

Theodore Roosevelt School
P.O. Box 567
Fort Apache, AZ 85926
(928) 338-4995



2021-2022

THEODORE ROOSEVELT SCHOOL

**Residential Program
Enrollment Application**

Theodore Roosevelt School
P.O. Box 567
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Thank you for your interest in the Theodore Roosevelt School Residential Program. It is our pleasure to extend a warm welcome to you and your family. We look forward to meeting you and your students. The staff and I look forward to a wonderful school year. We strive to teach our students the importance of education and how it will help their lives and become resilient individuals. We teach the importance of independent lifestyles by making good choices on their own for their future. We offer a variety of services which include: tutoring, counseling, and academic support for your child to succeed academically, and in general, life. We accept students from 6th-8th grade.

We are currently under a 24/7 residential program. Students must have a negative COVID-19 test no later than a week old. All students will remain in the dorm from the day they start until Winter break. No visitors will be allowed during that time and there will only be two students per room. We will have afterschool tutoring and extracurricular activities until 5pm. All programs will be limited to eight students or less. Any student who is not passing will be in classes on Fridays until 3:00pm.

When your child lives on campus, he/she will:

- Take advantage of the programs to help them achieve their best in school
- Live independently in a supportive environment
- Get involved in our school organizations and events
- Share in the campus experience making friendships with people from different backgrounds

We need copies of the following documents:

- ✓ Birth Certificate
- ✓ Certificate of Indian Blood
- ✓ Health Insurance card (if the student has never been seen at Whiteriver IHS)
- ✓ Immunization card
- ✓ Social Security card
- ✓ Court Documents (if needed)
- ✓ Current COVID-19 negative test results (no later than one week old)

Please keep in mind, your child will have to be accepted to the Theodore Roosevelt School, prior to enrolling in the residential program. We look forward to serving your child in his/her academic goals, if you have any questions; please feel free to contact me.

Sincerely,

Ms. Amanda Manuel and staff

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Student Enrollment Application 2021-2022

Grade				
First Name		Last Name		Middle Name
Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB
Tribal Affiliation			Census Number	
Guardian/Mother			Guardian/Father	
Mailing Address			State	Zip
Physical Address			State	Zip
1 st Contact Person		Cell Phone	Work Phone	Home Phone
2 nd Contact Person		Cell Phone	Work Phone	Home Phone
Email Address				
Last School Attended			Address	

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TRS Residential Life Parent/Guardian Agreement

This agreement serves as a legal notification for parents to understand the residential protocol for the **School Year 2020-21**. This agreement is to provide a foundation for all residential students to be academically and behaviorally successful. Parents/guardians and students are required to read, sign, and abide by this document.

1. Parents/guardians will bring their child to the dormitory with adequate school clothing for the week.
2. All residential students need to properly check in at the dormitory when returning from home, at any time. DO NOT get dropped off at the school building without checking into the dormitory.
3. Due to COVID-19 students must remain on campus until Winter Break. Upon return, students must have a current, negative COVID-19 test.
4. If parent/guardians need to make changes to their child's bus transportation, a signed document from the parent/guardian is required in person or faxed. The fax number is (928) 338-1009. A telephone call is unacceptable.
5. Parents/guardians are discouraged in checking out their child during the school week, except for emergency leave or medical appoints. Your child needs to be in school every day to receive the benefits of a quality education.
6. Expensive electronic devices (i.e. IPad, IPod, laptop computer, tablet, iPhone, Play Station, stereo, etc.) are not encouraged to be brought to the dormitory; but not restricted. If a student does bring an expensive electronic device they are to lock it in the storage area. The school will not be liable or obligated to replace the item if it is lost or stolen.
7. Electronic usage is a student privilege. If a student breaks that privilege, then all their electronic/technological usage (i.e. cell phone, IPad, laptop computer, IPod, stereo, DVD player, etc.) will be taken from him/her for the remainder of the school year. Breaking electronic/technological usage includes: texting inappropriate messages, video filming the dormitory or any part of the school; internet use from a student's electronic device to non-approved sites; playing music too loud; cyber bullying; gang-related storage on a computer or cell phone; calling or texting non-family members after 9:00pm curfew; watching inappropriate videos or movies on their devices.
8. Only alcohol-free mouthwash is allowed. If mouthwash is not alcohol-free, it will be confiscated.
9. Excessive body piercing and colored contact lenses are a distraction to other students. Only one pair of ear piercings is acceptable; other facial and body piercings are not allowed. Furthermore, only prescription contact lenses (clear, brown, or blue) are allowed. White, black, red, yellow, or any other colors are not allowed.
10. Gang-related clothing (shirts, pants, shoes), gang accessories (bandanas, ICP necklaces, shoe laces, belts, and gloves) or bedding will be confiscated and returned to the parents/guardians. Gang expression and affiliation will not be tolerated at TRS.
11. Only dry foods will be allowed in the dormitory. Refrigerated foods and snacks (i.e. burritos, pizza, canned foods, cheese, etc.) are not allowed. Liquid drinks (i.e. bottled water, canned soda, duck juice, etc.) are allowed except FAYGO soft drinks and energy drinks. All students are encouraged to eat nutritiously at the school cafeteria.
12. This contract is aligned with the Student Code of Conduct and Student/Parent handbook. By signing this agreement, we have read, fully understand, and agree to respect and abide by all the stipulations stated in this agreement.

