**STUDENT SYNERGY PROFILE**

## General Student Information

|  |  |  |
| --- | --- | --- |
| Legal First Name  | Legal Middle Name | Legal Last Name |
| **State ID / Perm ID**  | **Enrollment Date:**  | Gender[ ]  Male [ ]  Female  | Grade  | Home Language Preference: [ ]  English [ ]  Spanish [ ]  Other:   |
| Birth Date | Birth Place | Birth Certificate Number  | Birth State  | Birth Country  |
| Student Phone Number: Type: [ ]  Cell [ ]  Home Phone        | Student Email:       |
| Ethnicity: Please check one[ ]  Hispanic / [ ]  Non-Hispanic  | Race: [ ]  Caucasian [ ]  Asian [ ]  African American [ ]  American Indian/Alaskan Native , is so specify tribe:  |
| Last School Attended / School Name:  | Last School Attended / School Address:  |
| Home Address (Physical Address)  | Mailing Address (If different from Home Physical Address)  |

## Transportation

|  |  |
| --- | --- |
| [ ]  My child live **IN SCHOOL ZONE** (Must provide eligible bus number address)  | [ ]  My child lives **OUT of SCHOOL ZONE** (I will provide personal transportation daily)NOTE: Must complete the OPEN ENROLLMENT APPLICATION to request permission to register out of your designated school zone.  |
| Bus Route/# (Morning) | Morning Address | Bus Route/# (Afternoon) | Afternoon Address  |

## Parent/Guardian Custodial Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Relation:** **Father**  | **Name/nombre:**  | **Address** | **Employer** |
| **Check all** **that apply:** | [ ]  Contact Allowed | [ ]  Education Rights | [ ]  Has Custody | [ ]  Mailing Allowed | [ ]  Enrolling Parent  | [ ]  Release To | [ ]  Financially Responsible  | [ ]  Deceased |
| **Cell Phone:** ()  | **Home Phone:** ()  | **Work Phone:** ()  | **Email:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Relation:** **Mother**  | **Name/nombre:**  | **Address** | **Employer** |
| **Check all** **that apply:** | [ ]  Contact Allowed | [ ]  Education Rights | [ ]  Has Custody | [ ]  Mailing Allowed | [ ]  Enrolling Parent  | [ ]  Release To | [ ]  Financially Responsible  | [ ]  Deceased |
| **Cell Phone:** ()  | **Home Phone:** ()  | **Work Phone:** ()  | **Email:**  |

## In Case of Emergency: Names of persons who can assume temporary responsibility and are authorized to pick up.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |

## Siblings: List all siblings attending school in the Espanola School District.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Gender | Grade | School  |
| Name | Gender | Grade | School  |
| Name | Gender | Grade | School  |
| Name | Gender | Grade | School  |
| Name | Gender | Grade | School  |

**Registration Disclosure, Program Considerations & Media Release**

Please review the following questions and check Yes or No and provide additional information as indicated.

**Yes/ No**

[ ]  / [ ]  My child currently has an **IEP**, qualifying disability:

[ ]  / [ ]  My child currently has a **504 Plan**, qualifying medical condition:

[ ]  / [ ]  My child currently has a **SAT Plan**, area(s) of concern:

[ ]  / [ ]  My child is a **US Citizen.**

[ ]  / [ ]  My child is an **Immigrant. My child has been enrolled in US schools since \_\_\_\_\_\_\_\_ (year), \_\_\_\_\_\_\_\_(grade).**

[ ]  / [ ]  My child has a chronic illness. Specify:

[ ]  / [ ]  My child is a **Teen Parent**.

[ ]  / [ ]  My child is a living in a **Foster Home**.

[ ]  / [ ]  My child is a **Migrant Student**. *A* migratory child is a child who is, or whose parent, spouse, or guardian is, a migratory agricultural worker or migratory fisher, and who, in the preceding 36 months, has moved from one school district to another, to obtain or accompany such parent, spouse, or guardian, in order to obtain temporary or seasonal employment in agricultural or fishing work as a principal means of livelihood.

