the student live with now? _____ Has this changed recently? _____

Please describe any changes in the students living situation. (Recent moves, visitations, etc.) _____

Who has legal custody? _____
(Please provide legal documentation for visitation and contact if necessary.)

Who has financial responsibility for the student? _____

(Westwind Boarding Program will accept ONLY one source for payments.)

Student Information

(to be completed by parent or guardian of applicant)

Hair Color _____ Height _____

Eye color _____ Weight _____

PLEASE ATTACH A RECENT PHOTO TO THE FRONT OF THE APPLICATION

Answering yes to any of the following questions will not hinder your acceptance into Westwind's Boarding Program. However, information revealed after enrollment pertinent to the following questions may hinder your son's continued participation in the boarding program.

Does the student have any physical or medical problem of which the WPA should be aware? Yes _____ No _____

If yes, please explain. _____

Is student on any medications? Yes _____ No _____ List medication history _____

Is there now or has there been substance/alcohol experimentation? Yes _____ No _____

If yes, please explain. _____

Has the student ever had any legal (civil or criminal) problems relating to behavior or activities? Yes _____ No _____

If yes, please explain. _____

Education

(to be completed by parent or guardian of applicant)

Present School (prior to attending Westwind Prep)

School Name _____ Dates of Attendance _____

School address _____
(Street) (City) (State) (Zip)

School Telephone _____ Counselor: _____

Schools Attended in the Past Three Years

School Name _____ Dates of Attendance _____

School address _____
(Street) (City) (State) (Zip)

School Telephone _____ Counselor: _____

School Name _____ Dates of Attendance _____

School address _____
(Street) (City) (State) (Zip)

School Telephone _____ Counselor: _____

School Name _____ Dates of Attendance _____

School address _____
(Street) (City) (State) (Zip)

School Telephone _____ Counselor: _____

Medical Authorization Medical Consent for Emergency Care

A. MEDICAL AUTHORIZATION

1. Do you authorize the use of over-the-counter medication? _____ Yes _____ No

(These are standing order medications as developed by our nursing department and pharmacist that include: Tylenol, antacid, antibiotic ointments, etc.). Please circle **authorized** over-the-counter meds:

Tylenol Advil (Ibuprophen) Aspirin Sudafed Cold/Cough Antacid/Stomach

SPECIFY ANY OVER-THE-COUNTER MEDS YOUR CHILD **CANNOT** TAKE: _____

2. Do you authorize and consent to administration of immunizations to be given to your child in order for him to meet the State of Arizona, Maricopa County requirements? _____ Yes _____ No

3. Do you authorize staff to supervise self-administration of authorized prescription medication? _____ Yes _____ No

B. CONSENT FOR EMERGENCY CARE

I/we, the parent(s)/guardian(s) of _____ (parent/guardian), expressly agree that in the case of an emergency, in the event the above-named student may be injured or stricken ill while participating in an interscholastic activity or other activity, do hereby authorize the hospitalization, surgical treatment, surgery and/or anesthesia for the above named, if in the opinion of an attending physician, any or all thereof are warranted, and we hereby authorize any member of professional staff to execute the necessary consent thereto. I/we understand, of course, that we will be advised thereof as soon as reasonably possible and that the services of a qualified specialist will be used as appropriate to provide sufficient medical care as recommended by the appropriate physician or health care provider.

I/we, the parent(s)/guardian(s) of _____ (student), further expressly agree that all medical costs will be the undersigned's financial responsibility. Any medical charges will be discussed with the parent(s)/guardian(s) prior to services being rendered unless there is an emergency in which the parent(s)/guardian(s) will be notified as soon as possible.

In case of an emergency and parent/guardian cannot be located contact:

Name: _____ Relationship: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Primary Doctor's Name: _____ Doctor's Phone #: _____

Parent/Guardian Name: _____

Address _____

_____ (Street) _____ (City) _____ (State) _____ (Zip)

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

*This Document must be signed by the student's legal guardian/parent and notarized by a licensed state Notary Public:

State of _____) County of _____)

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally Appeared

_____ (PRINT NAME), _____ (SIGNATURE) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal

Notary Public

Medical Insurance

Policy Holder Name: _____ Relationship to Student: _____
Policy Holders Date of Birth: _____ Insured Social Security Number: _____

Home Address _____
(Street) (City) (State) (Zip)
Home Phone Number: _____

Employer: _____

Address _____
(Street) (City) (State) (Zip)
Work Phone Number: _____

Insurance Information

Name of Company: _____

Claims Address _____
(Street) (City) (State) (Zip)

Phone Number: _____

ID Number: _____ Group Number: _____

Effective Date: _____

Student covered by this insurance

Name: _____

Date of Birth: _____ Student's Social Security Number: _____

Allergies Medication: _____

Allergies Food: _____

***ATTACH CLEAR PHOTOCOPY OF VALID INSURANCE CARD FOR STUDENT**

It is the policy of Westwind that all boarding students on prescription medication will have their medication managed by a staff.

