

MESCALERO "Apache" SCHOOL

P.O. Box 230, 249 White Mountain
Mescalero, New Mexico 88340
Phone: (575) 464-4431 Fax (575) 464-8100



"Mescalero Chiefs"

Student Registration

Registration Date _____

Student name: _____ Grade: _____

DOB: _____ Age: _____ Sex: _____

Place of Birth: _____ Bus Route _____ Bus # _____

Mescalero Tribal Member Y ___ N ___ Other Indian Tribe _____

Student Mailing Address _____

Student Physical Address _____

School last Attended _____

Date Last Attended _____

Parent/Guardian Information

Mother name _____

Father name _____

Guardian name _____ Relationship _____

Home phone _____ Work phone _____ Cell _____

Email Y ___ N ___ Email address _____

Other Children at 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:

Notify _____ Relationship _____ Phone _____

Notify _____ Relationship _____ Phone _____

Notify _____ Relationship _____ Phone _____

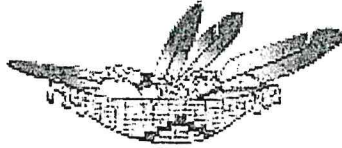
Notify _____ Relationship _____ Phone _____

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 and how much.

Parent/Guardian signature _____

Date _____



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PERSONAL INFORMATION FORM **CONFIDENTIAL**

Student name _____ Grade _____ DOB _____

Is this child in Foster Care Y___ N___

IF YES PLEASE ATTACH COURT PLACEMENT ORDER.

Is Mother living with student? Y___ N___

Is Father living with student? Y___ N___

This to verify that the following people can check out my child:

Name	Relationship	Phone #	Address	Workplace & Phone #

This is to verify that the following people CANNOT visit/check out my child:

Name	Relationship	Phone #	Address	Workplace & Phone #

NOTIFY THE SCHOOL OF YOU WAN THIS LIST TO CHANGE

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 Number: _____

Name of Student: _____ Grade: _____

Please send the following records:

1. Report cards
2. Health Records (Immunization and Physical)
3. Test Scores
4. Transcripts
5. Birth Certificate & Certificate of Indian Blood
6. Information of remedial or other special programs
7. Copies of all diagnostic reports and most recent IEP
8. Current Custody paper work if applicable
9. Any behavioral/discipline referral 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 _____

1st Request 2nd Request 3rd Request

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.		

☐ American Sign Language (ASL)

☐ Arabic

☐ Cantonese

☐ Diné

☐ French

☐ Greek

☐ Hmong

☐ Jicarilla Apache

☐ Italian

☐ Keres

☐ Khmer

☐ Korean

☐ Mescalero Apache

☐ Mandarin

☐ Portuguese

☐ Russian

☐ Somali

☐ Spanish

☐ Tiwa

☐ Tewa

☐ Towa

☐ Vietnamese

☐ Zuni

☐ 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?

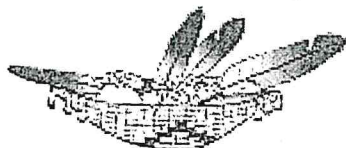
Signature of Parent or Guardian:

Date:

Translator:

Language:

Date:



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Waiver to give MAS privilege to use my child(ren) in any 2019-2020 School-event Multi-media

Parent/Guardians:

From time to time, there may be opportunities where your child may be participating in school events when images may be taken that includes your child. This statement signed by you give 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 the image in a respectful manner in other school sponsored events for the school year 2019-2020.

The use for these images are primarily for newsletters, parent-teacher meetings, bulletin boards, communications with book supplies companies to show the children received the books, communications with donors of materials, supplies, clothing and other gifts and award items, area newspapers articles, and school publications. Please check one of the lines below giving consent, sign this paper, date it, and return it to the school.

Thank you,
Mescalero Apache Mid-High

For the 2019-2020 school year ending May 14, 2020

____ I give consent for my child image being used for these purposes.
____ I DO NOT give consent for my child image to be used for these purposes.

Student Name

Grade

Signature of Parent/Guardian

Date



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SPECIAL EDUCATION INFORMATION

Dear Parent/Guardian:

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

Yes___No___ My child received special education services at the last school attended as part his or her Individualized Education Program (IEP)

Yes___No___ My child 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 reminder 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 age child with a disability, or had not previously been in the process of evaluation for special education eligibility, and therefore not eligibility for special education support and services at the time of enrollment.

Student name

Date of Birth

Grade

Former School Name

Phone Number

Name of Parent/Guardian

Relationship

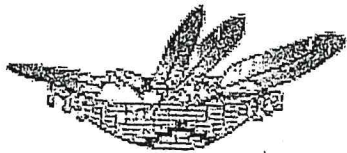
Home Phone

Cell Phone

Work Phone

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 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)

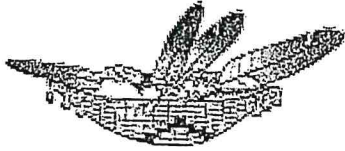
NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

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

Print name of parent(s)/legal guardian(s): _____

Signature of parent/legal guardian: _____ Date: _____

McKinney-Vento Liaison: _____ Date: _____



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INTERNET USE POLICY

PURPOSE:

The purpose of this policy is to provide a guide for staff and students in the use of the Internet.

Goal:

1. State the rules for use of the Internet as a route of access to the World Wide Technology Web.
2. Increase the ability of staff and students to communicate world wide while enhancing their learning and computer skills.
3. Staff will utilize this policy as a guide for classroom management while incorporating the Internet into lesson plans.

Acceptable Use Policy:

- Use of Internet computers only for instructional, research and administrative purposes.
- Follow established procedures.
- Adhere to copyrights policies.
- Respect the system integrity and resources.
- Respects the people responsible for overseeing the lab and administering the network.
- Have students respect the privacy of other students' accounts.

Unacceptable Use Policy:

Inappropriate Use includes:

Playing games.

Participating in gambling pools or pyramids.

Unauthorized downloads.

Accessing restricted web sites such as hate, dangerous materials, ect. Webpage's.

Accessing pornographic web sites.

Chatting on-line.

Use of another person's account.

Intentionally seek information on, obtain copies of, or modify files, passwords, data, or programs belonging to other user.

Developing or execute programs that could harass others users, infiltrate systems, damages, or alter software components.

Make and distribute copies of programs without the specific permission of the copyright holder.

Using the internet without a lesson plan objective or research objective.



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STUDENT INTERNET CONTRACT

Date _____

Grade _____

I _____ have read and agree to follow the Internet policy of the Mescalero Apache School. I understand that breaking the policy will result in losing my internet policy.

Parent Contract:

I, _____ the parent/guardian of _____ agree to let them use the internet for educational purposes. I have read and understand the Internet Policy.