[ ]  / [ ]  My child is **Displaced or Homeless** by definition**.** *The McKinney-Vento Act defines displaced / homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence." This may include: Children and youth sharing housing due to loss of housing, economic hardship or a similar reason; Children and youth living in motels, hotels, trailer parks, or camp grounds due to lack of alternative accommodations; Children and youth living in emergency or transitional shelters; Children and youth abandoned in hospitals; Children and youth awaiting foster care placement; Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc); Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations; and Migratory children and youth living in any of the above situations.*

[ ]  / [ ]  My Child has been **EXPELLED** from another school in the last 12 months.A student who has been expelled during the last twelve (12) months by any school district or private school in the United States or who is not in compliance with a condition of disciplinary action based on behavior detrimental to the welfare or safety of other students or school employees imposed by any other school or school district in the United States within the last twelve (12) months shall not be admitted. Acceptance for enrollment may be revoked upon finding the existence of any of these conditions.

**Media Release**

**In order to comply with FERPA (Family Educational Rights and Privacy Act) and the No Child Left Behind Act of 2001, it will be necessary to obtain parental permission in order to publish or release your child’s name and/or address.**

[ ]  YES/ [ ]  NO I give my permission for my child to be **interviewed by media** representatives.

[ ]  YES/ [ ]  NO I give my permission for my child to be **photographed, or videotaped by media** representatives.

[ ]  YES/ [ ]  NO I give my permission for my child’s **artwork to be displayed and/or published** in EPS publications.

[ ]  YES/ [ ]  NO I give my permission to allow my **child’s photo to be published** on the EPS District websites.

**Directory Information & Military Recruiter Release (HS ONLY)**

[ ]  YES/ [ ]  NO I want my child’s directory/contact information to be disclosed.

[ ]  YES/ [ ]  NO I give my permission for my child to be contacted by a military recruiter.

Parent/Guardian Signature Date:

**STUDENT COMPUTER USE AND INTERNET ACCESS RELEASE FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

As a condition to use of the School District’s computer system, including access to and use of the Internet, I understand and agree to the following:

1. To abide by the School Board’s Policy on Acceptable Use and its Computer and Internet Code of Conduct.
2. School Site and district level administrators have the right to review any materials

created or stored in any files I may create and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.

1. That the Espanola Public School District will not be liable for any direct or indirect, incidental or consequential damage due to information gained and/or obtained via use of the School District’s computer system including, without limitation, access to public networks.
2. That the Espanola Public School District does not warrant that the functions of the School District computer system or any of the networks accessible through the system will meet any specific requirements you may have, or that the School District computer system will be error-free or uninterrupted.
3. That the Espanola Public School District shall not be liable for any direct or indirect,

incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use the School District computer system.

1. That the use of the School District computer system, including use to access public

computer networks, is a privilege which may be revoked by School District administrators at any time for violation of the district's Acceptable Use Procedures and Code of Conduct. School District administrators will be the sole arbiter(s) of what constitutes a violation of the policy or Code of Conduct.

1. In consideration for the privilege of using the School District computer system and in consideration for having access to the public networks, I hereby release Espanola Public School District, the School Board, its members, administrators and employees, including its computer operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the School District computer system.

I hereby certify that we have reviewed the policy and my child will abide by the conditions set forth in this document, the School District's Acceptable Use Procedures and Computer and Internet Code of Conduct.

