

Rio Gallinas School Registration Form

School Year: 2020/2021

Student's Name: _____ Nickname: _____

Address: _____

Home Phone: _____

Birthdate: _____ Birthplace: _____

Grade (Fall 20) _____ Previous School: _____

Are you in the WLVDistrict? _____ If so, will you ride a bus To school? _____ From school

Mother's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Occupation: _____

Father's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Occupation: _____

Guardian's Name(if different from above): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Occupation: _____

Person to call in case of emergency:

Name: _____ Phone: _____

Name of other adults in home and relationship to child:

Name and ages of other children in the home:

Previous schools your child has attended (Include school address and phone if out of Las Vegas):

Parents/Guardians Grandparents

Parent involvement is a REQUIREMENT, as we invite you to participate in any way possible with our school. It is always wonderful for the students and staff to have parents in the classroom. How would you like to be involved with the school? Circle as many as you are interested in or add your own ideas. Adults will need to submit a background check to the school for attending field work, trips, and classroom volunteering.

(2) Hours per month will be expected and recorded with the office.

- reading to students cooking sewing cleaning projects storytelling
music family nights Spanish computers crafts family history project fieldtrips
tutoring Governing Council Meetings making books newsletters gardening
woodwork animals snack donations additional supply donation Grow Dome cleanup

Other interests or skills:

Please answer the questions with as much detail as possible. We would like as much information as possible to assist us in meeting your child's needs.

Why are you interested in your child attending Rio Gallinas School?

What are some behaviors and academic areas your child needs to work on?

Besides the academic areas (math, reading, etc.) what are some things you are interested in your child learning?

Are you interested in your child learning a musical instrument? If so, which one? _____

Are you interested in dance for your child? If so, which form? _____

Are you interested in sports for your child? If so, which ones? _____

Do you want your child to learn Spanish? _____

Is Spanish spoken in your home? _____

Is your child interested in jewelry making? _____

Student Section

Please take your time and answer the questions in detail.

Why are you interested in attending Rio Gallinas School?

Circle all the things below that you would like work on. This will help us to create the kind of school that works for you.

- | | |
|--|--------------------------------------|
| *I would like more friends | *I have problems completing homework |
| *I get angry | *I have trouble reading |
| *I am not very good at math | *I want to be a better writer |
| *I want to participate in sports | *I would like to learn an instrument |
| *I think I am too skinny | *I think I am too fat |
| *I want to be able to speak in front of groups | *I don't like school |
| *I am shy | *I want to be a better hiker |
| *I cannot concentrate in classrooms | *I get in fights |
| *I would like to learn about machines | *I would like to learn about animals |
| *I want to learn more about computers | *I would like to create my own movie |
| *I would like to learn to dance | *I want to learn more about acting |
| *I want to learn to draw | *I don't think people like me |
| *I act out in class | |

What are some of your skills and talents that you can share with others?

What are your interests?

What do you want to learn at Rio Gallinas School?

Are you interested in learning an instrument? If so, which one? _____

Are you interested in dance? _____

Are you interested in theater? _____

Are you interested in learning Spanish? _____

Are you interested in spending time on a farm and in the wilderness? _____

Are you interested in sports? If so, which ones? _____

Describe your favorite teacher. Name at least three things about him/her. What made her/him your favorite teacher? _____

What do you think we should know about you that would help us be better teachers for you? _____

What are your favorite foods? _____

Parent/Guardian

This questionnaire will help us identify your child's learning needs.

Does your child have any identified learning problems?

Has your child been tested by a school psychologist?

Has your child had any testing by a school counselor?

Has your child ever been tested for or recommended for Special Education Placement?

Is your child currently receiving Special Education services?

Has your child been seen by a speech therapist?

Has your child ever been referred for a hearing test?

Does your child wear glasses?

Do you think your child should have his/her eyes checked?

Does your child have a physical disability?

Has your child ever participated in the gifted program?

Has your child ever been involved with the law?

Please describe any particular condition or personality issue that might be important for us to know about. _____

**AUTHORIZATION FORM
FY 2020/2021**

Student Name _____

*ONLY THESE PERSONS ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL.

