



Pine Hill Schools

P.O. Box 280
 Pine Hill, New Mexico 87357
 Telephone #: 505-775-3242/43/44
 Fax #: 505-775-3505

NEW Student Enrollment/Record Checklist

Parent/Legal Guardian's Name & Address

School Year: _____

Telephone Number: _____

Start Up Date: _____

| | | | |
|-------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------|------|
| Name of Student: | | Grade: | |
| Included | Not Included | Documents Needed to Complete Enrollment: | |
| | | 1. Enrollment Application (2 pages) | |
| | | 2. Birth Certificate, Certificate of Indian Blood, Social Security Card/Number | |
| | | 3. Guardianship Decree (provided by the Court) for Legal Guardianship | |
| | | 4. Individualized Education Plan (Special Education Program) | |
| | | 5. Official Grades/Transcripts (Previous School Attended) | |
| | | 6. Standardized Test Scores (Previous School Attended) | |
| | | 7. School Health Services/Parent Consent & Health History | |
| | | 8. Updated Immunization Records | |
| | | 9. Physical Examination Form (Required before student is allowed to Participate in any sport activity, including practice.) | |
| | | 10. 506 Form | |
| | | 11. Student Right and Due Process | |
| | | 12. Home Language Questionnaire (K-12) | |
| | | 13. Student Residency Verification Document/McKinney Vento Act | |
| | | 14. Transportation Form | |
| | | 15. A written letter of good standing from previous School Official | |
| | | 16. Social Information and Program Referral | |
| Accepted | Denied | Approved by (School Official): | Date |

(Circle one)



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Enrollment Application

Student Data Sheet

| | | | | |
|---------------------------------------------------------------------------|--------------------|-----------------------------------|--------------------|-----|
| Entry Date: | | Student State/NASIS ID: | | |
| Student Name: | | Gender (Circle): Female / Male | Grade: | |
| Mailing Address: | P.O. Box # | City/Town | State | Zip |
| Physical Address: | | | | |
| Date of Birth: | Birth Place: | Ethnicity: | Tribal Agency: | |
| Parent / Legal Guardian Information | | | | |
| Father's Name: | | Telephone #: | | |
| Mailing Address: | | Work Place: | Email Address: | |
| Mother's Name: | | Telephone #: | | |
| Mailing Address: | | Work Place: | Email Address: | |
| Legal Guardian's Name: | | Telephone #: | | |
| Mailing Address: | | Work Place: | Email Address: | |
| Emergency Contact Information (Other than Parents/Legal Guardians) | | | | |
| Name: | Relation to Child: | | Telephone #: | |
| Name: | Relation to Child: | | Telephone #: | |
| #1-Emergency Placement: | | | Relation to Child: | |
| Directions to Home: | | | Telephone #: | |
| #2-Alternate Placement: | | | Relation to Child: | |
| Directions to Home: | | | Telephone #: | |
| <i>Please fill out this page completely.</i> | | | | |

Academic Information

Previous School Attended:

School Address:

Telephone #:

Dates of Attendance

From:

To:

Has your child participated in any of the following programs?

1. Special Education Program (Circle Response)

Yes

No

If YES, indicate level and type of program:

2. Gifted and Talented Program (Circle Response)

Yes

No

If YES, indicate level and type of program:

3. 504 Plan (Circle Response)

Yes

No

If YES, indicate reason(s):

FOR SCHOOL AND RESIDENTIAL:

Name of Individuals (must be at least 21 years of age) who are allowed to check your child out.
(Anyone else MUST be cleared through the Principal/Designee's Office)

Name:

Relation to Child:

Name:

Relation to Child:

Name:

Relation to Child:

Name:

Relation to Child:

Name:

Relation to Child:

Signatures / Consents

Newspaper/Photograph/Media Permission

Initial (Circle one)

I / We (agree / not agree) to have Pine Hill Schools to release my child's photo to be published in an article in a magazine, newspaper/newsletter or school yearbook.

Family Education Rights and Privacy Act

Initial The undersigned acknowledges to receiving information regarding The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), a Federal law that protects the privacy of student education records which are deemed confidential and shall not be disclosed to anyone except parents, officials with legitimate education interest, authorized federal and state educational authorities for official purposes or where required by law.

Signature of Parent

Date

Please fill out this page completely.



Grade: _____

School Year: _____

Pine Hill Health Center and Pine Hill Schools

CONSENT FOR SCHOOL HEALTH SERVICES

Name of Student: _____ Date of Birth: _____

CONSENT STATEMENT

In addition to seeing the School Nurse during school hours for any health related matters, I/(We) am (are) giving consent to Pine Hill Schools to provide the following services **if needed;**

- Urgent and emergency health care which may include medical examination and treatment, routine laboratory studies including testing for suspected substance, x-ray procedure, skin tests and emergency tetanus booster.
- Dental care including dental examinations, dental disease prevention including fluoride and sealants and emergency dental care.
- Counseling, behavioral, and mental health in collaboration with Pine Hill Behavioral Health Services.
- Transportation of the child to and/or from another health facility for emergency services.