Parent’s Signature Date Student’s Signature Date

**CODE OF CONDUCT - PROHIBITED BEHAVIOR INFRACTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

**DIRECTIONS: Parents please review with your child and sign and return immediately. Thank you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level 1****Behavior Infractions** | **Level 2****Behavior Infractions** | **Level 3****Behavior Infractions** | **Level 4****Behavior Infractions** | **Level 5****Behavior Infractions** |
| * Inappropriate display of affection
* Regulated use of electronic devices (cell phone prohibited at elementary level)
* Students’ dress and personal appearance
* Inappropriate language, displays, or images
* Dishonesty
 | * Refusal to cooperate with school personnel
* Tobacco use
* Disruptive conduct
* Criminal damage to property and vandalism (under $250)
* Trespassing
 | * Sexual Harassment
* Knowledge of alcohol, drugs, or weapons\*
* Instigation (of disruptive misconduct)
* Disorderly Conduct
* False Fire Alerts
* Academic Dishonesty
* Gang Related Activity\*
 | * Larceny/Theft over $100\*
* Criminal damage to property and vandalism over $250\*
* Sexual battery (includes attempts)\*
* Alcohol violation\*
* Fighting (mutual)
* Assault, battery, and bullying\*
* Possession or use of fake weapon\*
* Other delinquent acts (per NM statutes as determined by law enforcement)\*
 | * Extortion/Coercion\*
* Robbery\*
* Battery\*
* Possession of weapon\*
* Arson\*
* Drug Violation\*
 |

Behaviors marked with an \* indicate behaviors for which referral to law enforcement is either (1) required by law; (2) based on the totality of the circumstances, severe enough to merit referral to law enforcement upon the first occurrence; or (3) merit referral to law enforcement if the behavior is repeated. Referral to law enforcement may result in a secondary referral by law enforcement to Juvenile Probation, the District Attorney, or Children’s Court.

**Behavior Interventions & Consequences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level 1****Interventions/Consequences** | **Level 2****Interventions/Consequences** | **Level 3****Interventions/Consequences** | **Level 4****Interventions/Consequences** | **Level 5****Interventions/Consequences** |
| * Student Warning
* Student conference
* Parental contact
* Parental Conference
* Student Accountability/ Behavior Contract
* Referral to LEVEL 2
 | * Referral to school support services (Counselor / SAT)
* Exclusion from extra-curricular activity (must be within 2 weeks of infraction)
* Restitution for damages
* Detention
* In School Suspension (ISS)
* Referral to LEVEL 3
 | * Referral to a community-based agency
* Temporary Suspension (1-3 days, invokes due process)
* Referral to Level 4
 | * Referral to law enforcement
* Mid-term out of school suspension (5-10 days, invokes due process)
* Referral to Level 5
 | * Referral to Law Enforcement
* Long-term out of school suspension (specified time, exceeding 10 days, invokes time specific due process)
* Expulsion (permanent or indefinite time exceeding 10 days, invokes time specific due process)
 |

**We have reviewed the behavior infractions and consequences.**

Parent’s Signature Date Student’s Signature Date

**Bilingual Education Program Parent Notification**

(Versión español al reverso)

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

Dear Parent:

This letter is to inform you that this school offers a Bilingual Multicultural Education Program (BMEP). The program’s goals are for all students to become bilingual and biliterate in English and a second language and to meet state academic content standards and benchmarks in all subject areas.

The cognitive and affective development of students in the program is encouraged by using the cultural and linguistic backgrounds of the students, providing students with opportunities to expand their conceptual and linguistic abilities and potentials in a successful and positive manner, and teaching students to appreciate the value and beauty of different languages and cultures. Your son/daughter insert student’s name has been placed in the school’s BMEP. The following BMEP model(s) is used in the program:

**Heritage—**is designed to support and revitalize a student's native language and culture through oral and/or written language instruction as prescribed by NMAC 6.32.2.12 (D)(3). English learners served in this model receive one hour of language arts in the Spanish or Tewa (target) language, and one hour of English as a second language/English language development. Fluent English Proficient students in this model receive one hour of language arts in the Spanish or Tewa home/heritage (target) language.

Parents with children participating in the school’s BMEP are encouraged to participate in the BM[EP parent advisory](#_bookmark1) committee (PAC). Please consider attending our one of our meetings**.** Par[ent participation in](#_bookmark1) the development, implementation, and evaluation of the program is valued and important, as we co[nsider what BMEP](#_bookmark1) works best for your children and the community.

We highly recommend that your child participate in, and receive the benefits from, this program. However, you have the right to decline your child’s participation in/opt your child out of the BMEP. If you have questions, you are encouraged to call or visit your child’s principal.

