

Dear Parents and Potential Mitchell High School Students,

Thank you for your interest in Mitchell High School and our Boarding Residence. An application must be completed to be considered for our Boarding Residence. Costs to be considered are a monthly fee of \$100 for room and board, a monthly \$5 media use fee and a non-refundable \$100 damage deposit. Students will also need spending money.

Please review the application. To apply you need to:

- **Fill out the application**
- **Sign the power of attorney and have it notarized**
- **Obtain a school transcript from the school the student currently attends**
- **Submit a 300 word essay written by the prospective student on why they want to attend Mitchell High School**
- **Schedule a visit and interview**

Send the application and other paperwork to:

**Mitchell High School
P.O. Box 247
Mitchell, OR 97750**

If you have questions or need more information, please call us (541) 462-3311.

Sincerely,

Susan M. Horton, Superintendent

**REMINDER:
THE ESSAY WRITTEN BY THE PROSPECTIVE STUDENT SHOULD BE SENT
ALONG WITH THE APPLICATION.**

RESIDENCE REGULATIONS

In accordance with Oregon School Laws, Mitchell School Board Policies and Administrative Rules, the following rules and regulations are hereby in effect for all students who live in or visit the residence.

Even though the parent(s), as the natural guardians of their children, have the right and responsibility for the custody, care and education of their minor children, parental authority is temporarily superseded by that of school authorities during the period of time that the children are in the charge of the school and residence.

The residence parent(s) will be in charge of the boarding residence. All students will be expected to respect and obey all requests of the residence parent(s) in accordance with Board policies and Administrative rules and guidelines.

Any rule or activity not covered in these policies will be left to the discretion of the boarding residence parents for fair and necessary discipline.

All disciplinary measures shall be exercised with firmness, fairness and consistency in each individual case, and procedures shall be flexible enough to allow for the individual differences among students. However, the welfare of the group must be paramount and continuing. Exhaustive efforts of the school expended on one individual shall be terminated when these efforts fail to produce acceptable results.

The responsibility for the development of the discipline necessary to achieve intelligent, self-directed behavior on the part of the high school student shall belong to all those concerned with the education program-the student, the school personnel, the parents and the community.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____ have made, constituted and appointed, and by these presents do hereby make, constitute and appoint SUSAN HORTON and DORIANA WILLIAM, my true and lawful attorney for me and in my name and stead to act as the ‘person in parental relationship,’ as defined in ORS 339.133(8)(a) and to conduct the following acts with regard to my child, _____, born _____, on my behalf as if I were present to do so in person, including, but not limited to the following:

1. To authorize medical, dental psychological, psychiatric or other health care including emergency and non-emergency treatment and hospitalization and test for controlled substances.
2. To administer medication
3. To provide and/or authorize transportation.
4. To inspect and receive school records and to consult with school staff concerning the child’s welfare and education, and to make decisions concerning the child’s welfare and education.
5. To consult with any person who may provide care or treatment for the child, and to inspect and receive the child’s medical, dental and psychological records.
6. To exercise such discipline as is necessary to enforce the disciplinary rules of the Mitchell School District.
7. To consult with law enforcement officials, including juvenile authorities concerning the child.
8. To have physical custody of the child and to provide the child with food and shelter and necessary care, education and discipline.

In exercising the powers granted in this instrument, my attorney in fact is entitled to rely on information, opinions, statements, and reports if prepared or presented by:

- (a) The undersigned or any other parent of the above named child.
- (b) One or more educators, law enforcement officials, physicians, psychologists, psychiatrists, dentist, emergency medical personnel or counselors who by attorney in fact reasonably believe to be reliable and competent in the matter presented.
- (c) The Board of directors of the Mitchell School District or any subcommittee of the Board of directors if any attorney reasonably believes the Board or committee merits confidence.

It is my intent that this power of attorney shall be construed as a granting such power. I hereby ratify and affirm all acts of my attorney-in-fact performed under the terms of this instrument.

STATE OF OREGON

(Parent and/or Guardian)

(Social Security Number)

On _____ 2 _____, personally appeared the above named NAME and acknowledged the foregoing instrument to be HIS/HER voluntary act. Before me:

Notary Public of Oregon

My Commission Expires: _____

POWER OF ATTORNEY

MITCHELL SCHOOL DISTRICT

Student Name _____

Grade _____ Sex _____

School Previously Attended _____

Previous School Address _____

Home Address _____

Home Phone _____

Mother's Name _____

Employed By _____

Work Phone _____

Father's Name _____

Employed By _____

Work Phone _____

Student Covered by Insurance Yes No

Name of Insurance _____

Name of person to be contacted in case of an emergency and parents are not available:

_____ Phone _____

Does the applicant have any disabilities or issues in the following areas:

- Health _____
- Sight _____
- Hearing _____
- Speech _____

Is the applicant currently on any medications, and if so which medications? _____

Does the applicant have any allergies?

Does the applicant have any mental health concerns or has received counseling services?

Has the applicant ever been expelled from another school? _____ If “yes”, please explain.

Has the applicant been convicted of any crime? _____ If “yes”, please explain.

A copy of the applicant’s school transcript will be necessary for completion of the application process.

Date transcripts Arrived

I attest that the answers given are accurate and true.

(Parent Signature)

**MITCHELL
BOARDING RESIDENCE
FEES/COSTS**

Room and Board	\$100/ month	\$900 a year
Damage Deposit	\$100	Non-refundable
TV/Computer Access	\$ 5/month	\$45 a year
Emergency Fund	\$ 50	Kept in a safe
Spending Money	Each family needs to determine the amount, but kids often need about \$20 per week especially if they travel for sports.	

School Fees

Student Body Fees	\$28
Yearbook (optional)	\$35

sh: 3-09

RESIDENCE STUDENT AGREEMENT

I understand the following expectations and agree to abide by them:

- 1. Obey the rules in the boarding residence and get along with the residence parent(s) and other students.**
- 2. Obey the rules of Mitchell High School and get along with the staff and other students at school.**
- 3. Be respectful at all times to each other, to the residence parents and to any guests.**
- 4. Maintain grades of “C” or better in all my classes.**
- 5. Be a contributing member of the high school in extracurricular activities by participating in at least one team sport or after school activity.**
- 6. I will not use, possess or sell alcohol or controlled substances. I understand use or possession of alcohol may result in suspension or expulsion from the boarding residence. I understand use, possession or selling of a controlled substance will result in expulsion from the boarding residence and expulsion from school.* A drug test may be requested by the residence parent or school administrator at any time if there is a suspicion of use.**
- 7. I will not engage or participate in sexual activities beyond casual handholding.**

Student Signature

Parent Signature

*** Use of a controlled substance is constituted by a witness report and/or a positive test for THC or other controlled substances.**