



405 Hunter Street
 Española, NM 87532
 Phone: 505-753-2254
www.k12espanola.org

New Student Registration 2024/2025

Welcome to Espanola Public Schools:

We are excited to welcome all new students and families to Española Public Schools. You may submit your registration packet to your child’s home school (per your zone of residence). EPS encourages all students and families to register at their neighborhood school, per their zone of residence. For information on [school zones](#) and registration please visit our [Registration and Enrollment](#) website available from our [Students/Parents](#) link at www.k12espanola.org

Attached to this registration packet is a registration checklist and the required registration forms and documents needed to complete the registration process. We encourage all families to pre-register as soon as possible.

Please [contact](#) your neighborhood school with questions or to arrange a registration submission and review time. School sites are open and available from 7:30-4:00 PM daily to answer any questions or offer support.

School Site	Phone Number
Abiquiu Elementary	(505) 685-4457
Alcalde Elementary	(505) 852-4253
Chimayo Elementary	(505) 351-4207
Dixon Elementary	(505) 579-4325
Eutimio T. Salazar Elementary	(505) 753-2391
Hernandez Elementary	(505) 753-4008
James H. Rodriguez Elementary	(505) 753-2256

School Site	Phone Number
Los Niños Kindergarten Center	(505) 753-6819
San Juan Elementary	(505) 852-4225
Tony E. Quintana Elementary	(505) 753-3213
Velarde Elementary	(505) 852-4331
Carlos F. Vigil Middle School	(505) 753-1348
Espanola Valley High School	(505)753-7357
Educational Service Center	(505)367-3301

Further questions regarding [Transportation Services](#), including [School Zone Attendance Boundaries](#), should be directed to our Transportation Department at (505) 367-3369. Complete School Zone Attendance Boundaries, our Open Enrollment Policy, and the district Open Enrollment Transfer Request form are available on our [Registration and Enrollment](#) website available from our [Students/Parents](#) link at www.k12espanola.org

Further questions regarding **Special Education Services** should be directed to the [Student Services Department](#) available at (505) 367-3321.

Legal Student Name <i>(As it appears on the birth certificate)</i>	Date of Birth	Grade	Age
<hr/> <i>First Name Middle Initial Last Name</i>			

REGISTRATION TYPE

Please check the registration type that best describes your child’s situation:

- First Time New Mexico Public Schools “Initial Enrollee” Student** – never enrolled in a PK-12 New Mexico Public School before.
 - Dental Examination:** All “Initial Enrollees” entering NM Schools for the first time must provide satisfactory evidence of Dental Examination (completed within the past year) upon initial enrollment to NM Public School or sign a Dental Examination Opt Out Exemption. Required for all grades PK – 12.
 - Language Usage Survey:** All “Initial Enrollees” entering US Schools for the first time must complete the Language Usage Survey and undergo a possible English Language Proficiency Screener. Required for all grades K-12.

- Transfer Student from Private School, BIA/BIE, Home School or Out of State** (non-NM Public School) – previously enrolled in a non-NM Public School including private, BIA/BIE, Home School or Out of State.

Specify Type: Private BIA/BIE Home School Out of State Other, specify: _____
 School Name: _____
 School Address or City and State: _____
 Grades Attended: _____

- Dental Examination:** All Transfer Students, initially enrolling in an NM Public School for the first time must provide satisfactory evidence of a Dental Examination (completed within the last year) upon initial enrollment to NM Public School or sign a Dental Examination Opt Out Exemption. Required for all grades PK – 12.
- Language Usage Survey:** All Transfer Students, initially enrolling in an NM Public School for the first time who were not previously administered a Language Usage Survey and have undergone possible English Language Proficiency Screener (cannot produce transfer records). Required for all grades K-12.

- Transfer Student from a New Mexico Public/Charter School**– previously enrolled in a PK-12 New Mexico Public School.

