

Vista Grande High School
213 Paseo Del Canon East
Taos, NM 87571
(575) 758-5100 Fax: (575)758-5102

AUTHORIZATION FOR RELEASE OF INFORMATION

STUDENT NAME (Please Print) _____ Grade: _____

Date of Birth: _____ Social Security No. _____

PREVIOUS SCHOOL INFORMATION (Please Print):

School Name: _____ Grade: _____

Address: _____

Telephone No: _____ Fax No. _____

Dates Attended: _____

New Federal law 99:31: No Parent signature required for educational records sent to another educational institution.

A) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by 99.30 if the disclosure meets one or more of the following conditions:

(1)(i)(A) The disclosure is to other school officials, including teachers within the agency or institution whom the agency or institution has determined to have legitimate educational interests.

Please forward the documents indicated below:

- An unofficial transcript
- An official Transcript
- Withdrawal of grades
- Health Records and 504 Plan (if applicable)
- Birth Certificate and Social Security Card
- Due process paperwork & most current IEP
- Attendance records for the current semester
- Current Discipline/Behavior Records
- Competency exam/test results

Please fax or email records to: **Ernestine Chacon, Registrar**

Fax. # 575-758-5105

echacon@vghs.org

**VISTA GRANDE HIGH SCHOOL
STUDENT MEDICAL INFORMATION:**

Student Name: _____ Date of Birth: _____

Parent/Guardian Name and Emergency Contact Number(s): _____

Name & Phone Number of Child's Doctor: _____

Medical Insurance Name: _____ Policy#: _____

(Please provide copy to the front desk)

Emergency Contact(s) Name and Phone# for Medical Decision or Other Incident if Parent/Guardian is Unavailable:

Legal Name (Last, First, Middle) Phone Number(s)

Legal Name (Last, First, Middle) Phone Number(s)

Does child have:

____ seasonal allergies/hay fever ____ asthma ____ blood or metabolic disorder ____ cancer ____ immune disorder
____ diabetes ____ migraine headaches ____ heart condition ____ seizures/epilepsy ____ other serious medical
conditions. *If so, please complete an individual health care plan and return it to the school nurse along with any
medication or treatment supplies needed to care for your child during school hours.*

Drug Allergies or Other Allergies: _____

Current Medications: _____

Medical Conditions: _____

***I authorize designated school personnel to provide first aid & comfort measures to my child, as appropriate,
including:*** (Please check ***all*** that are authorized, including the generic equivalency): Acetaminophen (Tylenol),
 Ibuprofen (Advil), Naproxen (Aleve), Antacids (Tums, Rolaids), Triple antibiotic ointment (Neosporin),
 Burn relief gel/spray, Antiseptic wash/spray, Peroxide, Rubbing alcohol.

(Initial) _____ I understand that all medications sent from home must be accompanied by proper
parent/guardian consent and taken to the school counselor or director immediately upon arrival to school for proper
storage and administration. Students are not to share any medications with another student.

(Initial) _____ I understand that non-prescription medications can only be given for three days without a
physician's order.

(Initial) _____ I understand that in order to ensure my child's safety, the school may share educationally
relevant health information with other school personnel having direct involvement with my child.

(Initial) _____ I authorize designated school personnel to make the determination in the event of an
emergency to make transportation arrangements to get my child to the above named health care provider and/or
Holy Cross Hospital for emergency treatment. I further understand that all charges incurred will be my
responsibility.

I hereby certify that the information about the students in my household provided on this Medical Information form
is correct and do, with this signature, give my consent/permission/verification for the items above.

Parent/Guardian Signature

Date

**Vista Grande High School
Field Trip Permission Form**

Dear Parent(s)/Guardian(s),

A regular part of the daily, weekly and monthly instruction at Vista Grande High School will consist of fieldwork and learning activities in the local area. Students may participate in these day trips/ activities on a regular basis with any and/ or all of their assigned staff members. **Your signature below acknowledges that your child has permission to leave campus for these day trips/ activities.** Vista Grande High school will ensure that a staff member is always accompanying the students during the entire time that they are away from campus. The staff member in charge of the group will also maintain constant contact with the school administration at all times. **All school policies will apply during these field trips and activities. Students will not be allowed to leave their group for any reason during these field trips or activities unless prior written authorization and transportation arrangements have been made in advance.**

Please select the activity(s) you wish to give your child permission to participate in:

- Walking**
- Hiking**
- Bicycling**
- School Transportation**
- Public Transportation**

Special instructions (if needed):

Students Name (Printed): _____ Grade: _____

Parent/Guardian Name (Printed) _____

Parent/Guardian (Signature) _____ Date: _____

Vista Grande High School

Publication Consent Form

Dear Parent/Guardian:

At some time during the school year, school/district personnel or other district-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness purposes. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, with your permission, the film or photograph may be viewed by a general audience including, but not limited to, publishing pictures in yearbooks, event programs and newsletters, or posting a likeness of your child on the school or district website.