Sincerely,

*Myra L. Martinez*

Executive Director

State Programs, Assessment & Accountability

Parent/Guardian Signature Date:

**\*\*\*To Be Filed in Student Bilingual Cumulative Record\*\*\***

**Notificación de programa educación bilingüe**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

Estimado padre:

Esta carta es para informarle que nombre de la escuela ofrece un programa educación bilingüe multicultural (*BMEP por sus siglas de inglés*). Los objetivos del programa son que todos los estudiantes sean bilingües y biculturales en inglés y una segunda lengua y cumplir con los estándares de contenido académico del estado en todas las materias.

El desarrollo cognitivo y afectivo de los estudiantes en el programa se fomenta mediante el uso de los antecedentes culturales y lingüísticos de los estudiantes, proporcionando a los estudiantes la oportunidad de ampliar sus capacidades y potencialidades conceptuales y lingüísticas de una manera exitosa y positiva, y enseñar a los estudiantes a apreciar el valor y la belleza de las diferentes lenguas y culturas. Su hijo/hija nombre del estudiante ha sido colocado en el programa de BME de la escuela. El siguiente modelo de BMEP se utiliza en el programa:

**Herencia**—Diseñado para apoyar y revitalizar la lengua y la cultura nativa del estudiante a través de la enseñanza del idioma oral y/o escrito NMAC 6.32.2.12 (d)(3). Los estudiantes de inglés en este modelo recibirán una hora de artes del lenguaje en lenguaje de casa/patrimonio, y una hora de Inglés como segundo idioma . Los estudiantes inicialmente con fluidez en inglés en este modelo reciben una hora de artes del lenguaje en lenguaje de casa/patrimonio.

Se anima a los padres con niños que participan en el programa de la escuela a participar en el comité a[sesor de padres BME](#_bookmark1) (BMEP PAC por sus siglas en inglés). Por favor, considere asistir a nuestra primera reunión de PAC programada para insertar la fecha. La participación de los padres en el desarrollo, implementación y evaluación del programa es valorado e importante ya que consideremos lo que funciona mejor para sus hijos y la comunidad.

Es muy recomendable que su hijo participe en, y reciba los beneficios de este programa. Sin embargo, usted tiene el derecho de rechazar la participación de su hijo/hija en del programa. Si tiene alguna pregunta, se le recomienda que llame o visite nuestra principal.

Sinceramente,

*Myra L. Martinez*

Directora de Programas de Educación Multicultural Bilingüe

Parent/Guardian Signature Date:

**\*\*\*To Be Filed in Student Bilingual Cumulative Record\*\*\***

**MEDICAL HISTORY & INFORMATION (p. 1 of 2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

## Insurance and Doctor Information

|  |  |  |
| --- | --- | --- |
| **Insurance Company** | **Subscribers Name** | **ID Number**  |
| **Please Check Type:** [ ] Private/Personal Insurance [ ]  Medicaid [ ]  Uninsured  |

Doctor  Phone

Dentist  Phone

Hospital  Phone

## Health Conditions

1. Specify health conditions/allergies:

2. Is your child on daily medication? [ ]  NO / [ ]  Yes, specify

3. Recent surgery, accident or illness (past year)

Please indicate if student has had or is currently under treatment for any of the following conditions or diagnoses. Give year or age when problem occurred. Please indicate if student has had or is currently under treatment for any of the following conditions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Diagnoses / Condition**  | **Response** | **Age/Date** | **Medications, explanation or other info** |
| Add/ADHD | Yes / No |  |  |
| Addison’s Disease | Yes / No |  |  |
| Allergic Disorder (life threatening) | Yes / No |  |  |
| Allergic Disorder (non-life threatening) | Yes / No |  |  |
| Asthma | Yes / No |  |  |
| Cancer | Yes / No |  |  |
| Cardiovascular | Yes / No |  |  |
| Congenital/Genetic | Yes / No |  |  |
| Dental/Oral | Yes / No |  |  |
| Dermatologic | Yes / No |  |  |
| Diabetes, type I | Yes / No |  |  |
| Diabetes, type 2 | Yes / No |  |  |
| Eating Disorders | Yes / No |  |  |
| Endocrine | Yes / No |  |  |
| Ear, Nose & Throat | Yes / No |  |  |
| Eye | Yes / No |  |  |
| Gastro-intestinal | Yes / No |  |  |
| Genito-urinary | Yes / No |  |  |
| Hematology | Yes / No |  |  |
| Musculo-skeletal | Yes / No |  |  |
| Neurological – Concussions | Yes / No |  |  |
| Neurological – Migraines  | Yes / No |  |  |
| Neurological – Seizure Disorders  | Yes / No |  |  |
| Neurological – Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes / No |  |  |
| Psychiatric | Yes / No |  |  |
| Respiratory (other than asthma) | Yes / No |  |  |
| Pregnancy | Yes / No |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes / No |  |  |