School Name: _____
 School Address or NM City: _____
 Grades Attended: _____ NM Student ID Number (if known): _____

Registration Completed by: _____ Date: _____

Legal Student Name <i>(As it appears on the birth certificate)</i>			Date of Birth	Grade	Age
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>			

REGISTRATION CHECKLIST

To be completed by the school registrar upon review of forms & documentation with the registering Parent or Guardian

Forms

- Registration Checklist (p.1)
- Transcripts/Records Request (p.2)
- Student Synergy Profile (p.3)
- Registration Disclosure, Program Considerations & Media Release (p.4)
- Code of Conduct (p.5)
- Student Computer Use and Internet Access Form (p. 6)
- Bilingual Program Notification (p. 7-8)
- Medical Authorization, Consent & History Form (p. 9-10)
- Bus Transportation Information Form and Bus Contract (p. 11-12)
- Student Housing Questionnaire (p. 13)
- Birth Certificate Verification (To be completed by school personnel in the registrant’s presence)
- Language Usage Survey: Required for all Kindergarten and New to US Schools Registrants (only required upon initial enrollment)
- Open Enrollment Application: Required if requesting initial OUT OF ZONE transfer approval.

Additional Documentation

- Birth certificate (Required for verification of legal name, DOB)
- Up-to-date immunization record (copy & attach)
- Two (2) proof of physical address (copy & attach)
- Dental Examination, completed within the past year (copy & attach) –required for all NM Initial Enrollees or Transfers to NM Public Schools.
- Language Usage Survey –required for all Kindergarteners, New to US Schools, or Transfer students who cannot produce previous LUS from Transfer School.
- Report Card/Grades (most recent copy, if available for grades K-8). Official Transfer Records will be requested.
- High School Transcript (most recent copy, if available for scheduling and placement for grades 9-12). Official Transfer Records will be requested.

OFFICE REVIEW

1. Review each page for completeness. Highlight any blank areas and have the parent/guardian complete them before accepting.
2. Copy the Immunization record, 2 proofs of physical address, dental examination record (if applicable), and report card/transcripts (if available), and attach them to the back of the registration packet.
3. Complete Birth Certificate Verification (Print and sign). DO NOT COPY the Birth Certificate, attach it to the front of the registration packet.
4. Provide a Language Use Survey to all “NEW to US Schools” students entering school for the first time (only collected upon initial registration, usually at Kindergarten or upon entering the US school system for the first time, attach to the back of the registration packet).
5. File all NEW registration packets immediately with the school office manager by grade level/alphabetically. Upon registration completion:
 - Separate Medical Authorization, Consent & History Forms, and submit them to the school nurse for filing.
 - Separate Title I Compact to a separate file for review.
 - Separate the Transportation form into a separate file for Transportation submission.
 - Separate the Student Housing Questionnaire into a separate file for review.
 - File all remaining Registration forms in the student cumulative file. Submit to the school counselor for filing.

Registration reviewed and accepted by: _____ Date/Time: _____

TRANSCRIPT/RECORDS REQUEST

Legal Student Name <i>(As it appears on the birth certificate)</i>	Date of Birth:	Grade	Age:
_____	_____	_____	_____
<i>First Name</i> <i>Middle Initial</i> <i>Last Name</i>			

Last School Attended:

School Name: _____

School Address, including City, State, and Zip Code:

Grades Attended: _____ Dates Attended: _____ Phone: _____

FOR SCHOOL USE – TO BE COMPLETED BY SCHOOL REGISTRAR OR COUNSELOR

The above named students have enrolled at _____ with the **Espanola Public Schools**.

Please send the following records:

- OFFICIAL TRANSCRIPTS
- WITHDRAWN GRADES (CREDITS EARNED TO DATE)
- IMMUNIZATION RECORDS/HEALTH RECORDS
- SPECIAL EDUCATION RECORDS (if applicable)
- TEST RECORDS
- ATTENDANCE RECORDS
- Initial Language Usage Survey, English Language Screener, and English Language Proficiency status and test scores.

Please send information to:

(Insert School Name) _____

Attention: School Registrar or Counselor

Address: _____

Email: _____

NOTE: FEDERAL LAW (20 U.S.C 1232) CONSENT IS NOT REQUIRED FOR YOU TO TRANSFER EDUCATION RECORDS. CR.F 99.31A – SUCH RECORDS ARE SUBJECT TO DISCLOSURE TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENTS SEEK OR INTENDS TO ENROLL WITHOUT WRITTEN CONSENT OF THE PARENTS.

