PINE HILL DORMITORY

PO BOX 220 PINE HILL, NM 87357 (505)495-8404/8384 or (505) 979-9253

APPLICATION for SCHOOL YEAR 2026-2027

Yáát'eeh Parents, Guardians, and Students,

Warm Welcome, the Pine Hill Dormitory staff extends a warm welcome to all students and families for the 2026-2027 school year. The staff is committed to providing a positive, safe, and successful environment for your child.

The dormitory will continue to follow evolving health and safety guidelines. Protocols may be adjusted as needed to ensure everyone's well-being.

Masks are allowed if students and parents choose to continue wearing them.

The dormitory aims to continue hosting monthly activities to foster a strong, supportive community.

Below you'll find a list of allowable and unallowable items for students to bring. If we have missed anything or if you have questions, please don't hesitate to contact us at (505) 495-8404/8384 or (505) 979-9253 or email us at phsdormitory@rnsb.k12.nm.us

Allowable	Unallowable
Movies, based on approval, but all staff/students' parents/guardians - PG	Bed linen – blankets, comforters, pillows, towels, wash cloths-Already at the dorm
Perfume, body spray, cologne (Must be checked in)	Stereos
Hair dryers, curling irons,	TV, DVD player - Already at the dorm
Laptops, Chrome Books – must be checked in at night (non-negotiable), allowed during study time	Throw rug, stuffed toys, plushies,
Cell phone, tablets, MP3 players, iPods – must be checked in at night (non-negotiable)	Fabric Softener Beads, Bleach
Laundry detergent (Liquid ONLY) –PODS must be check in (non-negotiable) – STUDENTS PROVIDE THEIR OWN.	Full-length mirror, lamps, and lamp tables
Downy or Dryer sheets-STUDENTS PROVIDE THEIR OWN.	Iron and Ironing Board
Tooth brush & tooth paste-STUDENTS PROVIDE THEIR OWN	Camcorders, Walkie-Talkies
Shampoo, Conditioner, body wash, lotion, hair brush, comb – If available (Hair spray must be checked in) STUDENTS PROVIDE THEIR OWN	Ornamental Light-**unless** it's a night light
Feminine Pads/Tampons products	Power Strips, extension cords
Slippers for shower	Electric heaters, fans, electric blankets,
A week worth of snacks	Hair dye, nail polish
6 set of clothing, 4 set of pjs	Coffee makers, hot plates, candles
2 gym shoes, 1 outside shoe/walking (weather dependent).	Skate Boards, Roller Blades, Scooter
Hand Soap	NO CROP TOPS, etc. – See Student Handbook.
Snacks – See in Student Handbook (SHB)	Snack – Hot Fries, Hot Cheetos, see full list on page SHB

Thank you for your cooperation and continued support.

Warm regards,

Pine Hill Dormitory Staff

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DORMITORY ELIGIBILITY

The Pine Hill Dormitory provides temporary, home-like housing for students enrolled at Pine Hill Schools. To be eligible, students must be enrolled in grades 1 through 12 and be between the ages of 6 and 18 as of October 1 of the academic year.

While residing in the dormitory, students are strongly encouraged to maintain a minimum of 2.0 GPA to support academic success and continued eligibility.

All students are expected to agree to and follow the rules and expectations established by Pine Hill Schools, the Dormitory, and any support services offered through life-skills and health education sessions.

ADMISSION PRIORITIES/PREFERENCES

1st – Ramah Navajo Community students
2nd – Pine Hill Schools Referral for a student who has issues regarding: attendance, home living environment, etc.
3rd – Other Native American students from outside of the Ramah Navajo Community such Vanderwagon, Gallup, Thoreau, Grants, etc.

REQUIRED DOCUMENTATION FOR A COMPLETE ENROLLMENT (*MANDATORY)

*Application	*Certificate of Indian Blood	*Birth Certificate
*Social Security Card	*Proof of Legal Guardianship	*Immunization Record (Current Copy) Current
Recent Physical Exams	Medicaid/MCO CARD (If available)	

TRANSPORTATION

Dormitory transportation schedules may vary depending on the number of students needing transport on Sundays and Mondays (including holidays). **Punctuality is essential:** Staff will wait only 15 minutes at each pick-up location before proceeding to the next stop.

Parents/guardians are responsible for being on time at the designated locations.

