

# Ruidoso Municipal School District

200 Horton Circle ~ Ruidoso, NM 88345  
Phone: (575)257-4051 ~ Fax: (575)257-4150

Bea Etta Harris, Ed. D.  
Superintendent

Patty White, M. Ed.  
Associate Superintendent

## Enrollment Checklist General Screening

Student: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information is the responsibility of parents prior to enrollment. Students will be enrolled when all information is provided. \*Attached for your information are the student dress code and "Notification of Rights under FERPA".

1. Enrollment Information form (attached) \_\_\_\_\_
2. Home Language Survey (Spanish or English attached) \_\_\_\_\_
3. School transcripts and/or withdrawal form showing grades in progress from last school attended; standardized testing \_\_\_\_\_
4. Copy of Social Security Card \_\_\_\_\_
5. Copy of Birth Certificate \_\_\_\_\_
6. Immunization Records \_\_\_\_\_
7. Vision and Hearing screening (as appropriate) \_\_\_\_\_
8. Medical History (as appropriate) \_\_\_\_\_
9. If legal guardian, custody papers or power of attorney \_\_\_\_\_
10. If student receiving Special Education Services: Special Education records from last school attended (current Diagnostic Evaluation , current IEP) \_\_\_\_\_
11. If entering from residential treatment center/institution: exit report from facility \_\_\_\_\_
12. Student enrolled in any additional programs? (Title I, Bilingual, etc.) \_\_\_\_\_
13. If student entering grades 6 -12: Enrollment Application form (attached) \_\_\_\_\_
14. Student Computer Use and Internet Access (grades 3 -12 attached) \_\_\_\_\_
15. Native American Students, please complete Title IX Eligibility form(attached) and provide a copy of CIB for qualifying individual \_\_\_\_\_
16. Student/Parent Handbook confirmation page (included in packet) \_\_\_\_\_
17. Speech Screening – Kindergarten, Second grade and Fourth grade (attached) \_\_\_\_\_
18. K-5 Field Trip Permission Form (attached) \_\_\_\_\_
19. Dress Code \_\_\_\_\_
20. Notification of Rights under FERPA \_\_\_\_\_

Class Assignment:

\_\_\_\_\_

Other comments:

\_\_\_\_\_

Date: \_\_\_\_\_ General Screening Committee Chair: \_\_\_\_\_

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## Enrollment Information

### Required

Nob Hill - 115  
Sierra Vista - 145  
White Mtn. Elem. - 160  
Ruidoso Middle - 130  
Ruidoso High School -139  
Gavilan - 001

### Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(Last, First, Middle Initial)

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month / Day / Year

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Level: \_\_\_\_\_ Currently on Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

### **Ethnicity: (check one)**

\_\_\_\_\_ C - Anglo/Caucasian      \_\_\_\_\_ A - Asian or Pacific Islander  
\_\_\_\_\_ B - Black                      \_\_\_\_\_ I - American Indian or Alaskan Native  
\_\_\_\_\_ H - Hispanic                    \_\_\_\_\_ O - Other

### **If Ethnicity is I, please indicate Tribal Membership: (Check One)**

\_\_\_\_\_ Not Applicable (00)      \_\_\_\_\_ Acoma (01)                      \_\_\_\_\_ Cochiti (02)  
\_\_\_\_\_ Isleta (03)                      \_\_\_\_\_ Jemez (04)                      \_\_\_\_\_ Jicarilla Apache (05)  
\_\_\_\_\_ Laguna (06)                    \_\_\_\_\_ Mescalero Apache              \_\_\_\_\_ Nambe (08)  
\_\_\_\_\_ Navajo (09)                    \_\_\_\_\_ Picuris (10)                      \_\_\_\_\_ Pojoaque (11)  
\_\_\_\_\_ San Felipe (12)                \_\_\_\_\_ San Idelfonso (13)              \_\_\_\_\_ San Juan (14)  
\_\_\_\_\_ Sandia (15)                      \_\_\_\_\_ Santa Ana (16)                    \_\_\_\_\_ Santa Clara (17)  
\_\_\_\_\_ Santa Domingo (18)        \_\_\_\_\_ Taos (19)                      \_\_\_\_\_ Tesuque (20)  
\_\_\_\_\_ Zia (21)                          \_\_\_\_\_ Zuni (22)                          \_\_\_\_\_ Other (23)

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Was student enrolled in special programs? \_\_\_\_\_ If yes, what program? \_\_\_\_\_  
(Speech, Bilingual, Title I, Special Education, etc.)

