



MESCALERO "Apache" SCHOOL

260 White Mountain Drive
Mescalero, New Mexico 88340
Phone: (575)464-4431 Fax (575) 464-0053



"Mescalero Chiefs"

STUDENT REGISTRATION

2025-2026

Registration Date: _____

PLEASE PRINT

Student Name: _____ Grade: _____ Teacher: _____

Place of Birth: _____ DOB: _____ Age: _____ Sex: _____

Mescalero Tribal Member? Yes ___ No ___ Census Number: _____ Other Indian Tribe: _____

Race/Ethnicity: _____ Hispanic/Latino? Yes ___ No ___

Student Mailing Address: _____

Student Street Address: _____

School Last Attended: _____ Date Last Attended: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

First Middle Last
Tribal Member? Yes ___ No ___ Tribe: _____ Race/Ethnicity: _____ Hispanic/Latino? Yes ___ No ___

Father's Name: _____

First Middle Last Suffix?
Tribal Member? Yes ___ No ___ Tribe: _____ Race/Ethnicity: _____ Hispanic/Latino? Yes ___ No ___

Guardian's Name(If not with Parents): _____

First Middle Last
Relationship: _____ **Copy of Court/Placement Document needed

Home Phone: _____ (M) Work Phone: _____ (M) Cell: _____

(F) Work Phone: _____ (F) Cell: _____

E-Mail: Yes ___ No ___ E-Mail Address: _____

Please List Other Children in the Home:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

EMERGENCY INFORMATION

In case of illness / accident, the School is to proceed as follows: (Parent will be notified first)

1. Notify: _____ Relationship: _____ Phone #: _____

2. Notify: _____ Relationship: _____ Phone #: _____

3. Notify: _____ Relationship: _____ Phone #: _____

If unable to reach anyone, please take student to the Emergency Room, Mescalero Indian Hospital.

List Student Allergies or Health Problems: _____

Medication (if any) Taken by Student: _____

How Much: _____

Parent/ Guardian Signature: _____ Date: _____



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PERSONAL INFORMATION FORM **CONFIDENTIAL**

Student Name: _____ Grade: _____ DOB: _____

Is this child in Foster Care? Yes _____ No _____

IF YES, PLEASE ATTACH COURT / PLACEMENT LETTER

Is MOTHER living with this child? Yes _____ No _____

Is FATHER living with this child? Yes _____ No _____

This is to **VERIFY** that the following people **CAN** check out my child:

Name:	Relationship:	Phone Number:	Address:	Work Place & Phone Number

This is to **VERIFY** that the following people **CANNOT** have contact with my child (Court Papers):

Name:	Relationship:	Phone Number:	Address:	Work Place & Phone Number:

******NOTIFY THE SCHOOL IF YOU WANT THIS LIST CHANGED IN ANY WAY******

Parent/Guardian Signature: _____ Date: _____



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SPECIAL EDUCATION INFORMATION

Dear Parents / Guardians:

Please read the following and check **YES** or **NO** in the space provided as it applies to your son/daughter.

YES___NO___My son/daughter received special education services at the last school attended as part of his / her Individualized Education Program (IEP).

YES___NO___My son/daughter was in the process of being evaluated to determine his/her eligibility to receive special education services at the last school attended.

If you checked YES on any one or both of the items listed above, please fill out the rest of this form so that the Mescalero Apache School might obtain the special education records necessary to develop an Individualized Education Program for your son/daughter. Once records have been obtained, you will be invited to attend an IEP meeting to develop an educational program to meet his/her needs. It is critical that you attend this meeting, as your participation in the development of your son's/daughter's IEP is an important part of determining to what degree he/she will be successful at the Mescalero Apache School.

Please be advised that by checking NO to both items, you are indicating that your son/daughter either is not a student who has been previously identified as a school aged child with a disability, or has not previously been in the process of evaluation for special education eligibility, and therefore not eligible for special education support and services at the time of enrollment.

Student Name: _____DOB: _____Grade: _____

Former School Name: _____Phone Number: _____

Name of Parent / Guardian: _____Relationship: _____

Home Phone: _____Cell Phone: _____Work Phone: _____

Comments / Concerns: _____

Parent / Guardian Signature _____Date: _____

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Student Residency Questionnaire

Please use one form per student. Return to School registration office within 14 days of receipt.
If you require additional copies, please contact the school.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____
Age: _____ Sex: _____
Male / Female

The answers to the following questions can help determine the service this student may be eligible to receive under McKenny-Vento Act 42 U.S.C 11435.

- | | |
|--|--------------------|
| 1. Is this student's home address a temporary living arrangement | YES _____ NO _____ |
| 2. Is this a temporary living arrangement due to loss of housing or economic hardship? | YES _____ NO _____ |
| 3. Is this student a temporary foster care placement or awaiting foster care? | YES _____ NO _____ |
| 4. As a student are you living with someone other than your parent or legal guardian? | YES _____ NO _____ |

If you answered **YES** to any of the above questions, please complete the remainder of this form.

