

# 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.
- \_\_\_ 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**

**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 2025)\_\_\_\_\_Previous School:\_\_\_\_\_

Do you live in the WLV District? YES / NO

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

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

## **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:

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***\*\*\*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:

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## 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:** \_\_\_\_\_



# FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

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:

1. Student work to be displayed in the classroom or the school building
2. Student'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. Student'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 child'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 child's work to be 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 2025/2026 school year.

**Student Name:** \_\_\_\_\_

**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 circle one option and sign below:*

I hereby **GIVE / DO NOT GIVE** permission for my child 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 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: 2025/2026 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:\_\_\_\_\_**



