

Wagon Mound Public Schools Registration Form

***One form per family unless new to district.**

Student ID #	Legal Last Name	Legal First Name	Legal Middle Name

Grade Level	Date of Birth	Birth City and State	Birth County

Mailing Address	City, State, Zip	Phone Number

Physical Address (if different from Mailing Address)	City, State, Zip	Alternate Phone Number

Gender	Ethnicity
Female <input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Military Family Code	Race
<input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> N/A	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander

Contacts (Ex: Father/Mother/Guardian)			
Contact Name	Relationship	Phone Number	Phone Type
Address		Second Phone Number	Phone Type
Contact Email Address		Employer	Phone Number

<input type="checkbox"/>	HAS CUSTODY	<input type="checkbox"/>	RESPONSIBLE PARTY	<input type="checkbox"/>	LIVES WITH	<input type="checkbox"/>	KEEP ADDRESS PRIVATE
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Contact Name	Relationship	Phone Number	Phone Type
Address		Second Phone Number	Phone Type
Contact Email Address		Employer	Phone Number

Emergency Contact Name	Relationship	Emergency Phone Number

Please fill out for additional children. Only one school form is needed per family.

Last School Attended	Date Last Attended
Sibling Attending: <input type="checkbox"/>	DOB: <input type="checkbox"/>
Sibling Attending: <input type="checkbox"/>	Grade: <input type="checkbox"/>
Sibling Attending: <input type="checkbox"/>	DOB: <input type="checkbox"/>
Sibling Attending: <input type="checkbox"/>	Grade: <input type="checkbox"/>

SCHOOL USE ONLY:			
Enrollmet Date	Enrollment Status	School Name	Birth Certificate Verified By:

Wagon Mound Public Schools
School Messenger Student Profile
Only one form per family

Student Name(s): _____

Parent Home Phone #1: _____ *Cell Phone #1:* _____

Parent Home Phone #2: _____ *Cell Phone #2:* _____

Text #1: _____ *Text #2:* _____

Emergency Contact: _____ *Emergency #:* _____

Email #1: _____ *Email #2:* _____

Please check here if you would like to access the school student information system parent portal to monitor your student's attendance and grades.

School Messenger will call and text numbers you list above. It will also email you. Please list information you want to be notified by. If you change phone numbers, you must notify school to update system. Thank you!



Wagon Mound Public Schools

Student Pick-Up Form

Student's Name (s): _____

Parent/Guardian: Phone #: _____ #: _____

Please list below the names of people who have your permission to pick up your student(s) in the event of an emergency, illness, or you aren't available, etc.:

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____

If you need to add more, please list on the back of the form. Thank you!

Please list anyone who you do not want to pick up your student(s). If you do not want the other parent to pick up your student(s), please make sure to turn in any legal documentation to prevent them from doing so, otherwise the district cannot stop a parent from taking your student(s).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please try to keep this form current. Make sure to notify the school in person or by phone if someone else besides you will be picking up your student(s). If your child does not recognize the other person then we will need to see some identification unless they know the password. Please write down the password that will be used by the person to pick up your student(s).

Password: _____ Date: _____

Parent Name: _____ Parent Signature: _____

WAGON MOUND PUBLIC SCHOOLS

Family Educational Rights & Privacy Act (FERPA)

Dear Parents/Guardians:

The Family Educational Rights Act (FERPA) protects the privacy of your child's educational record. This protection includes but is not limited to the right to refuse that:

1. Student work not to be displayed in the classroom or the school building.
2. Student's name & picture to not be placed on the honor roll or media listings in the local newspaper, school newspaper/newsletter, videos, yearbook, school message board, district website or any other school sponsored events.

FERPA allows for parent's inspection of student records and the correction of those records if the parent believes that they are misleading or incorrect. Please indicate your decision regarding whether you want your child's work displayed in the school building, classroom, school newsletter and newspaper for honors and awards received.

Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____

****Only one form needed per family.**

I **GIVE** permission for my child's work to be displayed in the classroom, school building or any other school sponsored event. Furthermore, I give permission for my student's name/photo to be published in any media during the 2018-2019 school year.

