



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

Hello Parents,

We are excited that your child will be a student at Taos Day School!!

I know that sending your child to kindergarten can be a little scary but can also be an exciting time for both you and your child. Kindergarten is where they will begin to develop social and academic skills.

Kindergarten students are all unique and learn at different rates. I would like to encourage you to work with your child to develop these skills before they come to school. Here is a short list that will help guide you to help your child become successful learners.

Language skills

- Speak in complete sentences.
- Use words to express needs and wants.
- Understand two step directions.

Reading Readiness skills

- Recite the alphabet and identify most letters.
- Recognize and write their own name.
- Connect letters to letter sounds.
- Know the first page of a book and which way to turn the pages.
- Draw a picture.

Math

- Count and recognize numbers 1-10.
- Recognize and name basic shapes.
- Know 8 primary colors.

Self-care

- Use the bathroom and wash hands on their own.
- Can dress themselves.
- Know their first and last name and age.

Social emotional skills

- Pay attention for at least 5 minutes (Circle time)
- Interact with other children.
- Separate from parents without getting upset.

Fine Motor skills

- Use a pencil with some control.
- Use scissors.
- Can make marks that look like letters.

Gross Motor

- Run, jump and climb.

Having a strong partnership will lead to school success for your child.
Thank you for your awesome support!!

Kindergarten Teachers,
Metu Valerie and Metu Claudine



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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 Immunizations 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

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



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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.

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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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, 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 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



BIE Home Language Survey 2024-2025 School Year

Taos Day School
200 Rotten Tree Rd
PO Box 1850
Taos, NM 87571

First Name: _____ Last Name: _____ Grade: _____
(this school year)

Federal Code: 25: CFR 32.3

"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."

School Mission Statement:

"Through authentic opportunities Taos Day School students will succeed academically, be nurtured socially and emotionally, and embrace cultural values."

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions, you have the right to share them before your student's English proficiency is assessed

1. Which language do you (the parents/guardians) use more often when speaking with your child (Home Primary Language)? _____
2. Which language does your child most frequently speak at home (Most Spoken Language)?

3. Which language did your child learn when they first began to talk (First Acquired Language)?

4. Which language is spoken more often by other adults in the home? _____
5. **What other languages does your child hear other than the primary language in your home or in your community (church, traditional ceremonies, local store, chapter, etc)?** _____
6. **Do you believe your child might need additional support learning the academic language for math, science, reading, or writing? If so, please explain.** _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child **will** be recommended for screening.

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date: _____

** Do Not Sign Below**

Date _____

School Official Verification _____