



Te Tsu Geh Oweenge School

RT 73 BOX 2 TP
SANTA FE, NEW MEXICO 87506
PHONE: 505-303-1254

ENROLLMENT APPLICATION AND CHECK LIST

Kindergarten, 1st – 6th grade

Students First Name:	Last Name:	Middle:	
Ethnicity:	Tribe Enrolled:		
Date of Birth:	Age:	Grade Level:	Gender: M ___ F ___

Mother's First Name:	Last Name:	Cell Phone:	
Work Phone:	E-Mail:		
Mailing Address:	City:	State:	Zip:

Father's First Name:	Last Name:	Cell Phone:	
Work Phone:	E-Mail:		
Mailing Address:	City:	State:	Zip:

Guardian's First Name:	Last Name:	Cell Phone:	
Work Phone:	E-Mail:		
Mailing Address:	City:	State:	Zip:

Required Documents:

- Copy of Birth Certificate _____
- Tribal Enrollment Certificate, or letter from Tribe _____
- **Current Immunization Records (This is Mandatory before entering school, no exceptions)** _____

I confirm that the information provided is correct to the best of my knowledge,

For Official School use only:

Date Received _____ Received by _____

Signature

Name (please print)

Date

STUDENT INFORMATION

Language(s) Please check all that apply.

Language	Usage	Proficiency
<input type="checkbox"/> English	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Tewa	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Spanish	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Other	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Current and Previous School

Has your child been enrolled in another school program?
 Yes No If yes, what school/program(s) _____

 Please provide transcripts.

Special Needs

Do you suspect your child has any special needs? Yes No
 Does your child have any special needs that have been diagnosed by a doctor? Yes No
 Does your child have an IEP? Yes No
 If you marked "yes" for any of the above items, what types of special needs are you concerned about?
 Speech Physical Behavioral Developmental Delay Other: _____

Primary Health Care

Does your child have a pediatrician that he/she sees regularly? Yes No
 Name _____

Primary Dental Care

Does your child currently have a dentist that he/she sees on a regular basis?
 Name _____

Family Member Information – Parent # 1 or Guardian

Language(s)

Please check all that apply.

Language	Usage	Proficiency
<input type="checkbox"/> English	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Tewa	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Spanish	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Other	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Relationship to Child

Parent (Natural, adopted, step)
 Grandparent
 Aunt/Uncle
 Foster parent
 Other

Education Level

Please select the highest level of education completed.

<9th Grade <12th Grade High School Graduate
 GED Certificate Program Associates
 Bachelor's Masters Other _____

Employment Status

Please select your current employment status.

Full time work (30+ hrs/wk) Part time
 Full time + School/ Training School/Training
 Full time School/ Training Seasonally Employed
 Retired Disabled Unemployed

Family Structure:

Two Parents Single Parent
 Other _____

Custody of the Child? (if Single Parent)

Sole Custody Joint Custody
 No Custody

Lives with Child?

Yes No

Family Member Information – Parent # 2 or Guardian

Language(s)

Please check all that apply.

Language	Usage	Proficiency
<input type="checkbox"/> English	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Tewa	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Spanish	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Other _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Relationship to Child

Parent (Natural, adopted, step)
 Grandparent
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 Other _____

Education Level

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Employment Status

Please select your current employment status.

Full time work (30+ hrs/wk) Part time
 Full time + School/ Training School/Training
 Full time School/ Training Seasonally Employed
 Retired Disabled Unemployed

Other Family Household Members

Name & Relationship to student	Age	Currently enrolled in school? What grade level?
Name & Relationship to student	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No, Grade _____
Name & Relationship to student	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No, Grade _____
Name & Relationship to student	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No, Grade _____

Family Income

Please give your best estimate of your family income here.

TANF Recipient? __ Yes __ No __ __ Don't know about TANF	SSI Recipient? __ Yes __ No	WIC Recipient? __ Yes __ No
Family Member:	Pay Amount:	Pay Schedule: __ Weekly __ Bi-Weekly __ Semi-Monthly __ Monthly __ Annually
Family Member:	Pay Amount:	Pay Schedule: __ Weekly __ Bi-Weekly __ Semi-Monthly __ Monthly __ Annually
Family Member:	Pay Amount:	Pay Schedule: __ Weekly __ Bi-Weekly __ Semi-Monthly __ Monthly __ Annually

Family Legal

Please check all services that your family is receiving

<input type="checkbox"/> Food Stamps <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Medicaid/State Health Insurance <input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Vouchers <input type="checkbox"/> Utility/Energy Asst.	<input type="checkbox"/> Social Services from other agencies. Please list agencies: _____ _____
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Is your family currently dealing with legal issues? If so, please check all that apply.

<input type="checkbox"/> Child Support <input type="checkbox"/> Family Court <input type="checkbox"/> Custody Issues <input type="checkbox"/> Divorce	<input type="checkbox"/> Pending Case <input type="checkbox"/> Incarceration <input type="checkbox"/> Probation <input type="checkbox"/> Restraining Order	Other _____ _____
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EMERGENCY CONTACT INFORMATION

Authorized Contacts - We need to know who to contact if no parent/guardian can be reached in an emergency. We also need to know who is permitted to pick up your child from school. Please provide information for at least **2 people**.

