



STAR of the Northwest Magnet School PO Box 51 Kotzebue, AK 99752

STAR of the Northwest Dorm Enrollment Packet

Dear Parents/Guardians:

Greetings and welcome to the STAR Dorm for the 2020-21 school year!

This STAR Dorm packet includes forms that the STAR dorm needs to meet state and federal compliance as well as information that will help us to better serve your child.

If you have attended STAR before, over time student and parent information may become outdated. In an effort to keep up with any changes, please take a few minutes to review and complete the following forms for you child and return to the STAR Staff as soon as possible. Please submit all forms to the STAR Staff.

The STAR packet includes the following:

NWABSD Superintendent Welcome letter

STAR Contact Page

Authorization to dispense medications

This document will give permission for STAR staff to dispense over the counter medication.

Emergency Consent

This document allows STAR Staff to provide emergency care to your child.

Parent Permission Form

This document allows students to be released to signed individuals during their stay at the STAR dorm.



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ZERO Tolerance Policy

This document outlines the STAR policy of zero tolerance for use of alcohol or illegal drugs.

STAR travel Policy

This document details the STAR student travel to and from home and STAR.

Extra-Curricular Activities

This document lists the activities available to the STAR students as well as a suggested packing list for STAR students.

STAR Top List

This two-page document details the main questions and answers that students and parents may have.

Temporary Guardianship Agreement

This document grants temporary guardianship to the STAR Staff listed on this document. ***It must be signed and notarized*** because this is a legal document used to facilitate STAR students involving medical situations.

Please return all signed forms to the STAR Staff, thank you and have a great year!



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STAR Contact Page

Send completed Packet to:

Sandra Kowalski
Assistant Superintendent
NWABSD
PO Box 51
Kotzebue, AK 99752

Phone or Text contact:

Scott Martin
(907) 538-8244

Corey Moulder
Golden Eye Media
(907) 209-0004
Facebook Contact as well

STAR Admission Packet Online
<https://www.nwarctic.org/domain/910>

Facebook Contact link
https://www.facebook.com/Star-of-the-Northwest-Magnet-School-1642476989358082/?epa=SEARCH_BOX



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AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ STAR Dorm

STAR and/or NWABSD staff occasionally has the need to dispense over-the-counter medications to students for a variety of ailments such as colds, headaches, and upset stomachs. The following is a list of over-the-counter medications dispensed by the STAR/NWABSD:

- | | | |
|------------------------|---------------------------|--------------------------|
| Acetaminophen | Ibuprofen | Aspirin |
| Midol | Nasal Decongestant | Vicks Dayquil Cold & Flu |
| Alka-Seltzer Plus Cold | Sore Throat Spray | Halls Cough Drops |
| Benadryl | Children’s Allergy Relief | Imodium Anti-Diarrhea |
| Pepto Bismol | Tums | Maalox Advanced |
| Vicks Vapo Steam | | |

I give permission to the STAR/NWABSD staff to dispense the above over-the-counter medications to my child:

(Student Name) (Parent Signature)

I do not wish to have the following medications dispensed to my child:

(Student name) (medications)

(Parent Signature)

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION @ STAR WHILE AT SCHOOL

During the school day, over-the-counter medication dispensing is limited to the following:

- | | | |
|---------------|--------------|-------------|
| Acetaminophen | Ibuprofen | Cough Drops |
| Tums | Pepto Bismol | |

I give my permission to STAR/NWABSD office staff to dispense the above medications to my child:

(student name) (parent signature)

I do not wish to have the following medication dispensed to my child:

(student name) (Medication) (Parent signature)



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CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE IN RESIDENTIAL FACILITIES

STAR of the Northwest Magnet School, NWABSD is authorized to give permission for

_____ to receive emergency

(Child's Name) _____ (date of birth)

Medical, surgical, dental, or optical care and routine medical, dental, or optical care, including check-ups, immunizations, and/or treatment for minor illnesses and accidents.

In an *emergency*, this form also authorizes the care provider to immediately seek medical assistance for the child. When the incident is life threatening or requires hospitalization, the care provider immediately informs the parent or guardian. When possible/appropriate, the parent/guardian will be contacted to give consent for routine medical treatment. **Parental/guardian consent is especially important for any major emergency medical care including surgery or use of general anesthesia.**

Non-emergency major medical care always requires consent from the parent(s) or guardian before the care may be provided. Examples include surgery, anesthesia, psychotropic medication or any drugs prescribed for mental illness or behavior problems.

