



**Pine Hill Schools**

P.O. Box 280

Pine Hill, New Mexico 87357

Telephone #: 505-775-3242/43/44

Fax #: 505-775-3505

***RETURNING***

**Student Enrollment/Record Checklist**

Parent/Legal Guardian's Name & Address

\_\_\_\_\_  
\_\_\_\_\_

School Year: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Start Up Date: \_\_\_\_\_

<b>Name of Student:</b>		<b>Grade:</b>
Included	Not Included	<b>Documents Needed to Complete Enrollment:</b>
		1. Enrollment Application (2 pages)
		2. Guardianship Decree (provided by the Court) for Legal Guardianship
		3. School Health Services/Parent Consent & Health History
		4. Updated Immunization Records
		5. Physical Examination Form (Required <b>before</b> student is allowed to Participate in any sport activity, including practice.)
		6. Student Right and Due Process
		7. Home Language Questionnaire (K-12)
		8. Student Residency Verification Document/McKinney Vento Act
		9. Transportation Form



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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:
<b>Parent / Legal Guardian Information</b>			
<b>Father's Name:</b>		Telephone #:	
Mailing Address:	Work Place:	Email Address:	
<b>Mother's Name:</b>		Telephone #:	
Mailing Address:	Work Place:	Email Address:	
<b>Legal Guardian's Name:</b>		Telephone #:	
Mailing Address:	Work Place:	Email Address:	
<b>Emergency Contact Information (Other than Parents/Legal Guardians)</b>			
Name:	Relation to Child:	Telephone #:	
Name:	Relation to Child:	Telephone #:	
<b>#1-Emergency Placement:</b>		Relation to Child:	
Directions to Home:		Telephone #:	
<b>#2-Alternate Placement:</b>		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: \_\_\_\_\_



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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: \_\_\_\_\_

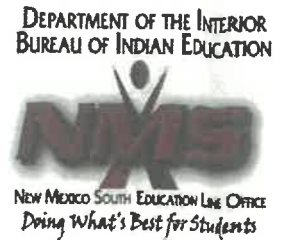
Parent/Legal Guardian Signature: \_\_\_\_\_

(If student is not present)

Date: \_\_\_\_\_



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>
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School Year: \_\_\_\_\_

### 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).  <b>CONTINUE:</b> <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   <b>STOP:</b> <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: \_\_\_\_\_

<b>School Use Only – School Administrator’s determination of Section A circumstances:</b>
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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: \_\_\_\_\_



Pine Hill Schools Student Transportation Form  
School Year \_\_\_\_\_

Student Name:	Grade:
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My child will be:  (Please place an X next to <u>ONE</u> transportation of choice.)	MORNING transportation TO school:
	<input type="checkbox"/> Riding the Bus From: _____ (Rural/Residential Address)
	<input type="checkbox"/> Walking to School
	<input type="checkbox"/> Dropped off at School
	<input type="checkbox"/> Driving to School

My child will be:  (Please place an X next to <u>ONE</u> transportation of choice.)	AFTERNOON transportation FROM school:
	<input type="checkbox"/> Riding the Bus To: _____ (Rural/Residential Address)
	<input type="checkbox"/> Walking from School
	<input type="checkbox"/> Picked up from School
	<input type="checkbox"/> 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.*