

DULCE INDEPENDENT SCHOOL DISTRICT NO. 19

Post Office Box 547 ▪ Dulce, New Mexico 87528

Dulce Elementary School 575-759-2951 ▪ Dulce Middle School 575-759-2980 ▪ Dulce High School 575-759-2958

Legal Student Name (as it appears on birth certificate)	Date of Birth	Grade	Age
_____	___/___/___	_____	_____
<i>First</i> <i>Middle</i> <i>Last</i>			

2019-2020 SY REGISTRATION CHECKLIST

Staff Initials	REQUIRED DOCUMENTATION & FORMS
	Registration Check List and Disclosure Statement Form
	Transcript/Records Request
	PowerSchool Student Information System Profile Form
	Transportation Information Form
	School Health Services Consent
	Student Computer Use and Internet Access Consent
	Student Media Parent Consent Form
	NMPED Home Language Usage Survey **Required ONLY for all <i>first time</i> United States School Registrants
	Office Of Oral Health Consent Forms- K,1,2,3 Only
	Birth Certificate (MANDATORY for all new students to the district, used for state ID)
	<u>Up to Date</u> Immunization Record
	Certificate Of Indian Birth (if applicable)
	IEP Documents (if applicable)
	Court Documents (if applicable)
	Recent Report Card/Grades (If available)

REGISTRATION DISCLOSURE STATEMENTS & PROGRAM CONSIDERATIONS

YES	NO	
		My child currently has an Individualized Education Program (IEP), qualifying disability:
		My child currently has a 504 Plan, qualifying medical condition:
		My child currently has a SAT Plan, area(s) of concern:
		My child is a Teen Parent
		My child is living in a foster home
		Has your child been expelled from another school in the last 12 months? If yes, from where:

Student Name: _____ Grade Level: _____

Parent Signature: _____ Date: _____



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TRANSCRIPTS & RECORDS REQUEST

Print Legal Student Name (as it appears on birth certificate)	Date of Birth	Grade	Age
_____	___/___/___	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	

<i>Last School Attended</i>	
<i>Dates Attended</i>	
<i>Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>Contact Person (if Known)</i>	

PLEASE FAX OR EMAIL THE FOLLOWING RECORDS:

- *Official Transcripts*
- *Report Card*
- *Immunization and Health Records*
- *Special Education Records (if applicable)*
- *Test Records/ Language Usage Survey (if applicable)*
- *Attendance Record*

Records Request Email:

admissions@dulceschools.com

Records Request Fax:

1-575-759-1349

Student Name: _____ Grade Level: _____

Parent Signature: _____ Date: _____

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POWERSCHOOL STUDENT PROFILE

STUDENT INFORMATION (Please print neatly)		
<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Legal Last Name</i>
DATE OF BIRTH		
<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Previous Grade</i>		
<i>Entering Grade</i>		
Is the student Hispanic or Latino?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to specify	
Race	<input type="checkbox"/> American Indian/Alaskan Native If so, specify tribe: _____ <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American	
Mailing Address	City: _____	State: _____ Zip: _____
Physical Address	City: _____	State: _____ Zip: _____
Email Address	@ _____	

Parent and/or Guardian Information		
FATHER	Last Name _____	First Name _____
MOTHER	Last Name _____	First Name _____
MOBILE PHONE	1. (____)____ - _____ (Father)	2. (____)____ - _____ (Mother)
HOME PHONE	(____)____ - _____	
WORK PHONE NUMBERS	1. (____)____ - _____ Who's work number? _____ Place of Employment: _____	
	2. (____)____ - _____ Who's work number? _____ Place of Employment: _____	
Mandatory 24/7 EMERGENCY PHONE NUMBER	(____)____ - _____	
Are you the legal guardian registering this student?	Yes___ No___ If no, who is the legal guardian? _____ If you are NOT the legal guardian, you cannot register the student!	

EMERGENCY CONTACTS

Name	Relationship	Mobile Phone	Home Phone	Work Phone

Student Name: _____ Grade Level: _____
 Parent Signature: _____ Date: _____

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STUDENT TRANSPORTATION INFORMATION

<i>Arrival Information</i>	Will the student ride the bus daily? Yes___ No___ If Yes, please provide pick up physical address: _____
<i>Dismissal Information</i>	Will the student be riding the bus home daily? Yes___ No___ If Yes, please provide drop of physical address: _____
<i>Bus Route Assigned (office use only)</i>	
WHO CAN PICK UP YOUR CHILD? Please list 3 people, with their phone numbers	
1	Phone: _____
2	Phone: _____
3	Phone: _____
WHO CANNOT PICK UP YOUR CHILD? (if applicable)	
1	
2	
3	

PLEASE NOTE

ALL transportation changes must be received by 1:00 p.m. M-Th and by 11:00 a.m. on early dismissal days in order for the request to be honored in a timely manner. Also, please keep bus and transportation changes to a minimum to help ensure the safe and mindful process of your child arriving and departing safely.

Thank you for your cooperation.

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Parent Signature: _____ Date: _____

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Student Name:	Date of Birth:	Grade:
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CONSENT FOR HEALTH SERVICES

I, _____, give Dulce Independent Schools ***consent*** to provide medication and services (Please check everything you give permission for.)