If you answered **NO** to all of the above questions, you may stop here.

Where is the student currently living? (Check Box)

- | | |
|---|---|
| <input type="checkbox"/> In a Motel | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> In a Shelter | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> With more than one family in the house | <input type="checkbox"/> Moving from place to place |
| <input type="checkbox"/> In a location not designed for sleeping accommodations such as a car, park or campsite | |

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print NAME of Parent(s)/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

McKenny-Vento Liaison: _____ Date: _____



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WAIVER to give MAS privilege to use my child(ren) in Any 2025-2026 School-Event Multi-Media

Parents / Guardians:

From time to time, there may be opportunities where your child may be participating in school events when images may be taken that include your child. This statement signed by you, gives the Mescalero Apache School, the privilege to take an image of your child while he/she is engaged in the school's academic and social events, and to subsequently display that image in a respectful manner in other school sponsored events for the school year 2025-2026.

The uses for these images are primarily for newsletters, parent-teacher meetings, bulletin boards, communications with book supply companies to show the children received the books, communications with donors of materials, supplies, clothing, and other gifts and award items, area newspaper articles, and school publications. Please check one of the lines below giving consent or not giving consent, sign and date it, and return it to the school.

Thank You,
Mescalero Apache Elementary

For the 2025-2026 School Year ending May 21 2026.

_____ I give consent for my child's image to be used for these purposes.

_____ I DO NOT give consent for my child's image to be used for these purposes.

Print Student Name: _____ Grade: _____

Print Parent Name: _____

Signature of Parent/Guardian: _____ Date: _____

INTERNET USE POLICY

Purpose:

Mescalero Apache School internet usage policy outlines our guidelines for using the school's internet connection and network. We want to avoid inappropriate or illegal use that creates risks for our students and staff.

Goals:

Our students will learn to use our school's internet connections for the following reasons:

- To complete research papers.
- To seek out information that they can use to improve their education.
- To utilize the school's internet to stay up-to-date on the current educational/career pathways.

We don't want to restrict our student's access to websites of their choice, but we expect our student's to exercise good judgement and utilize the school's internet appropriately.

Acceptable Use Policy:

Students should:

- Use the computers for instruction and research purposes only.
- Follow established procedures given by the teacher.
- Become aware of copyright policies.
- Refrain from taking any food or drinks into the computer labs and take care of lab equipment.

Inappropriate Use Policy:

Our student's should not use the school's network to:

- Play games or access any social media sites.
- Download any unauthorized material/copy material without the specific permission of the copyright holder. Access restricted websites, such as hate, dangerous materials etc.
- Download or upload obscene, offensive or illegal material.
- Use the internet without specific directions given by the teacher.
- Visit potentially dangerous website that can compromise the safety or our network and computers.
- Perform unauthorized or illegal actions, like hacking, fraud, buying/selling illegal goods and more.

Internet:

1. The internet is a tool for learning.
2. Students need to have parent permission to access the internet.
3. Students should return their permission slips to the respective schools' secretary.
4. Keep the internet use policy for your records.

Student Internet Contract

Student Name: _____ Date: _____ Grade: _____

I, _____
(Student) have read and agree to follow the Internet Use Policy of the Mescalero Apache School. I understand that breaking the policy will result in losing my Internet privileges.

Parent Contract:

I, _____
(Print Parent/Guardian) the parent/guardian of _____
(Student) agree to allow him/her to use the internet for educational purposes. I have read and understand the Internet Use Policy.

Parent/ Guardian Signature

Date



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AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

To (Name of Previous School): _____

Previous School Address: _____

Phone Number: _____ Fax/Email: _____

Name of Student: _____ Grade: _____

Please send the following records:

1. Birth Certificate / Certificate of Indian Blood
2. Health Records (Immunization & Physical)
3. Current Custody Paperwork (if applicable)
4. Partial grades from current reporting period
5. Test Scores
6. Report Card(s)
7. Copies of all diagnostic reports and most recent IEP
8. Information of remedial or other special programs
9. Any Behavioral or Counseling information

Requesting Official

Date of Request

I give my consent for records to be sent to Mescalero Apache School.

Parent/Guardian Signature: _____

Date: _____

Home Language Survey
Mescalero Apache School

Date: _____

Student's Name: _____

Parent(s) Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the person or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was not the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey, the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st-12th WIDA Screener, the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as an English Language Learner, you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact the school at (575) 464-4431.

Student Languages / Please Check YES or NO

1. Was English the first language used by this student?

_____ Yes: Go to Question 2 on pg. 2

_____ No: Go to Question 3 on pg. 2

Home Language Survey
Mescalero Apache School

2. When at home, does this student hear or use a language other than English more than half of the time?

_____ Yes: Go to Question 3

_____ No: Student is not eligible for English Language Proficiency (ELP)

Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?

4. _____ Yes: Administer ELP screener. Record other language(s). HLS is complete.

_____ No: Student is not eligible for English Language Proficiency (ELP)

Screening. HLS is complete.

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder. Give a copy to the test administrator.