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Parent/Guardian Home or Cell: _____ Work: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Release Form FY 2020/2021

Name of Student: _____

If the above named student becomes seriously ill or injured at Rio Gallinas School and/or a school fieldtrip and the family cannot be reached immediately for provision of instruction, I hereby authorize school personnel to call and/or arrange for transportation of the student to our family physician:

Physician Dr.: _____

Address: _____

Phone Number: _____

Dentist: _____

Address: _____

Phone Number: _____

If the above physician or dentist is not available, it is understood that the school will call a different doctor and/or will send the student to the nearest facility for emergency care.

It is understood further that I will pay for emergency transportation and for subsequent emergency care, unless the costs are otherwise covered by insurance.

Note: Parents are responsible for contacting the school if any of the information on this paper changes.

Date _____ Signed: _____

Home Phone: _____ Work Phone: _____

I do not have a phone, please call me at: _____

The phone belongs to: _____

Emergency Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Pupil Health History Form

FY 2020/2021

***** Please attach a copy of your child's immunization record or immunization exemption form. The Public Education Department requires verification of either one of these forms*****

Name of Student: _____ D.O.B: _____

Address: _____

Parent's name: _____

Date of student's last medical exam: _____

Date of student's last dental exam: _____

Check as they apply to your child:

Diabetes _____

Heart Trouble _____

Ear Trouble _____

Weight Problems _____

Muscular Weakness _____

Allergies _____

Brain Injury _____

Fainting Spells _____

Seizures _____

Emotional Problems _____

Hernia _____

Other, please specify _____

Tuberculosis _____

Speech Defects _____

Eye Problems _____

Joint Problems _____

Asthma _____

Does your child have specific food allergies? If so, to what?

Does your child have specific eating needs? Vegan, vegetarian, etc.

COMPULSORY ATTENDANCE POLICY

FY 2020/2021

In accordance with the state compulsory attendance law, parents or guardians are responsible for insuring that their child is in school. Attendance will be taken in every class and each day. Absence for more than 50% of the instructional day will be considered a full day.

Class Attendance: Regular attendance is essential to a student's success in school. Persistent absenteeism creates a genuine hardship for a student academically and socially and is regarded as a very serious problem.

Appropriate legal procedures will be followed for ten or more unexcused absences during the school year, considered habitual truancy, as specified and required by the Public School Code. A student who has accumulated five unexcused absences within a school year is considered truant. However, the school staff are aware of repeated unexcused absences before the point of truancy and intervene both informally by conferring with the student and more formally through parent/guardian contact and conferences to determine the cause of the student's absenteeism.

Notification of Absences: In the event of an unexcused absence, the school will contact the parent/guardian as soon as possible to notify them of their child's absence.

Each trimester parents/guardians will be informed of their child's total absences. Rio Gallinas administration will notify parents/guardians of absences through written correspondence or through phone calls.

Excused Absences: In order for an absence to be valid the student must bring a written excuse signed by the parent the day he/she returns to school. A valid excuse is considered illness, death in family, prearranged family event, or religious holiday. Prior notification is requested for students missing school due to family trips or preplanned extended absences. It is the responsibility of the student and his/her parent/guardian to communicate with teachers regarding homework and classwork assignments for that period.

Consequences for absences: The school will document attempts to notify the parent about her/his child's unexcused absences, attempts of the school to meet with the parent/guardian to discuss intervention strategies and intervention strategies implemented to support keeping the child in school.

Step 1: Initial Meeting for Students in Need of Early Intervention

After two incidents of unexcused absences, the student is contacted and counseled by the director. In the meeting the student and director decide what kind of support is needed for the student. Parent/Guardian(s) is notified by a phone call and/or letter and a phone conference is held discussing what was decided in initial meeting between student and director. After school tutoring may be required as support for student to make-up missed assignments. The notification to the student and parent/guardian will be respectful and in a language and manner that is understandable to the student and parent/guardian.

Step 2: Parent/Guardian Conference for Students in Need of Early Intervention

If student has five unexcused absences within a school year, a parent/guardian(s) will be notified of continued truancy by a phone call and letter and/or email. The letter/email shall include a date, time, and place for parent/guardian to meet to develop intervention strategies that focus on keeping the student in an educational setting. The notification to the student and parent/guardian will be respectful and in a language and manner that is understandable to the student and parent/guardian. After school tutoring may be required as support for student to make-up missed assignments.