All day students will have their medication monitored by an agreed upon medical professional. It is understood that the parents or financially responsible party of the student will bear the cost for these on-campus services as stated on the Enrollment Agreement.

Permission to Administer Prescription Medications

Date: _____

I, _____, (Parent/Guardian) give my permission to staff to supervise self-administration of prescription medication to my student, _____.

I understand that I am responsible to notify the administration at Westwind of any changes in the medication regime and that I/we are to provide any changes in writing from the physician. I/we are to provide the supply of medication every 30 days using only medication provided by a pharmacy utilizing legal pharmaceutical practices. No medication will be accepted other than in a properly labeled container provided by the pharmacy. I/we relieve staff from any liability.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Name (please print) _____

Prescription Medication Purchase Method

Date: _____

Student Name: _____

The following methods may be used to acquire medications for my student:

1. _____ I will purchase the medications myself and ship them to the Academy - I understand that all medication must be in the original pharmacy container, and that it is my responsibility to keep track and refill the prescription as needed.
2. _____ I will use a mail house pharmacy and have the prescriptions sent directly to the school.

I have chosen option _____ to provide medications for my student. I have taken the appropriate steps to ensure that the school will receive all medication in a timely manner.

Parent/Legal Guardian _____ Date _____

Doctor's Order Instructions

If medication requirements for students are being monitored by your own physician and prescriptions are being filled by you as parents, we must have a letter on file here at the academy, which states that information.

Please supply us with written orders from the physician on his/her office letterhead prescribing medication, which includes the following:

1. Students name
2. Birth date
3. Parents name(s)
4. Diagnosis
5. Medication name(s)
6. Strength of medication(s)
7. Directions for administration

Medication will not be provided until this documentation is received.

Consent for Interscholastic Activities Parental or Legal Guardian Sports Consent Rule

This rule is in conjunction with the Arizona Interscholastic Association by-laws. 15.8 - Parental or Legal Guardian consent rule.

Reason: Parental or legal guardian consent is required before a student can be eligible to practice or compete in interscholastic competition by the Arizona Interscholastic Association. All students shall have on file an appropriate written consent in which a parent or legal guardian authorized participation. Failure to complete this form will make your student ineligible to participate in the events.

We give permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

It is hereby understood that the consents, authorizations, and information above given and granted herein are continuing, and are intended by me to extend throughout the school year. I/we acknowledge that I/we read and understand the above and the warning regarding interscholastic activities.

Signature (parent/legal guardian) _____ Date _____

Signature (participant) _____ Date _____

Address _____ City _____ State _____ Zip _____

Parent/guardian Home Phone Number _____ Cell _____

Photographic / Directory Release

The undersigned does hereby authorize Westwind's Boarding Program and/or its associated, subcontractors to photograph/film

Student's Name (please print) _____

The undersigned authorizes Westwind's Boarding Program to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or Internet publication.

The undersigned agrees that Westwind may use the aforementioned name, likeness, or voice for any promotional purpose.

The undersigned releases and forever discharges Westwind, its agent, officers, and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

In addition, the undersigned does hereby authorize Westwind to use and distribute within the organization my student's name, address, telephone number, and e-mail address, as well as my own, for the purpose of Telephone Directories. I understand that any confidential information will not be distributed without prior consent (i.e.: unlisted telephone numbers).

Accepted and Agreed: _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (please print) _____

Legal Visitation

Parental or legal guardian consent is required before a student can speak to or have visitation with any outside family or friends. All students shall have on file for him/her an appropriate written consent in which the parent or legal guardian authorized participation.

I/we give our permission for _____ to speak with our student on the phone, on visitations, or for off campus activities. Prior arrangements and permission by the appropriate school officials must accompany any activities.

Westwind holds discretionary decisions when it comes to all off campus activities and privileges.