**MEDICAL HISTORY & INFORMATION (p. 2 of 2)**

Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? Yes [ ]  No [ ]

If yes, identify therapy:

Please list any additional problems/concerns/conditions not previously listed.

## Administration of Medication

Administration of medication of any type, prescription or over the counter medication is NOT permitted at school without a complete Medication Authorization Form (to be requested though your school nurse and signed by your child’s physician, school nurse and school administrator). If your child requires either prescription medication or regular use of over the counter medications please visit your school nurse to discuss and begin the Medication Authorization process. Please indicate whether or not your child requires a Medication Authorization form below.

[ ] My child requires a Medication Authorization Form.

[ ] My child DOES NOT require a Medication Authorization Form.

## Consent for Emergency Treatment

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that Espanola Public Schools does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

**Parent/Guardian Signature Date:**

## Medical Emergency Contact information: Names of persons who can assume temporary responsibility and are authorized to pick up.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship**Parent / Guardian 1** | Home Phone | Work Phone | Other Phone |
| Name | Relationship**Parent / Guardian 2**  | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |

**\*\*\*To Be Filed in Student Health Record with School Nurse\*\*\***

|  |  |  |
| --- | --- | --- |
|  | **Española Public Schools** Transportation Request  | ***Alejandro Ortiz*** ***Transportation Officer******Phone:*** *505****-***367-3344 |

**Notice:** ***All students should have this form on file with the Transportation Department. Even if your child does not plan on riding a bus, please fill out this form and list the bus they may ride. There may be an instance that they may have to use the bus transportation and without this form on file we will not know if your child is a registered student in our district.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

|  |  |  |
| --- | --- | --- |
| ***School:***       ***Physical Address:***        | ***Bus Status:*** [ ]  My child will ride the bus on a regular basis. [ ]  My child will ride the bus on an as needed/ Emergency basis ONLY. (must be registered) | ***Bus Number:***       |

|  |  |
| --- | --- |
| **Father’s / Guardian 1 Contact Information** | **Mother’s / Guardian 2 Contact Information** |
| Name/*nombre:*  | Name/*nombre:*  |
| Cell Phone/*Celular*: | Home Phone/*Casa*: | Work/Msg / *Trabajo*: | Cell Phone/*Celular*: | Home Phone/*Casa*: | Work/Msg / *Trabajo*: |
| Mailing Address/*Dirección Postal*: | Mailing Address/*Dirección Postal*: |

**BUS TRANSPORTATION RULES & CONTRACT**

This contract made and entered into by and between the Espanola Public School District, the parent/guardian, and the student properly signed, acknowledges the agreement of the Española Public School District to provide transportation for       (student) to and from school during the **2019-2020** school year. It is understood by all parties that the student will abide by the following rules and regulations regarding bus transportation privileges and responsibilities:

