

NEW STUDENT 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.

- ___ Completed registration by parent/guardian and student.
- ___ Completed Home Language Survey.
- ___ Copy of updated Immunization Record/Exemption.
- ___ Copy of Birth Certificate.
- ___ Copy of last IEP, 504, or MLSS(SAT), *if applicable*.

Please email all completed forms to
mainoffice@riogallinasschool.org or drop off at

Rio Gallinas School

2730 Romero Street, Las Vegas, NM 87701

New Student Registration Form

Rio Gallinas School for Ecology and the Arts
2730 Romero Street, Las Vegas, NM 87701

Legal First Name: _____ Legal Last Name: _____ Middle Initial: _____

Mailing Address: _____

Physical Address: _____

Birthdate: _____ Birth City: _____ Birth State: _____

Ethnicity: Hispanic/Latino Not Hispanic/Not Latino

Race: Asian Black/African American American Indian/Alaskan Native
 Caucasian/White Native Hawaiian/Other Pacific Islander

Military Family Code: Active Reserve National Guard N/A

Grade (Fall 2023) _____ Previous School: _____

Do you live in the WLV District? YES / NO

If so, will you ride a bus to and from school? YES / NO

CONTACTS: (Ex. Mother/Father/Guardian)

Name: _____ Relationship: _____

Mailing Address: _____

Physical Address: _____

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

Email address: _____ Occupation: _____

Lives With Student Has Custody Responsible Party

CONTACTS: (Ex. Mother/Father/Guardian

Name: _____ Relationship: _____

Mailing Address: _____

Physical Address: _____

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

Email address: _____ Occupation: _____

Lives With Student **Has Custody** **Responsible Party**

Person(s) to call in case of emergency:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Name of other adults in home and relationship to child:

Name and ages of other children in the home:

Parent/Guardian: Please document any new changes or services student is now receiving after previous school year: _____

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

Parent/Guardian

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

Does your child have any identified learning problems? YES / NO

Has your child been tested by a school psychologist? YES / NO

Has your child had any testing by a school counselor? YES / NO

Has your child been tested for or recommended for Special Education Placement? YES / NO

Is your child currently receiving Special Education services? YES / NO

Is your child currently on a 504 plan? YES / NO

Is your child currently on a MLSS(SAT) plan? YES / NO

Has your child been seen by a speech therapist? YES / NO

Has your child ever been referred for a hearing test? YES / NO

Does your child wear glasses? YES / NO

Do you think your child should have his/her eyes checked? YES / NO

Does your child have a physical disability? YES / NO

Has your child ever participated in the gifted program? YES / NO

Has your child ever been involved with the law? YES / NO

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

******Please submit a copy of recent IEP, MLSS(SAT), or 504 if applicable******

AUTHORIZATION FORM

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

Name of Student: _____

If the above named student becomes seriously ill or injured at Rio Gallinas School and/or a school field trip 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/Cell Phone: _____ Work Phone: _____

Emergency Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Pupil Health History Form

*****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: _____

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

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

Is your child on a Medical 504 plan? YES / NO

Does your child have a Health Plan as part of an IEP? YES / NO

Is your child in good health? YES / NO

If yes, please explain: _____

Does your child have any of the following:

HIV/AIDS: YES / NO

Heart Disease: YES / NO

Heart Murmur: YES / NO

Endocarditis: YES / NO

High Blood Pressure: YES / NO

Diabetes: YES / NO

Anemia: YES / NO

Latex allergy: YES / NO

Dialysis: YES / NO

Shunt: YES / NO

Hepatitis: YES / NO

Arthritis: YES / NO

Hemophilia: YES / NO

Epilepsy/Seizures: YES / NO

Asthma: YES / NO

Does your child take medicine(s) now?

If yes, what medicines? _____

Allergies to Medication(s)

If yes, what medication(s)? _____

Is your child subject to:

Nervous Disorder: YES / NO

Headaches: YES / NO

Dizziness: YES / NO

Fainting: YES / NO

Does your child smoke or use tobacco products? YES / NO

Parent/Guardian Signature : _____ Date: _____

COMPULSORY ATTENDANCE POLICY

In accordance with the state compulsory attendance law, parents or guardians are responsible for ensuring 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.

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.

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.

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.

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 pre-planned 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 the initial meeting between student and director. After school tutoring may be required as support for the 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 a 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 the 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 students 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 the 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 students 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: _____ **Grade:** _____

Parent/Guardian Signature: _____

Family Agreements

******Please read the agreements carefully. We want your family to understand what is expected of your child at Rio Gallinas School******

Parents/Guardians Learning Targets:

- I will attend the beginning of school orientation for parents/guardians.
- I will volunteer in my students' classroom or other areas of the school.
- I will attend two or more monthly parent/guardian meetings 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 are 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 .