This form covers permission for the district to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or district's website.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in Vista Grande High School. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Director in writing of your request.

As the parent(s)/guardians(s) of _____, I/we

Student's Name (PLEASE PRINT)

give the Vista Grande High School permission to release my/our child's name, photograph, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) **(PLEASE PRINT)** _____

Parent/Guardian's Signature

Date

Armed Services Recruitment

Section 9528 of the No Child Left Behind Act of 2001 requires schools to release our family's private information to military recruiters unless we "opt out" in writing.

_____ **As a student, I am exercising the right to "opt-out" and request that my own name, address and telephone number not be released to military recruiters.**

_____ **As a parent, I am exercising the right to "opt-out" and request that you do not turn over the name, address and telephone number of the following student to military recruiters.**

School _____

Student Name _____

Signature of Student _____

Signature of Parent _____

Date _____

Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires the school district to notify students and parents of the right to Opt-Out from this by requesting that the district not release students information to military recruiters. This form is intended to serve as a request to withhold this information.

COLLEGE RECRUITMENT

_____ **As a student, I am exercising the right to "opt-out" and request that my own name, address and telephone number not be released to college recruiters.**

_____ **As a parent, I am exercising the right to "opt-out" and request that you do not turn over the name, address and telephone number of the following student to college recruiters.**

Caring for Chromebooks at Vista Grande High School

Your chromebook has been loaned to you as a learning tool. It is important that you take excellent care of it. Here's how:

What to do:

- Plug it in at the end of everyday, check for the light
- Carry it securely and mindfully
- Keep away from food and liquids
- Follow the school's acceptable use policy
- Walk while carrying it, use two hands
- It is OK to personalize the home screen, add bookmarks, etc.

What NOT to do:

- Drop it
- Eat or drink near it
- Carry it loosely
- Set it on the ground
- Put it someplace unstable
- Press buttons too hard
- Remove buttons from the keyboard
- Run or play while holding it
- Draw or put stickers on it

I understand that Vista Grande High School has provided me with a fragile, valuable piece of computer equipment. I agree to take excellent care of it. If it should be damaged, even if by accident, my family and I will replace it at our own cost.

Print student Name

Student Signature

Date

Parent Section: I understand that a chromebook computer has been assigned to my child as a learning tool by Vista Grande High School. In accordance with the school's textbook and technology policies, if it should be damaged while in my child's care, I accept responsibility to repair or replace it (the school will determine which is needed).

Print student Name

Parent Signature

Date

U.S. Department of Education

Office of Indian Education

Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____ (As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

_____ Federally Recognized

_____ State Recognized

_____ Terminated Tribe (Documentation required. Must attach to form)

_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____ Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____ City _____
State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate. Name Parent/Guardian _____ Signature

_____ Address _____ City

_____ State _____ Zip Code _____ Email Address _____

Date _____

Vista Grande High School

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Taos, NM 87571

New Mexico Student Residency Form

Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.

This form is to learn more about your family's current housing situation. Please begin by signing and completing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

Print Parent/Guardian Name/Adult Caring for student

Signature of

Date

(Area code)Phone number

Street Address

City

State

Zip

1. Where do you and your family currently live? Check only one box.

<p>Section A</p> <p>Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).</p> <p>STOP: Please return this form without completing the remaining sections.</p>
<p>Section B</p> <p><input type="checkbox"/> Temporary with another family</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Rent in a temporary space (for example: motel, hotel, trailer park, or campground)</p> <p><input type="checkbox"/> In a place that lacks water, electricity, or heat; infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities.</p> <p><input type="checkbox"/> In a temporary shelter or other temporary housing.</p> <p><input type="checkbox"/> Other (please note): _____</p> <p>CONTINUE: If you checked a box in Section B, complete the remainder of this form.</p>

2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below.

Student(s) Name			Gender	DOB	Grade	School Name
First	M	Last				

3. You may be contacted by a member of your school system's educational support staff. Please check the box below if you do NOT wish to be contacted. NO, Please do not contact me.



EMERGENCY AND CHILD PICK UP INFORMATION: Your student will only be released to the persons authorized on this form. Individuals must be 18 years or older. Be sure these persons know that they are authorized to pick up your student.