Parent/Guardian (Printed name)

Parent/Guardian (signature)

Date

Student (Printed name)

Student (signature)

Date

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Student Code of Conduct

The following rules and regulations shall apply to all enrolled students of Theodore Roosevelt School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved education programs in federal boarding schools:

1. The use and/or possession of the following are prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without official leave-AWOL; (b) absence from the classroom, assemblies, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew on Sunday evening from weekend check out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in the loss of check out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including, but not limited to: explosives, firearms, knives, straight razors, clubs, or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon are now allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent, or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of the school rules.

I fully understand the foregoing "Student Code of Conduct", and if accepted as a student of Theodore Roosevelt School, I agree to abide by these rules.

Student Signature

Date

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct", further I agree to cooperate in resolving any disciplinary problems that may involve my child.

Parent/Guardian Signature

Date

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Social Family History Form

Student Name _____ Grade _____

The enrollment of your child in a BIE Boarding School is a shared and continuous responsibility between the school and you as parents/guardians. Your child's emotional/social growth and education development is very important for him/her to function independently as an adult, after graduation. Therefore, we seek your cooperation by completing the following questions to help the dorm staff prepare your child in making the transition into adulthood. Your answers are confidential and will only be shared by staff members working with your child.

School and Academic Issues: *Do you have any concerns about your child's attendance and grades?* _____

Does your child need a tutor in any subject areas? _____

Daily Life and Behavior: *What are your child's likes and dislikes (e.g. recreation, media, books, crafts, games, etc.)?* _____

Attitude, Outlook and Goals: *Do you have concerns in regards to your child's self-identity, self-esteem issues, fears, worries, hopes, and dreams?* _____

Hobbies and Interests: *Identify your child's talents, interests, and hobbies that he/she is deeply passionate about.* _____

Social Life: *Do you have concerns about your child's friends, bullying, peer pressure, or social networking?* _____

Family Issues: *Are there conflicts at home which may hinder your child's learning ability?* _____

Are you the custodian of the child? _____ *Is your child a ward of the tribal or state court?* _____

Delinquent Behavior: *Has he/she ever been suspended?* _____ *Has he/she ever been expelled for delinquent behavior?* _____ *Does your child have a probation officer?* _____ *If yes, please explain*

Physical Health and Medical Issues: *Are there health issues that the dorm needs to be aware of such as sleep disorders, excessive junk food, too much TV, or video games?* _____

Mental Health: *Does your child show signs of depression, anxiety, or other mental health issues?* _____

Safety and Welfare Issues: *We want every child to feel safe, here at school, therefore if you have any concerns about your child's safety, you may contact the home living supervisor or counseling technician in the dorm.* _____

Whiteriver Service Unit
Consent Form Children Vaccinations
(<18 years of age)

Dear Parents/Guardians:

The Whiteriver IHS Hospital is working with your child's school to update your child's vaccines (shots) during the **2021-2022 school year**. We will hold vaccination clinics during the year, and your child's school will let you know the specific dates. There will be no cost to you for this vaccine, whether or not your child is Native American.

The vaccine consent form includes the option to accept vaccination for your child by signing the consent form. If you do not wish for your child to be vaccinated, do not sign the form and vaccinations will not be given to your child during the clinic.