- The **Vanderwagon** location will be at Fire Station on Cousin Road.
- The **Gallup** location will be the gravel area south of the paved parking lot of Ellis Tanner
- **Grants/Albuquerque** direction the locations is at Century Link parking lot.
- **Zuni** location will be the Fence Lake turn off.

DORM CONTACT INFORMATION

CELLS	LANDLINES		EMAIL
(505) 495-8404	(505)775-4216	(505) 979-9253	phsdormitory@rnsb.k12.nm.us
(505) 495-8384	(505)775-4217	Manger Office	

MASKS ARE ALLOWABLE IF STUDENT AND PARENT CHOOSE TO CONTINUE WEARING THEIR MASK.

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APPLICATION for SCHOOL YEAR 2026-2027

STUDENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME		
DATE OF BIRTH	CENSUS NUMBER	SSN	GENDER	GRADE
DOES STUDENT REQUIRE SPECIAL ACCOMMODATIONS? □ YES □ NO; IF YES, PLEASE EXPLAIN			STUDENT LIVES WITH: □ MOTHER □ FATHER □ LEGAL GUARDIAN □ OTHER-Paternal Grandmother	

EDUCATIONAL SERVICES: My child has the following Educational Plan: ☐IEP ☐504

EXTRA CURRICULAR ACTIVITIES: My child would like to join in the following activities:

☐Football ☐Cross Country ☐Volleyball ☐Basketball ☐Track & Field

OPTIONAL, but STRONGY recommended for Diné Studies (Student Kinship activities and family identification among peers).

MATERNAL CLAN	PATERNAL CLAN
MATERNAL GRANDFATHER	PATERNAL GRANDFATHER

PARENT(S)/GUARDIAN(S) INFORMATION

MOTHER/GUARDIAN'S NAME		
PHYSICAL ADDRESS	TELEPHONE #	ALTERNATIVE TELEPHONE #
MAILING ADDRESS	Is it ok if, this phone number receives text messages? □ YES □ NO	Is it ok if, this phone number receives text messages? □ YES □ NO
FATHER/GUARDIAN'S NAME		
PHYSICAL ADDRESS	TELEPHONE #	ALTERNATIVE TELEPHONE #
MAILING ADDRESS	Is it ok if, this phone number receives text messages? □ YES □ NO	Is it ok if, this phone number receives text messages? □ YES □ NO

AUTHORIZED INDIVIDUALS TO BE ABLE TO CHECK-OUT STUDENT

The following individuals are over the age of 25 and have permission to check out the student.

AUTHORIZED ALTERNATIVE EMERGENCY CONTACT/PLACEMENT INDIVIDUALS' NAME (Must be over the age of 25)		
RELATIONSHIP TO STUDENT	TELEPHONE #	ALTERNATIVE TELEPHONE #
PHYSICAL ADDRESS	Is it ok if, this phone number receives text messages? □ YES □ NO	Is it ok if, this phone number receives text messages? □ YES □ NO

STUDENT'S NAME:_____

AUTHORIZED ALTERNATIVE EMERGENCY CONTACT/PLACEMENT INDIVIDUALS' NAME (Must be over the age of 25)		
RELATIONSHIP TO STUDENT	**TELEPHONE #**	**ALTERNATIVE TELEPHONE #**
PHYSICAL ADDRESS	**Is it ok if, this phone number receives text messages? □ YES □ NO**	**Is it ok if, this phone number receives text messages? □ YES □ NO**
AUTHORIZED INDIVIDUALS' NAME (Must be over the age of 25)		
RELATIONSHIP TO STUDENT	**TELEPHONE #**	**ALTERNATIVE TELEPHONE #**
PHYSICAL ADDRESS	**Is it ok if, this phone number receives text messages? □ YES □ NO**	**Is it ok if, this phone number receives text messages? □ YES □ NO**
AUTHORIZED INDIVIDUALS' NAME (Must be over the age of 25)		
RELATIONSHIP TO STUDENT	**TELEPHONE #**	**ALTERNATIVE TELEPHONE #**
PHYSICAL ADDRESS	**Is it ok if, this phone number receives text messages? □ YES □ NO**	**Is it ok if, this phone number receives text messages? □ YES □ NO**

NOTIFICATION OF CHANGES

Please read and sign in the grey shaded area after you have read the NOTIFICATION OF CHANGES

