

Alma d'Arte Charter High School

2017 – 2018 Student Registration

Registration Check List

- Forms Required for Registration
- Student Information Form
- Home Language Survey
- Authorization for Release of Information
- Medical Referral Form
- Family Information Form
- Media Documentation Permission
- Copy of Birth Certificate
- Special Ed Check List
- Copy of Current Signed IEP/Stamped Confidential/School Seal (if applicable)
- Unofficial Transcripts from previous high school(s)
(include 8th graders with high school credits)
- Immunization Records
- TeacherEase Account

Student Information Form 2017 – 2018

Office Use Only			Current Grade
HS Year			
Student Last Name	Student First Name	Student Middle Name	Nick Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Place of Birth (City, state, and Country)	Age
Free and Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Email Address		
Ethnicity (Please check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Tribal:			
What languages are spoken at home?	Migrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City, State, and Zip		Home Phone #
Mailing Address (If different.)	City, State, and Zip		
Who do you live with? (Check all that apply.) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Foster Parent <input type="checkbox"/> Medical Care Provider <input type="checkbox"/> Agency Rep. <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other Other Description:			
Primary Parent/Guardian			
Last Name	First Name	Email Address	
Street Address (no PO Box)	City, State, and Zip		Occupation/Place of Work
Home Phone #	Work Phone #	Cell Phone #	
MILITARY FAMILY <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve			
Secondary Parent/Guardian			
Last Name	First Name	Email Address	
Street Address (no PO Box)	City, State, and Zip		Occupation/Place of Work
Home Phone #	Work Phone #	Cell Phone #	
MILITARY FAMILY <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve			

Special Education

Do you participate in the IEP process? Yes No

If yes, what are the services you receive? _____

Transcripts

Previous Schools - Remember to Attach Transcript from Previous School

Have you ever attended school in Las Cruces? Yes No

If yes, what was the name of the school? _____

What year was it? _____ What grade were you in? _____

What school did you attend if you have moved from out of town? _____

Name of School _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Transportation

I understand that Alma d'arte does not provided transportation. My child will arrive at school utilizing the following transportation: (Check all that apply.)

- Walk
- Public Transportation (i.e. Roadrunner Transit)
- Parent or Family Member Will Drive
- My child may be delivered and picked up by the following individual(s):

List names of all responsible parties who may deliver and/or pick up your child below.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Student Signature

Date

Parent/Guardian/Adult Signature

Date

Special Education Check List *(If Applicable)*

Last Name: _____ First Name: _____

Has your child ever been referred to a Student Assistance Team (SAT) or is he/she currently in

Yes No

If so, what were the referral concerns?

Did SAT interventions help your child learn better? Yes No

If so, what worked best? _____

Did SAT make a referral for an evaluation? Yes No

Has your child ever had an individualized educational plan (IEP) for special education services or 504 Plan? Yes No

If so, how old was your child? _____

If so, what services (speech, social work, school psych, etc.) were received?

School district where IEP developed? _____

School where IEP implemented? _____

Contact or case manager? _____

I have provided the most recent IEP to Alma d'arte Charter High School special education coordinator. Yes No

I understand that Alma d'arte will seek prior records in order to maintain services for my child.

Signature

date

I certify that my child has never been included in special education services.

Medical Referral Form

Student Last Name		Student First Name		Student Middle Name	
Today's Date		Social Security Number / ID #		Date of Birth	
Address					
City, State Zip					
Mother's Name		Place of Employment		Business Phone #	Home Phone #
Father's Name		Place of Employment		Business Phone #	Home Phone #
<p>Health Care Providers</p> <p>Please give the name and phone number of your family health care provider and family dentist to be called in case your child becomes ill or has an accident at school and you cannot be reached.</p>					
Name of Family Health Care Provider					Phone #
Name of Dentist					Phone #
<p>Health Insurance - Please check all that apply:</p> <p><input type="checkbox"/> Health Insurance Company _____</p> <p><input type="checkbox"/> Medicaid/Salud</p> <p><input type="checkbox"/> HMO _____</p> <p><input type="checkbox"/> No Insurance</p>					
<p>Emergency Contact Information</p> <p>Please give the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. Please notify the school in writing regarding any changes to this information.</p>					

Medical Referral Form *(Continued)*

Emergency Contact Name 1	Place of Employment	Business Phone #	Home Phone #
Emergency Contact Name 2	Place of Employment	Business Phone #	Home Phone #

Medical Conditions

Please indicate if your child has had or is currently under treatment for any of the following conditions:

<input type="checkbox"/> Asthma <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Meningitis <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Tetanus Shot <i>Last Date:</i> _____	<input type="checkbox"/> Ear/Hearing Problems <input type="checkbox"/> Heart Problems <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Muscular Weakness or Paralysis <input type="checkbox"/> Visual Problems <input type="checkbox"/> Long Term Medications
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Allergies: _____

Hospitalized for serious illness, surgery, or accident? _____

Have you ever been informed of your child's need to be on antibiotic therapy prior to dental treatment? If yes, please provide the required therapy: _____

Please provided any problems not listed: _____

If in the opinion of an Alma d'arte administrator service involving medical action or treatment is required and the parent cannot be contacted for consent the parents hereby authorize school authorities to obtain medical services and/or transport for medical services for the above student. Nothing in this section shall be construed to impose liability on any school official or school employee who in good faith attempts to comply with this section. It is understood that I will be financial responsible for all emergency care. I also agree that I am responsible for notifying the school about any change in the information contained on this form.

