PUEBLO OF ISLETA
ELEMENTARY SCHOOL
1000 MOONLIGHT DRIVE
ALBUQUERQUE, NM 87105
(505) 869-2321 Fax: (505) 869-1625

STUDENT ENROLLMENT APPLICATION FORM

Student's Name:_____ **DOB:**_____ **Age:** ____ __

Teacher: _____ **Grade:** _____ ***SCHOOL YEAR 2021/2022***

1. PARENT INFORMATION

Mother/Female Guardian Information:		***Father/Male Guardian Information:***	
Name:		***Name:***	
Phone Number:		***Phone Number:***	
Secondary Number:		***Secondary Number:***	
Address:		***Address:***	
Email Address:		***Email Address:***	

Estimated Start Date (For *new* students during school year): _____

2. EMERGENCY CONTACT INFORMATION

In the event of an emergency, please contact the following in the order listed below

EMERGENCY CONTACT	Relationship to Child:	Phone Number:	Secondary Number:
1.			
2.			
3.			
4.			
5.			

Please note that individuals other than the parent will be required to provide a picture identification card before the student is released to them. This is for safety and protection of your child. If custody issues exist, we will require documentation to support this in the form of a court order, restraining order, etc.

3. TRANSPORTATION

Bus **PICK UP** address (person's name and address): _____

Bus **DROP OFF** address (person's name and address): _____

Does the student walk to and/or from school? ____Yes _____ No

Is the student dropped-off/ picked-up afterschool? _____ Yes ____ No

Does the student walk to any of the following? POI Library_____ Dept. of Ed____

Is student picked up by POI Recreation Center? _____ Yes _____ No

SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

Printed Name	***Signature***	***Date***	***Relationship to Student***

STUDENT ENROLLMENT APPLICATION
PUEBLO OF ISLETA ELEMENTARY SCHOOL
2021-2022 SCHOOL YEAR

Type: Tribally Controlled **Funding: Public Law 100-297 Grant**

1. STUDENT IDENTIFICATION:

First Name Middle Name Last Name

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Place of Birth: _____
Month Day Year

Sex: ____ Male ____Female

Tribal Affiliation: _____ Degree of Indian Blood: _____

Enrollment Number: _____

Dominant Language Spoken in the home? (1)_____(2)_____

Is the Student Hispanic/Latino? _____ Yes _____ No

2. FAMILY INFORMATION

Mother/Female Guardian Information:		***Father/Male Guardian Information:***	
Name:		***Name:***	
Lives with Student?	_____Yes _____ No	***Lives with Student?***	_____Yes _____ No
Tribal Affiliation (if any):		***Tribal Affiliation (if any):***	
Enrollment Number:		***Enrollment Number:***	
Occupation (Optional):		***Occupation (Optional):***	
Employer:		***Employer:***	
Work Phone:		***Work Phone:***	

3. SIBLINGS

Names of sibling(s) attending Isleta Elementary School

Name:	***Teacher:***	***Grade:***
1.		
2.		
3.		
4.		

STUDENT NAME:	DATE:	GRADE:

School Year 2021-2022

Other Guardian Information (Foster Parent(s), etc.) if applies to student			
Name:		***Name:***	
Address:		***Address:***	
Phone Number:		***Phone Number:***	
Occupation (Optional):		***Occupation (Optional):***	
Employer:		***Employer:***	
Work Number:		***Work Number:***	
Emergency Number:		***Emergency Number:***	
Other (Specify):		***Other (Specify):***	

4. Previous School Information

School(s) Previously Attended (if any)	
School Name:	Year(s) attended:
Address:	Reason for Leaving:
City/State:	
School(s) Previously Attended	
School Name:	Year(s) attended:
Address:	Reason for Leaving:
City/State:	

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

_____ _____

Signature of Parent/Legal Guardian Date

STUDENT ENROLLMENT APPLICATION

STUDENT NAME:	DATE:	GRADE:

2021-2022 School Year

STUDENT RESIDENCY VERIFICATION DOCUMENT

This document is intended to address the McKinney-Vento Act. Your answers will help the school determine residency documents necessary for enrollment of this student.