Step 3: Meeting with Juvenile Probation and Parole Services in San Miguel County

If the student has ten unexcused absences in a school year, the student's parent/guardian be notified by mail/email and a phone call. The letter/email shall include a date, time, and place for parent/guardian to meet to develop new intervention strategies that focus on keeping the student in an educational setting. The notification to the student and parent/guardian will be respectful and in a language and manner that is understandable to the student and parent/guardian. After school tutoring may be required as support for student to make-up missed assignments.

Step 4: Contact with San Miguel County Probation

If there is another unexcused absence, within seven days, San Miguel probation offices will be contacted.

Student Name: _____

Parent/Guardian Signature: _____

Grade: _____

Family Agreements FY 2020/2021

******Please read the agreements carefully. We want your family to understand what is expected to have your child at Rio Gallinas School. The staff wants your child to succeed and adhering to these agreements will support your child in doing so.******

Parents/Guardians Learning Targets:

- I will attend the beginning of school orientation for parents/guardians
- Parents/Guardians will need to submit a background check to the school for attending field work, trips, and classroom volunteering.
- I will volunteer at least (2) hours of my time per month
- I will attend two or more monthly parent/guardian meeting throughout the year.
- I will attend two Student Led Conferences/Open Houses.
- I will attend the Celebration of Learning events for the expedition studies because I want to recognize my child and the hard work they showcase
- I will be responsible for getting my child to school on time and picking them up after school on time.
- I will be responsible for my child attending school regularly. Regular attendance is essential to a student's success in school. Persistent absenteeism creates a genuine hardship for a student academically and socially and is regarded as a very serious problem. Because we are an Expeditionary Learning School, it is difficult to make up assignments that are missed during the day. Each day, there are important discussions and teachings that will cause your child to fall behind, if missed. We understand family trips are important but please schedule them during breaks.
- I will be responsible for my child attending field work days. Field work days are essential to our educational approach learning.
- I will be responsible for my child attending physical education days. A physical education day (skiing, swimming, dancing, etc.) are essential components of our school and is a requirement of the state.

I agree that the above statements are important for the success of my child at Rio Gallinas School. I will follow the agreements.

Parent/Guardian Signature: _____ **Date:** _____
Student Name: _____ **Grade:** _____

Student Agreements

FY 2020/2021

Please read the agreements carefully with your child. We want your children to understand what is expected. Please explain the meaning of the agreement to the younger children.

- I will not use my cell phone, I-pod, or personal electronic devices during school hours, unless I get explicit permission from the teacher.
- I understand my phone and/or electronic devices will be taken away and a parent will need to pick it up from the office after school. The school is not responsible for lost, stolen, or damaged personal objects.
- I will attend all fieldwork and camping trip days. (Parents/Guardians are invited to participate in all activities.)
- I will prepare for two Student-led Conferences and attend with my parents/guardians.
- I will attend all Celebration of Learning Events.
- I will attend all end of school presentations, performances, and/or events, including fieldwork.
- I will be prompt and will arrive to school on time. School begins at 7:55am and ends at 3:00pm. Breakfast is served from 7:30am — 7:55am.
- I will take learning seriously, therefore I will do my best and participate fully and come to class prepared and take responsibility for my learning.
- I will take responsibility for my homework and other school work.
- I will take responsibility for telling a staff member if I am hurt, bullied, teased and/or have concerns being harmed emotionally or physically.
- I will take responsibility for the school environment, equipment, and supplies.
- I will have a positive relationship with my peers, teachers, and myself.
- I will demonstrate kindness through my actions and words.
- I will have a positive mental attitude.

I agree that the above statements are important for my success at Rio Gallinas School and I will follow the agreements listed.

Student Signature: _____

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
(FERPA)**

Federal law mandates that students must have absolute confidentiality and privacy in the matters of personal records; this includes grades and the public display of class work. This means that schools are no longer able to display individual student work that has been graded, nor can the school publish honor roll lists unless we have parental permission to do so.

In addition, students cannot participate in cooperative classroom activities such as grading each other's paper or posting student lists of reading levels, spelling grades, or other academic information unless the parents have given permission to do so.

