



## San Xavier District - Education Center

# 2024-2025 VOICES OF OUR YOUTH

***Voices of Our Youth is a program designed for youth 7<sup>th</sup> through 12<sup>th</sup> grades to achieve academic success while learning a healthy lifestyle.***

Application forms must be completely filled out with current information, signed by a parent/guardian, and turned into the San Xavier District Education Center to Administrator's Assistant, Rowena Carlyle and/or to the Community Liaisons Gloria Rios or Anna Butler.

This program is for young women and young men in grades 7<sup>th</sup>-12<sup>th</sup>.

The group will meet a minimum of two (2) times a month, **every other week on Thursday's (schedule is subject to change)** beginning with a **Parent Orientation on Thursday, September 5th, 2024 @ 6pm**. VOY meetings are from **5:00 to 7:30 pm** and will be held at the Education Center and at times may include a field trip, presentations, and community service activities.

**Transportation will be provided. Community Liaisons will be in contact a day prior to meetings.**

The San Xavier District Education Center will provide education related experiential activities and information to support student success toward their established educational goals.

District departments are expected to provide a safe, positive and comfortable environment for all participants, parents, staff and guests, therefore, participants must sign the attached documents including the Rules and Guidelines.

**\*\*Thursday, September 5<sup>th</sup>, 2024: Parent Orientation, Education Center 6 p.m.**

Schedule: 1<sup>st</sup> VOY meeting--September 9th 2024  
Last VOY meeting--May 15th 2025

A detailed schedule will be distributed at the parent orientation.

If you have any questions please call any Community Liaisons-- Gloria Rios/Anna Butler at 520-807-8624 OR Rowena Carlyle at 520-807-8622 or the Education Department 520-807-8620.

Thank you, we look forward to getting to know and work with all the students and their families.



### Student's Application Information

Student's Full Name (First, Last):	Gender M / F	Birth date	Enrolled Member Of: <input type="checkbox"/> SXD <input type="checkbox"/> Traditional Community Member <input type="checkbox"/> TON Member District Name: _____ <input type="checkbox"/> Other Tribe Name of Tribe: _____ <input type="checkbox"/> Non-Tribal  We may ask for proof of child or parent enrollment at our discretion.
Home Address: (where he/she will be picked up/dropped off)  _____ <hr/> Student's Email Address:  _____ <hr/> Student's Cell #:  _____  May we use this number to relay information to student?  YES / NO		<b><u>Name of current school:</u></b>      <b><u>Current Grade:</u></b>	

<b>Parent/Guardian--Full Name:</b>	
Email: _____	Are emails ok? YES <input type="checkbox"/> NO <input type="checkbox"/>
Cell #: _____	Are text messages ok? YES <input type="checkbox"/> NO <input type="checkbox"/>
Work #: _____	

### Please Circle the one that applies:

My student **IS/IS NOT** on probation, attendance may be reported upon court request.

My student **IS/IS NOT** a court ordered referral, and attendance may be reported upon court request.

My student **IS/ IS NOT** in school.

### Please list the top three colleges and or careers your student is interested in after High School

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Medical Information**

Is Student on any prescribed medication?  No  Yes (if yes, please list and indicate times taken)

\_\_\_\_\_

If student is taking prescribed medication please indicate reason for consumption: \_\_\_\_\_

\_\_\_\_\_

Is student allergic to food or to other substances?  No  Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) \_\_\_\_\_

Is student usually susceptible to infections and if so, what precautions needed to be taken?  No  Yes

Is student subject to convulsions and what should be our procedure if one occurs?  No  Yes

\_\_\_\_\_

Is there any physical conditions that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes \_\_\_\_\_

\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

Medical Coverage: \_\_\_\_\_ Group ID#: \_\_\_\_\_

**In case of Emergency**

In the event that I cannot be reached in an emergency, I hereby grant my permission to the following individuals listed to act and serve in the best interest and safety of my child.

**Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Residential Address: \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Residential Address: \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_



**Medical/Emergency Release:**

In the event that I cannot be reached in an emergency, I hereby grant my permission to FIRST the emergency contacts provided, SECOND to the San Xavier District designee of the program to secure proper medical attention for my child as deemed necessary. This permission extends from transportation, minor first aid treatment to (under doctors' orders) injections, anesthesia, emergency medical treatment, and hospitalization. **Parent/Guardian Initial:** \_\_\_\_\_

**Please check one:**

In case of emergency, and parent/guardian or emergency contact cannot be reached and your student needs to be seen at a hospital, I would like my student to be taken to:

- The closest hospital at the time of incident.
- The preferred hospital of my choice which is \_\_\_\_\_

**Media Release:**

I hereby grant the San Xavier District, Education Department permission to record my child's likeness for use in printed, slide programs, digital pictures or video recordings to advance the benefits of the Voices of Our Youth Program.