1. Where is the student presently living? ***Check one box***

Section A	***Section B***
☐ In a shelter ☐ In a house or an apartment with more than one family ☐ In a motel, car or campsite ☐ With friends or family members (other than parent/guardian)	☐ Choices in ***Section A*** do not apply

2. The student lives with:

☐ 1 parent

☐ 2 parents

☐ 1 parent and another adult

☐ a relative, friend(s) or other adult(s)

☐ an adult that is not the parent or the legal guardian

Signature of Parent/Legal Guardian:_____Date: _____

School Use Only – School Administrator's determination of *Section A* circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to the School Registrar immediately after completion. Form will be kept separately from the Student's Permanent Record for audit purposes during the school year.

Name and phone number of a School Contact Person who may know of the family's situation:

Name:_____ Phone: _____

STUDENT ENROLLMENT APPLICATION

STUDENT NAME:	DATE:	GRADE:

2021-2022 School Year

CONSENT FOR MEDICAL SERVICES
Pueblo of Isleta Elementary School and the Pueblo of Isleta Health Center

The Pueblo of Isleta Elementary School is asking you to complete this form in order to arrange for or provide health care services and education for your child/children while attending school. This includes medical, dental care and especially emergency services.

We understand that some children do not receive health care services from the Pueblo of Isleta Health Clinic. In the event of a medical emergency, the Pueblo of Isleta Emergency Medical Technicians are called and will administer first aid and possibly transport your child for medical care. In the event of an emergency, the parent or other emergency contact will be notified as soon as possible.

The Isleta Diabetes Program provides nutrition awareness to our students and tracks their fitness level. The Pueblo of Isleta Community Health Nurse and Health Educator provide health education to our students in a variety of topics such as nutrition, healthy lifestyle choices and puberty education. Our Community Health Nurse also performs head lice checks routinely. Student immunization records are also reviewed to ensure that students are up to date with their shots. As a parent, you can specify exceptions or special instructions in the space provided below. This information is used for future promotion planning. The Pueblo of Isleta Health Clinic/Pueblo of Isleta Elementary School may provide the following services:

1. Emergency Health Care for accidents or illness.
2. Transportation of the child to another health facility for these services.
3. Health education such as diabetes awareness, head lice, nutrition, etc.

Student's Name:_____ Date of Birth: _____

Grade:_____

Please note any special instructions or exceptions:

_____

_____

Parent/Guardian Signature:_____ Date: _____

STUDENT ENROLLMENT APPLICATION

STUDENT NAME:	DATE:	GRADE:

2021-2022 School Year

MEDIA PERMISSION SLIP

There are several events throughout the school year when the media will be invited to the Pueblo of Isleta Elementary School. We are asking for your permission for your child to be interviewed, photographed, videotaped, etc. Your child's teacher will notify you.

☐ My child **HAS** my permission to participate in interviews, photography opportunities and may also be videotaped.

☐ My child **DOES NOT** have my permission to participate in interviews, photography opportunities and may not be videotaped.

Name of Student _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ Date _____

WALKING PERMISSION SLIP

During the school year, your child's classroom may be involved in an activity at the Isleta Head Start or Isleta Health Clinic (located approximately ¼ mile down the street) away from school grounds with staff supervision. With your permission, your child may walk to the different offices within the Sunset Hills area. Once again, your child's teacher will notify you as to the date of the activity. This permission form does not allow your child to walk off campus after school without parent permission.

☐ My child **HAS** my permission to walk to activities in the Sunset Hills area during the school year.

☐ My child **DOES NOT** have my permission to walk to activities in the Sunset Hills area during the school year.

Name of Student _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ Date _____

STUDENT ENROLLMENT APPLICATION

STUDENT NAME: DATE: GRADE:

2021-2022 School Year

INTERNET, ELECTRONIC MAIL AND COMPUTER PERMISSION FORM FOR PUEBLO OF ISLETA ELEMENTARY SCHOOL STUDENTS

The Pueblo of Isleta Elementary School is pleased to offer students access to a computer network for electronic mail (e-mail) and the Internet, all students must obtain parental permission as verified by the signature on the attach form.

