# ANIMAS PUBLIC SCHOOLS

# ANIMAS PUBLIC SCHOOLS ACKNOWLEDGMENT FORMS

RETURN ALL SIGNED FORMS TO SCHOOL

# 2019-2020

FAMILY N	AME:		
STUDE	ENT:		

# Animas Public School 2019 - 2020 Student/Parent Handbook Acknowledgement Form

We,	_and	have received a written
Student's Name copy of the Animas Public Scho We acknowledge that the studer regulations and that disciplinary broken.	nt named above will agree	ok and understand its content. to abide by these rules and
(Student's Signature)	(Date)	
(Parent/Guardian Signature)	(Date)	
Со	nfidentiality of Student Re	ecords
I have received and read the Sci Records". I understand my right copy upon paying the copying changes inaccurate or misleading.	nts as a parent to review m	, ,
(Student's Name)		
(Parent/Guardian Signature)	(Date)	

# ANIMAS PUBLIC SCHOOLS DIRECTORY and WEBSITE INFORMATION MEDIA RELEASE FORM

The items listed below are designated as "directory and website information" of Animas Public Schools.

(Directory can include: school programs, newspapers, college/universities, and recruiters.
Website can include APS website, NMAA, FFA or others affiliated with school sponsored organizations.)

#### **Examples:**

Name of student

- 1. Name on the Honor Roll list
- 2. Picture, name, height and weight in the athletic program
- 3. Printed material with child's name and/or photograph(s) in any part of website.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the release of any or all of the information listed below:

Date and place of hirth

(Please consider your decision very carefully about **withholding any of the items** from the directory or website.)

Please put an X next to the information below that you **Do Not** want printed in Directory or Website.

Name of student	Date and place of birth				
Address of student	Dates of attendance				
Telephone number of student	Grade level of student				
Electronic mail address	Participation in officially recognized activities and sports				
Photograph	Weight/height of members of athletic team				
Honors and awards received	Videoing for educational purposes (will not be posted online)				
	release <u>any</u> or <u>all</u> of the items listed above, any future ntities not affiliated with your student's school will be ating your decision to withhold or approval for the				
If the School District <u>does not</u> receive this signed permission is granted to print all information.  I have read this document and am fully aware of the	notification from you, it will be assumed that your econtent and implications, legal and otherwise.				
Parent's Name (print):					
Parent's Signature:					
Student(s) Name (print):					
Date:					

New Mexico	Student Residency Question	naire Form						
New Mexico	School District: Animas 030	School:						
	nay be eligible for additional	X, Part C	,					
Federal Mo	Kinney-Vento Assistance Act	. Eligibility can be deterr	nined by comple	eting this que	estionnaire.			
1. Where are	e you and your family curren	tly staying? Check one b	ox.					
Section A								
	Rent/own my own home							
	rent/own your own home, s	ign under item 5 and sub	mit form to sch	ool personne	1.			
Section B	Sharing the housing of othe	r persons due to loss of I	nousing, econon	nic hardship,	or a similar	reason		
	Living in motels, hotels, tra accommodations	iler parks, or camping gro	ounds due to the	e lack of alter	native ade	quate		
	Living in emergency or tran							
	Living in a public or private place not ordinarily used as a regular sleeping accommodation for human beings such as living in a car, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings  Unaccompanied youth living in the above circumstances							
	Other							
CONTINUE:	If you checked a box in Sect	ion B, complete the remo	ninder of this fo	rm.	1			
_	moved in the past 3 years to itrus or other) or fishing? (Ch		rer in any type	of farming (so	od, dairy, ch	nicken,		
1, Part A, Tit	cked a box in Section B, your le 1 Part C- Migrant , or Title of your children below. Inclu	X, Part C- Federal McKin	ney-Vento Assis		_			
Student:		Last Name	M/F	DOB	Grade	School		
4. Would yo Yes No	u like to be contacted by the	Education for Homeless	Children/Youth	program staf	f for your c	hild's school?		
5. The under	rsigned certifies that the info	rmation provided above	is accurate					
Print Name	of Parent/Guardian/Adult Ca	ring for Student	Signature			Date		
(Area Code)	Phone Number	Street Add	ress		City	Zip		
All	homeless and migrant studer	nts are automatically and meals the day the		ligible for FR	EE or REDU	CED price		
	Referral Form to Homeless			Data /I	nitial:			
		•			·			
	Referral Form to Food Direc	•						
Referral Form to State Migrant Office Completed/Submitted Date /Initial: Notes:								

# Animas Public Schools 2019-2020 School Year Student Contact Update Form

			ыту		21916	ZIP	
Mailing Address			City		State	_ Zip	
lome Phone:		Cell Phone/contai	ct:		Work Phone/contact		
						*******	
	Legal Last Name <b>Gender: Male</b>		Legal First Name		Legal Middle Name	Preferred First Name	
Student's Name							
irade Entering:	Legal Last Name <b>Gender: Male</b>		Legal First Name _ Date of Birth:		Legal Middle Name	Preferred First Name	
Student's Name							
irade Entering:	Legal Last Name <b>Gender: Male</b>	Female	Legal First Name _ Date of Birth:		Legal Middle Name	Preferred First Name	
Student's Name							
	Legal Last Name <b>Gender: Male</b>		Legal First Name		Legal Middle Name	Preferred First Name	
Student's Name							
	Legal Last Name Gender: Male *********************************	Female				Preferred First Name	
mergency Contact oth	her than parent/legal gu	ardian that we may (	contact if you are not av	railable:			
lame:		Home Phone#	<b>‡</b> :	Cell #		Relationship	
lame:		Home Phone ?	#	Cell #		Relationship:	
lame:		Home Phone#	<b>t</b> :	Cell #		Relationship	
······						Relationship:	

# ANIMAS PUBLIC SCHOOLS P.O. BOX 85 ANIMAS, NEW MEXICO 88020 575-548-2299

#### **BUS REGISTRATION FORM**

A copy of this form will be given to the bus driver. Information requested will be kept confidential & will only be used to help provide safe transportation for your child.