### **SCHOOL DISTRICT USE ONLY:**

Teacher: \_\_\_\_\_ Bus Number: (a.m.) \_\_\_\_\_ (p.m.) \_\_\_\_\_

Date of Entrance in Ruidoso School District: \_\_\_\_\_

School of Entrance ID Number: (See list at top of form) \_\_\_\_\_

Report Code: E \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_

State Student ID Number: \_\_\_\_\_ Lunch ID: \_\_\_\_\_

Date of Withdrawal from Ruidoso School District: \_\_\_\_\_

**Family Information**

Father / Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents marital status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

If divorced, custody arrangements:

\_\_\_\_\_  
\_\_\_\_\_

Other children enrolled in Ruidoso Schools:

Name	Grade
_____	_____
_____	_____
_____	_____

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Significant medical history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

**In case of emergency, please contact: (list local persons, other than parent that we may contact if unable to reach parent.)**

Name	Phone	Relationship to student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

*Addition information for Grades 6 - 12*

School Last Attended: \_\_\_\_\_  
\_\_\_\_\_ In District or \_\_\_\_\_ Out of District

If out of district, rationale for request: \_\_\_\_\_  
\_\_\_\_\_

1. Does this student have a juvenile probation record?  
No \_\_\_\_\_ (Skip questions a, b, c, and d: go on to question 2)  
Yes \_\_\_\_\_ (Answer questions a, b, c, and d)
  - a. Identify each delinquent act for which the student was referred to the JPO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Were any of the acts listed involved with gang related activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. What were the conditions of probation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Who is the student's probation officer? \_\_\_\_\_  
Phone Number of J.P.O.: \_\_\_\_\_ County: \_\_\_\_\_
  
2. Has the student ever received school discipline for gang-related activities?  
No \_\_\_\_\_ (skip questions a and b and go on to question 3)  
Yes \_\_\_\_\_ (answer questions a and b)
  - a. Identify the school and school district: \_\_\_\_\_  
\_\_\_\_\_
  - b. State the infractions and discipline received: \_\_\_\_\_  
\_\_\_\_\_
  
3. Has this student ever been expelled or given long term suspension from another school district?  
No \_\_\_\_\_ (skip questions a, b, c, and d – go on to question 4)  
Yes \_\_\_\_\_ (answer question a, b, c, and d)
  - a. Reason(s) for expulsion/long term suspension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Identify the school and school district: \_\_\_\_\_
  - c. Name of school official: \_\_\_\_\_ Phone: \_\_\_\_\_
  - d. Date of expulsion/ long term suspension: \_\_\_\_\_

3. Has this student been suspended for any reason from another school district?  
 No \_\_\_\_\_ (skip questions a and b and go on to question 5)  
 Yes \_\_\_\_\_ (answer questions a, b, and c)
- A. State the infractions and discipline received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Identify the school and school district: \_\_\_\_\_
- c. Name of school official: \_\_\_\_\_ Phone: \_\_\_\_\_  
 d. Date of suspension: \_\_\_\_\_
4. Has this student been cited for attendance or truancy problems?  
 No \_\_\_\_\_  
 Yes \_\_\_\_\_
5. Has this student been placed in any special programs?  
 No \_\_\_\_\_  
 Yes \_\_\_\_\_ (Which level/ exceptionality /program?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Within the last year, has the student attended any residential treatment program, in-patient program, out-patient program, etc.  
 No \_\_\_\_\_  
 Yes \_\_\_\_\_ (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Please list any health problems we need to be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification: All information provided on this form is true and complete to the best of my knowledge. I understand that if this information is incorrect, I may face a delay in registration or denial of enrollment.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student enrollment may take up to 5 working days or until we receive all necessary information.**

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## HOME LANGUAGE SURVEY

### Parent Questionnaire of Home Language to be filled out by Parent/Guardian

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Federal guidelines require schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help. Please circle one (1) response for each question.

1. What language(s) did your child speak first?

English \_\_\_\_\_

Spanish \_\_\_\_\_

Apache \_\_\_\_\_

Other: \_\_\_\_\_

2. What language(s) does your child use most at home?

English \_\_\_\_\_

Spanish \_\_\_\_\_

Apache \_\_\_\_\_

Other: \_\_\_\_\_

3. In what language(s) do you speak to your child?

English \_\_\_\_\_

Spanish \_\_\_\_\_

Apache \_\_\_\_\_

Other: \_\_\_\_\_

4. What language is most often spoken by the adults in your home?

English \_\_\_\_\_

Spanish \_\_\_\_\_

Apache \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date