STUDENT NAME: _____ GRADE: _____

NAME:	
PHONE NUMBER	
RELATIONSHIP:	

NAME:	
PHONE NUMBER	
RELATIONSHIP:	

NAME:	
PHONE NUMBER	
RELATIONSHIP:	

AUTHORIZATION TO TEXT CELL PHONES LISTED BELOW:	Circle One: YES NO
PHONE #:	PHONE #:

Vista Grande High School

Student Dental Examination Verification Form

Upon initial enrollment in a district or charter school, New Mexico Administrative Code (NMAC) 6.12.13 requires schools to verify student records of dental examination. This rule also allows for an informed opt-out process based on parent or guardian understanding of the risks associated with not having a dental examination.

Vista Grande High School is dedicated to promoting the health of our students. We recognize oral health care is essential for general wellbeing and can have a significant impact on overall health. According to the [Centers for Disease Control and Prevention](#) (CDC), tooth decay is one of the most common chronic diseases of childhood in the United States. Left untreated, it can cause pain and infections that may lead to problems with everyday activities like eating, talking, playing, and learning. Routine oral health care such as dental visits, daily oral hygiene, healthy eating and consuming of water can help prevent tooth decay and other oral health conditions.

Student Name: _____

Student ID: _____

Please check the applicable response below:

I confirm that my child has received a dental examination within the past calendar year.

My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

Parent/Guardian Signature: _____

Date: _____

Are you interested in learning more about oral health resources for your child? Please contact the New Mexico Department of Health, Office of Oral Health at 505-827-0837.

Vista Grande High School

Formulario de Verificación de Examen Dental del Estudiante

Como parte del registro inicial en una escuela del distrito o chárter, el Código Administrativo de Nuevo México (NMAC) 6.23.13 requiere que las escuelas verifiquen si los estudiantes han tenido un examen dental. Esta norma también permite un proceso de exclusión voluntaria por parte de los padres o guardianes entendiendo el riesgo asociado a con no someterse a un examen dental periódico.

Vista Grande High School está dedicada a promover la salud de nuestros estudiantes. Reconocemos que el cuidado de salud oral es fundamental para el bienestar general y que puede tener un impacto significativo en la salud general. De acuerdo con el Centro de Control y Prevención de Enfermedades (CDC), la caries dental es una de las enfermedades crónicas más comunes de la infancia en los Estados Unidos. Si se deja sin tratamiento, puede causar dolor e infecciones que ocasionan problemas para desarrollar las actividades cotidianas como comer, hablar, jugar, y aprender. El cuidado de la salud oral de rutina como la visita periódica al dentista, la higiene oral diaria, la alimentación saludable y el consumo abundante de agua puede ayudar a prevenir la caries dental y otras afecciones de la salud oral.

Nombre del Estudiante: _____

ID del Estudiante: _____

Por favor marque la respuesta correspondiente a continuación:

Confirmando que mi hijo/a recibió un examen dental durante el último año.

Mi hijo/a no ha recibido un examen dental durante el último año. Entiendo el riesgo asociado con que mi hijo no reciba un examen dental periódico, y solicité una exención del examen y que se le permita registrarse en la escuela. Si se selecciona esta opción, este documento firmado puede servir como él la Exención de Examen Dental Para Estudiantes, según lo define NMAC 6.12.13.

Firma del Padre/Guardián: _____ Fecha: _____

Si usted está interesado en saber más acerca de los recursos de salud oral disponibles para su hijo/a, por favor llame a la Oficina de Salud Oral del Departamento de Salud de Nuevo México al teléfono 505-827-0837.



FOR DISTRICT USE ONLY

District: _____

School: Vista Grande High 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 checking either the **YES** or **NO**.

1. Does the student use a language(s) other than English with his/her family and friends? **Y**____ **N**____
2. Do you use a language(s) other than English with the student? **Y**____ **N**____
3. Does the student understand when someone communicates with him/her in a language other than English? **Y**____ **N**____
4. Does the student read in a language(s) other than English? **Y**____ **N**____
5. Does the student write in a language(s) other than English? **Y**____ **N**____
6. Does the student interpret for you or anyone else in a language(s) other than English? **Y**____ **N**____
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"/> Hmong | <input type="checkbox"/> Mescalero Apache | <input type="checkbox"/> Tiwa |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Jicarilla Apache | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tewa |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Towa |
| <input type="checkbox"/> Diné | <input type="checkbox"/> Keres | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Khmer | <input type="checkbox"/> Somali | <input type="checkbox"/> Zuni |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <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: _____