Notification of Changes	Parent/Guardian Initials for acknowledgement
STUDENT PICK UP OR DROP OFF: The dormitory staff will call parents or guardians to confirm the number of students needing transportation and to communicate the departure time for each pick-up location. Parents and guardians, please be on time at the designated locations. Staff will wait for only 15 minutes before leaving for the next pick-up location. However, the dormitory staff is not responsible if parents or guardians allow their child to spend the weekend at another student's residence.	
REFERRALS: The dormitory staff may refer students to the school counselor, Ramah Navajo Behavioral Health, Ramah Navajo Prevention Program, or other resources to support the student's overall well-being, attitude, and behavior. However, the parent or guardian is responsible for completing the service packet or application for these additional services.	
SICK STUDENT: If a student feels sick and requires medical attention, the dormitory staff will contact the parent or guardian. The parent or guardian is required to pick up the child from the dormitory as soon as possible.	
STUDENT MEDICATION: An Authorization to Administer Prescribed and Over-the-Counter Medication form must be completed for each medication your child requires. This form must be filled out by both the parent or guardian and a U.S.-licensed medical professional. Parents or guardians may contact the dormitory staff for additional forms if needed.	
BEDDING: To prevent the spread of illness, bed bugs, and lice in the dormitory, **PLEASE DO NOT BRING** your own blankets, towels, sheets (fitted, flat, or pillowcases), or pillows from home.	
CONSENT FOR USE OF STUDENT IMAGES, STATEMENTS, AND SURVEY RESPONSES: I hereby give my consent for Pine Hill Dormitory to use my child's photographs, images taken during student activities, and responses from polls or surveys for the purpose of promoting and advertising Pine Hill Dormitory's lifestyle and activities. I understand that these materials may be used in print, online, or other media formats associated with Pine Hill Dormitory communications.	
ENRICHMENTS/FIELD TRIPS: I understand that my child's attendance, academic standing, active participation in all dormitory activities, and behavior are all taken into consideration when determining eligibility for participation in any trips organized by the dormitory program.	

STUDENT'S NAME:_____ _____

Parent(s)/Guardian(s) Signature & Date

QUESTIONNAIRE

HAS YOUR CHILD EVER BEEN ENROLLED INTO ANY DORMITORY PROGRAM? □ YES □ NO EXPLAIN: So, our staff may be able to provide comfort and reassure in this time of transition.
DO YOU HAVE CONCERNS ABOUT YOUR CHILDS' BEHAVIOR AT SCHOOL OR AT HOME? □ YES □ NO EXPLAIN: To help our staff understand your child.
IS YOUR CHILDS' BEHAVIOR A RESULT OF A MEDICAL DIAGNOIS OF A CONDITION SUCH AS ADD/ADHD/COD/RAD/PTSD/ODD? □ YES □ NO EXPLAIN: To help our staff understand your child.
HAS YOUR CHILD EVER HAD ANY ACADEMIC PROBLEMS WHILE IN SCHOOL/CLASS? □ YES □ NO EXPLAIN: To help our staff understand your child.
DOES YOUR CHILD HAVE ANY TATTOOS AND/OR PERCINGS? □ YES □ NO EXPLAIN: So, our staff can clarify/explain appropriate display according to the school/residential handbook.
DOES YOUR CHILD TAKE ANY MEDICATION FOR BEHAVIOR MODIFICATION? □ YES □ NO EXPLAIN: More information will be needed in the medical portion.
DOES YOUR CHILD RECEIVE ANY COUNSELING SERVICES? □ YES □ NO IF YES, EXPLAIN: It will help our staff to guide your child.
DOES YOUR CHILD HAVE ANY PROBLEMS SLEEPING OR A HISTORY OF INSOMMIA? □ YES □ NO EXPLAIN: This information will help staff be aware of your child's needs.
DOES YOUR CHILD HAVE A HISTORY ANY MENTAL HEALTH ISSUES SUCH AS DEPRESSION, ANXIETY, ETC.? □ YES □ NO EXPLAIN: It helps our staff understand your child.
HAS YOUR CHILD EXPERIENCED A SIGNIFICANT EVENT/TRAUMA AND HAVING SOME ISSUES COPING? □ YES □ NO EXPLAIN: It helps our staff to guide your child to learn some coping skills.
DOES YOUR CHILD HAVE A HISTORY OF SELF-INJURIES? □ YES □ NO EXPLAIN: This information will help staff be aware of your child's needs.
DOES YOUR CHILD HAVE A HISTORY OF SUICIDAL IDEATION? □ YES □ NO EXPLAIN: This information will help staff be aware of your child's needs.
HAS YOUR CHILD EVER BEEN EVALUATED AND/OR TREATED FOR SUBSTANCE ABUSE? □ YES □ NO EXPLAIN: It helps our staff understand your child.
DOES YOUR CHILD HAVE A HISTORY OF ALCOHOL OR DRUG USE/ABUSE? □ YES □ NO EXPLAIN: It helps our staff to be able to guide/understand your child
IS YOUR CHILD CURRENTLY INVOLVED WITH SOCIAL SERVICES AND/OR TRIBAL COURTS? □ YES □ NO EXPLAIN: It will help staff be aware of your child's needs/situation.
HAS YOUR CHILD BEEN INCARCERATED OR ON PROBATION FOR ANY REASON? □ YES □ NO EXPLAIN: It helps our staff to be able to guide/understand your child.
DOES YOUR CHILD HAVE ANY BEDWETTING CONCERNS? □ YES □ NO EXPLAIN: It helps our staff to be able to guide/understand your child.