STUDENT SYNERGY PROFILE

General Student Information

Legal First Name		Legal Middle Name		Legal Last Name	
State ID / Perm ID	Enrollment Date:	Gender	Grade	Home Language Preference:	
Date of Birth	Birth Place (City or County)	Birth Certificate Number	Birth State	Birth Country	
Student Phone Number	Student Phone Type	Student Email:			
Race (select one): <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native, specify tribe: _____					
Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic					
Last School Attended / School Name:			Last School Attended / School Address:		
Home Address (Physical Address)			Mailing Address (If different from Home Physical Address)		

Transportation

<input type="checkbox"/> My child live IN SCHOOL ZONE (Must provide eligible transportation address)	<input type="checkbox"/> My child lives OUT of SCHOOL ZONE (I will provide personal transportation daily) NOTE: Must complete the OPEN ENROLLMENT APPLICATION to request permission to register out of your designated school zone.
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Parent/Guardian Custodial Information

Relation: Father	Name/Nombre:	Address				Employer			
Check all that apply:	<input type="checkbox"/> Lives with	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Education Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financially Responsible	<input type="checkbox"/> Deceased
Cell Phone: ()	Home Phone: ()	Work Phone: ()	Email:						

Relation: Mother	Name/Nombre:	Address				Employer			
Check all that apply:	<input type="checkbox"/> Lives with	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Education Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financially Responsible	<input type="checkbox"/> Deceased
Cell Phone: ()	Home Phone: ()	Work Phone: ()	Email:						

In Case of Emergency: Names of persons who can assume temporary responsibility and are authorized to pick up.

Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone

Siblings: List all siblings attending school in the Espanola School District.

Name	Gender	Grade	School
Name	Gender	Grade	School
Name	Gender	Grade	School

REGISTRATION DISCLOSURES

Legal Student Name <i>(As it appears on the birth certificate)</i>			Date of Birth	Grade	Age
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>			

Please review the following questions and check Yes or No and provide additional information as indicated.

Yes/ No

- / My child currently has an **IEP**, qualifying disability: _____
- / My child currently has a **504 Plan**, qualifying medical condition: _____
- / My child currently has a **SAT Plan**, area(s) of concern: _____
- / My child is a **US Citizen**.
- / My child is an **Immigrant**. My child has been enrolled in US schools since _____ (year), _____ (grade).
- / My child has a chronic illness. Specify: _____
- / My child is a **Teen Parent**.
- / My child is living in a **Foster Home**.
- / My child is a **Migrant Student**. *A migratory child is a child who is, or whose parent, spouse, or guardian is, a migratory agricultural worker or migratory fisher, and who, in the preceding 36 months, has moved from one school district to another, to obtain or accompany such parent, spouse, or guardian, to obtain temporary or seasonal employment in agricultural or fishing work as a principal means of livelihood.*
- / My child is **Displaced or Homeless** by definition. *The McKinney-Vento Act defines displaced / homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence." This may include: Children and youth sharing housing due to loss of housing, economic hardship or a similar reason; Children and youth living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations; Children and youth living in emergency or transitional shelters; Children and youth abandoned in hospitals; Children and youth awaiting foster care placement; Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc); Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations; and Migratory children and youth living in any of the above situations.*
- / My child has been or is in jeopardy of being **EXPELLED** or **LONG TERM SUSPENDED** from another school in the last 12 months. *A student who has been expelled during the last twelve (12) months by any school district or private school in the United States or who is not in compliance with a condition of disciplinary action based on behavior detrimental to the welfare or safety of other students or school employees imposed by any other school or school district in the United States within the last twelve (12) months shall not be admitted. Acceptance for enrollment may be revoked upon finding the existence of any of these conditions.*

Media Release

To comply with FERPA (Family Educational Rights and Privacy Act) and the No Child Left Behind Act of 2001, it will be necessary to obtain parental permission to publish or release your child’s name and/or address.

- YES/ NO I give my permission for my child to be **interviewed by media** representatives.
- YES/ NO I give my permission for my child to be **photographed, or videotaped by media** representatives.
- YES/ NO I give my permission for my child’s **artwork to be displayed and/or published** in EPS publications.
- YES/ NO I give my permission to allow my **child’s photo to be published** on the EPS District websites.

