

DULCE INDEPENDENT SCHOOLS

STUDENT REGISTRATION

DATE OF REGISTRATION: _____ Current Grade: _____

Dulce Elementary School

Dulce Middle School

Dulce High School

Transportation Information

ARRIVAL (circle): bus drop off

DISMISSAL (circle): bus pick-up

PHYSICAL ADDRESS WHERE CHILD IS TO BE PICKED UP OR DROPPED OFF DAILY: _____

Other than the parent/guardian(s), list anyone else who has permission to pick up your child (must be 18):

1. _____ 2. _____ 3. _____

Is there anyone who may NOT pick up your child? _____

(FOR OFFICE USE ONLY) BUS ROUTE ASSIGNED: _____

Parent/Guardian Contact Information

CELL PHONE: _____

Student mailing address _____ Student physical address _____

Father (last,first) _____ **Father's Day Phone** _____ Father's Employer _____

Mother (last, first) _____ **Mother's Day Phone** _____ Mother's Employer _____

STUDENT INFORMATION

Parent Email Address: _____

(As it appears on birth certificate) ALL new students to the district will need to provide/upload a copy of original birth certificate)

Legal Last Name _____ Legal Middle Name _____ Legal First Name _____

Date of Birth ___/___/___ Age _____ Current Grade Level _____ Gender (circle) Male Female

Student's Place of Birth (city) _____ State _____ Birth Certificate Number: _____

Ethnicity: ___ Caucasian ___ Black or African American ___ Asian ___ American Indian/Alaskan Native

___ Native Hawaiian/Other Pac Islander ___ Race decline to specify

Primary Tribe/Nation: _____ Census Number _____ Enrolled Tribal Member: ___ yes ___ no

Certificate of Indian Blood: ___ Yes ___ No If yes, please provide/upload a copy

Name of Previous School if not enrolled in Dulce Independent Schools: _____ City _____ State _____

****Please provide a copy of official transcript for all High School Students to counselor**

Has your child been retained? ___ Yes ___ No If yes, in what grade? _____

Does the student have an Individualized Education Plan (IEP)? ___ Yes ___ NO (If yes, please upload or provide a copy of the first page)

Has your child been EXPELLED from another school in the last 12 months? ___ Yes ___ No If YES, from where? _____

Guardianship: _____ *Please provide/upload court documentation of court awarded custody

Siblings: Please list all siblings attending school in the Dulce Independent School District

Name: _____ Gender: M F Grade: _____ School: _____

Name: _____ Gender: M F Grade: _____ School: _____

Name: _____ Gender: M F Grade: _____ School: _____

Emergency Contact/ Medical

Contact #1 Last, First _____ Relationship to Student _____

Phone (home) _____ (cell) _____ (work) _____

Contact #2 Last, First _____ Relationship to Student _____

Phone (home) _____ (cell) _____ (work) _____

Contact #3 Last, First _____ Relationship to Student _____

Phone (home) _____ (cell) _____ (work) _____

Please provide any additional information you would like to share with us:

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Student's Name (First) _____ (Middle) _____ (Last) _____

Consent For Health Services

This form enables parents or guardians to authorize that school health services be provided to students during the school day. A completed, signed form for the current school year must be on file in the nurse's office before any health services can be provided.

Date of Birth _____ Grade Level: _____ Gender (circle) Male Female

Preferred Phone Number for all emergencies: _____

Student's Allergies (list) _____

Student's Medications taken daily (list) _____

I, _____ hereby give Dulce Independent Schools' Nurse (assistant) to provide the following services: PLEASE PLACE YOUR INITIALS NEXT TO EACH SERVICE FOR WHICH YOU GIVE PERMISSION.

