



United States Department of the Interior

BUREAU OF INDIAN EDUCATION

Taos Day School

200 Rotten Tree Rd

P.O. Box 1850

Taos, New Mexico 87571-1850

Dear Parents,

Welcome to Taos Day School! You have made an excellent choice in trusting us with your child's education. Certain documents are required for your child to be officially enrolled at Taos Day School for the upcoming year.

Please submit the following forms:

- Birth or Baptismal Certificate that proves that your child is 5 years old by September 1.
- Updated Health and Immunization Record(s) from your health provider.
- Certificate of Indian Blood
- Student Records from another school. Authorization form is in this packet.
- Social Security Number.
- Statement of Guardianship.
- FERPA Permission Letter

All original documents will be copied for our files. Registration is not complete until all documents are submitted, and must be done within 30 days after the initial enrollment date. Because there is competition for available Kindergarten spaces, registration is not complete until all documents are submitted.

Thank you for trusting your child's education to Taos Day School. If you have any questions or concerns, please do not hesitate to call us.

Sincerely,

Andrew Haimowitz
Principal

2023-2024
STUDENT ENROLLMENT APPLICATION
FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: <u>TAOS DAY SCHOOL</u> Grade <u> </u>	
Type: Day School () Boarding School () Peripheral Dormitory ()	Funding: Pub. Law 100-297 Grant () Pub. Law 93-638 Contract () BIA Operated ()
1. IDENTIFICATION	
Name of Student: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) (Middle) </div>	
Address: P.O. Box _____ Street: _____ City: _____ State: _____ Zip Code _____ Miles from home to school: _____	
Date of Birth: _____ Place of Birth: _____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> Month Day Year </div> Sex: Male () Female () Verified by: _____	
Tribal Affiliation: _____ Degree Indian: _____ Enrollment Number: _____ Home Agency: _____ Dominant language spoken in the home: (1) _____ (2) _____	
2. FAMILY INFORMATION Father: _____ Address: _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ Living: () Dead: () Occupation (Optional): _____ Employer: _____ Telephone Home: _____ Work: _____ Emergency: _____ Other (specify) _____	Mother: _____ Address: _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ Living: () Dead: () Occupation (Optional): _____ Employer: _____ Telephone Home: _____ Work: _____ Emergency: _____ Other (specify) _____

Legal Guardian: _____ Address: _____ _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ Occupation (Optional): _____ Employer: _____	Other (group home, etc): _____ Address: _____ _____ Telephone: _____ Student Lives With: _____ Telephone Home: _____ Work: _____ Emergency: _____ Other (specify) _____
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3. SCHOOL(S) PREVIOUSLY ATTENDED:

School Name: _____ Address: _____ City / State: _____	Dates _____ Attended: _____ Reasons for Leaving: _____	Grades _____ Completed: _____
School Name: _____ Address: _____ City / State: _____	Dates _____ Attended: _____ Reasons for Leaving: _____	Grades _____ Completed: _____
School Name: _____ Address: _____ City / State: _____	Dates _____ Attended: _____ Reasons for Leaving: _____	Grades _____ Completed: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

Signature of Parent/Legal Guardian/Adult Student _____ Date _____

Day School Enrollment: _____

Approved: _____ Not Approved: _____

Principal _____ Date _____



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Date: _____

I, _____, the parents/guardians of _____.

Authorize the transfer of the above student's education records.

_____ I also give permission to transfer all Special Education records.

To: Taos Day School Phone: 575-758-3652
P.O. Box 1850 Fax: 575-758-1566
Taos, NM 87571
Attn: Student Records

From: _____ Phone: _____
_____ Fax: _____

The following records should be sent:

_____ Scholastic Record/ Report Card
_____ Attendance Record
_____ Test Scores
_____ Special Education Records

Principal's Signature

Parent/Guardian Signature

Date

Date

Student Emergency Contact Information
(Your child can only be picked up by these listed family members)

Emergency Contact #1: Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #2: Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #3: Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #4: Name: _____

Relationship: _____

Phone Number: _____

Doctor: _____ Phone Number: _____

Medical Considerations: _____

Medications: _____

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the closest medical care providers and /or hospital, and authorize these providers and hospital to give reasonable and customary medical and health care deemed necessary. If for any reason, the above medical care providers or hospital cannot be reached, I authorize appropriate transportation and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor concurs to the need. Nothing in the section shall be construed to impose liability on any school official or employee who in good faith attempts to comply with above instructions. It is understood that I will be financially responsible for all emergency care and transportation.

Signature of Parent/Guardian: _____ Date: _____

Please make all entries in blue or black ink!