To give consent for your child to receive vaccines while at school:

- Sign and date the consent form to accept vaccination for your child.
- Return the consent form to the school.
- If you accept vaccination, the vaccine will be given to your child during the vaccination clinic.
- If, at any time, you change your mind about having your child vaccinated, you can contact the Whiteriver IHS Immunization Outreach team at 928-338-3780 or email megan.dill@ihs.gov.

Please visit the CDC's vaccination web site at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html> and also <https://www.cdc.gov/vaccines/parents/index.html> for more information. If you do not have internet access and would like more information or a printed copy of the Vaccine Information Sheet, please contact us. Your child's health care provider can also answer your questions about any shots your child is due for and give the shots as well.

The Arizona State vaccine record (ASIIS) as well as your child's chart at the hospital will be used to screen for vaccines that are due. We will screen for any vaccines given at other locations (within Arizona) as well as any medical conditions/medications that may affect if your child is eligible for certain vaccines.

Sincerely,

Whiteriver IHS Hospital Immunization Outreach Team

LCDR Greg Sarchet, Immunization Coordinator

LCDR Megan Dill, LCDR Anna Kit, LT Kristen Parker, Clinical Staff Pharmacists

Please answer all of the following questions. The answers are important to us, so we can be sure to give the right vaccines. By signing this form, you are giving consent for Whiteriver Service Unit to administer all recommended immunizations by the Advisory Committee on Immunization Practices (ACIP) during the **2021-2022 school year** and acknowledging receipt of the Vaccine Information Statements (VIS) which can be found at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the CDC Vaccine Information for Parents.

† I **GIVE CONSENT** to the WHITERIVER INDIAN HEALTH SERVICE HOSPITAL and its staff for my child named at the top of this form to be vaccinated. (If this consent form is not signed, then your child will not be vaccinated).

Parent/ Legal Guardian Name: _____ **Date:** _____

Signature of Parent/Legal Guardian: _____

Child's Name: _____ **Chart # or Birthday:** _____ **Age:** _____

	YES	NO
1. Is your child Native American/ Alaska Native?	↑	↑
2. Does your child have any serious allergies? If so, what? _____	↑	↑
3. Has your child ever had a serious reaction to a vaccine? If so, what? _____	↑	↑
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	↑	↑
5. Does your child have any of the following: asthma, cancer, diabetes (or other type of metabolic disease), or disease of the immune system, lungs, heart, kidneys, liver, nerves, or blood? If so, what?: _____	↑	↑
6. Has your child taken cortisone, prednisone, any other steroid, anticancer drug, antiviral drug or had radiation treatment in the past 3 months? If so, explain: _____	↑	↑
7. Has your child received a transfusion of blood or a blood product, or been given immune (gamma) globulin in the past year? If so, explain: _____	↑	↑
8. If the child is a baby, have you ever been told that he/she had Intussusception (the telescoping of one portion of the intestine into another)?	↑	↑
9. Is your child pregnant?		
10. Has your child received vaccines anywhere else OTHER THAN Whiteriver Hospital? If so, where? _____	↑	↑

Below for Medical Staff ONLY

****Medical Records to ONLY file for parent/guardian's signature – see EHR note for documentation details****

<u>Vaccine given (circle)</u>	<u>Location (circle)</u>	<u>Lot Number</u>	<u>Dose</u>	<u>Route</u>
<input type="checkbox"/> Pediarix / Kinrix / Infanrix	R / L Deltoid / Thigh		0.5mL	IM
<input type="checkbox"/> MMRV	R / L Arm/Leg		0.5mL	SQ
<input type="checkbox"/> Hib	R / L Deltoid / Thigh		0.5mL	IM
<input type="checkbox"/> Hep A / Hep B	R / L Deltoid / Thigh		0.5mL	IM
<input type="checkbox"/> Tdap (Boostrix)	R / L Deltoid / Thigh		0.5mL	IM

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Over the Counter Medication Consent Form

Student Name _____

Grade _____

Over the counter (OTC) medications are drugs that do not require a prescription and are purchased “over the counter”. OTC medications may at times need to be administered. This form is **required before** OTC medications can be administered at school.