MEDICAL HEALTH HISTORY

Has your child had any of the following Infectious Diseases? (Yes or No, answers please)

☐ Scarlet / Rheumatic Fever	☐ Tuberculosis	☐ Chicken Pox
☐ Measles	☐ Hepatitis	☐ Mumps
☐ Malaria	☐ Other: _____	

Has your child had any of the following?	Please explain
☐ X-Ray / CT scans / MRI	
☐ Broken bones / fractures	
☐ Loss of consciousness / Black outs / Dizziness	
☐ Chest / abdominal Pain / Upset Stomach	
☐ History of Seizure	
☐ History of Headaches / Migraines	
☐ History of any Surgery/ies	
☐ History Psychiatric /Psychological Issues	
☐ Menstrual Issues	
☐ Testicular Issues	
☐ COVID-19	

Please check any symptoms that apply to your child

☐ Frequent Cold(s)	☐ Heart Issues	☐ Arthritis	☐ Bronchitis
☐ Sore Throat	☐ Hay Fever	☐ Acne	☐ Blood Disorders
☐ Sinusitis	☐ Ulcer	☐ Jaundice	☐ Urinary Issues
☐ Asthma (Action Plan Needed)	☐ Diabetes (Management Plan Needed)	☐ Seizure (Action Plan Needed)	

TYPES OF ALLERGIES (Action Plan Needed)	Please explain side effects
☐ Food:	
☐ Medication:	
☐ Laundry Detergent:	
☐ Materials (Cotton/wool/etc.)	
☐ Plants/Pollens	

VISUAL		HEARING	
	Does your child wear glasses or contact lens?		Does your child have hearing loss?
	Was there a change in your child's vision?		Does your child need a hearing aid / device?
	When was the last vision screening?		When was the last dental screening?

BEHAVIORIAL HEALTH SERVICES

Is your child receiving any type of Behavioral Health Services? _____

What is the name of the Behavioral Health Service Program? _____

What type of Behavioral Health Services? _____

Who is the primary Behavioral Health Services provider? _____

Does the Behavior Health Services need to continue? _____

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AUTHORIZED REPRESENATIVE FOR MEDICAL SERVICES CONSENT

PLEASE BE ADVISED THAT PINE HILL DORMITORY STAFF WILL MAKE EVERY REASONABLE ATTEMPT TO CONTACT THE PARENT(S)/GUARDIAN(S) BEFORE ANY OF THE SERVICES LISTED BELOW ARE RENDERED.

I, _____ the parent or guardian of the student _____, hereby authorize Pine Hill Dormitory's designated staff to act as authorized representatives on my behalf in obtaining and consenting to medical, dental, behavioral health, or emergency treatment services for my child while residing in the dormitory or participating in dormitory-sponsored activities. This authorization is valid for the duration of the 2026-2027 school year, including any official breaks or trips related to the dormitory program.

I, _____ understand that I will be notified as soon as possible if such medical services are needed. This includes, but is not limited to medical examinations, physical exams for sports activities, routine screening processes, and recommended updates to immunization records.

