

SUPERINTENDENT
JERRY BIRDWELL
OFFICE: (505) 548-2299
FAX: 548-2388

ANIMAS PUBLIC SCHOOLS
P.O. Box 85
ANIMAS, NEW MEXICO 88020



ENROLLMENT INFORMATION:

STUDENT NAME: _____
FIRST MIDDLE LAST

GENDER: MALE _____ FEMALE _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DAY/MNTH/YR CITY/STATE/COUNTY

MAILING ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
Provide detail directions to home

PARENT/GUARDIAN INFORMATION: FATHER'S NAME: _____

FATHER'S EMPLOYER: _____
NAME TELEPHONE#

MOTHER'S NAME: _____

MOTHER'S EMPLOYER: _____
NAME TELEPHONE#

SIBLINGS: NAME AGE GRADE

EMERGENCY CONTACT INFORMATION:

IN CASE OF AN EMERGENCY PLEASE CONTACT:

_____ FATHER AT _____ MOTHER AT _____

_____ ALTERNATE CONTACT: NAME: _____ TELEPHONE: _____

PARENT SIGNATURE: _____ ENROLLMENT DATE: _____

JERRY BIRDWELL
PRINCIPAL K-6
548-2299

<http://www.animask12.net>

RUBEN AGUALLO
7&8/HIGH SCHOOL PRINCIPAL
548-2296

ACCOUNTABILITY DATA SYSTEMS INFORMATION

As per Accountability Regulations of the State of New Mexico, schools are required to keep the following information in a database system. Please complete the following information for this purpose:

DATA LABEL	STUDENT INFORMATION	DATA LABEL	STUDENT INFORMATION
Last Name		First Contact Last Name	
First Name		First Contact First Name	
Middle Name		First Contact Middle Name	
Home Phone		Relationship of First Contact	
Student Social Security #		Home Phone of First Contact	
Grade Level		Address of First Contact	
Birth date		City	
Birthplace		State/ZIP	
Mailing Address		Employer of First Contact	
City		Position	
State/ZIP		Work Address	
Physical Address		Work Phone	
Gender of Student			
Primary Home Language		Second Contact Last Name	
Ethnic Category Caucasian, Black, Hispanic, Asian, American Indian		Second Contact First Name	
MEDICAL INFORMATION Doctor's Name		Second Contact Middle Name	
Address of Doctor		Relationship of Second Contact	
City		Home Phone of Second Contact	
State/ZIP		Address of Second Contact	
Dr.'s Office Phone		City	
Dr.'s Home Phone (if available)		State/ZIP	
Medical Comments (Include Allergies and other information helpful to school officials in the event of an emergency)		Employer of Second Contact	
		Position	
		Work Address	
		Work Phone	