Provider must contact parent directly **Mother Father**
(please circle one)

Mother: _____ Home phone: _____ Cell: _____

Father: _____ Home phone: _____ Cell: _____

If practical, the following Medical Providers should be used:

Doctor: _____ Phone: _____

Therapist: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last physical exam: _____ Conducted by: _____ Phone _____

Child determined eligible for Denali Kid Care: ___ Yes ___ No. Denali Kid Care # _____
(Staff will apply for Denali Kid Care coverage for your child during their residence)

Child determined eligible for Medicaid ___ Yes ___ No Medicaid # _____ ANHS

Medicaid has been applied for. Until approval is received, forward medical bills to the parent at the following address: _____

The medical provider is permitted to provide necessary medical information to the payor. The medical provider will release all medical information to the NWABSD with regards to medical care facilitated by NWABSD.

Parent Signature: _____ Printed Name of Parent _____ Date _____



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PARENT PERMISSION RELEASE FORM

STAR Staff and Dorm Parent:

Student Name: _____

I give permission for my child, _____, residing full-time at STAR, to be released to these (5 people):

1. _____ (Name) _____ (phone)

2. _____ (Name) _____ (Phone)

3. _____ (Name) _____ (Phone)

4. _____ (Name) _____ (Phone)

5. _____ (Name) _____ (Phone)

These people will be able to pick them up for overnight stays and/or dinner with proper ID. I understand that the STAR staff will determine whether or not a sleep over will or will not disrupt the student's school work, and make a proper decision accordingly. I also understand that sleepovers will be kept to non-school nights, which are Friday and Saturday nights, or other nights that precede a school holiday, in-service, or break. I also give permission for STAR staff and STAR personnel to give rides and sign permission slips for any sport or school activity in which my son/daughter will want to participate.

If any statements on this application are proven to be false or if you have withheld information that has been asked for, the student may either be denied entrance or dismissed from STAR of the Northwest Magnet School.

Under NO circumstances is STAR able to release students to anyone under 21 years of age.

(Parent Signature)

(Printed Name of Parent)



ZERO TOLERANCE POLICY

Use of any alcohol or illegal drugs will result in immediate expulsion from STAR at the student's expense.

I (parent's printed name) _____ have read and understand the STAR Zero Tolerance Policy for alcohol and illegal drugs.

(Parent's Signature) (Date) (Parent's Printed Name)

I (student's printed name) _____ have read and understand the STAR Zero Tolerance Policy for alcohol and illegal drugs.

(Student's Signature) (Date) (Student's Printed Name)



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STAR TRAVEL POLICY

Student Name _____

Student travel at the start of the school year and back home after the enrolled coursework is covered by the STAR. STAR also covers Christmas Holiday travel when the dorms are closed. Any other trips home, including leaving prior to the end of the course enrollment, are the parent's responsibility. Students can stay at STAR for any break with the exception of the December Break.

Flight times should be scheduled between 8 am and 10 pm in order for the STAR to schedule staff for the pick-up/ drop-off of students.

Students should inform STAR of all travel arrangements: carriers, flights, times, etc.

Signature of the Parent _____ Date _____

Signature of the Student _____ Date _____



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EXTRA-CURRICULAR ACTIVITIES

Student Name _____

NWABSD offers a wide variety of Extra-Curricular activities throughout the school year. We would like to know what interests your student has by completing the survey below.

Please circle the activities that your student would be interested in participating in while attending STAR NWABSD.

- | | | |
|-----------------------|--------------------|------------|
| Cross Country Running | Basketball | Volleyball |
| Cross Country Skiing | Wrestling | Music/Band |
| Native Youth Olympics | Student Government | Drama |

In order to compete at the high school level, ALL athletes have to complete an ASAA Sports Physical. This physical form also meets the requirement for acceptance to the NSLC, it can be downloaded at: www.asaa.org.

SUGGESTED PACKING LIST FOR STAR STUDENTS

<ul style="list-style-type: none"> <input type="checkbox"/> Towel(s) <input type="checkbox"/> Toiletries (toothbrush, toothpaste, Shampoo, etc.) <input type="checkbox"/> Sleeping bag (if you plan on joining sports.) <input type="checkbox"/> Native ID card or CIB (Certificate of Indian Blood) <input type="checkbox"/> Pictures (for memories and decoration) <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> School supplies <input type="checkbox"/> Alarm clock, Stereo, MP3 player <input type="checkbox"/> Desk lamp (if you want one) <input type="checkbox"/> Clothing for winter (Northwest winters reach -50 degrees at times) <input type="checkbox"/> Laundry detergent and other products <input type="checkbox"/> Other decoration or things that remind you of home <input type="checkbox"/> Positive Attitude!
<p style="text-align: center;">What NOT to bring:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Weapons <input type="checkbox"/> Tobacco <input type="checkbox"/> Too much stuff- just bring essentials 	<p style="text-align: center;">What NOT to bring:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Bad Attitude <input type="checkbox"/> Clothing with sex, drug, alcohol, or tobacco references