Parent/Guardian Signature: _____ Date _____

I **DO NOT GIVE** permission for my child's work to be displayed in the classroom, school building or any other school sponsored event. Furthermore, I give permission for my student's name/photo to be published in any media during the 2018-2019 school year.

Parent/Guardian Signature: _____ Date _____

N.M. Student Residency Questionnaire

Your child may be eligible for additional educational assistance services through Title I Part A, Title I Part C-Migrant, and/or Title X Part C under the Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. Eligibility can be determined by completing this questionnaire.

1. Presently, where are you and your family currently staying? Please check one box below.

- A. Rent/Own my own home. **STOP! If you rent/own your own home, sign below and submit form to school.**
- B. Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian or alone without an adult.
- In a motel, hotel, trailer park or campground without running water/electricity.
- In a vehicle of any kind, abandoned building or substandard housing.
- In an emergency/transitional shelter.

***If you checked a box in Section B, complete the remainder of this form. You may be contacted for clarification on your situation in order to better serve your needs.**

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus or other) or fishing? (Check one) Yes No

3. Would you like to be contacted by a member of the school system's Education for Homeless Children & Youth Program staff? Yes No

4. The undersigned certifies that the information provided above is accurate.

Parent/Guardian/Adult Caring for Student Signature: _____ Date: _____

Wagon Mound Public Schools

P.O. Box 158

Wagon Mound, N.M. 87752

(575) 666-3000 / (575) 666-9001 fax

Anita Romero, Superintendent



PARENTS

FR: WMPS STAFF

RE: BLANKET PERMISSION REQUEST

Throughout the school year, children attending the Wagon Mound Public Schools are offered activities that require leaving school premises. Activities that the students engage include but aren't limited to the following: walks, local field trips, movie theatre visits, swimming, music programs, or educational presentations.

Before students are allowed to leave school grounds, your written permission is required. We respectfully request that as the legal parent/guardian you sign the **Blanket Permission** to allow your child to participate in these activities. Parents will be notified when and where these activities will take place.

Student's Name (s): _____ Grade: _____

Student's Name (s): _____ Grade: _____

Student's Name (s): _____ Grade: _____

Student's Name (s): _____ Grade: _____

I, _____, **GIVE** my child permission to participate in all school
(*Parent/Guardian Name*) related field trips and educational activities for the 2020-2021
school year.

OR

I, _____, **DO NOT GIVE** my child permission to participate in all
(*Parent/Guardian Name*) school related field trips and educational activities for the 2020-
2021 school year.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Student: _____ Parent/Guardian: _____

Address: _____ Parent/Guardian Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Alternate Contact: _____ Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Home Phone #: _____ Cell Phone #: _____

Please describe completely any medical conditions (past or present) being treated which may occur or be a factor in medical treatment (including asthma, medical reactions, disease of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, diabetes, ear/hearing/speaking problems, emotional problems etc.) If currently taking medication, please list below as well.

List below any allergies to medication/food such as peanuts, penicillin, etc.: _____

Primary Doctor: _____ **Phone #:** _____

Primary Dentist: _____ **Phone #:** _____

I / We certify that the information described above is accurate and complete to the best of my / our knowledge. I / We understand that each individual's insurance company will be contacted in case of emergency and the school does not provide medical insurance coverage making me responsible for all medical bills. My / Our company information is

Company: _____ Policy #: _____ Parent/Guardian Signature: _____

Attention Parent / Guardian: Please check **ONE** and sign off on the following statements below.

_____ I **give** permission for immediate medical treatment as required by attending medical personnel in case I cannot be reached. I also give permission to transport my child in an emergency and authorize these providers to give any reasonable and customary medical and health care as deemed necessary.