Directory Information

- YES/ NO I want my child’s directory/contact information to be disclosed.

Military Recruiter Release (High School ONLY)

- YES/ NO I give my permission for my child to be contacted by a military recruiter.

Parent/Guardian Signature _____ Date: _____

ESSENTIAL STUDENT POLICY REVIEWS

Legal Student Name <i>(As it appears on the birth certificate)</i> <hr/>	Date of Birth	Grade	Age
<i>First Name</i> <i>Middle Initial</i> <i>Last Name</i>			

Linked below are relevant policies required for Parent and Student review upon registration. Please open and review the policies and sign the policy acknowledgment for each. Policies are all linked on our [Registration and Enrollment](#) website

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the [Student Attendance](#) policy and information. I understand the requirements for my child to attend school regularly and I have discussed the importance of regular school attendance with my child and together we acknowledge the importance and understand the interventions and possible consequences for non-attendance.

Parent/Guardian Signature _____ Date: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the [Student Conduct, Behavior, and Discipline policies](#). I understand the rules and requirements and I have discussed the importance of following the **Student Conduct, Behavior, and Discipline** policies with my child, and together we acknowledge review.

Parent/Guardian Signature _____ Date: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the [Student Dress](#) policy and information. I understand the requirements for my child to abide by standard dress policies and I have discussed the importance of appropriate school attire with my child and together we acknowledge the importance and understand there may be possible consequences for non-compliance.

Parent/Guardian Signature _____ Date: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the [Bus Transportation Rules and Contract](#). I understand the rules and requirements and I have discussed the importance of following the **Bus Transportation Rules and Contract** with my child and together we acknowledge this agreement.

Parent/Guardian Signature _____ Date: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the [Equal Opportunity & Non-Discrimination on the Basis of Sex](#) policy and information. I understand the policy and acknowledge the process for reporting concerns or complaints. I have discussed these policies and reporting practices with my child and together we acknowledge them.

Parent/Guardian Signature _____ Date: _____

STUDENT COMPUTER USE AND INTERNET ACCESS RELEASE FORM

Legal Student Name <i>(As it appears on the birth certificate)</i>			Date of Birth	Grade	Age
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>			

As a condition to use the School District’s computer system, including access to and use of the Internet, I understand and agree to the following:

1. To abide by the School Board’s Policy on [Acceptable Use Information Technology](#) and its Computer and Internet Code of Conduct.
2. School Site and district-level administrators have the right to review any materials created or stored in any files I may create and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.
3. That the Espanola Public School District will not be liable for any direct or indirect, incidental or consequential damage due to information gained and/or obtained via use of the School District’s computer system including, without limitation, access to public networks.
4. That the Espanola Public School District does not warrant that the functions of the School District computer system or any of the networks accessible through the system will meet any specific requirements you may have, or that the School District computer system will be error-free or uninterrupted.
5. That the Espanola Public School District shall not be liable for any direct or indirect, incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use the School District computer system.
6. That the use of the School District computer system, including the use to access public computer networks, is a privilege that may be revoked by School District administrators at any time for violation of the district's Acceptable Use Procedures and Code of Conduct. School District administrators will be the sole arbiter(s) of what constitutes a violation of the policy or Code of Conduct.
7. In consideration for the privilege of using the School District computer system and in consideration for having access to the public networks, I hereby release Espanola Public School District, the School Board, its members, administrators, and employees, including its computer operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the School District computer system.

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read the **Acceptable Use of Information Technology** agreement. I understand the rules and requirements and I have discussed the importance of following the **Acceptable Use of Information Technology** policies with my child and together we acknowledge review and acceptance.

Parent/Guardian Signature _____ Date: _____

BILINGUAL EDUCATION PROGRAM NOTIFICATION

Legal Student Name <i>(As it appears on the birth certificate)</i>			Date of Birth	Grade	Age
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>			



Española Public Schools offers a Bilingual Multicultural Education Program (BMEP). The program’s goals are for all students to become bilingual and biliterate in English and a second language and to meet state academic content standards and benchmarks in all subject areas.

