

SUPERINTENDENT
LOREN R. CUSHMAN
OFFICE: (575) 548-2299 EXT. 223
FAX: (575) 548-2388

ANIMAS PUBLIC SCHOOLS
P.O. Box 85
1 PANTHER DR.
ANIMAS, NEW MEXICO 88020
<http://www.animask12.net>



ENROLLMENT INFORMATION

STUDENT INFORMATION:

STUDENT NAME: _____
FIRST MIDDLE LAST

GENDER: MALE _____ FEMALE: _____ SOCIAL SECURITY # _____

GRADE: _____ ETHNICITY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
MONTH/DAY/YEAR CITY/STATE/COUNTY

MAILING ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
Provide detail directions to home

TELEPHONE #: _____

PARENT/GUARDIAN INFORMATION:

FATHER NAME: _____

ADDRESS TELEPHONE#

FATHER'S EMPLOYER: _____
NAME TELEPHONE

MOTHER'S NAME: _____

ADDRESS TELEPHONE#

MOTHER'S EMPLOYER: _____
NAME TELEPHONE #

SIBLINGS: NAME AGE GRADE

PARENT SIGNATURE: _____ DATE: _____

**ANIMAS PUBLIC SCHOOLS
EMERGENCY MEDICAL INFORMATION**

STUDENT NAME:

FIRST	MIDDLE	LAST
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DATE OF BIRTH: _____ GRADE: _____
DAY/MONTH/YEAR

PHYSICIANS
NAME: _____

PHYSICIANS
PHONE: _____

PHYSICIAN'S
ADDRESS: _____

STREET	CITY	ZIP
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EMERGENCY CONTACT INFORMATION:

FIRST
CONTACT: _____

NAME	RELATIONSHIP	PHONE
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SECOND
CONTACT: _____

NAME	RELATIONSHIP	PHONE
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PLEASE LIST THE NAME AND PHONE NUMBER OF TWO **ALTERNATIVE** contacts. These need to be relatives or friends who will assume responsibility for your child in the event of illness or accident until you can be notified.

ALTERNATE CONTACT #1

NAME	RELATIONSHIP	PHONE
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STREET	CITY	STATE/ZIP
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ALTERNATE CONTACT #2:

NAME	RELATIONSHIP	PHONE
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STREET	CITY	STATE/ZIP
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MEDICAL HISTORY INFORMATION: Please list any allergies, medical situations, or other related information that will be of value to school personnel in the event of an emergency.

Parent Signature: _____ Date: _____

RESIDENCY CERTIFICATION FORM

FOR STUDENTS WHO RESIDE WITHIN DISTRICT BOUNDARIES

STUDENT
NAME: _____

FIRST

MIDDLE

LAST

DATE OF BIRTH: _____
DAY/MONTH/YEAR

GRADE: _____

DATE OF ENROLLMENT: _____

As the parent/guardian of the above named child, I attest that we reside within the defined boundaries of the Animas Public School District Boundaries at the following physical address:

(Provide a physical address and/or detailed directions to physical residence)

I understand that I may be asked to provide proof of residency from the school district and that failure to provide such proof will result in my child being dis-enrolled from the Animas Public Schools. If it is determined that any information provided is false and my primary residence is not within the Animas Public Schools District Boundary my child will be dis-enrolled.

PARENT SIGNATURE: _____ DATE: _____

FOR STUDENTS WHO RESIDE OUTSIDE OF DISTRICT BOUNDARIES ("OUT-OF-DISTRICT STUDENTS")

STUDENT
NAME: _____

FIRST

MIDDLE

LAST

DATE OF BIRTH: _____
DAY/MONTH/YEAR

GRADE: _____

DATE OF ENROLLMENT: _____

As parent/guardian of the above named student I certify that we live outside of the district boundaries of the Animas Public Schools. I understand that my child may not be accepted for enrollment in the Animas Public Schools where enrollment space is unavailable. Similarly, I understand that my child's enrollment is subject to limitations under New Mexico law, and therefore, my child may be denied enrollment or dis-enrolled under any basis permitted by law.

PARENT SIGNATURE: _____ DATE: _____

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REQUEST FOR TRANSCRIPT/STUDENT RECORDS

THIS IS IN COMPLIANCE WITH PUBLIC LAW 93-380 REGARDING THE RELEASE OF SCHOOL RECORDS. THIS LAW HAS BEEN MODIFIED BY SB182, ARTICLE 5: PRIVACY OF PUPIL RECORDS, 10947.

THE STUDENT, INDICATED BELOW, HAS REQUESTED ENROLLMENT IN THE ANIMAS PUBLIC SCHOOLS:

STUDENT

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ CURRENT GRADE: _____
DAY/MONTH/YEAR

NAME OF SCHOOL LAST ATTENDED: _____				
ADDRESS OF SCHOOL LAST ATTENDED: _____				
STREET/PO BOX		CITY	STATE	ZIP
PHONE: _____				
FAX: _____				

***** **DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY** *****

PLEASE FORWARD THE FOLLOWING RECORDS:

- | | |
|---------------------------------|------------------------------------|
| _____ CUMULATIVE RECORDS | _____ STANDARDIZED TESTING RESULTS |
| _____ IMMUNIZATION RECORDS | _____ SPECIAL EDUCATION RECORDS |
| _____ COPY OF BIRTH CERTIFICATE | _____ OTHER |

RECORDS: _____

PLEASE FORWARD THE REQUESTED INFORMATION TO THE ATTENTION OF:		
NAME	Animas Public Schools PO Box 85 Animas, NM 88020 Office - 575-548-2296 Fax 575-548-2388	POSITION

FOR DISTRICT USE ONLY	District:	School:
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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:
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Answer each question by marking either the **YES** or **NO** box.

	YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		

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"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
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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:
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Translator:	Language:	Date:
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Sólo para uso del distrito:	District:	School:
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**ENCUESTA DEL USO DEL IDIOMA
DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO**

~ padres o tutores deben llenar~

El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.

Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:
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Responda a cada pregunta marcando la casilla bajo SÍ o NO	SÍ	NO
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?		
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?		
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?		
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?		
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?		
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?		

7. ¿Si respondió **SÍ** a una o más de las preguntas 1-6, ¿cuále(s) idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:

<input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer	<input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali	<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____
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OTRAS PREGUNTAS

8. ¿Se traslada el estudiante de otro estado, distrito o escuela?
Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:

9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?

10. ¿En cuál idioma prefiere recibir información de la escuela?

11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?

12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?

Firma del padre o tutor:	Fecha:
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Traductor/intérprete:	Idioma:	Fecha:
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