PARENT/STUDENT TRANSPORTATION GUIDE

Mescalero Apache Schools



Safety is Everyone's Responsibility

Mescalero Apache Schools provides bus transportation to all students. Students are expected to assist MAS staff and bus drivers in ensuring that buses remain in good condition and that transportation is provided safely. When riding in the school buses or MAS vehicles, students are held to behavioral standards established herein.

Parents- Please read this brochure and discuss the bus rules with your student(s). It would also be a good idea to discuss:

- How to walk safely to and from the bus stop.
- Where to go for help on the way to and from the bus stop.
- How to behave safely at the bus stop.

Kindergarten students WILL NOT be released from the bus unless a parent/guardian is waiting or other arrangements have been made with the bus driver. Kindergarten students will be brought back to school and all phone numbers will be called on contact sheet. If no one can be reached, BIA police and Social Services will be called.

Students- Please remember that the safest way to ride a bus is to sit properly, facing forward with your feet on the floor. Also, remember that your driver must concentrate on traffic and driving the bus safely. Please cooperate by following the rules listed in this brochure. Talking in a normal tone of voice is acceptable and the best form of communication on the bus.

Student Responsibilities

Arriving at pickup point:

- Be on time.
- If you have to walk along the road, walk on the left side facing oncoming traffic.
- Walk on the shoulder of the road.
- If other students are waiting at the bus stop, get in line without pushing or crowding and stay off the roadway.

Board/Exit the bus:

- Line up single file parallel to the roadway, with the younger students in front so they can board the bus first.
- Wait until the bus comes to a complete stop before attempting to get on board.
- Board the bus quickly but without crowding or pushing.
- Always walk on the bus.
- Go directly to your seat and sit straight, with back against the seat and face the front of the bus.
- Do not push or crowd when leaving the bus.

Conduct on the bus:

- The bus will not move until all passengers are seated.
- Remain seated throughout the trip and leave your seat only when the bus has reached its destination and comes to a complete stop.
- Keep your books and/or other items on your lap or put them under the seat.
- Keep the aisle clear

- Bus driver should only be alerted if there is an emergency.
- Avoid doing anything that might disturb or interfere with the bus driver. Refrain from loud or boisterous talking or yelling.
- Never stick hands, arms, head or feet out of the windows of the bus.
- Windows may be opened only with the bus driver's permission.
- Do not throw anything in the bus or out of the window.
- The emergency door, exit controls or any of the bus safety equipment is only used in emergency situations.
- Keep the bus clean for your use.
- Eat at home or school, but not on the bus. (Safety issues: choking hazard)
- Consumption of food or drinks are prohibited on the bus.
- Promptly follow the bus driver's directions at all times.

Prohibited items:

- Tobacco, alcohol, or other drugs are not allowed in the school bus.
- Insects, reptiles, or other animals shall not be transported in the school bus.
- Weapons, explosive devices, or chemicals shall not be transported in the school bus.

School Bus Disciplinary Plan

When a principal/designee receives a school bus incident report, the administrator may use the following disciplinary plan.

1st Offense: A warning to the student with a report to the parent/guardian will be issued. It is expected that the parent/guardian will work with the student to help prevent a recurrence.

2nd Offense: A report to the parent/guardian will be made notifying that the student's bus riding privileges have been revoked for 1-2 days.

3rd Offense: A report to the parent/guardian will be made notifying that the student's bus riding privileges have been revoked for one week and a parent/principal/bus driver conference must occur.

4th Offense: Bus riding privileges will be revoked for 9 weeks.

5th Offense: Bus riding privileges will be revoked for the remainder of the school year.

Severe disruption and dangerous behavior will result in immediate suspension or revocation of transportation privileges.

Parents will be required to transport students to school during any suspension of transportation privileges. Students will not receive an excused absence due to loss of transportation privileges.

Inclement Weather Schedule



The most common use of the abbreviated day schedule occurs when severe weather causes dangerous driving conditions which would endanger the safety of students getting to school. The abbreviated day schedule is a shortened school day which begins at 10 a.m. and ends at the regular time. Morning pickup times will be **two hours later**.

If there is a need to initiate an abbreviated schedule, an announcement will be made through Facebook and the automated call no later than 6 a.m. If weather conditions worsen, to the point that it is necessary to close the school, an announcement will be made no later than 8 a.m.

Please complete and sign this page and return to the office, which acknowledges that you have read this transportation guide. The signature must be turned into your child’s teacher to avoid loss of transportation privileges.

.....

2025-2026 Transportation Guide Acknowledgement

Student’s Regular Bus Route

Pick-Up Location _____ Bus # _____

Drop-Off Location _____ Bus # _____

_____My child will NOT ride the bus during the school year. He/She will be dropped off/picked up everyday.

I acknowledge that my child and I have read the Parent/Student Transportation Guide regarding the MAS bus policies.

_____	_____	_____	_____
Print Student Name	Student Signature	Grade	Date

_____	_____	_____
Print Parent Name	Parent Signature	Date

Please sign and return to your child’s teacher to avoid loss of transportation privileges.