

FY26/27 Returning Student Registration **Rio Gallinas School for Ecology and the Arts**

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

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Birth Date: _____

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 2026) _____

Do you live in the WLW District? YES / NO

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

If yes, please list pick-up and drop-off address: _____

CONTACTS: (Ex. Mother/Father/Guardian)

Name: _____ Relationship: _____

Address: _____

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

Email address: _____ Occupation: _____

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

CONTACTS: (Ex. Mother/Father/Guardian)

Name: _____ Relationship: _____

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: _____

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 no, 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:** _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

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

1. Scholar's work to be displayed in the classroom or the school building
2. Scholar's name/picture to be placed on the honor roll or other media listings in the local newspaper, school newsletter, school message board, social media or district website.
3. Scholar's Photo/Video from school sponsored events to be placed in newsletters, social media 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 scholar's work displayed in the school building or classroom, newspaper for honors and awards received, or school newsletter.

Please circle one option and sign below:

I, _____, **GIVE / DO NOT** permission for my scholar's work to be displayed in the classroom or school building. Furthermore, I give permission for my scholar's name/photo to be published in the newspaper or any other media during the 2026/2027 school year.

Student Name: _____

Parent/Guardian

Signature: _____ **Date:** _____

Family Agreements

Parents/Guardians:

- I will attend the beginning of school orientation for parents/guardians.
- I will volunteer in my scholars' 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 scholar and the hard work they showcase.
- I will be responsible for getting my scholar to school on time and picking them up after school on time.
- I will be responsible for supporting my scholar and the Rio Gallinas staff with any behavior challenges that may arise throughout the year. Support may include parent phone calls, parent conferences, attending school with your scholar, and/or elimination from school activities, if the need arises.
- I will be responsible for my scholar 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 scholar 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 scholar 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 scholar at Rio Gallinas School. I will follow the agreements.

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

Student Name: _____ **Grade:** _____

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 circle one option and sign below:

I hereby **GIVE / DO NOT GIVE** permission for my scholar to be photographed for newspaper articles, school website, social media and other forms of communication.

Student Name: _____

Parent/Guardian

Signature: _____ **Date:** _____

BLANKET PERMISSION FORM

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

Date: 2026/2027 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: Rio Gallinas School Director

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 school director and staff.

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 Agreements

Please read the agreements carefully with your scholar. We want your scholars 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 3:00pm. 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:** _____