___ 1. Acetaminophen, ibuprofen, antacid, cough drops, throat spray, anti-bacterial ointment

___ 2. Benadryl for allergic reactions only

___ 3. Albuterol for asthma (if noted in health history). ***Students are allowed and encouraged*** to bring their own inhalers every day for their personal use.

___ 4. Screening for height, weight, hearing, and vision

___ 5. Fluoride rinse weekly for 1st thru 5th grades

___ 6. Dental Services (IHS dental hygienist and dentist, done in nurse or health office at all schools:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Dental Screening and hygiene instruction
<input type="checkbox"/>	<input type="checkbox"/>	Dental Cleaning
<input type="checkbox"/>	<input type="checkbox"/>	Fluoride varnish applied to all teeth to prevent cavities
<input type="checkbox"/>	<input type="checkbox"/>	Dental sealants applied to molars to prevent cavities

PLEASE NOTE:

No other medications will be given without consent. To bring medication to school, authorization forms are available at nurse's office.

New Mexico Pre-Kindergarten Notice

***New Mexico Pre-Kindergarten* students must receive the following health screenings by school health care OR private provider *within the child's first 3 months of attendance*: physical examination, vision, hearing & dental. You will need to submit documentation to the school health office for the child's file.**

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 Parent Signature: _____ Date: _____

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Student Name:	Date of Birth:	Grade:
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HEALTH HISTORY

YES	NO	
		Allergies to MEDICATIONS or FOODS (include reactions) and seasonal allergies? <ul style="list-style-type: none"> • If yes, what?
		Does your child receive regular care for any conditions? <ul style="list-style-type: none"> • If yes, what?
		Surgeries or hospitalizations (why, when, where): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
		Does your child take medications daily? <ul style="list-style-type: none"> • If yes, what?
		Does your child require antibiotics before dental work?
		Wear glasses, contacts, or a hearing aid?
		Does your child need Physical Therapy services?
		Does your child need Occupational Therapy services?
		Does your child need Speech Therapy services?

Please check the following conditions which apply to your child:

YES	NO	
		ADD/ADHD
		Heart Problems
		Behavior health/depression
		Eating/weight problems
		Blood Disorder
		Bowl or urine problems
		Cerebral Palsy
		Diabetes, Metabolic Syndrome
		Eczema/Skin problems
		Hearing Loss
		Seizure Disorder
		Asthma
		Birth Defects
		Muscle/Joint Problems
		Cancer
		Other: <ul style="list-style-type: none"> •

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Parent Signature: _____ Date: _____



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STUDENT COMPUTER & INTERNET ACCESS CONSENT

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.

Student Signature: _____

Student Name: _____ Grade Level: _____

Parent Signature: _____ Date: _____



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STUDENT MEDIA PARENT CONSENT

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: _____

YES	NO	
		<u>STUDENT CLASS & ART WORK PERMISSION</u> <i>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.</i>
		<u>SCHOOL WEBSITE</u> <i>On occasion, we may use you're a child's photo to promote our school website for educational or promotional purposes only. I give my permission to allow my child's photo to be published on the Dulce Independent Schools website when the opportunity arises.</i>

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Parent Signature: _____ Date: _____

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NEW MEXICO PUBLIC EDUCATION LANGUAGE USAGE SURVEY ****New students to the district ONLY**

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.		
1. Does the student use a language(s) other than English with his/her family and friends?	YES	NO
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: _____

Student Name: _____ Grade Level: _____

Parent Signature: _____ Date: _____



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OFFICE OF ORAL HEALTH

DENTAL SEALANT INFORMATION FOR PARENTS

Dear Parent or Guardian:

The Department of Health/Office of Oral Health conducts a dental program at your child's school, a service to help prevent tooth decay. This service is called a dental sealant, which is a thin plastic that is placed on the chewing surface of permanent molar and premolar teeth where the toothbrush cannot reach. Dental sealants are safe to put on your child's teeth. **Regular dental visits are encouraged since they are important for good oral health.**

Children in elementary schools are eligible to receive **FREE** dental sealants (no charge to Medicaid or private insurance). A dental professional will assess your child's teeth to determine the need for dental sealant placement and may also recommend further examination by a dentist. The dental sealants will be placed by state licensed dental hygienists using recommended infection control procedures. If your child has participated in our program in the past, please continue to re-enroll him/her, as this is an ongoing program and sealants will be applied/reapplied as needed, because protection from decay is only possible while the sealant is in place. **Sealants do not take the place of regular dental care.**

A note will be sent home with your child explaining:

1. The number of sealants that were placed and the date the sealants were placed or;
2. Why dental sealants were not placed or;
3. If the dental hygienist suspects that the child needs additional services of a dentist. In select counties, a dental case manager will contact you and assist in obtaining dental services. The case manager will also follow-up with parents or guardians to ensure that a dental appointment has been made.

IMPORTANT

The Office of Oral Health is required by law to protect your privacy of the health information provided to the department. The law is called the Health Information Portability and Accountability Act, if you have questions please contact the Office of Oral Health.

The Office of Oral health needs your consent to check your child's teeth and to place dental sealants while the school participates in the program. Please fill out the consent form which has been provided and return it to your child's teacher tomorrow. The "Yes" box must be checked and the form signed. If you choose not to have your child participate, please indicate "No" on the form, provide your child's name and your initials then return it to your child's teacher.

Student Name: _____ Grade Level: _____

Parent Signature: _____ Date: _____