The cognitive and affective development of students in the program is encouraged by using the cultural and linguistic backgrounds of the students, providing students with opportunities to expand their conceptual and linguistic abilities and potentials in a successful and positive manner, and teaching students to appreciate the value and beauty of different languages and cultures. Your child may be placed in the school’s BMEP. The following BMEP model(s) is used in the program:

Heritage—language program designed to support and revitalize a student’s native language and culture through oral and/or written language instruction; Native American language programs require approval from tribal councils or from other appropriate tribal entities with authority to make educational decisions on behalf of Native American children (offered at all school sites).

Dual Language Immersion—language program designed to develop high academic achievement in two languages; additive bilingual and biliterate proficiency; and cross-cultural skills development (offered at Eutimio Salazar ES).

Parents with children participating in the school’s BMEP are encouraged to participate in the BMEP parent advisory committee (PAC). Please consider attending our one of our meetings. Parent participation in the development, implementation, and evaluation of the program is valued and important, as we consider what BMEP works best for your children and the community.

We highly recommend that your child participate in, and receive the benefits from, this program. However, you have the right to decline your child’s participation in or opt your child out of the BMEP. If you have questions, you are encouraged to call or visit your school principal.

Complete *Bilingual Education Program Information and Resources* are available on the Española Public Schools Department website, available at: http://www.k12espanola.org/departments/bilingual_education

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read and acknowledge the *Bilingual Education Program Notification*.

Parent/Guardian Signature _____ Date: _____

*****To Be Filed in Student Bilingual Cumulative Record*****

(blank)

SCHOOL – PARENT COMPACT

Legal Student Name <i>(As it appears on the birth certificate)</i>			Date of Birth	Grade	Age
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>			



Espanola Public Schools receives Title I funding for all EPS students. Title I funding provides financial assistance to local districts and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Each school that receives Title I funds must have a parent involvement policy as part of its Title I Plan. This policy must be developed jointly with, approved by, and distributed to parents and must include a description of how the school will implement a school-parent compact, which outlines how schools, parents, and students will share responsibility for ensuring student achievement. Below is the jointly created district-wide school-parent compact.

<p>PARENT SECTION</p> <p>I want my child to achieve. Therefore, I will encourage him/her by doing the following:</p> <ul style="list-style-type: none"> ● See that my child is punctual and attends school regularly. ● Establish a time for homework, insist that it is done, and review it regularly. ● Provide a quiet well lighted place for study limiting television to no more than 2 hours a night. ● Discuss what my child has learned at school each day, encouraging his / her efforts, and staying aware of what my child is learning. ● Routinely review and respond to teacher/school, correspondence via the use of student agenda. ● Read with my child and let my child see me read. ● Attend at least two parent/teacher conferences and schedule additional meetings as necessary. ● Remind my child of the necessity of discipline in the classroom – especially self – discipline and support the school’s effort to maintain proper discipline. ● Help my child appreciate and enjoy the excitement of learning, the thrill of an inquiring mind, and the importance of a good education. 	<p>PRINCIPAL SECTION</p> <p>I support this form of parent involvement. Therefore, I shall strive to do the following:</p> <ul style="list-style-type: none"> ● Provide an environment that allows for positive communication between the teacher, parent, and student. ● Encourage teachers to regularly provide relevant homework assignments that will reinforce classroom instruction ● Ensure that every aspect of the school building and general climate is open, helpful, and friendly to parents. ● Provide communication with parents – whether about school policies and programs or about their own children – that is frequent, clear, and two-way. ● Ensure that the school recognizes its responsibility to forge a partnership with all families in the school community. ● Encourages volunteer support and help from all parents by providing a wide variety of volunteer options including those that can be done from home and during non-working hours. ● Ensure the school provides opportunities for parents to meet their own needs for information, advice, and peer support.
<p>STUDENT SECTION</p> <p>I will do my personal best to:</p> <ul style="list-style-type: none"> ● Attend school regularly. ● Come to school each day prepared to work with pens, pencils, paper, and other necessary tools for learning. ● Complete and return homework assignments. ● Observe regular study hours. ● Return my homework completed. ● Follow the school rules. (bus, playground, classroom, cafeteria) ● Respect other people and the community. ● Take home memos and papers that my teacher sends with me. 	<p>TEACHER SECTION</p> <p>I understand my responsibility to provide high quality instruction and a supportive and effective learning environment for your child. Therefore, I agree to carry out the following responsibilities to promote your child’s learning:</p> <ul style="list-style-type: none"> ● Provide relevant homework assignments for students. ● Encourage students and parents by providing information about student progress. ● Use special activities in the classroom to make learning enjoyable. ● Provide a safe and caring learning environment where your child will begin to be responsible for his / her behavior and learning. ● Follow the curriculum designed for all students. ● Consider individual strengths in children as much as possible. ● Keep you informed of your child’s progress regularly, via newsletters and regular student agenda notices. ● Schedule parent/teacher conferences to keep you informed as to your child’s progress. ● Provide ideas and support materials that will help you support your child’s learning at home.