1. ☐ **Emergency medical care**
2. ☐ **Routine or dental exams**
3. ☐ **X-ray procedures, Optometry (Eye) care.**
4. ☐ **Administration of over the counter and prescribed medications (with proper documentation)**
5. ☐ **Transportation to/from medical facilities as recommended by medical service providers.**
6. ☐ **Communication with health care providers in accordance with HIPPA regulations**
7. ☐ **Other:** _____

LIST OF MEDICAL FACILITIES MY CHILD HAD CHARTS AT

NAME OF HOSPITALS / CLINICS	**TELEPHONE #** (505) 775-3271	**Student Chart #**
Physical Address		
Preferred Medical Provider's Name		
NAME OF HOSPITALS / CLINICS	**TELEPHONE #**	**Student Chart #**
Physical Address		
Preferred Medical Provider's Name		
NAME OF HOSPITALS / CLINICS	**TELEPHONE #**	**Student Chart #**
Physical Address		
Preferred Medical Provider's Name		

_____ Student Signature

_____ Parent/ Guardian's Signature & Date

_____ Dormitory Coordinator Signature & Date

STUDENT'S NAME:_____

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MEDICATION (PRESCRIBED/OVER THE COUNTER) ADMINISTRATION AUTHORIZATION

PART 1 – TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize designated and properly trained Pine Hill Dormitory personnel to administer prescribed medication to my student as directed by the prescribing physician or other duly licensed health care provider. I certify that I have the legal authority to consent to the administration of prescribed medication in accordance with the provider's orders. I understand that additional prescribers and parent/guardian authorization forms will be required for each medication to be administered, as well as for any changes in dosage or frequency. If necessary, I authorized designated dormitory personnel to communicate directly with the prescribing provider or my child's health care provider regarding the medication, as permitted under HIPAA regulations.

FIRST NAME	**MIDDLE NAME**		**LAST NAME**	
SCHOOL NAME	**GRADE**	**HEIGHT (INCHES)**	**WEIGHT (LBS)**	**DATE OF BIRTH**
NAME OF MEDICATION STUDENT WILL BE TAKING, INCLUDING OVER THE COUNTER:			**LIST ANY KNOWN MEDICATION ALLERGIES/REACTIONS:**	
PARENT/GUARDIAN CONTACT PHONE NUMBERS:	**DAY**		**EVENING**	
PARENT/GUARDIAN SIGNATURE			**DATE**	

PART II – TO BE COMPLETED BY THE PRESCRIBER/MEDICAL PROVIDER:

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION THAT IS PRESCRIBE OR ANY OVER-THE-COUNTER MEDICATION.

NAME OF MEDICATION		**DIAGNOSIS**	
DOSAGEAMOUNT	**TIME/FREQUENCY TO BE GIVEN**	**ROUTE OF ADMINISTRATION**	
MEDICATION BEGINS ON DATE:		**MEDICATION SHOULD END ON DATE:**	
POSSIBLE SIDE EFFECTS:			
SPECIAL INSTRUCTIONS: YES OR NO FOR THE QUESTIONS BELOW			
CAN THE MEDICATION BE SELF-ADMINISTRATED BY STUDENT?	**HAS THE STUDENT RECEIVED PROPER SELF-ADMINISTER INSTRUCTION ON THE MEDICATION NAMED ABOVE?**	**IS MEDICATION A CONTROLLED SUBSTANCE?**	**IS REFIGERATION REQUIRED?**
PRESCRIBER/MEDICAL PROVIDER'S SIGNATURE AUTHORIZATION FOR THE STUDENT TO SELF-CARRY/ SELF-ADMINISTER IN THE EVENT OF AN EMERGENCY			**DATE**
PRESCRIBER/MEDICAL PROVIDER'S NAME/TITLE (PRINT)		**PHONE NUMBER**	**FAX NUMBER**
ADDRESS			
PRESCRIBER/MEDICAL PROVIDER'S SIGNATURE			**DATE**

PART III – TO BE REVIEWED BY DORMITORY MANAGER:

□ **PARTS I AND II ABOVE ARE COMPLETED, INCLUDING SIGNATURES.**
□ **PRESCRIPTION MEDICATION IS PROPERLY LABELED BY A PHARMACIST AND WITHIN THE EXIRATION DATE.**
□ **MEDICATION LABEL AND PRESCRIBER ORDER ARE CONSISTENT.**
□ **OVER-THE-COUNTER MEDICATION IS IN AN ORIGINAL CONTAINER WITH SEAL FOIL & MANUFACTURER'S DOSAGE LABEL INTACT.**