**Parent/Guardian Initials:** \_\_\_\_\_

**Release Clause:**

The undersigned hereby releases and hold harmless the San Xavier District, particularly the Education Department, and any employees, from any and all claims, liabilities or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Rules**

The District and parents expect San Xavier Education Department to provide a safe comfortable environment for the program activities, therefore, it is necessary for students and parents to accept the responsibility of following the guidelines outlined below.

***The following is a list of acceptable and expected behaviors of youth participating in the program:***

- Language: Students will use appropriate and respectful language in communicating with each other and others.
- Property: Students will handle property with care and return all items borrowed to their proper owner.
- Disagreements: Any issue will be discussed and settled in a respectful manner using restorative practice.
- Disorderly Conduct: Fighting, wrestling, horse play, rough house or any other disorderly conduct will not be tolerated on District property.
- Clothing: Students will wear proper and appropriate clothing attire.

\* Failure to comply with directions from Education staff will result in a family meeting.

**\* Drugs, alcohol, vapes or possession of a weapon are not permitted.**



# Voice of Our Youth Rules and Guidelines

The following is a list of rules that are to be carried out by the participants. Students will agree to and be responsible for following the rules and guidelines.

## 1. Student Behavior

- a. Students will abide by proper classroom etiquette.
- b. Good listening skills, are to be displayed (i.e. students will raise their hand when responding/asking a question or making a comment).
- c. Students will be respectful to each other, Education staff and visitors.
- d. Students will handle all SXD property with care and respect.
- e. Students will stay within the boundaries of each group session.
- f. Students will refrain from derogatory comments or gestures made to any members of the program, Education Staff, and visitors.
- g. Intimidation of others through the threat or use of violence will not be tolerated.
- h. Use or possession of alcohol, illegal drugs, firearms, or firecrackers will not be tolerated.
- i. Tampering with fire alarms or other actions that could affect the safety of others
- j. Cyberbullying will not be tolerated.

## 2. Transportation

- a. Transportation will be provided by the Education staff. We will be in contact one day prior to the meeting to insure that transportation is needed for that specific VOY meeting.

## 3. Provision of Meals & Clean-Up

- a. All participants will be provided a nourishing snack
- b. ALL participants will help with clean up after snack and at end of each session.

## 4. Field Trips

- a. Participants will be invited to attend field trips based on the following criteria:
  - Grades
  - Attendance- participant cannot have more than 3 absences (excuse will be provided by parent/guardian with good reason).
  - Behavior and Participation in the program will be counted.
  - A signed permission slip from participant's parent/guardian will be turned in 2 to 5 days prior to the trip.

## 5. Disciplinary Action

- a. A meeting will be scheduled with parent/guardian and student to determine consequences and plan for students continuing participation.

## 6. Attendance

- a. Participants arriving 15 minutes or more after start time will be counted absent, unless excused with good reason.
- b. If a student has 3 or more absences he/she will miss out on the incentive trip for that quarter.
- c. Attendance will be recorded through an attendance chart
- d. Participants may receive prizes and/or incentives for participation.



**7. Parent Involvement**

- a. I will make sure my child attends the scheduled program meetings/activities regularly.
- b. I will make sure I notify SXD Education Department (807-8620) and/or Rowena or Gloria when my child is going to be absent in advance.
- c. I understand continued disruptive and disrespectful behavior will not be tolerated and may be a reason for dismissal from the program after three (3) notifications of such behavior.
- d. I will attend the mandatory parent orientation (**Thursday, September 5<sup>th</sup>, @ 6pm**)
- e. I will notify SXD Education Department of any changes to our contact information including telephone/cell phone numbers, addresses, and emergency contact information.
- f. Involvement/Attendance is both expected **and welcomed** on a quarterly basis to show support for the participants.
- g. Parents/Guardians are encouraged to drop-in, chaperone fieldtrips, and volunteer on.
- h. Parents will on occasion be asked to contribute to a potluck dinner and/or food/snack/bake sales.

If your son or daughter will be absent or late **PLEASE CALL and keep staff informed.**

Rowena Carlyle  
Gloria Rios/Anna Butler  
Education Center

Office: 520-807-8622  
Office: 520-807-8624  
Office: 520-807-8620

Cell: 520-993-9245



**Please sign and return bottom portion only along with the VOY application**

I \_\_\_\_\_, understand and agree to the rules and guidelines of Voice of Our Youth Program. I understand that if I fail to follow these guidelines, I may jeopardize the opportunity to attend field trips and/or participate in the Voices of Our Youth Program.

Student Name (PRINT): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_