If you would like your child's work to be displayed in school and if you would like to have your child's name appear in lists such as the honor roll, and other publications, you do not have to take any action. If, however, you do NOT want your child's name or class work displayed or made known to the public, please sign the bottom portion of this letter.

I, _____ do NOT want my child's work displayed nor do I want his/her name to appear in honor roll lists or other publications that are made public.

I, _____ DO want my child's work displayed. I want his/her name to appear in honor roll lists or other publications that are made public.

Name of Student: _____

Parent/Guardian Signature: _____

Date: _____

Photo Release Form

Rio Gallinas School would like to include photos of students, teachers and school activities on its website, in brochures, advertisements, books and newspaper articles. First and last names will be used in newspaper articles. Most other places, only the first name will be used. We will not publish phone numbers, birthdates or addresses of any children. Most children enjoy having their photo displayed, and we respect your decision fully.

Please read the below options carefully and decide what you feel comfortable with.

____ We/I hereby give permission for my child to be photographed for newspaper articles which may include first and last names.

____ We/I hereby give permission for the school to use photos along with first name on school website and other forms of communication.

____ We/I hereby give permission for the school to use photos without first name on school website and other forms of communication.

____ We/I hereby do not give permission for the school to use photos on school website and other forms of communication.

Student Name: _____

Parent/Guardian

Signature: _____ **Date:** _____

TECHNOLOGY / COMPUTER USE POLICY AND AGREEMENTS

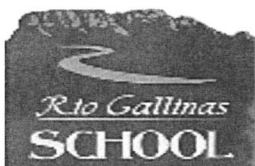
Río Gallinas School is a community that uses the computer systems in a responsible, appropriate, and legal manner. We agree to use the following as a guide when working within the school's computer system:

1. The school's Internet connection should be used only for research or information gathering that is directly related to academic assignments or extracurricular projects supervised by the Río Gallinas staff. Social networking sites including, but not limited to: Facebook, SnapChat, Instagram, Twitter, YouTube, etc. shall not be used under any circumstances.
2. Game playing on computers is not allowed unless the game is directly related to a school assignment or activity and specifically authorized by the classroom teacher. For example, chess would be appropriate if related to the activities of the Chess Club.
3. Laptop computers should be plugged in each night to assure a full charge the following day.
4. E-mail (or any other computer communication) should be used only for legitimate and responsible communication between students, faculty, and the outside world. Rude, abusive, threatening, or otherwise inappropriate language is not permitted.
5. Students may access only those files that belong to them or which they are certain they have permission to use.
6. Files stored within the school computer systems should be limited to those relating to formal school courses or activities. Students and staff have no privacy rights with respect to any data stored on school property. Staff will routinely monitor all computer systems to determine compliance with this policy.
7. Computers, wireless cards, and cameras belong to and are distributed by the school. Access to the Río Gallinas School computer systems is a privilege, not a right. Violating the letter or spirit of the above regulations may cause to deny a student access to the Río Gallinas School computer systems, and/or may result in more serious disciplinary action(s). Río Gallinas School is required by law to report any illegal or unauthorized use of school computers to the proper authorities.
8. Río Gallinas School is entitled to reimbursement for any lost, stolen, or damaged school property assigned to a student. No school property will be assigned to a student without parental approval and consent.

I hereby promise to follow these guidelines and to respect and care for the computers and other technology that I may use at Río Gallinas. I understand that I may lose the privilege of using the technology if I fail to keep this agreement.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



RIO GALLINAS SCHOOL

I hereby give permission for my child, _____ to participate in the following Rio Gallinas School activities. It is understood that any child determined to be in violation of Rio Gallinas behavior standards will be sent home.

Date: Any school day between the dates of: August 2020 through June 2021.

Where: As an expeditionary learning school, students are out in the community and off campus often.

These trips may occur daily and at various times throughout the school year. Trips may include the following:

- Lunch
- P.E.
- Fieldwork
- Creative Movement
- Class project or assembly
- Camping
- Community Service
- Grow Dome
- Class trip

Contact Person: Director, Kirk Ludi

I, the undersigned hereby release and discharge the above listed entities, the West Las Vegas School District, and Rio Gallinas officers, employees, agents, and servants for all liability arising out of or in connection with the above described activity. For the purposes of this, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that all my heirs, executors, administrators, or assignees may have against Rio Gallinas School, West Las Vegas District, the above listed entities and/or Kirk Ludi.