THINGS WE WOULD LIKE TO MAKE SURE PARENTS AND STUDENTS UNDERSTAND:

1. Medical: STAR will not be responsible for major surgery and/or physical therapy. Student must be with family during this time. Planned medical appointments should be arranged with STAR.
2. Field Trips: There will be many outings planned. These trips are for group activities. Transportation for personal trips is to be the sole responsibility for the student and their parent(s). Curfew: Students must be in the building at specified times on school nights and weekends. These times will be posted in the dorm.
3. Personal spending money: While many things are provided, not every expense is covered. Students will need their own money (for meals out, personal care items, etc.). An easy way of providing money for your child is to set up a bank account that has an ATM card. You can then deposit or transfer whatever amount of money you would like for them to have on a monthly basis. There is an ATM available in Kotzebue. It is more secure for them to have small amounts when needed rather than carrying around a large amount of cash.
4. Anti-Theft Security: Wardrobes and rooms with locks are provided for each student at the beginning of the school year. Lost keys will incur a charge of \$40.00 to the student. The student will be responsible to secure cash, ATM card, phone and/or anything else of value.
5. Laundry room: There is no charge for washers and dryers. All laundry must be finished and out of the laundry room before lights out. The laundry room will be locked at night. Students will need to provide their own laundry detergent and other laundry aids.
6. Motor vehicles: For the safety of all concerned, your child will not be allowed in a vehicle with a driver under the age of 21. Your child will ride in vehicles with approved drivers only.
7. Student check out procedures: Students are able to come and go from STAR, however, we insist that staff know where they are and when they will be back. This is accomplished through a sign-out sheet (all students are required to use the sheet whenever they leave the dorm). There is also a weekend checkout procedure that must be followed and a checkout slip must be filled out 24 hours in advance of the check out.
8. Daily chores: All students are assigned daily chores, in addition to keeping their room clean. They will take turns in the kitchen, cleaning the laundry room, vacuuming the hallways and other areas; etc. We feel this helps give the students a sense of ownership and responsibility for their residence.



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9. Universal Study Hall: specific periods for the study hall at STAR will be provided and posted. All students check in at study hall. Once they have signed in they have several options depending on their academic status. Some may choose to study independently in their room. However, students with referral slips, missing assignments, or low grades will be required to remain in assigned tutored study halls until satisfactory progress has been made. Tutors and other learning assistance will be provided five nights per week. There is also a quiet time posted at STAR.
10. Personal Electronic Devices: Personal electronic devices are allowed at STAR. Devices will be confiscated if used during study hall or during class time at school. Devices will be confiscated if used after lights out. If a cell phone is taken from a student, he/she may use the STAR phone system to place a call home if necessary or desired. Cell phones may be checked by staff if they believe it contains evidence of misconduct.
11. Kotzebue Religious Organizations: STAR students are permitted to attend any religious services they wish (this includes youth groups, holiday performances and other church sponsored events). If a student wishes to attend a service, the parent will be contacted and that organization will be added to the student's Check-Out List on file along with the drivers used by that organization. Students will not be taken on trips outside of Kotzebue by any organization other than Northwest Arctic Borough School District without the express permission of their parents or guardians.

(Parent Signature)

(Printed Parent Name)

(Student Signature)

(Printed Student Name)

This list was compiled to avoid any misunderstandings that parents and students may have. Each of these 11 points is addressed in the STAR parent/student handbook. Please take time to read it and feel free to ask for clarification on anything you question you question or do not understand.



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TEMPORARY GUARDIANSHIP AGREEMENT

I, _____, OF _____
(print your full name) (list your street address)

_____, as the custodial parent of:

(List the Full Name of Your Child) (List the Birthdate of Your Child)

do hereby grant temporary custody of the above listed child to:

List the Full Names of the Individual(s) to Whom You are Granting Temporary Custody	List Each Person's Relationship to the Children
	Assistant Director ATC
	STAR Staff

Mr./Ms./Mrs. _____'s current address is _____.

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary custody of the above child, whom I have legal custody of, to STAR Staff listed above.

From _____ to _____
(date to start) (date to end)

For as long as necessary, beginning on _____

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this ____ day of _____, _____,
(date). (month). (year). (name of Parent)

personally, appeared before me in _____ County (in the state of _____) and, in my presence, signed this Temporary Guardianship form.

Name of Notary Official: _____

Signature: _____ Commission Expires: _____