_____ I **do not give** permission for medical treatment until I have been contacted.

Parent / Guardian _____ **Date** _____

***Only parents and legal guardians will be contacted for emergency purposes.**

Confidential Registration Information

Student's Name

Date of Birth

Social Security Number

Grade

Family Physician

Medicaid Provider

1. If the state allows students to return to school buildings, will student:
____ Attend in person ____ Continue virtually from home

2. Has your child ever received any of the following services:

____ Special Education ____ Speech/Lang. Therapy

____ Occupational Therapy ____ Physical Therapy

____ Psychology Therapy ____ Social Work Services

3. Was your child on a: ____ 504 Plan ____ SAT Plan ____ IEP

4. Does your child have difficulty with any of the following:

____ Hearing ____ Vision ____ Medical

5. What language is spoken at home? _____

Parent or Guardian Signature

Date



Wagon Mound Public Schools

Transportation Registration Form

This form must be completed and returned to WMPS in order for your child to be eligible for transportation services.

Student's Name: _____ Grade: _____ Age: _____

Student's Name: _____ Grade: _____ Age: _____

Student's Name: _____ Grade: _____ Age: _____

Student's Name: _____ Grade: _____ Age: _____

Address(Street, City): _____

Please Indicate: ___AM Only ___PM Only ___Both AM/PM

Mom's Name: _____ Phone Number: _____

Dad's Name: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

Dear Head Start & Kindergarten Parents/Guardians:

The State Department of Education, Transportation Division strongly suggests that an adult person be present to receive your child at the end of the school day.

_____ My child will be received daily from the bus by myself or a designated person or the bus driver will take him/her back to the school.

Designated Person(s): _____

_____ My child is mature and responsible. I request that he/she be dropped off at his/her stop. I will not hold the district responsible.

Parent/Guardian Name: _____ Signature: _____

Wagon Mound Public Schools

P.O. Box 158

Wagon Mound, N.M. 87752

(575) 666-3000 / (575) 666-9001 fax

Anita Romero, Superintendent



Wagon Mound Public Schools
300 Park Ave.
Wagon Mound, NM 87752

Dear Parent/Guardian:

This letter is to inform you that Wagon Mound Public Schools offers a Bilingual Multicultural Education Program (BMEP). The program's goals are for all students to become bilingual and bi-literate in English and a second language and to meet state academic content standards and benchmarks in all subject areas.

The cognitive and affective development of students in the program is encouraged by using the cultural and linguistic backgrounds of the students, providing students with opportunities to expand their conceptual and linguistic abilities and potentials in a successful and positive manner, and teaching students to appreciate the value and beauty of different languages and cultures. Your son/daughter has been placed in the school's BMEP. The following BMEP model is used in the program:


Heritage – is designed to support and revitalize a student's native language and culture through oral and/or written language instruction as prescribed by NMAC 6.32.2.12 (D)(3). English learners in this model receive one hour of Spanish language arts heritage language, one hour of English as a second language/English language development and one-hour language arts in the English language. Fluent English Proficient students in this model receive one hour of language arts in Spanish heritage language and one hour of English language arts.

Parents with children participating in the schools' BMEP are encouraged to participate in the BMEP parent advisory committee (PAC). Parent participation in the development, implementation, and evaluation of the program is valued and important, as we consider what BMEP works best for your children and the community.

We highly recommend that your child participate in, and receive the benefits from, this program. However, you have the right to decline your child's participation in/opt your child out of the BMEP. If you have questions, you are encouraged to call or visit our office.

Sincerely,

Anita Romero

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.				
<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:



WAGON MOUND PUBLIC SCHOOLS

Post Office Box 158 • 300 Park Avenue • Wagon Mound, New Mexico 87752
Voice: 575-666-3000 FAX: 575-666-9001

2020-2021
YEARS 2-4 AND BEYOND
COMMUNITY ELIGIBILITY LETTER TO HOUSEHOLDS

NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM


Dear Parent/Guardian:

We are pleased to inform you that children in Wagon Mound Public (school) will be offered free meals to all students, regardless of income through the 2020-2021 school year unless otherwise notified.

All meals served must meet regulations established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please get in touch with us for further information.

CONFIDENTIALITY: School officials will use the information on your application only to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes.

Sincerely,

 _____	<u>SUPERINTENDENT</u> _____	<u>5-26-2020</u> _____
Name	Title	Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964 or (866) 632-9992 or (800)795-3272 (TTY). USDA is an equal opportunity provider and employer.