Name: _____ Relationship to child: _____

Address: _____

Phone Home: _____ Work: _____ Cell: _____

This person should be contacted in the event of an emergency,

If no parent/guardian can be reached: _____ Yes No

No

This person has my permission to: _____ Pick up my child from school. Yes No

Visit my child at school. Yes No

Name: _____ Relationship to child: _____

Address: _____

Phone Home: _____ Work: _____ Cell: _____

This person should be contacted in the event of an emergency,

If no parent/guardian can be reached: _____ Yes No

This person has my permission to: _____ Pick up my child from school. Yes No

Visit my child at school. Yes No

Name: _____ Relationship to child: _____

Address: _____

Phone Home: _____ Work: _____ Cell: _____

This person should be contacted in the event of an emergency,

If no parent/guardian can be reached: _____ Yes No

This person has my permission to: _____ Pick up my child from school. Yes No

Visit my child at school. Yes No

Is there any person who may try to pick up your child who is not authorized to do so (i.e. because of restraining order, etc.?) If so, please provide name of individual (s):

Relationship to child: _____

If this person is the non-custodial parent, please provide the school with documentation, such as a copy of court order.

Medical Information

Primary Care Physician Name: _____ Phone Number: _____

Allergies (include foods, bee stings, medication to allergies):

Does your child need an inhaler or Eppy Pin? _____

Medical Condition(s) that would be relevant in an emergency:

Consent for Emergency Medical/Dental Care

Please check Yes or No for each item and sign at the bottom.

I give permission to school staff to take emergency measures (e.g. first aide, disaster Evacuation) as judged necessary for the care and protection of my child while under the supervision of the school. Yes No

In the event that my child's class or the school needs to be evacuated, I give my Permission for my child to be transported to another nearby school or tribal building. I understand that I will be informed by telephone at the earliest possible opportunity. Yes No

I give my permission for the emergency medical care, emergency surgery and/or anesthesia to be administered to my child in the event I cannot be reached to give specific permission at the time of treatment. Yes No

In case of a medical emergency, I give permission for my child to be transported to an appropriate medical facility by a local emergency unit for treatment of the local emergency resources (police, rescue squad, ambulance, etc.) deem necessary. I understand that these transportation expenses will be my responsibility as the child's parent/guardian. Yes No

I understand that in some medical situations, the staff will need to contact the local emergency resources before contacting parents, child's physician, and/or other adults acting on the parent's behalf. Yes No

If I cannot be reached in an emergency situation, I give permission for the emergency contacts listed on this application to authorize any of the above. Yes No

I will notify school staff immediately if any information on this application changes.

Parent/Guardian Signature _____ Date _____

Permission for Educational Program Activities

I give permission for my child to participate in walking trips within the Pueblo of Tesuque, including to the Intergenerational Center and Head Start. I understand that the route will

avoid all safety hazards, and that there will always be an adult-child ratio of 1:12. Yes No

I give permission for my child to be photographed and/or videotaped while participating in school activities, and for these photos or videos to be used in newsletters, displays, or other formats for educational purposes. Yes No

I give permission for school staff to share information and observations with each other regarding my child's development, behavior, and participation in the program. I understand that these discussions will be confidential, respectful, and with the goal of helping my child grow, learn, and be successful in school and in life. Yes No

I give permission for my child to participate in screening, assessment and observations that will help the school better understand his/her development and provide the best possible learning environment for his/her strengths and needs. Yes No

Parent/Guardian Signature _____ Date _____

Family Interest Survey and Workshop Interests

Which of the following topics would you like to learn more about? Check (✓) all that interests you.

GED/Adult Education		Health Insurance/Accessing Health care		Parenting Skills
Higher Education		Female/Mother Involvement		Child Development
Tewa, as a Second Language		Legal Aid		Child Discipline & Guidance
Job Skills/Resume Writing		Energy Assistance		Child Mental Health/Behavior
Dealing with stress		Computer Skills		Reading with your child
Domestic Violence/ Sexual Abuse		Child & Family Health Education		Learning at Home
Adult Mental Health and/or Substance Abuse		Child & Family Dental Education		Child/School Assessment
Advocating for Parents' Rights		Child & Family Nutrition/Meals		Preventing Child Abuse & Neglect
Special Education Parent Advocacy		Self Help/Caring for yourself		Parent Support Group
Male/Father Involvement		Pregnancy/Pre-Natal Education		Grandparent Support Group
OTHER – Please Describe:				

Do you speak Tewa Fluently? Yes _____ No _____ What is your primary language? _____

Would you be interested in evening Tewa classes? Yes _____ No _____

What would be the best time for you to attend workshops? _____ Mornings _____ Afternoons _____ Evenings

Would you be interested in being a Parent Classroom Representative? Yes _____ No _____

Are you interested in education as a career choice? Yes No

Mission Statement:

Te Tsu Geh Oweenge School's mission is to involve staff, students, parents, and the community to work together to provide a positive and challenging educational program. The focus will be on academic, social, and emotional development with a strong cultural foundation that prepares our students to be life-long learners and leaders in their community.