- _____ Screening for height, weight, hearing, vision, and dental
- _____ Tylenol, Ibuprofen, anti-itch cream, tooth ache medicine as needed
- _____ Antacid, cough drops, throat spray, eye drops as needed
- _____ Anti-bacterial ointment for minor wounds as needed
- _____ Weekly fluoride rinse (1st – 5th grades only)
- _____ Kindergarten fluoride varnish treatment two to three times a year
- _____ Dental sealants (grades 1st, 2nd, 3rd)

Please note: No other medications will be administered without prior written authorization from the health care provider and parent/guardian. Medication authorization forms are available in the nurse's office.

Parent/Guardian Signature _____

Date _____

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Student's Name (First) _____ (Middle) _____ (Last) _____

HEALTH HISTORY

Is your child under medical care for any condition? (Explain)

Are there any health concerns that the school nurse needs to know? (Explain)

Please check the following conditions that apply to your child:

	COMMENT
<input type="checkbox"/> ADD/ADHD	_____
<input type="checkbox"/> Allergies	_____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Behavior/Emotional Issues	_____
<input type="checkbox"/> Birth Defects/Congenital	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Dental/Mouth Issues	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Eating/Weight Issues	_____
<input type="checkbox"/> Eczema/Skin Issues	_____
<input type="checkbox"/> Growth Issues	_____
<input type="checkbox"/> Hearing Loss	_____
<input type="checkbox"/> Heart Issues	_____
<input type="checkbox"/> Intestine/Bowel Issues	_____
<input type="checkbox"/> Mental Health/Depression	_____
<input type="checkbox"/> Muscle/Joint Issues	_____
<input type="checkbox"/> Seizures/Neurological Issues	_____
<input type="checkbox"/> Urinary/Kidney Issues	_____
<input type="checkbox"/> Other	_____

****If your child is new to the district, please provide/upload a copy of immunization records.**

Student's Name (First) _____ (Middle) _____ (Last) _____

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PARENT & STUDENT RELEASE FORM

STUDENT MEDIA CONSENT RELEASE FORM

Throughout the school year, students may be photographed, interviewed, videotaped and/or sound recorded by school district personnel and/or news reporters or other members of the media. These photographs, interviews, videotapes and/or sound recordings may be highlighted in efforts to promote Dulce Independent School District activities and achievements. They may be reviewed by the public and/or within the school district through a variety of media, including, but not limited to, websites, televisions, radio and print.

By signing this form, you are authorizing all the above actions. Please be aware that where a student activity, function, or event is open to the public, and your child is participating, photographs, interviews, videotapes and/or sound recordings may occur without a public release being signed.

It is also recognized that once the photograph, interview, videotape and/or sound recording of the student is released to the public, the school District cannot control what has been publicized and may be used or represented by others.

By signing this Public Release, you hereby release Dulce Independent Schools Board of Education, its members, employees, agents and representatives (hereinafter referred to as the "Releases") from any and all claims you may have against the Releases due to the School District Having publicized or allowed the publicizing of the "student image" as Described in this form, and from any and all liability that may arise from publicizing the "student image" or allowing the "student image" to be publicized, as described in this form.

Should you at any time wish to revoke the authorization given by the execution of this form, you may do so by informing the school which the student attends, in writing, that you are revoking the authorization.

I certify that I have read the Student Media Consent and Release form above and fully understand its terms and conditions and have reviewed it with my child.

Parent Signature: _____ Date: _____

No, I do not give my permission to the above. Parent Signature: _____ Date: _____

STUDENT CLASS & ART WORK PERMISSON

Yes__ No__ I give my permission for my child's class or artwork to be displayed and/or published in Dulce Independent Schools Publications and/or in school buildings such as classrooms, bulletin boards, hallways, etc.

SCHOOL WEBSITE

Yes__ No__ I give my permission to allow my child's photo to be published on the Dulce Independent Schools Website.