PLEASE CHECK OFF EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

Antibiotic cream (i.e. Bacitracin Cream, Antiseptic)

Cough Medicine

Hydrocortisone cream

Pepto Bismol

Calamine lotion

Antacid (i.e. Mylanta)

Medicated lip ointment

Antihistamine (i.e. Benadryl, Diphen)

Eye drops for dryness

Ibuprofen

Cough drops/throat lozenges

Acetaminophen (Tylenol)

The medications indicated above may be administered to my student. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Does your student have any known allergies? No Yes

****If yes, *complete* Allergy Action Plan & Medication Consent Form (If needed) ****

Does your student take any

prescription medication on a regular basis? No Yes

****If yes, *complete* Medication Consent form****

Does your student have asthma? No Yes

****If yes, *complete* Medication Consent form****

(Parent/Guardian Print Name)

(Parent/Guardian Signature)

(Parent/Guardian Phone Number)

DATE

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Allergy Action Plan

Student Name _____ D.O.B. _____ Grade _____

Emergency Contact Name _____ Phone Number _____

History of Asthma? No Yes (Higher risk of severe reaction)

Student
Photo

ALLERGY: (check appropriate)

- Foods (list): _____
- Medications (list): _____
- Latex: Circle: Type I (anaphylaxis) Type IV
- Stinging Insects (list): _____
- Other: _____

RECOGNITION AND TREATMENT

<i>If food ingested or contact w/ allergen occur</i> : Give CHECKED Medication		EpiPen	Antihistamine
Mouth	Itching, tingling, or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut	Nausea, abdominal cramps, vomiting, diarrhea		
Throat	Tightening of throat, hoarseness, hacking cough		
Lung	Shortness of breath, repetitive coughing, wheezing		
Heart	Thready pulse, low BP, fainting, pale, blueness		
Neuro	Disorientation, dizziness, loss of conscience		
<i>If reaction is progressing (several of the above areas affected), GIVE:</i>			

DOSAGE:

Epinephrine: Inject into outer thigh EpiPen 0.3 mg OR EpiPen Jr. 0.15 mg

Antihistamine: Benadryl _____ mg To be given *only if able to swallow*.

Other: _____

_____ My child has received instruction in the proper use of the EpiPen and/or when to request (Parent Initials) antihistamine (Benadryl).

If the severity of symptoms changes, potentially life-threatening local Emergency Medical Services will be contacted prior to notifying parent/guardian.

(Parent/Guardian Print Name)

(Parent/Guardian Signature)

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Medication Consent Form

First & Last Name of CHILD :		
Name of Medication #1:	Prescription #:	Dosage:
Start date:	End date:	Times & frequency:
Reason of Medication:		
Name of Medication #2:	Prescription #:	Dosage:
Start date:	End date:	Times & frequency:
Reason of Medication:		
Name of Medication #3:	Prescription #:	Dosage:
Start date:	End date:	Times & frequency:
Reason of Medication:		
I give permission for the administration of prescription medication, according to the instructions listed.		
Date of authorization:	Signature (parent/guardian):	

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

FOR STAFF REVIEW PRIOR TO ADMINSTERING MEDICATION	Yes	No
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with the instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials _____		

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Dear Parents/Guardians,

We are proud to inform you that, if your child is accepted to TRS, he/she will be staying at a historical site, while attending to their education, here at TRS. We have tourists visiting our campus year round (not during COVID-19); therefore, we are requesting that you talk to your child about respecting our history along with the site. All around our buildings are a part of history. You are being informed that you will be financially responsible for any damages done to the dorm and the grounds, by your child.

We are also concerned about providing transportation for the students. The school will only provide transportation at the beginning of the year, during Winter Break, school intercessions, and at the end of the school year. If any of these incidents should occur regarding your child: (1) short and/or long term suspension; (2) expulsion, and (3) death in the family, YOU will be responsible for the transportation home and back to school. If your child is allowed to return to the school, you will need to provide a new COVID-19 test with a negative result.

We strongly recommend that you talk to your child about property damage and their behavior as a preventative measure. We do not wish any of the above to occur, but these things do happen.

Please sign below, to say you understand your part as a parent.

I have read the above letter and will take any and all responsibility for my child's action while residing at the TRS Dormitory.

Parent/Guardian Signature

Date

Witness' Signature

Relationship

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Permission for Student Check Out from Dorm

Theodore Roosevelt School Dormitory prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file.

- ❖ A student may be released to persons 21 years and older with written parent/guardian permission and administrative approval.
- ❖ Students will not be released to anyone under the influence of drugs or alcohol.
- ❖ Individuals wishing to check out students must appear on the school campus and follow the dorm's check out procedures.
- ❖ Individuals may be asked to present a valid driver's license for identification purposes.