Student Name _____

Signature (parent/legal guardian) _____ Date _____

Authorized Visitor

Name of approved visitor _____

Visitor's Home Phone Number _____ Visitor's Cell Phone Number: _____

Address _____

City, State, Zip _____

Relationship to student _____

*(Please make a photocopy for EACH family member or friend)

Acceptable Computer & Internet Use

Student Name: _____

PURPOSE: Westwind provides access to its computers and the Internet as educational resources. The purpose and uses for these particular resources are not different from any other type of resource, and as such, the school retains control over the manner in which these resources are used. The purpose of this contract is to assure that users recognize the limitations that the school imposes on their use of technological resources and to establish an Acceptable Use Policy for the users. In addition, this contract requires that anyone using these resources agrees to abide by local, state, national and international regulations regarding these resources.

THE CONTRACT: In signing this contract, I recognize that use of the computers and access to the Internet at Westwind's Boarding Program is a privilege that can be immediately and permanently revoked. I understand that the constraints listed below constitute guidelines, and it would not be in the spirit of the agreement to test the limits of these guidelines. I will, therefore, maintain a sincere and bona fide effort to stay well within their boundaries. As with many rules, all conditions cannot be listed. I understand and respect the intent of this agreement.

Protecting Resources:

- I agree that the use of computers and the internet/E-mail system is a privilege and not a right.
- I agree to use the resources available through the Internet to supplement curriculum materials available to me through the school.
- I agree not to change or attempt to change the configuration of the software that controls access to the Internet.
- I agree not to alter any settings in the computer in a way that could cause offense or inconvenience in any way.
- I agree not to download any programs from the internet or unapproved (approval must come from the computer teacher) software of my own.
- I agree to not make use of materials or attempt to locate material that would not be acceptable or appropriate in a school setting.
- I agree not to "visit" any web pages that are of the sexual nature, expound violence and/or hate.
- I will not visit any music sites without computer staff member permission. I will not participate in streaming video or audio sites while on a program computer without staff permission.
- I will make every effort to keep my password secure, and I will not knowingly allow anyone else to use my password.
- I agree not to attempt to discover passwords or other measures the school uses to control and monitor access to these resources. Should I inadvertently or otherwise do so, I agree to report this to a member of the faculty.
- I agree to make available for inspection by any administrator faculty or staff any messages sent or received by me using Westwind Boarding Program's internet connection.
- I agree not to assume a fictitious identity in any activities associated with these resources.
- I agree to respect the privacy of others, and I will not re-post communications unless I obtain prior consent from the original author.
- I agree not to make personal attacks on anyone using these resources, and I will report any personal attacks made by others to a member of the faculty, staff and/or administration.

Data Storage:

- I agree that flash drives used by me at the boarding facility are subject to inspection at any time.
- I agree that my work is only to be stored on my flash drive and not on the house computer or any other flash drive.
- I agree not to allow someone else to store his data or work on my flash drive.
- I understand that I am not permitted to use the computer or internet without my flash drive and will protect the flash drive as I protect my password.
- I agree to respect all work done by others, and I will not use, alter or abuse others' work in any way.

Electronic communications:

- I agree that use of E-mail is privilege that I use when I have attained the appropriate degree. I agree not to participate in any "chat groups" or other real-time communications via the Internet using Westwind's Boarding Program internet connection.
- I agree to not download any instant messenger at any time.
- I agree to use appropriate language in all communications done via the program's internet connection. I will not use profanity, obscenities, or any vulgar, offensive or inflammatory speech, nor will I use these resources for the purpose of harassment or humiliation.

Legal Considerations:

- I agree to the rules of copyright; I will copy or transfer copyrighted material only after such copying or transferring is properly authorized, and I will properly cite any work that is not my own.
- I agree not to use this resource for any commercial activity.
- I agree not to introduce or knowingly allow the introduction of any computer virus to any Program computer; if I do so, I will immediately notify a member of the administration, faculty or staff.
- I agree not to download or install material except under the direct supervision of a member of the faculty. Permission should also be in writing for future documentation.
- I understand that information and/or advice obtained via the Internet may not be correct or accurate.
- I agree not to use this resource for any illegal activity. This includes but is not limited to: tampering with computer hardware or software, downloading unauthorized programs, unauthorized entry into computers, or vandalism to or destruction of computer files.
- I understand that, should I fail to honor all the terms and intent of this document, the school administration will be informed, and that they may take actions that they deem appropriate, including denial of future use, suspension and/or expulsion.