Pueblo of Isleta Elementary School Rules for Use of Computers, the Internet and Electronic (e-mail):

1. **DO NOT use a computer to harm other people or their work.**
2. **DO NOT damage the computer or the network in any way. This includes not damaging the computer keyboard, mouse, mousepad or monitor. Any student who damages computer equipment will lose the privilege to use school computers and will have to pay for repairs.**
3. **DO NOT create, view, send or display offensive, inappropriate messages or pictures – Profane, abusive, or impolite language should not be used to communicate, nor should materials be accessed which are not in line with the rules of school behavior.**
4. **DO NOT trespass in another's folder, work or files.**
5. **NOTIFY an adult immediately if you or another student encounter inappropriate materials or language.**
6. **BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.**

As a parent or guardian of a student at the Pueblo of Isleta Elementary School, I have read the above information about the appropriate use of computers and technology equipment at the school and I understand that this agreement will be kept on file at the school. (All questions should be directed to the Principal). Each child will be issued a set of headphones for use with computers during the school year. Should the headphones be damaged or lost, it will be the responsibility of the parent to pay for the headphones.

☐ My child **MAY** use school computers, the Internet and e-mail while at school according to the Rules of Appropriate Use. He/she may also post information about him/herself and personal work on school related web pages.

☐ I **DO NOT** want my child to use the school's computers (Internet, e-mail, etc.) to post about himself/herself on school related web pages.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

STUDENT ENROLLMENT APPLICATION

STUDENT NAME:	DATE:	GRADE:

2021-2022 School Year

HOME LANGUAGE SURVEY

Student's Name: _____ Grade: _____

Dear Parents and Guardians:

In order to help your child, succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child's language development skills.

1. What language was first learned by your child? _____

2. What language(s) are commonly used in speaking with your child?

   ☐ English ☐ Tribal Language_____Other _____

3. What language(s) does your child use when speaking with you or family members?

   ☐ English ☐ Tribal Language_____Other _____

4. Do any family members or friends speak another language at home?

   ☐ English ☐ Tribal Language_____Other _____

5. What other language(s) is your child exposed to outside of school?

   ☐ English ☐ Tribal Language_____Other _____

The information in this box is to be filled in by the person completing this form:

Do parents need an interpreter?

_____ Yes _____ No

Information was completed by: _____ _____
Print Name Date

Parent Signature:_____Relationship to child: _____

This Document will be kept in the student's file per Family Educational Rights and Privacy Act Regulations. If you have any questions, please contact the front office 505-869-2321.

STUDENT ENROLLMENT APPLICATION

STUDENT NAME:	DATE:	GRADE:

2021-2022 School Year

SCREENING CONSENT FORM

I give permission for my child to participate in the free vision, dental, and hearing screening programs provided at the school.

I understand the following regarding this program:

I. There is no charge for my child to participate in these screening programs.

II. The information obtained from this screening is preliminary only and does not constitute a diagnosis.

III. I will be contacted by the school or by my child's teacher, school administrators, or directors should my child be referred for further evaluations.

PLEASE PRINT

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Student's Name: _____

May 3, 2021

Dear Parent/Guardian:

The Pueblo of Isleta Elementary School is participating in a Universal Lunch and School Breakfast Program for the current school year *2021-2022*. If your children attend *Pueblo of Isleta Elementary School*, breakfast and lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast and lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Breakfast and Lunch Programs cannot succeed without your support; please encourage your children to participate in the school meal programs.

Meals will be served to all students at no charge regardless of the eligibility status.

If you have any questions about the program please feel free to contact us at *505-869-2321*.
Sincerely,

Maria Calderon, Food Service Manager

Non-discrimination Statement:
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Pueblo of Isleta Elementary School Free Lunch Program Media Release

Pueblo of Isleta elementary School is participating in a Universal Breakfast and Lunch Program for the current school year 2021-2022. If your children attend any of the schools listed, breakfast/lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast/lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing breakfast/lunch to all children at no charge, we are hoping to create a better learning environment for our students. The School Breakfast and Lunch Programs cannot succeed without your support; please consider your children's participation in the school meal programs.

The school breakfast and lunch that we serve follows U.S. Department of Agriculture guidelines for healthy school meals. The Universal Meals Program cannot succeed without your support; please encourage your children to participate in school meal programs.

All meals will be served to all students at no charge regardless of the eligibility status.

Non-discrimination Statement:
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov

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