

# MESCALERO -Apache-

## ELEMENTARY SCHOOL

P.O. Box 230, 249 White Mountain Drive  
Mescalero, New Mexico 88340  
Phone: (575) 464-5025 Fax (575) 464-4769



"Mescalero Chiefs"



### STUDENT REGISTRATION

Registration Date \_\_\_\_\_

\*\*\*\*\*

#### \*\*PLEASE PRINT\*\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Student SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Bus Route: \_\_\_\_\_ Bus #: \_\_\_\_\_  
Mescalero Tribal Member Yes \_\_\_ No \_\_\_ Census No: \_\_\_\_\_ Other Indian Tribe: \_\_\_\_\_  
Student Mailing Address: \_\_\_\_\_  
Student Street Address: \_\_\_\_\_  
School Last Attended: (Name and Address) \_\_\_\_\_  
Date Last Attended: \_\_\_\_\_

\*\*\*\*\*

#### \*\*PARENT / GUARDIAN INFORMATION\*\*

Mothers Name: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_  
Guardians Name (If not with Parents): \_\_\_\_\_ Relationship: \_\_\_\_\_  
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:

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 other health problems: \_\_\_\_\_

Medication taken by student: \_\_\_\_\_  
How much: \_\_\_\_\_

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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 ORDER.**

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 and

This is to verify that the following people CANNOT have contact with my child. (Court Papers Needed)

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

\*\*\*\*NOTIFY THE SCHOOL IF YOU WANT THIS LIST CHANGED IN ANYWAY\*\*\*\*

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 you son/daughter.

Yes \_\_\_ No \_\_\_ My son / daughter received special education services at the last school attended as part his or 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 remainder 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 that will meet his or 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: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments / Concerns: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Waiver to give MAS privilege to use my child(ren) in Any 2021-2022 School-event Multi-media

Parents / Guardians:

From time to time, there may be opportunities where you 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 2021 – 2022.

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 this paper, date it, and return it to the school.

Thank you,

Mescalero Apache Elementary

For the 2021– 2022 school year ending May 19, 2022.

\_\_\_\_\_ I give consent for my child's image being used for these purposes.

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

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
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 your school.

Name of student \_\_\_\_\_  
First Middle Last

Name of school \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Month Day Year

Sex: \_\_\_\_/\_\_\_\_  
Male Female

The answers to the following questions can help determine the service this student may be eligible to receive under the McKinney-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 hardships? \_\_ Yes    \_\_ No
3. Is this student in 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 this 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 a house or apartments                                     | <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(s): \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

McKenny-Vento Liaison: \_\_\_\_\_ 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 internet use that creates risks for our students and staff.

### Goals:

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

- To complete their 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 students' access to websites of their choice, but we expect our students 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 students 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 web sites 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 websites that can compromise the safety of 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 their respective schools' secretary.
4. Keep the internet use policy for your records.

## Student Internet Contract

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_ 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, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ agree to allow him/her to use the internet for educational purposes. I have read and understand the Internet Use Policy.

\_\_\_\_\_  
Parent Signature