I have read the above document, I understand its terms and I agree to abide by them.

Student Name Printed _____

Signature of Student _____ Date _____

I (we) have read the above contract and agree with Westwind's Boarding Program regarding the guidelines. I (we) understand its terms and the penalties for failure to abide by them.

Signature of Parent/Guardian _____ Date _____

Mailing Letters and Packages to Your Student

Anytime you are sending a package to your student, you need to send it to the school address via any overnight service, UPS or through the Regular Postal Service.

Westwind Prep Academy
Student's name
2045 W. Northern
Phoenix, AZ 885021

We ask that you please comply with the above, and we would appreciate it if you would pass this information on to your family members and friends as well.

IMPORTANT:

PLEASE DO NOT GIVE OUT THE PHYSICAL ADDRESS OF THE BOARDING RESIDENCE TO ANYONE. ALL MAIL FROM FAMILY AND FRIENDS MUST GO TO THE SCHOOL ADDRESS ABOVE.

ANY FORMS FILLED OUT FOR COLLEGES, ONLINE STATISTICS/RECRUITING, OR GENERAL INFORMATION MUST HAVE YOUR OWN HOME ADDRESS ON IT OR THE SCHOOL ADDRESS ABOVE.

THIS IS TO PROTECT YOUR CHILD AND STUDENTS FROM UNSOLICITED CONTRACT FROM RECRUITERS, MEDIA, and THE GENERAL PUBLIC.

THANK YOU.

I have read the above document, I understand its terms and I agree to abide by them.

Student Name Printed _____

Signature of Student _____ Date _____

I (we) have read the above contract and agree with Westwind's Boarding Program regarding the guidelines. I (we) understand its terms and the penalties for failure to abide by them.

Signature of Parent/Guardian _____ Date _____

Suggested Clothing List

(Please keep for your records)

ITEM	TYPE	QUANTITY
Pants	Slacks	1 pair
Jeans		2 pair
Shirts	Dress	1 or 2
Casual/golf		3 or 4
Westwind T-shirts		5 or 6
Sweatshirt/Sweater	Solid white or navy blue	1 or 2
Shorts	Casual (solid blue, black, tan, grey)	1 or 2
Jean		2 or 3
Sport/Gym		3 or 4
Swim Trunks		1
Belts		1
Pajamas/Sleep attire	boxers acceptable	1 or 2
Underwear		At least 7 pair
Jacket/Windbreaker		1
Shoes	Dress (brown or black)	1 required
Sneakers		1
Sandals		1
Sport specific Shoes		Optional
Socks	Dark (dress socks)	7 pair
White (Crew Socks)		5 pair
Towels/Wash Cloths		2 each

Personal Items: Toothbrush, Toothpaste, Shaving Supplies, Comb/Brush, Deodorant (no spray), and Shampoo/Conditioner, Pillow, water bottle and a backpack. Calling cards for student to use calling home.

Laundry basket, sheets, blankets and bedspreads are furnished, but boys may bring their own blanket.

No contraband - cigarettes, alcohol, drug/medications/vitamins, chewing tobacco, or weapons of any kind. It is recommended that you not send excessive travel money, checks, credit cards, or ATM cards with the student.

***NOTE: There is limited space in the bedrooms. Please keep personal items to a minimum.**

School Supply List

(Please keep for your records)

Westwind is asking each family to supply for their student the following materials that can either be sent to WPA, dropped off at WPA, or brought to WPA on the first day of school by your student. Day Students may keep extra supplies at home until needed.

WPA can always use additional supplies if you have the opportunity to find those “unbelievable” opportunities to get the supplies at a reduced cost. Of course all donations will be tax deductible.

Items for Student to Use

#2 pencils

Black Pens

Highlighters (different colors) - non-toxic

Colored pencils, Colored pens or Markers

Notebook paper (college rule) 150 count

3 x 5 index cards (100 per package)

Graph Paper (100 per package)

Calculator (scientific, nonprogrammable) TI-30s Subject dividers (package of 8)

Pocket folders - w/ 3-holes for notebook Post-It notes (optional)

Post-It Flags (optional)

3-ring binder - 3" - get durable binders

Backpack

Spiral Notebooks (optional)

Item for Students to Turn In:

Computer Paper/Printing Paper

Kleenex