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Dear Parent(s):

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Taos Day School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Taos Day School may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with school procedures. The Primary purpose of directory information is to allow the Taos Day School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition list;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories-names, addresses and telephone listings-unless parents have advised the school that they do not want their student's information disclosed without their prior written consent. If you do not want Taos Day School to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing within two weeks. Taos Day School has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sport
- Address
- Telephone listing
- Weight and Height of members of athletic teams
- Photograph
- Degrees, honors, and awards received
- Dates of attendance
- Grade level

If there are questions about your or your student's (18 or older) rights under FERPA you may contact: Andrew Haimowitz, Principal, 575-758-3652, Taos Day School.

If you do not wish directory information about your student to be disclosed please indicate on the attached form and return that form to the school within two weeks from



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Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my rights to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

I do not want any Directory Information regarding _____
(Student name)
disclosed. (Nothing will be disclosed without written permission)

I do not want the following directly information regarding my student
_____ disclosed without written permission.
(Student name)

Check all that apply:

1. Student name
2. Participation in officially recognized activities and sports
3. Address
4. Telephone listing
5. Weight and height of members of athletic teams
6. Photograph
7. Degrees, honors, and awards received
8. Dates of attendance
9. Grade level

I am the parent or legal guardian of _____.

I am an eligible student (18 years old or older) _____.

Signature

Date

If you do not wish to allow Directory Information regarding your student be disclosed, please return this page, completed to Taos Day School within two weeks.



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CONSENT OF PARENT, LEGAL, GUARDIAN, OR OTHER PERSON WHO ASSUMES RESPONSIBILITY FOR THE CHILD, FOR SCHOOL HEALTH SERVICES

NAME OF STUDENT _____ BIRTH DATE _____

I, (WE) _____

CHECK ONE: () PARENT(S) () LEGAL GUARDIAN () OTHER PERSON WHO ASSUMES

Responsibility for the child, hereby give consent to the Service Unit Director at _____ to arrange for or to provide the following health services for this child while at the _____ school:

1. Physical examinations, including routine laboratory and x-ray procedures and skin test for tuberculosis.
2. All necessary immunizations, including diphtheria, whooping cough, tetanus (lockjaw), polio, influenza, smallpox, measles, mumps, typhoid.
3. Dental examinations, routine dental care including preventive use of fluorides, and necessary emergency dental care.
4. Emergency medical care for accidents or illness.

I, (we), also give permission to transport this child to and from health facilities for these services, and to release health information to school officials if needed for my child's health and well-being.

Signed: _____

Address: _____

Relationship: _____

Date: _____

Routine medical and dental care ordinarily be furnished only to beneficiaries of the Public Health Services. Emergency medical care will be provided to all persons brought to facilities of the Public Health Services, but non-beneficiaries are ordinarily expected to obtain medical and dental care from private resources.

PLEASE READ, SIGN AND RETURN TO THE SCHOOL, THIS WILL BE FILED IN YOUR CHILD SCHOOL FOLDER IN THE OFFICE.



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STATEMENT OF GUARDIANSHIP

Dear Parent(s) or Guardians:

We have included to the registration, a statement of guardianship on page 7 of this packet. If you are not the parent of the child/children being registered, please take this time to fill the form and have it notarized at the Taos Pueblo Central Management System Office or at any notary public.

Reason for Statement Guardianship:

In some cases, the parent(s) may be away for some time and leave their family members and other home arrangements in which the parent(s) are not involved, and if you are foster parent(s).

This also helps the school identify the persons who are legally responsible for the child or children being enrolled.

Please complete the form on the next page and also inform the school, if you will need assistance on this matter.

Sincerely,

Andrew Haimowitz

STATEMENT OF GUARDIANSHIP

1. I/WE, _____ and _____ of (address) _____ City _____, State _____ hereby Appoint (name) _____ of (address _____, City _____, State _____, as the legal guardian of the person of our children, (names):

_____ and _____
_____ and _____

Said person shall have the following powers:

- 2. The right to define and determine the necessity, type and kind of medical attention.
- 3. The right to determine the type of clothing, food and shelter.

Executed this _____ day of _____, 20 _____
at _____, state _____.

Legal Guardian Signature

Notary Public Signature

My Commission Expires

Home Language Survey
2023-24 Academic Year
Taos Day School

Date: _____
Student's Name: _____
Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:

Place contact person here

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?
 Yes: Go to Question 2
 No: Go to Question 3

Home Language Survey
2023-24 Academic Year
Taos Day School

2. When at home, does this student hear or use a language other than English more than half of the time?

___ **Yes:** Go to Question 3

___ **No:** Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?

___ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.