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Student's Name (First) _____ (Middle) _____ (Last) _____

STUDENT COMPUTER USE AND INTERNET ACCESS

As a condition to use the Dulce Independent School District computer system, including access to and use of the Internet, I understand and agree to the following:

1. To abide by the School Board's Policy on Acceptable Use and its Computer and Internet Code of Conduct
2. School site, district level administrators, technology contractors and law enforcement have the right to review any materials created or stored in any files created and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.
3. That the Dulce Independent School District will not be liable for any direct or indirect, incidental or consequential damage due to information gained and/or obtained via use of the School District's computer system including, without limitation, access to public networks.
4. That the Dulce Independent School District does not warrant that the functions of the School District computer system or any of the networks accessible through the system will meet any specific requirements you may have, or that the School District computer system will be error-free or uninterrupted.
5. That the Dulce Independent School District shall not be liable for any direct or indirect, incidental or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use the School District computer system.
6. That the use of the School District computer system, including use to access public computer networks, is a privilege which *may be revoked* by the School District administrators at any time for violation of the districts Acceptable Use Procedures and Code of Conduct. School District administrators will be the sole arbiter(s) of what constitutes a violation of the policy or Code of Conduct.
7. In consideration for the privilege of using the School District computer system and in consideration for having access to the public networks, I hereby release Dulce Independent School District, the School Board, its members, administrators and employees, including its computer operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the School District computer system.

I hereby certify that we have reviewed the policy and my child will abide by the conditions set forth in this document, the School District's Acceptable Use Procedures and Computer and Internet Code of Conduct.

Parent Signature: _____ Student Signature: _____ Date: _____


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****This form must ONLY be completed if your child is NEW to Dulce Independent Schools**

FOR DISTRICT USE ONLY		District:	School:	
 NEW MEXICO PUBLIC EDUCATION DEPARTMENT LANGUAGE USAGE SURVEY ~for parent or guardian to complete~				
The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.				
Student's Name:		Date of Birth:	Grade Level:	
Answer each question by marking either the YES or NO box.			YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?				
2. Do you use a language(s) other than English with the student?				
3. Does the student understand when someone communicates with him/her in a language other than English?				
4. Does the student read in a language(s) other than English?				
5. Does the student write in a language(s) other than English?				
6. Does the student interpret for you or anyone else in a language(s) other than English?				
7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.				
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian		<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish		<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
OTHER QUESTIONS				
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school:				
9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?				
10. In what language do you prefer to receive communication from the school?				
11. In what language would you prefer to communicate with school staff?				
12. Is there anything else we should know about how to best serve your child?				
Signature of Parent or Guardian:			Date:	
Translator:		Language:		Date:

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Special Education/504/SAT Disclosure

Name: _____ Grade Level: _____

- My child currently has an Individualized Education Program (IEP)
Qualifying Condition: _____
- My child currently has a 504 Plan
Qualifying Condition: _____
- My child currently has a Student Assistance Team (SAT) Plan
Areas(s) of concern: _____
- I believe that my child may have a disability or qualifying condition that may need interventions, accommodations, or other supports. I request that my child be referred to the Student Assistance Team Process.
Areas(s) of concern: _____

Last 3 Schools Attended:

Name of School Attended:	Address City, State	Phone (including Area Code)	Dates Attended:	Grade(s) Levels Attended:
Name of School Attended:	Address City, State	Phone (including Area Code)	Dates Attended:	Grade(s) Levels Attended:
Name of School Attended:	Address City, State	Phone (including Area Code)	Dates Attended:	Grade(s) Levels Attended:

Note: Federal Law (20 U.S.C. 1232) maintains that consent is not required for the transfer of education records. Such records are subject to disclosure to officials of another school or school system in which the student seeks or intends to enroll without written consent of the parents.

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KINDERGARTEN STUDENTS:

Dulce Elementary Screening and Fluoride Varnish Program

Dear Parent or Guardian:

A dental hygienist from the **Jicarilla Health Care Facility** will be available to provide preventative dental services for your child at school. Student participation is voluntary.

I, _____ (Parent/Guardian) give consent for my child to receive the following services:

Please check the following:

- Dental Screening
- Fluoride Varnish
- Dental Sealants

Does your child have a regular dentist? If yes, please provide the name of the dentist. _____

I, _____ (Parent/Guardian) **do not** give consent for my child to receive any services.