Parent/Guardian Signature	Date
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Family Information Form

In order to complete demographic information of our Alma d' arte learning community we ask for the following information:

Student Last Name	Student First Name	Student Middle Name
Number of People Living in Household — Please check: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> More than 8		
Income - <i>Please check the appropriate level:</i> <input type="checkbox"/> Below \$20,000 <input type="checkbox"/> Below \$40,000 <input type="checkbox"/> Above \$50,000 <input type="checkbox"/> Below \$30,000 <input type="checkbox"/> Below \$50,000		
Ethnicity - Please check: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Tribal: _____		
Parent/Guardian/Adult Student Signature		Date

Authorization for Release of Confidential Information

As parent/guardian/adult student I hereby request release of confidential information cumulative records attendance records grades transcripts tests and other records including educational plans assessment results medical finding developmental health and immunization history legal proceedings and/or relevant data on the student between the parties below:

Student Last Name	Student First Name	Student Middle Name
Social Security Number / ID #	Date of Birth	Grade
From: School/Person/Organization Name	To: Alma d'arte Charter High School 402 West Court Avenue Las Cruces, NM 88005	
Address	Ph:575.541.0145 fx: 575.527.5329	
City, State Zip		
Telephone/Fax #		
<p>I request the following records be exchanged for the purpose of:</p> <p><input type="checkbox"/> General Education Records, specifically _____</p> <p><input type="checkbox"/> Special Education Records, specifically _____</p> <p><input type="checkbox"/> Discipline Records, specifically _____</p> <p><input type="checkbox"/> Medical Records/information, specifically _____</p> <p><input type="checkbox"/> Testing/Evaluation Results, specifically _____</p> <p><input type="checkbox"/> Other Information, specifically _____</p> <p><input type="checkbox"/> Next Step</p>		
Parent/Guardian/Adult Student Signature		Date
Address		
City, State Zip		Telephone #

Media Documentation Permission

Alma d'arte is a new school and because of this both electronic and written media are often covering stories on programs activities and people. We request permission for your child to be included in publicity or documentation in the newspaper, radio, Alma d'arte website, television and other mediums. Please understand that no story or photo will be published without the approval of the Principal.

- Yes I hereby grant permission for my child to be included in the publicity in the newspaper, radio, Alma d'arte website, television and other mediums when applicable.
- No I do not grant permission for my child to be included in the publicity in the newspaper, radio, Alma d'arte website, television and other mediums when applicable.

Student Last Name	Student First Name	Student Middle Name
Parent/Guardian/Adult Student Signature		Date
City, State Zip		Telephone #

TeacherEase Account

TeacherEase Objective

Getting parents involved and allows them to positively contribute to their children's education.

Student Last Name		Student First Name	
Parent/Guardian Last Name		Parent/Guardian First Name	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Medical Care Provider <input type="checkbox"/> Agency Rep. <input type="checkbox"/> Probation Officer Other Description: _____		Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Foster Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Home Street Address			
City, State, and Zip		Home Phone #	Cell Phone #
Place of Employment			
Street Address		City, State, and Zip	
Department		Work Phone #	
Email address			

Schools Policy

Limitation one email per parent/guardian will be allowed. TeacherEase accounts will be periodically audited parents containing multiple emails accounts will be removed. Email accounts added or modified will affect the current semester and further semester records.

Note: Failing to update the schools records will restore previous any contact and email information on TeacherEase record for any future semester.

Request new/change email account

Please allow up to 24 hours for email to be added/updated.

Request a change of email address

To request a password change please complete this form or via email to teacherease@almadarte.org. If via email provide previous email account reason for change.

I agree all information completed is current and accurate

Name: _____ Date: _____

Parent Consent Form for Medication

I, _____, give Alma d'arte Charter High School
Print Parent/Guardian Name

permission to distribute the following over the counter medications to my child:

Please select the following medications allowed by Alma d'arte Staff to administer the student:

_____ Tylenol (500mg) – Please indicate the amount of Tylenol allowed _____

_____ Ibuprofen (200mg) – Please indicate the amount of Ibuprofen allowed _____

Print Student Name

Date of Birth

Parent/Guardian Signature

Date

If you have any questions please feel free to contact Alma d'arte Charter High School (575) 541-0145.

Sincerely,

Alma d' arte Charter High School