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read this *School-Parent Compact* and feel it is important that the principal, teachers, parents, and students must work together to provide a meaningful education for our children. I have discussed the importance of this compact with my child and together we acknowledge this agreement.

Parent/Guardian Signature: _____ Date: _____

(blank)

MEDICAL HISTORY & INFORMATION (p. 1 of 3)

Legal Student Name <i>(As it appears on the birth certificate)</i>	Date of Birth	Grade	Age
_____	_____	_____	_____
<i>First Name</i> <i>Middle Initial</i> <i>Last Name</i>			

Insurance and Doctor Information

Insurance Company	Subscribers Name	ID Number
_____	_____	_____
Please Check Type:		
<input type="checkbox"/> Private/Personal Insurance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Uninsured

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Health Conditions

- Specify health conditions/allergies: _____
- Is your child on daily medication? NO / Yes, specify _____
- Recent surgery, accident, or illness (past year) _____

Please indicate if the student has had or is currently under treatment for any of the following conditions or diagnoses. Give the year or age when the problem occurred. Please indicate if the student has had or is currently under treatment for any of the following conditions:

Medical Diagnoses / Condition	Response	Age/Date	Medications, explanation, or other info
Add/ADHD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Addison’s Disease	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Allergic Disorder (life threatening)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Allergic Disorder (non-life threatening)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Asthma	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Cancer	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Cardiovascular	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Congenital/Genetic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Dental/Oral	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Dermatologic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Diabetes, type I	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Diabetes, type 2	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Eating Disorders	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Endocrine	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Ear, Nose & Throat	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Eye	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Gastro-intestinal	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Genito-urinary	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Hematology	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Musculo-skeletal	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Neurological – Concussions	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Neurological – Migraines	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Neurological – Seizure Disorders	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Neurological – Other:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Psychiatric	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Respiratory (other than asthma)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Pregnancy	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

MEDICAL HISTORY & INFORMATION (p. 2 of 3)

Have you ever been informed of the need to be on antibiotic therapy before dental treatment? Yes No

If yes, identify therapy: _____

Please list any additional problems/concerns/conditions not previously listed.

Administration of Medication

Administration of medication of any type, prescription, or over-the-counter medication is NOT permitted at school without a complete Medication Authorization Form (to be requested through your school nurse and signed by your child’s physician, school nurse, and school administrator). If your child requires either prescription medication or regular use of over-the-counter medications please visit your school nurse to discuss and begin the Medication Authorization process. Please indicate whether or not your child requires a Medication Authorization form below.

- My child requires a Medication Authorization Form.
- My child DOES NOT require a Medication Authorization Form.

Consent for Emergency Treatment

I, the undersigned parent/guardian, give my consent for the above-named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that Espanola Public Schools does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Parent/Guardian Signature _____ Date: _____

Medical Emergency Contact information:

Names of persons who can assume temporary responsibility and are authorized to pick up your child.

Name	Relationship Parent / Guardian 1	Home Phone	Work Phone	Other Phone
Name	Relationship Parent / Guardian 2	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone

To Be Filed in Student Health Record with School Nurse

MEDICAL HISTORY & INFORMATION (p. 3 of 3)

Dental Examination Information

Legal Student Name <i>(As it appears on the birth certificate)</i>	Date of Birth	Grade	Age
<hr/> <i>First Name Middle Initial Last Name</i>			

During the 2019 Legislative Session, House Bill 308 (HB308) was signed into law. In response to this legislation, the New Mexico Public Education Department (NMPED) has promulgated the New Mexico Administrative Code (NMAC) 6.12.13. Beginning July 1, 2021, this rule requires schools to verify student records of a dental examination within the past year before initial enrollment in the district or charter school.