AUTHORIZED DORMITORY REPRESENTATIVE SIGNATURE	**DATE**

STUDENT'S NAME:_____

STATEMENT OF ACCOUNTABILITY

By accepting your child _____ into our program, Pine Hill Dormitory acknowledges the responsibility to act in a parental capacity while your student resides in the dormitory. We are committed to promoting and supporting educational achievement, wellness, physical fitness, extracurricular involvement, health education, and essential life skills. To ensure the well-being and development of your child, the dormitory will actively reinforce rules, policies, and guidelines as outlined in the Pine Hill School Handbook.

PARENT(S)/GUARDIAN(S) AGREEMENT - PRINT & INITIAL YOUR NAME

As a parent or guardian, I _____ acknowledge my responsibility to respond promptly to any communication from Pine Hill Dormitory staff. I _____, understand that I am legally and financially responsible for my child's actions, including any violations of the rules, policies, and guidelines outlined in the Pine Hill School Handbook. I _____, will support, participate in, and encourage my child's educational goals by remaining actively involved in dormitory activities. I _____, will work collaboratively with the dormitory to promote my child's academic and personal development. **I _____, understand and acknowledge that I must be actively present and available for any dormitory activities, such as fundraisers, family nights, and meetings.**

BEHAVIOR AND COMMUNICATION

I _____, will not allow or encourage my child to bully or harass any other student in the dormitory. I understand that I _____, may not act inappropriately on my child's behalf. If I do so, I _____, acknowledge that my child may face suspension or dismissal from the dormitory. I _____, will communicate any concerns or issues I have with the dormitory staff directly and in a respectful manner. I understand that my child _____ will be disciplined in accordance with the Pine Hill School Handbook.

STUDENT AGREEMENT - PRINT & INITIAL STUDENT NAME

As the student, I _____, agree to follow the rules, policies, and guidelines outlined in the Pine Hill School Handbook-Dormitory. I _____ will contribute to creating a safe, comfortable, and enjoyable environment for myself and for the other students residing in the dormitory.

BEHAVIOR AND PARTICIPATION

I _____, understand the importance of respecting the verbal instructions given by Home Living Assistants and Outreach Service Providers, and I __ will follow them accordingly**. I _____, will actively participate in all scheduled activities unless there is a conflict with a school function or activity, and I _____, acknowledge that participation is required to be eligible for year-end activity goals.** I _____, accept responsibility for my own behavior and am committed to my educational growth and development. I _____, will not engage in bullying or harassment of any student, whether in the dormitory or at school. If I do, I _____, understand that I will be subject to appropriate disciplinary action as outlined in the Pine Hill School Handbook.

PARENTAL CONSENT FOR STUDENT PARTICIPATION IN ACTIVITIES

I _____, the parent or guardian of student's name, give my consent for my child to participate in all educational enrichment activities organized under the Pine Hill Dormitory program.

LIABILITY AND NOTIFICATION CONSENT

By signing this consent form, I_____, the parent or guardian of student's name, agree not to hold Pine Hill Dormitory, its staff, or affiliates liable for any accidents or damages that may occur during scheduled field trips or educational outings within this range.

CONSENT FOR DINÉ STUDIES AND AFTER-SCHOOL PROGRAMS

I_____, understand that Pine Hill Dormitory is required to offer Diné Studies, and I _____, give my permission for my child to participate in these culturally relevant educational classes and experiences. Furthermore, I _____, give my consent for my child to participate in after-school programs offered by Pine Hill Schools.

Student Signature	Parent(s)/Guardian(s) Signature & Date	Dormitory Coordinator Signature & Date

FILE CHECK LIST – DORMITORY USEAGE ONLY

	CERTIFICATE OF INDIAN BLOOD		BIRTH CERTIFICATE		SOCIAL SECURITY CARD
	IMMUNIZATION RECORD (UPDATED)		PHYSICAL EXAM (UPDATED)		MEDICAID /MCO CARD (If applicable)
	PROOF OF LEGAL GUARDIANSHIP		MEDICATION ADMINISTION AUTHORIZATION		

STUDENT'S NAME:_____