

ANIMAS PUBLIC SCHOOLS

ANIMAS PUBLIC SCHOOLS ACKNOWLEDGMENT FORMS

RETURN ALL SIGNED FORMS TO SCHOOL

2019-2020

FAMILY NAME: _____

STUDENT: _____

STUDENT: _____

STUDENT: _____

STUDENT: _____

STUDENT: _____

**Animas Public School
2019 - 2020 Student/Parent Handbook
Acknowledgement Form**

We, _____ and _____ have received a written
Student's Name *Parent/Guardian Name*
copy of the Animas Public School Student/Parent Handbook and understand its content.
We acknowledge that the student named above will agree to abide by these rules and
regulations and that disciplinary action will take place if these rules and regulations are
broken.

(Student's Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Confidentiality of Student Records

I have received and read the School Handbook statement titled "Confidentiality of Students
Records". I understand my rights as a parent to review my child's records, to request a
copy upon paying the copying charge, and to challenge the content if I believe it is
inaccurate or misleading.

(Student's Name)

(Parent/Guardian Signature)

(Date)

ANIMAS PUBLIC SCHOOLS
DIRECTORY and WEBSITE INFORMATION MEDIA RELEASE FORM

The items listed below are designated as “directory and website information” of Animas Public Schools.
(Directory can include: school programs, newspapers, college/universities, and recruiters.
Website can include APS website, NMAA, FFA or others affiliated with school sponsored organizations.)

Examples:

1. Name on the Honor Roll list
2. Picture, name, height and weight in the athletic program
3. Printed material with child’s name and/or photograph(s) in any part of website.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the release of any or all of the information listed below:

(Please consider your decision very carefully about **withholding any of the items** from the directory or website.)

Please put an X next to the information below that you Do Not want printed in Directory or Website.

- | | |
|--|---|
| <input type="checkbox"/> Name of student | <input type="checkbox"/> Date and place of birth |
| <input type="checkbox"/> Address of student | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Telephone number of student | <input type="checkbox"/> Grade level of student |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Weight/height of members of athletic team |
| <input type="checkbox"/> Honors and awards received | <input type="checkbox"/> Videotaping for educational purposes (will not be posted online) |

If you have decided not to let your student’s school release any or all of the items listed above, any future requests for such information from individuals or entities not affiliated with your student’s school will be refused.

Please return this form to the student’s school indicating your decision to withhold or approval for the remainder of the current school year.

If the School District does not receive this signed notification from you, it will be assumed that your permission is granted to print all information.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Parent’s Name (print): _____

Parent’s Signature: _____

Student(s) Name (print): _____

Date: _____

Animas Public Schools 2019-2020 School Year Student Contact Update Form

Parent(s)/Guardian(s) Name: _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone/contact: _____ Work Phone/contact _____

Remind APP Notifications: YES _____ NO _____ Parent Cell _____ Student Cell _____

Student's Name _____

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Grade Entering: _____ Gender: Male _____ Female _____ Date of Birth: _____

Student's Name _____

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Grade Entering: _____ Gender: Male _____ Female _____ Date of Birth: _____

Student's Name _____

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Grade Entering: _____ Gender: Male _____ Female _____ Date of Birth: _____

Student's Name _____

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Grade Entering: _____ Gender: Male _____ Female _____ Date of Birth: _____

Student's Name _____

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Grade Entering: _____ Gender: Male _____ Female _____ Date of Birth: _____

Emergency Contact other than parent/legal guardian that we may contact if you are not available:

Name: _____ Home Phone#: _____ Cell # _____ Relationship _____

Name: _____ Home Phone # _____ Cell # _____ Relationship: _____

Name: _____ Home Phone#: _____ Cell # _____ Relationship _____

Name: _____ Home Phone # _____ Cell # _____ Relationship: _____

I certify that the above information is true and accurate to the best of my knowledge.

Parent/Legal Guardian Signature _____ Date _____ Revised 6-13-19

**ANIMAS PUBLIC SCHOOLS
P.O. BOX 85
ANIMAS, NEW MEXICO 88020
575-548-2299**

BUS REGISTRATION FORM

A copy of this form will be given to the bus driver.

Information requested will be kept confidential & will only be used to help provide safe transportation for your child.

STUDENT(S) NAME:

STUDENT BUS # _____

STUDENT PHYSICAL ADDRESS _____

Pick-Up Location _____ **Bus Number** _____

Drop-Off Location _____ **Bus Number** _____

I, _____, being the parent or guardian have read and understand the regulations set forth in the Student Handbook for Students and Parents.

Please see the Animas School Website for the digital version of the Animas Student Handbook.

I further understand the following:

- Student transportation is a privilege extended to my child/children and not a right. Should my son/daughter have his/her bus riding privileges suspended, it is my responsibility to provide transportation to-and-from school.
- I understand that the School Bus Driver will not pick up/drop off my child/children at a location that is not a designated/approved stop for the bus route.
- I understand that I am responsible for my child/children at the bus stop.
- I understand that the School Bus Driver is not expected to wait for my child/children unless a timely effort to reach the bus stop is observed by the Bus Driver.

Contact Information:

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency phone: _____

Mailing Address _____

Allergies/Medical Conditions _____

I certify that the above information is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student Name (print) _____

Signature _____ Date _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

PERMISSION TO DRIVE

My Son/Daughter(name) _____(DOES/DOES NOT)
have my permission to drive a vehicle to school.

His/her driver's license number is _____
(Must have a copy on file)

Vehicle description:

Make _____

Year _____

License Plate Number _____

Vehicle Insurance _____
(Must have a copy on file)

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____

Application for a driving/parking on school grounds shall constitute express permission by the student and parent that the vehicle may be searched by, or at the direction of, authorized school officials at any time it is on the premises, and a waiver of any and all claims arising from any such searches.

BY SIGNING THE ABOVE, I UNDERSTAND THAT MY SON/DAUGHTER MAY LOSE THEIR DRIVING PRIVILEGES ON CAMPUS FOR SPEEDING OR FOR RECKLESS DRIVING.