Dental Examination Verification or Waiver Request

Required for all NEW enrollees to NM Public Schools – please select one:

- My child has undergone a dental examination within the past year.**
Please provide and attach a copy of your child’s dental examination record (must be dated within one year).
 YES/ NO Proof provided to the school office/nurse.
- My child has not undergone a dental examination within the past year, and I am requesting a dental examination waiver.**

I cannot provide a copy of the dental examination and I understand the risk associated with my child NOT receiving a dental examination. My child has not received a dental examination due to the following reasons (please check one).

Waiver (Please check one):

- Financial Burden
- Lack of access to a dentist
- Parent/guardian will not consent to disclose dental examination.

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I have read and acknowledged the *Dental Examination Information*.

Parent/Guardian Signature _____ Date: _____

(blank)



Española Public Schools
Transportation Request

Transportation Director:
Alejandro.Ortiz@k12espanola.org (505) 367-3344
Transportation Assistant:
Roberta.Salazar@k12espanola.org (505) 367-3369

Notice: All students should have this form on file with the Transportation Department. Even if your child does not plan on riding a bus, please fill out this form and list the bus they may ride. There may be an instance that they may have to use the bus transportation and without this form on file, we will not know if your child is a registered student in our district.

Legal Student Name (As it appears on the birth certificate)	Date of Birth	Grade	Age
_____	_____		
<i>First Name</i> <i>Middle Initial</i> <i>Last Name</i>			

School: _____	Bus Status:	Bus Number:
Physical Address:	<input type="checkbox"/> My child will ride the bus on a regular basis.	
_____	<input type="checkbox"/> My child will ride the bus on an as needed/ Emergency basis ONLY. (must be registered)	

Father's / Guardian 1 Contact Information			Mother's / Guardian 2 Contact Information		
Name/Nombre: _____			Name/Nombre: _____		
Cell Phone/Celular: _____	Home Phone/Casa: _____	Work/Msg / Trabajo: _____	Cell Phone/Celular: _____	Home Phone/Casa: _____	Work/Msg / Trabajo: _____
Mailing Address/Dirección Postal: _____			Mailing Address/Dirección Postal: _____		

BUS TRANSPORTATION RULES & CONTRACT

This contract made and entered into by and between the Espanola Public School District, the parent/guardian, and the student properly signed, acknowledges the agreement of the Española Public School District to provide transportation for the undersigned student to and from school during the **2024-25** school year. It is understood by all parties that the student will abide by the following rules and regulations regarding bus transportation privileges and responsibilities:

1. All students will be issued a **ZPASS Student Rider Card** and will be required to scan their card each time they get on and off the bus. This will apply to all school, activity, and athletic trip routes. If the card is lost or damaged, parents must notify the transportation department immediately for a replacement. Students who refuse, or habitually forget their card may be denied bus privileges.
2. Students are required to be waiting at the bus stop before their scheduled pick-up time. The **Track My Route (TMR)** App may be downloaded onto parents' or students' phones to track their bus routes in real time.
3. Students must follow all social distancing and face mask requirements as implemented by Española Public Schools.
4. Bus drivers are authorized to assign seats, all passengers are expected to sit in and be responsible for their assigned seat.
5. Students must remain seated when the bus is in motion; students may not extend their hands, arms, or bodies out of the bus at any time.
6. Students must cooperate in keeping the bus clean; eating or drinking on the bus may be allowed at the discretion of the bus driver.
7. The use of profanity will not be allowed on the bus.
8. Students may board and leave the bus at their assigned stop or school location only. Students will not be permitted to board/leave the bus at unassigned/non-regular stops. Parents, on behalf of their student, must

obtain a school issued bus pass from the school office, signed by a site administrator, if an emergency bus change must be made. Bus passes are issued for emergencies only. Bus passes are granted and honored if space is available. The driver has the discretion to refuse bus pass transportation if sufficient, safe space is unavailable.