STUDENT(S) NAME:	
STUDENT BUS #	
STUDENT PHYSICAL ADDRESS	
Pick-Up Location	Bus Number
Drop-Off Location	Bus Number
I,	, being the parent or guardian
have read and understand the regulations set forth and Parents.	in the Student Handbook for Students
Please see the Animas School Website for the digital	version of the Animas Student Handbook.
<ul> <li>Student transportation is a privilege extensional should my son/daughter have his/her bus responsibility to provide transportation to I understand that the School Bus Driver was child/children at a location that is not a deroute.</li> <li>I understand that I am responsible for my</li> <li>I understand that the School Bus Driver is child/children unless a timely effort to read Driver.</li> </ul>	riding privileges suspended, it is my -and-from school.  vill not pick up/drop off my esignated/approved stop for the bus child/children at the bus stop.  s not expected to wait for my
<b>Contact Information:</b>	
Home phone:	
Work phone:	
Cell phone:	
Emergency phone:	
Mailing Address	
Allergies/MedicalConditions	
I certify that the above information is true and acc	curate to the best of my knowledge.

**Date** 

Parent/Guardian Signature

### **ELECTRONIC INFORMATION SERVICES USER AGREEMENT**

When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

#### **Terms and Conditions**

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.

Student Name (print)\_\_\_\_\_

Parent or Guardian Name (print)

- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational
  information services (EIS) and appropriate disciplinary action up to and including expulsion for
  students.

*Network etiquette.* I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- Be polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- Respect privacy. I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others. I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Signature \_\_\_\_\_ Date \_\_\_\_

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.
Parent or Guardian Cosigner  As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Signature \_\_\_\_\_ Date \_\_\_\_

RPOSE: To enable parents/guardiar en parent's cannot be reached. Upo ed to identify the medical options o	on completic	n, this	form must be	returned	d to the school. Th	ne original	form and any co	pies thereof may
Last Name:	First		Middle Initial:			r: 🗆 M	DOB:	
NAME OF SCHOOL ATTENDE	D LAST SC	HOOL	YEAR:	4 - 4 - 4 - 4		Holy Miles	-100 VI. 1 (1984)	
	SECTION C	NE - S	TUDENT EM	ERGENC	CY CONTACT INF	ORMATI	ON	
In the event your child becomes	s sick or injure	d and ne	eds to be sent	home or	to the ER, the school	ol health of	ice will always att	tempt to reach the
Parent/Guardian listed below FIRST.	Secondary co	ntacts w	The second secon	ne parent	t/guardian cannot t	Phone #		SE NUMBERS CORRE
Parent/Guardian Name: Address:						Phone #		
Check all that apply:   Lives With	☐ Legal Gua	ardian				Phone #		
Parent/Guardian Name:			Address:			Phone #		
						Phone	‡2	
Check all that apply:   Lives With	☐ Legal Gua	ardian	albania di Segon da Segondo		more and the state of the second	Phone	<del>‡</del> 3	1. The state of th
Emergency Contact List		Relati	onship	Phone	#1	Phone	2	Phone #3
1.								
2.								
3.								
4.								
			Siblings in	n Other	T			
Name	School/[	Daycar	е	and the second second	Grade	and the property	DOB	
1.								
2.								
3.								
My child has no health cor	nditions inc				Y – Please check	с арргор.		
☐ My child has no health cor☐ Allergies: ☐ Seasonal	Food (List)	luding ):	those listed	below Ot	her Allergy (List):		□ Has Epi	iPen prescription
☐ Allergies: ☐ Seasonal ☐ ADD/ADHD	Congenit	luding ): :al/Gen	those listed	below Ot	her Allergy (List): r/Nose/Throat		☐ Has Epi	(Other than Asth
☐ Allergies: ☐ Seasonal ☐ ADD/ADHD ☐ Asthma	Congenit	luding ): :al/Geno on	those listed	Delow  Ot  Ea	her Allergy (List): r/Nose/Throat abetes (circle one	)	☐ Has Epi ☐ Pulmonary ☐ Cardiovasc	(Other than Asth
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## **PERMISSION TO DRIVE**

My Son/Daughter(name)	(DOES/DOES NOT)
have my permission to drive a vehicle to school.	
His/her driver's license number is(Must have a copy on file)	
Vehicle description:	
Make	
Year	
License Plate Number	
Vehicle Insurance(Must have a copy on file)	
Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

Application for a driving/parking on school grounds shall constitute express permission by the student and parent that the vehicle may be searched by, or at the direction of, authorized school officials at any time it is on the premises, and a waiver of any and all claims arising from any such searches.

BY SIGNING THE ABOVE, I UNDERSTAND THAT MY SON/DAUGHTER MAY LOSE THEIR DRIVING PRIVILEGES ON CAMPUS FOR SPEEDING OR FOR RECKLESS DRIVING.