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 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 at school on time. School begins at 7:55am and ends at 3:05pm. Breakfast is served from 7:30am — 7:50am.
- 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: _____ **Date:** _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your child's education record. This protection includes but is not limited to the right to refuse that:

1. Student work not be displayed in the classroom or the school building
2. Student's name/picture not be placed on the honor roll or other media listings in the local newspaper, school newsletter, school message board or district website
3. Student's Photo/Video from school sponsored events not be placed in newsletters or school website.

FERPA allows for parent's inspection of student records and the correction of those records if the parent believes that they are misleading or incorrect.

Please indicate your decision regarding whether you want your child's work displayed in the school building or classroom, newspaper for honors and awards received, or school newsletter.

I, _____, GIVE permission for my child's work to be (Parent/Guardian name) displayed in the classroom or school building. Furthermore, I give permission for my child's name/photo to be published in the newspaper or any other media during the 2023/2024 school year.

OR

I, _____, DO NOT give permission for my child's (Parent/Guardian name) work to be displayed in the classroom or school building. Furthermore, I do not give permission for my child's name/photo to be published in the newspaper or other media during the 2023/2024 school year.

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, birth dates 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 the school website and other forms of communication.

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

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

Student Name: _____

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

TECHNOLOGY / COMPUTER USE POLICY AND AGREEMENTS

Rio 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 and faculty. 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). Rio Gallinas School is required by law to report any illegal or unauthorized use of school computers to the proper authorities.

8. Rio 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:** _____

BLANKET PERMISSION FORM

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 School behavior standards will be sent home.

Date: 2023/2024 school year for any school related field trips and educational activities.

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.


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 School 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 the responsibility of the parents/guardians/participant.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

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
1. Does the student use a language(s) other than English with his/her family and friends?		NO
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, ¿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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FOR DISTRICT USE ONLY	District:	School:	
 New Mexico Public Education Department Language Usage Survey Navajo Translation ~for parent or guardian to complete~			
(Student Name) Ólta'í Bízhi':		(Date of Birth) Bi'dizhchí góne':	
(Grade Level) Ólta'í Yólt'aí góne':			
(Answer each question by marking either the yes or no box.) Na'idíkid yíníltá'. Bínanídíkidígíí bik'ehgo <i>Aoo'</i> biyaa alná'ít'ish doodei <i>Nidaga'</i> biyaa alná'ít'ish.		(Yes) Aoo'	(No) Dooda
1. Ólta'í bilagáana bizaad t'éiyá choyool'í doodei nááná la' dine'é bizaad daats'í bik'éei dóo bik'is yee alch'í yee yádaalti'?			
2. Ólta'í bíl bilagáana bizaad dóo nááná la' dine'é bizaad chool'í?			
3. Ólta'íish nááná la' dine'é bizaad bee bich'í yánílti'go yik'í' diitíih?			
4. Ólta'íish bilagáana bizaad dóo nááná la' dine'é bizaad yólta' yée hósín?			
5. Ólta'íish bilagáana bizaad dóo nááná la' dine'é bizaad yee 'ak'e'elchí yée hósín?			
6. Ólta'íish bilagáana bizaad dóo nááná la' dine'é bizaad yee ná'áta' halne'?			
7. Na'idíkid T'áa la'í dóo hastxááhji' <i>Aoo'</i> alná'iizohgoh, díí na'idíkid lá ólta'í hooghandi háidígíí nááná la' dine'é bizaad kw'e'é daaszohígíí álahíji' yee yálti'. Táago bíighadi alná'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. Ólta'íish nááná la' kéyah hahoodzohdeé' da'ólta'déé atah níyá? Hákot'éehgo háadéé' atah níyá?			
9. Ólta'íish óltahdi bilagáana bizaad dóo nááná la' dine'é bizaad yee íhool'áá'? Akó dzaago, éí haadóone'é bizaad yee'íhool'aah nít'éé'?			
10. Ólta'déé' dahane'ígíí lá Dinék'ehjí doodei bilagáana k'ehji bee hane' nich'í' alníigo nínízin?			
11. Ólta'di nidaalnishígíí Dinék'ehjí doodei bilagáana k'ehji bíl hayíł dahólne'go nínízin?			
12. Haash yit'éehgo áldó' ólta'í yá'átéehgo bíká'a'doowoł ólta'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:			