9. Students who damage any portion of the bus (cameras, seats, Zpass scanner, etc.) will face disciplinary actions and may be suspended and denied riding privileges until any damages are paid for. Parents will be provided an invoice to include parts costs and labor time to repair. Labor will be charged at the approved EPS labor rate.
10. The use of tobacco, narcotics, or alcoholic beverages shall not be permitted on the bus. Students who are suspected of being under the influence will be referred to school administrators for investigation and parent pick up, bus services will not be provided.
11. Animals, firearms, explosives, and breakable glass items or knives are prohibited on buses.
12. Students whose presence poses a threat to other passengers will be immediately referred to site administrators, and are subject to suspension or revocation of riding privileges.
13. Students will adhere to the rules and regulations set forth by district policy, administration, and enforced by the school bus driver. All school rules apply while riding EPS transportation buses. The bus driver has the same authority as the teacher when riding a bus, and will follow EPS progressive discipline policies as follows:
 - **First Minor Offense** – verbal warning.
 - **Second Minor Offense** – written warning
 - **Third Minor offense and All Major Offenses** – written referral to the school administrator and required parental meeting. Consequences will follow progressive discipline and may include, 3/5/10 day suspension or revocation of bus privileges.

Video Notification: Along with filling out this form, you are being informed and given the Espanola Public School Transportation Department, permission to video record your child for while EPS transportation. Recording is done automatically on each bus to help deter incidents that may occur. Recordings are randomly viewed by district personnel unless an incident occurs where the recording will be used as documentation for related incidents.

Bus Stop Notification: An adult is required to be at the stop to pick up **Kindergarten** students, or the student will be returned to their school. All other students, grades 1-6 may be dropped off at their assigned stops without an adult present. If a parent of a student in grades 1-6 does not want their child to be left at the stop without an adult present, they must below and sign the acknowledgment.

I **DO NOT** want my grade 1-6 student left at the bus stop without an adult present. I understand it is my responsibility to ensure an adult is present at the bus stop to release my child. I understand my child will be returned to the school building if an adult is not present to meet my child at the bus stop.

Parent/Guardian Signature & Date: _____

Parent/Guardian Signature _____ Date _____

Student Housing Questionnaire

Legal Student Name <i>(As it appears on the birth certificate)</i>	Date of Birth	Grade	Age
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <i>First Name</i> <i>Middle Initial</i> <i>Last Name</i> </div>			

EPS Students may be eligible for additional educational services depending on their housing situation. Additional services and rights include the right to stay at the same school even if you move and include access to free meals at school. Eligibility can be determined by completing this questionnaire. This form is to learn more about you and/ or your family’s current housing situation. Please begin by completing your contact information and signing the form, your signature indicates that you have completed this form to the best of your knowledge. Then proceed to answer question 1 and follow directions to STOP or PROCEED with questions 2 and 3.

Father/Guardian Name:			Mother/Guardian Name:		
Cell Phone/ <i>Celular</i> :	Home Phone/ <i>Casa</i> :	Work/Msg / <i>Trabajo</i> :	Cell Phone/ <i>Celular</i> :	Home Phone/ <i>Casa</i> :	Work/Msg / <i>Trabajo</i> :
Mailing Address/ <i>Dirección Postal</i> :			Mailing Address/ <i>Dirección Postal</i> :		

Parent/Guardian Signature _____ Date _____

1. Where do you and/or your family currently live? Check only one box (A or B).

Section A

Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).

STOP *If you checked a box in Section A. Please STOP. Please return this form without completing the remaining sections.*

Section B

Temporarily with another family

With an adult that is not a parent or legal guardian

Rent in a temporary space (for example: motel, hotel, RV park, or campground)

In a place that lacks running water or electricity

In a temporary shelter or other temporary housing

Other (please note): _____

Continue *If you checked a box in Section B, complete the remainder of this form.*

2. You may be contacted by a member of your school system’s educational support staff to discuss possible support eligibility. Please check the box below indicating if you would like to be contacted.

YES, please contact me. **NO, please do not contact me.**

3. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below.

Name	M/F	Birth Date	Grade	School