TRS Dormitory will not be held responsible for:

- Any legal problems. Expenses incurred by the student when the student is checked out.
- Healthcare expenses incurred while the student is checked out.
- Any contract health services expenses that accumulate as a result of an injury occurring while the student is checked out will be the responsibility of the parent/guardian.
- Individual checking out students over the weekend must return the student to the dorm by 8:00pm, the evening before school resumes.

By signing this document, the parent/guardian indicates the understanding and approval of the above and authorizes permission for check out.

No one has permission to check out my student at the present time.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Type of check out granted <input type="checkbox"/> Off campus check out <input type="checkbox"/> Overnight check out <input type="checkbox"/> Weekend checkout	Type of check out granted <input type="checkbox"/> Off campus check out <input type="checkbox"/> Overnight check out <input type="checkbox"/> Weekend checkout
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Type of check out granted <input type="checkbox"/> Off campus check out <input type="checkbox"/> Overnight check out <input type="checkbox"/> Weekend checkout	Type of check out granted <input type="checkbox"/> Off campus check out <input type="checkbox"/> Overnight check out <input type="checkbox"/> Weekend checkout

This permission form will remain in effect until canceled by the undersigned parent/guardian, in writing.

Parent/Guardian Signature

Date

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Resident Program

Parent/Guardian Permission to Evaluate Level of Student Need

Student Name _____ Address _____
DOB _____
Parent/Guardian Name _____ Physical Location of Home _____
Phone Number _____

Students who reside in the dorm at Theodore Roosevelt School often need special guidance to successfully live in the dorm. Many students need opportunities to learn how to interact successfully and cope with their family/friends and cope with their environment. TRS residential program offers a variety of programming over the course of the school year that helps students in these ways. Here are some services that the dorm provides: life skills training, interpersonal skills training, careers, cultural awareness, creative expression, cultural guidance, talking circles, substance abuse awareness, substance abuse counseling, and professional led counseling. In order to best help your child, we ask for your permission to determine your child's level of need for the services to be provided. There are several ways that we will do this. First, we need your involvement to give us more information on the behavior of your child. We ask your permission to review any relevant school documents, such as attendance, grades, and/or behavior reports. We ask your permission to contact any juvenile authorities, if your child has been involved with them, for recommendations they may have on admission to the dorm, case specifics are not necessary. We ask permission to have your child speak with a psychologist, if necessary, who will help us understand which activities may best suit the needs of your child. Also, we ask permission to confidentially ask teachers and staff members to offer information on your student's behavior at school and the dorm.

Once we gather the relevant information, a recommendation of specific activities and goals for your student will be made. We would appreciate any input on this matter.

Also, by signing this form for your child, it allows the dorm staffs to take them on weekend field trips, and any activities that are planned throughout the school year.

I, the parent/guardian of _____ understand that:

- First, my child will be evaluated by a psychologist/school counselor to help understand which activities may best suit his/her needs.
- Then, a plan of specific activities and goals for my child will be created.
- At that time, I will be informed of the plan and asked to give my input.
- I will need to give my permission for that plan to be used to benefit my child.
- Finally, I give permission for my child to participate in any weekend trips or activities offered by the dorm.

I give my consent for my child to be evaluated for the services offered by the TRS Residential program, and for any field trips and/or activities the dorm may offer throughout the school year.

Parent/Guardian Signature

Date

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Items to bring to the dorm

- **Pants**
- **Sweat pants**
- **Dress shirts, t-shirts**
- **Sweaters**
- **Pajamas**
- **Undergarments**
- **Socks**
- **Jackets**
- **Shoes**
- **Blankets**
- **Bags/Suitcase**
- **Towels/wash cloths**
- **Sheets**
- **Plastic hangers**
- **Clock**
- **Shampoo/Conditioner**
- **Tooth brush/Tooth paste**
- **Bath soap**
- **Laundry soap**
- **Area rugs**
- **Flip flops**
- **A mask will be provided**

Contra-band items – things you cannot have in the dorm

Nail polish	Razors	Scanners	Permanent markers
Pencil Sharpeners	Scissors	Mouthwash	Razor blades
Shaving cream	Metal hangers	Aerosol spray cans	Bandanas
Ouija Witch boards	2-way radios	Dice for gambling	Glue
Radios/TV's			

Attention Dorm Students

The showers and restrooms will be in separate trailers until the remodeling is complete.