In the event of injury or illness, I hereby give consent to whatever x-rays, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care from a licensed physician and /or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be responsibility of the parents/guardians/participant.

Parent/Guardian Signature

Date

Student Signature

Date

RIO GALLINAS BEHAVIORAL EXPECTATIONS

<u>Expected Behaviors</u>	<u>All Locations</u>	<u>Playground/ Fieldwork/Grow Dome</u>	<u>Lunch time/Snack time</u>	<u>Class time</u>	<u>Arrival/ Dismissal Time</u>	<u>Transitions</u>
<p style="text-align: center;"><u>RESPECT</u></p> <p style="text-align: center;">I have respect for myself, others and my environment</p>	<ul style="list-style-type: none"> * I respect others personal space and things *I keep my body, hands, and feet to myself *I leave no trace *I use appropriate language 	<ul style="list-style-type: none"> *I care for plants and animals *I use equipment and tools appropriately *I take care of equipment 	<ul style="list-style-type: none"> *I wash my hands before I eat *I use an inside voice when eating * I walk quietly in line and in building 	<ul style="list-style-type: none"> *I listen when others are speaking *I am open to other people's ideas *I give positive feedback to others *I recycle 	<ul style="list-style-type: none"> *I keep my voice level down while waiting for bus or ride home *I walk *I am aware of my surroundings 	<ul style="list-style-type: none"> *I keep my voice level down during transitions *I walk *I am aware of my surroundings
<p style="text-align: center;"><u>RESPONSIBILITY</u></p> <p style="text-align: center;">I take responsibility for my learning and actions</p> <p style="text-align: center;"><u>RESPONSIBILITY</u></p>	<ul style="list-style-type: none"> *I am responsible for my actions and words *I keep track of my belongings *I am prompt *I am prepared *I participate *I have a positive attitude *I follow school expectations *I choose right over wrong 	<ul style="list-style-type: none"> *I take turns *I play by the rules *I agree on rules with the group *I put equipment away 	<ul style="list-style-type: none"> *I take turns *I bring only water and nutritious food to eat *I try some of everything 	<ul style="list-style-type: none"> *I follow community agreements *I pay attention *I ask questions *I put forth my best effort *I turn in assignments on time *I ask for help *I complete my work * I participate in all class activities *I do my part in group assignments 	<ul style="list-style-type: none"> *I am on time *I bring a note to class if I'm late *I call school when I'm absent *I take my planner between home and school daily *I take home notes from school 	<ul style="list-style-type: none"> *I prepare for the next activity promptly *I use transition time to drink water and use the restroom

<p style="text-align: center;"><u>BE KIND</u></p> <p>I show kindness to myself, others and the environment</p>	<p>*I use kind words when speaking to people and about people</p> <p>*I always help and all my community members</p> <p>*I accept differences in others and make efforts to understand others</p>	<p>*I listen to others</p> <p>*I let others join in my games and groups</p> <p>*I'm ok with not winning</p> <p>*I encourage others</p> <p>*I let others play what they choose</p>	<p>*I am respectful of other people's food choices</p> <p>*I offer to help</p> <p>*I make sure that others always have company while eating</p>	<p>*I listen to other people's comments and ideas respectfully</p> <p>*I work in groups with different people</p> <p>*I support others</p>	<p>* I help others</p>	<p>*I use kind words and help others</p>
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Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

RIO GALLINAS BEHAVIORAL MATRIX

CATEGORY I Classroom Offenses

Talking out of turn
Tardy
Making noises that interrupted the class
Bothering a student in the class
Argued with the teacher
Didn't take responsibility for my actions
Negative attitude toward my work
Inappropriate language
Not doing work
Teasing
In someone's personal space/bothering their belongings
Misused materials and/or equipment
Refusal to follow school expectations

Consequences: Follow Refocus Procedures-See attached

- **If a student's refocus offenses have led to a parent teacher conference and the behavior continues afterward, director will be contacted to take over**

CATEGORY I Offenses

Violation of school expectations
Disrespect/Defiance
Unacceptable Dress
Tardiness
Dishonesty
Profanity/Obscenity
Inappropriate displays of affection
Possession of music players, phones, or other electronics
Truancy