I / We _____ have read the above Consent Statement and grant the
(Printed name of parent(s) / legal guardian)

Pine Hill Health Center and Pine Hill Schools permission to arrange for or to provide the said health services for this child.

Exceptions or Special Instructions:

Signed: _____ Date: _____

Relation to Child: _____ Phone: _____

Mailing Address: _____

THIS CONSENT IS VALID UNTIL THE BEGINNING OF NEXT SCHOOL YEAR



Pine Hill Schools

HEALTH HISTORY

Student's Name: _____ Date of Birth: _____

Has your child ever been hospitalized or had surgery? _____ If yes, please explain: _____

Is your child currently taking any medication? _____ If yes, type of medication: _____

Students **are not** allowed to bring any type of medication to school. If medication needs to be taken during the school day, please contact the School Administrator to make prior arrangements at (505) 775-3242.

Does your child have any allergies to medication or food? _____ If any please list: _____

Has your child had any of the following? (Please Circle Your Responses)

| | | |
|--------------------------------|-----|----|
| Chicken Pox | Yes | No |
| Hepatitis | Yes | No |
| Seizures | Yes | No |
| Head Injury/Concussion | Yes | No |
| Migraine Headaches | Yes | No |
| Wears Glasses / Contacts | Yes | No |
| Hearing Loss | Yes | No |
| Frequent Nosebleeds | Yes | No |
| Strep Throat | Yes | No |
| Asthma | Yes | No |
| Shortness of Breath | Yes | No |
| Heart Problems | Yes | No |
| Stomach Problems | Yes | No |
| Bedwetting / Daytime Accidents | Yes | No |
| Other: | Yes | No |

Please use the back of this form to write any additional information you would like to include about the health of your child.

Form completed by: _____ Date: _____
(Print Name)

Signature: _____ Relationship to Child: _____

INDIAN STUDENT ELIGIBILITY CERTIFICATION
Indian Education Act of 1988, Title IV, Part C
Section 5314

In order, to apply for a formula grant under the Indian Education Act, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose.

Indian means any individual who is (1) a member (as defined by the Indian tribe, band, or other organized group of an Indian tribe, band, or other organized group of Indians, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside); or a descendant, in the first or second degree, of such member; or (2) considered by the Secretary of the Interior to be an Indian for any purpose; or (3) an Eskimo or Aleut or other Alaska Native.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for parents and 30 minutes per local education agency (LEA), including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden or estimate or any other aspect of this collection for information, including suggestions for reducing the burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, DC 20202 -- and to the Office of Management and Budget, Paperwork Reduction Project 1080-0031, Washington, DC 20503.

You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. Please return completed form to your child's school.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND, OR GROUP _____

Tribe, Band or Group is: (CHECK ONE)

Federally Recognized State Other
 Including Alaska Native Recognizing Terminated Organized Group

Membership is in the name of: _____

Above individual is (check one) Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group:

A. Membership or Enrollment No. (if readily available) _____ OR

B. Other (explain) _____

Name and address of organization maintaining membership date for the tribe, band, and group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

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(As shown on school enrollment records)

School Name _____ Grade _____

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Federally Recognized
 Including Alaska Native State Recognizing Terminated Other Organized Group

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A. Membership or Enrollment No. (if readily available) _____ OR

B. Other (explain) _____

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I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____



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Part 42 – BIE STUDENT RIGHTS AND DUE PROCESS PROCEDURES

42.1 PURPOSE – The regulations in this part govern establishing programs of student right and due process procedures in Bureau of Indian Education schools and in schools that are operating under contract with the Bureau of Indian Education.

42.2 APPLICATION TO BUREAU SCHOOLS – All Bureau of Indian Education schools shall be governed by the regulations set forth in this part and said regulations shall be expressly included as a part of the local school regulations of each Bureau of Indian Education school.

42.3.1 RIGHT OF THE INDIVIDUAL STUDENT – Individual students at Bureau of Indian Education schools have, and shall be accorded, the following rights: a) The right to an education. b) The right to be free from unreasonable search and seizure of their person and property, to a reasonable degree of privacy, and to a safe and secure environment. c) The right to make his or her own decisions where applicable. d) The right to freedom of religion and culture. e) The right to freedom of speech and expression, including symbolic expression, such as display of buttons, posters, choice of dress and length of hair, so long as the symbolic expression does not unreasonably and in fact disrupt the educational process or endanger the health and safety of the student or others. f) The right of freedom of the press except where material in student publications is libelous, slanderous, or obscene. g) The right to peaceably assemble and to petition the readiness of grievances. h) The right to freedom from discrimination. i) The right to due process. Every student is entitled to due process in every instance of disciplinary action for alleged violation of school regulations for which the student may be subjected to penalties of suspension, expulsion, or transfer.