1. Students WILL adhere to the rules and regulations set forth by the bus driver. The bus driver has the same authority as the teacher when riding bus.
2. The use of profanity WILL NOT be allowed on the bus.
3. The bus driver Is authorized to assign seats, all passengers are expected to abide by such and will be responsible for their assigned seat.
4. Students must stay in their seats when the bus is in motion; students MUST NOT extend their hands, arms, or bodies out of the bus at any time.
5. Students MUST cooperate in keeping the bus clean. Eating or drinking on the bus will only be allowed at the discretion of the bus driver.
6. The use of tobacco, narcotics, or alcoholic beverages SHALL NOT be permitted in the bus. Students who are under the influence of any of the above substances are not allowed to ride the bus.
7. Students WILL NOT be permitted to leave the bus on the way to and from school except at their regularly assigned stop. In case of any emergency, the student must obtain a school issued bus pass from the office signed by a school administrator. **BUS PASSES ARE ISSUED FOR EMERGENCIES ONLY! BUS PASSES ARE GRANTED AND HONORED IF SPACE IS AVAILABLE. THE DRIVER HAS DISCRETION TO REFUSE TRANSPORTATION IF SUFFICIENT SPACE IS UNAVAILABLE.**
8. The following are NOT permitted in the bus: animals, firearms, explosives, breakable glass items or knives.
9. Students whose presence poses a threat to other passengers on the bus will lose his/her riding privileges immediately.
10. Students who DO NOT obey the above rules and regulations WILL have their transportation privileges suspended for a maximum of not less than three school days for the first offense. On the second offense, a parental meeting may be required before privileges are restored. During this time, the student WILL NOT be allowed to ride any other school bus to and from school. Progressive discipline will be followed in administering bus discipline consequences.

## Students are required to be waiting at the bus stop 10-15 minutes before the scheduled pick-up time.

***Video Notification:*** Along with filling out this form, you are being informed and giving the Espanola Public School Transportation Department, permission to video tape your child on the bus. Videotaping is done automatically on each bus to help deter incidents that may occur. Video tapes are randomly viewed by the District Personnel unless an incident occurs where the video tape will be used as documentation for related incidents.

***Bus Stop Notification:*** An adult is required to be at the stop to pick up **Kindergarten** students, or the student will be returned to their school. All other students, grades 1-6 may be dropped off at their assigned stops without an adult present. If a parent of a student in grades 1-6 does not want their child to be left at the stop without an adult present, they must ☑ below and sign the acknowledgement.

[ ]  I **DO NOT** want my grade 1-6 student left at the bus stop without an adult present. I understand it is my responsibility to ensure an adult is present at the bus stop to release my child. I understand my child will be returned to the school building if an adult is not present to meet my child at the bus stop. Parent/Guardian Signature & Date:

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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Student Housing Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Student Name *(As it appears on birth certificate)*** *First Name Middle Initial Last Name* | **Date of Birth:**    | **Grade:**  | **Age:**  |

EPS Students 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 include access to free meals at school. Eligibility can be determined by completing this questionnaire.

This form is to learn more about you and/ or your family’s current housing situation. Please begin by completing your contact information and signing the form, your signature indicates that you have completed this form to the best of your knowledge. Then proceed to answer question 1 and follow directions to STOP or PROCEED with questions 2 and 3.

|  |  |
| --- | --- |
| Father/Guardian Name*:*  | Mother/Guardian Name*:*  |
| Cell Phone/*Celular*: | Home Phone/*Casa*: | Work/Msg / *Trabajo*: | Cell Phone/*Celular*: | Home Phone/*Casa*: | Work/Msg / *Trabajo*: |
| Mailing Address/*Dirección Postal*: | Mailing Address/*Dirección Postal*: |

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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

|  |
| --- |
| Section AImage result for stop [ ]  Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).Please return this form without completing the remaining sections. |
| Section B[ ]  Temporarily with another family[ ]  With an adult that is not a parent or legal guardian[ ]  Rent in a temporary space (for example: motel, hotel, trailer park or campground)[ ]  In a place that lacks running water or electricity[ ]  In a temporary shelter or other temporary housing[ ]  Other (please note):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Image result for continue If you checked a box in Section B, complete the remainder of this form. |

**2. You may be contacted by a member of your school system’s educational support staff to discuss possible support eligibility. Please check the box below indicating if you would like to be contacted.**

[ ]  YES, please contact me. [ ]  NO, please do not contact me.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **M/F** | **Birth Date** | **Grade** | **School** |
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