Consequences: Follow Refocus Agreements-See attached

- **If a student's refocus offenses have led to a parent teacher conference and the behavior continues afterward, director will be contacted to take over**

CATEGORY II Offenses

Verbal abuse to another student
Intimidation/threats to another student

Leaving campus or class without permission, hiding from staff

Petty theft: **FOR THIS OFFENSE, DO THE REFERRAL AND MOVE DIRECTLY TO STEP 3**

Consequences:

1st time: Step 1: Remove the student from class to be in a different environment, do referral

Step 2: Teacher will meet with student/students (restorative justice mediation to resolve the conflict)

2nd time: Follow above steps and then move to step 3: Teacher and Director will conference with parents, behavioral agreement will be created

Ongoing: Referral, 1-3 day in school suspension, if behavior continues in-school suspension will occur again and then 1-3 day out of school suspension

CATEGORY III Offenses

Physical assault

Fighting

Endangering the health or safety of others

Verbal abuse to a teacher

Intimidation/threats to a teacher

Consequences:

1st time: Step 1: Remove the student from the class to be in a different environment, do referral

Step 2: Teacher will meet with student/students (restorative justice mediation to resolve the conflict may be done at an appropriate follow up time. For large scale events where a whole class witnessed the conflict, the circle should include everyone.)

Step 3: Teacher and Director will conference with parents

Step 4: 1-3 Day In-School Suspension, at discretion of director. Follow up meeting and behavioral agreement will be created

2nd time: Follow above steps but move directly to step 3

Ongoing: Referral, 1-3 day out of school suspension

*****For incidents of physical assault and harassment, police contact may be made*****

CATEGORY IV Offenses

Extortion: **Police contact**

Grand theft: **Police contact**

Possession of tobacco/alcohol: **Parent/Guardian contact**

Possession of drugs: **Police contact**

Possession of firecrackers: **Parent/Guardian contact**

Possession of dangerous weapons: **Police contact**

Arson: **Police contact**

Consequences:

1st time: Step 1: Remove student from current setting to a different setting, write referral

Step 2: Teacher and Director or Director only will conference with parents

Step 3: Behavioral agreement created

Step 4: Suspension or expulsion

2nd time/Ongoing: Write referral, contact director to take over, director will provide decision to team- either second suspension or expulsion

**** Restorative justice class/community circle should be implemented when a group of people have been affected by the actions of another, also if a student was to be expelled a circle should occur with the other students to process the event****

**** If a child has two out of school suspensions in a school year, they will be taken off the school roster at the end of the year and will need to re-apply on the waiting list for the school****

- Please note: When two or more students are having a challenge getting along or a student voices a concern/conflict with another student, restorative justice mediation will be implemented. When a conflict has affected the majority of the class, a full class/community circle will be implemented. A referral will not be completed during this time for all students involved. A referral will only be done for the student who may have committed one of the offenses below. In all other cases, a restorative justice contract will be completed.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

KINDERGARTEN REGISTRATION QUESTIONNAIRE


Child's Name _____

DOES YOUR CHILD:

Circle one option

- | | | |
|--|-----|----|
| 1. Converse freely with members of the family? | YES | NO |
| 2. Converse readily with others outside the family? | YES | NO |
| 3. Speak distinctly without baby talk? | YES | NO |
| 4. Cry easily? | YES | NO |
| 5. Obey you? | YES | NO |
| 6. Take a nap? | YES | NO |
| 7. Watch television through a complete program? | YES | NO |
| 8. Listen to a complete story when read to him/her? | YES | NO |
| 9. Use crayons? | YES | NO |
| 10. Use scissors? | YES | NO |
| 11. Play well with other children? | YES | NO |
| 12. Seem like a good sport with other children? | YES | NO |
| 13. Dress self at least partially? | YES | NO |
| 14. Know home address? | YES | NO |
| 15. Know home telephone number? | YES | NO |
| 16. Follow simple tasks at home? | YES | NO |
| 17. Seem sick often? | YES | NO |
| 18. Go to the bathroom frequently? | YES | NO |
| 19. Seem completely toilet trained? | YES | NO |
| 20. Have any special fears of things such as thunder lightening? If so, what?
_____ | | |
| 21. Use left hand _____ or right hand _____ most often? (check one) | | |

Please note on the reverse side any information that would help the teacher to better know and understand your child.