42.4 DUE PROCESS – Due process shall include: a) A written notice of charges within a reasonable time prior to a hearing. Notice of the charges shall include reference to the regulation allegedly violated, the facts alleged to constitute the violation, and notice of access to all statements of persons relating to the charge and to those parts of the student's school record which will be considered in rendering a disciplinary decision b) A fair and impartial hearing prior to the imposition of disciplinary action absent the actual existence of an emergency situation seriously and immediately endangering the health or safety of the student or of others. In an emergency situation of the official may impose disciplinary action not to exceed a temporary suspension, but shall immediately thereafter report in writing the facts (not conclusions) giving rise to the emergency and shall afford the student a hearing which fully comports with due process, as set forth herein, as soon as practicable thereafter. c) The right to have present at the hearing, the student's parent(s) or guardian(s) (or their designee) and to be represented by lay or legal counsel of the student's choice. Private attorney's fees are to be borne by the student. d) The right to produce, and have produced, witnesses on the student's behalf and to confront and examine all witness. e) The right to be a record of hearings of disciplinary actions, including writing findings of fact and conclusions in all cases of disciplinary action. f) The right to administrative review and appeal. g) The student shall not be compelled to testify against himself. h) The right to have allegations of misconduct and information pertaining thereto expunged from the student's school record in the event the student is found not guilty of the charges.



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I have received a copy of the Bureau of Indian Education's student Rights and Due Process Procedures.

Student Signature: _____

Parent/Legal Guardian Signature: _____

(If student is not present)

Date: _____



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Fax #: 505-775-3505

Social Information and Program Referral

Student's Name: _____

Grade: _____

| Student Questionnaire: | | Student Responses | |
|-------------------------------|---------------------------------------------------------------------|--------------------------|----|
| 1. | Have you missed more than ten (10) days of school in the last year? | Yes | No |
| 2. | Have you been suspended or expelled from school in the last year? | Yes | No |
| 3. | Other: | Yes | No |
| 4. | Other: | Yes | No |
| Notes/Comments: | | | |

Student/Parent Signature

Date



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Library Permission Form

School Year: _____

Student Name: _____

Grade: _____

Mailing Address: _____

Parent/Guardian's Name: _____

Telephone: (Home #): _____

(Work #): _____

(Cell #): _____

PLEASE mark appropriate box:

I give my permission for the above student to check out library books.

I **DO NOT** give my permission for the above student to check out library books

Parent/Guardian name: _____

(Please Print)

Parent/Guardian name: _____

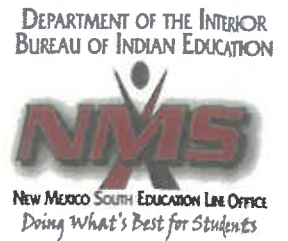
(Signature)

Please be aware all Pine Hill School students are financially responsible for all lost items, including library books and magazines. Each student is responsible for his/her own library books.

This form requires a Parent Signature before students will be allowed to check out library books.



United States Department of the Interior
 Bureau of Indian Education
 New Mexico South
 Education Line Office
 1001 Indian School Road, N.W. Suite 149
 Albuquerque, New Mexico 87104



HOME LANGUAGE SURVEY
 School Year 2016-17

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 was the first language 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 _____

An interpreter is needed.

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

Document will be kept in Student's file per Family Educational Rights and Privacy Act regulations (FERPA). If you have any questions regarding this survey please contact the school Principal.

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Official Use: LEP Coordinator reviewed survey on (Date) _____ LEP Coordinator contacted parent on (Date) _____ Notes:</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Pine Hill Schools Student Transportation Form
School Year _____

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Student Name: _____ | | Grade: _____ |
| My child will be: (Please place an X next to <u>ONE</u> transportation of choice.) | MORNING transportation TO school: _____ Riding the Bus From: _____ (Rural/Residential Address) _____ Walking to School _____ Dropped off at School _____ Driving to School | |
| | AFTERNOON transportation FROM school: _____ Riding the Bus To: _____ (Rural/Residential Address) _____ Walking from School _____ Picked up from School _____ Driving from School | |
| Student Drivers: Current driver's license, vehicle title/registration, proof of insurance and parent permission form must be completed and on file in the Principal's/designee's office. | | |
| ALL BUS CHANGES ARE DENIED unless under extreme circumstances. Extreme circumstances are approved on a case-by-case basis by the Principal/Superintendent. | | |

Parent Signature

Date

Please return to School Registrar's Office.



School Year: 2024-2025

Pine Hill Schools

STUDENT RESIDENCY VERIFICATION DOCUMENT

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

1. Presently, where is the student living? *Check one box.*

| Section A | Section B |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian). CONTINUE: <i>if you checked a box in Section A, complete #2 and the remainder of this form.</i> | <input type="checkbox"/> Choices in Section A do not apply STOP: <i>if you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</i> |

2. The student lives with:

- | | |
|---------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s), or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with not adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

Name of Student: _____ Male Female

Birth Date: ____/____/____ Age: _____ Grade: _____

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

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 School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

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

Name: _____ Phone Number: _____



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Social Information and Program Referral

Student's Name: _____

Grade: _____

| Student Questionnaire: | | Student Responses | |
|-------------------------------|---------------------------------------------------------------------|--------------------------|----|
| 1. | Have you missed more than ten (10) days of school in the last year? | Yes | No |
| 2. | Have you been suspended or expelled from school in the last year? | Yes | No |
| 3. | Other: | Yes | No |
| 4. | Other: | Yes | No |
| Notes/Comments: | | | |

Student/Parent Signature

Date