FOR DISTRICT USE ONLY	District:	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 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 _____	
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:	

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, ¿cuál(es) 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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FOR DISTRICT USE ONLY		District:	School:	
 New Mexico Public Education Department Language Usage Survey Navajo Translation ~for parent or guardian to complete~				
(Student Name) Ółta'í Bízhi':		(Date of Birth) Bi'dizhchí góne':		
(Grade Level) Ółta'í Yółt'ai góne':				
(Answer each question by marking either the yes or no box.) Na'idíkid yíníłta'. Bínanídíkidígíí bik'ehgo Aoo' biyaa ałná'ít'ish doodei Nidaga'biyaa ałná'ít'ish.			(Yes) Aoo'	(No) Dooda
1. Ółta'í bilagáana bizaad t'éiyá choyool'í doodei náána ła' dine'é bizaad daats'í bik'éi dóó bik'is yee ałch'í yee yádaalt'i'?				
2. Ółta'í bił bilagáana bizaad dóó náána ła' dine'é bizaad chooł'í?				
3. Ółta'íish náána ła' dine'é bizaad bee bich'í yáníłti'go yik'i'diit'ijh?				
4. Ółta'íish bilagáana bizaad dóó náána ła' dine'é bizaad yółta' yéé hósín?				
5. Ółta'íish bilagáana bizaad dóó náána ła' dine'é bizaad yee 'ak'e'elchí yéé hósín?				
6. Ółta'íish bilagáana bizaad dóó náána ła' dine'é bizaad yee ná'áta' halne'?				
7. Na'idíkid T'áa ła'í dóó hastxááhji' Aoo' ałná'iizohgoh, díí na'idíkid lá ółta'í hooghandi háidígíí náána ła' dine'é bizaad kw'e'é daasdzhogígíí áłahíji' yee yáłti'. Táago biighadi ałná'iizoh.				
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Keres	<input type="checkbox"/> Spanish		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Khmer	<input type="checkbox"/> Tiwa		
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Tewa		
<input type="checkbox"/> French	<input type="checkbox"/> Mescalero Apache	<input type="checkbox"/> Towa		
<input type="checkbox"/> Greek	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Hmong	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Zuni		
<input type="checkbox"/> Jicarilla Apache	<input type="checkbox"/> Russian			
<input type="checkbox"/> Italian	<input type="checkbox"/> Somali	<input type="checkbox"/> Other		
8. Ółta'íish náána ła' kéyah hahoodzohdée' da'ólta'dée atah níyá? Háakót'éehgo háádée' atah níyá?				
9. Ółta'íish ółtahdi bilagáana bizaad dóó náána ła' dine'é bizaad yee íhooł'áá'? Akó dzaago, éi haadóone'é bizaad yee'íhooł'aah nít'éé'?				
10. Ółta'dée' dahane'ígíí lá Dinék'ehjí doodei bilagáana k'ehji bee hane' nich'í' áłníigo nínízin?				
11. Ółta'di nidaalnishígíí Dinék'ehjí doodei bilagáana k'ehji bił hayił dahólne'go nínízin?				
12. Haash yit'éehgo áłdó' ółta'í yá'átéehgo biká'a'doowoł ółta'di?				
(Signature of Parent or Guardian) Amá, Azhé'é, Aniséhé bízhi':				
(Date) Yoolkáál:				
(Translator) Ata'halne'ígíí bízhi':		(Date) Yoolkáál:		
(Language) Saad bee ata'hóone'ígíí:				

REGISTRATION CHECKLIST

Please ensure the following documents are attached/submitted with the completed registration packet. Incomplete packets will not be accepted. Please call or email the office if you are in need of assistance.

Filled and signed registration forms by both parents/guardians and students: _____

Completed Home Language Survey: _____

Copy of updated Immunization Record or State Approved Immunization

Exemption: _____

Copy of Birth Certificate: _____

Copy of students last I.E.P. or 504 documentations: _____

Please email all completed forms to mainoffice@riogallinasschool.org or mail to 2730 Romero Street, Las Vegas, NM 87701.