

# Walatowa High Charter School

147 Bearhead Canyon Road  
P.O. Box 669  
Jemez Pueblo, NM 87024

Voice: (575) 834-0443  
FAX: (575) 834-0449

*Located on the Jemez Pueblo Indian Reservation*



*"Think Globally, Create Locally"*

Parents/Guardians:

**Welcome to the 2020-21 school year!**

We are happy to have your student at the Walatowa High Charter School.

Please fill out the enclosed enrollment forms. These forms are needed every year with updated information. It is very important to have your contact information in case of any emergencies; therefore, if your contact information changes throughout the year, please contact the school.

Along with the enrollment forms, the following documents are needed:

**New Students:**

- **State Birth Certificate**
- **Social Security Card**
- **Certificate of Indian Blood (CIB), if applicable.**
- **Immunization Records**
- **If a transfer student, transcripts from previous school.**

**Returning Students:**

- **Immunization Records**

If you have any questions, please feel free to contact the school at #575-834-0443.

We look forward to having a great school year!

Thank you,

Walatowa High Charter School

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## Enrollment Form 2019-2020

**OFFICE USE ONLY:**  
Student ID # \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Female  Male Place of Birth: \_\_\_\_\_

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

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

Social Security No.: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Ethnicity: (Hispanic)  Yes  No

Race:  Caucasian  Black or African American  Native Hawaiian/Other Pacific Islander

Asian  American Indian/Alaskan Native: Census No.: \_\_\_\_\_

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### *Parent/Guardian Information:*

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Walatowa High Charter School**  
**Emergency Contact Information**

(One for each student)

1. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Mother's Information:**

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ Ext. \_\_\_\_\_

**Father's Information:**

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ Ext. \_\_\_\_\_

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Please give a name of a family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Healthcare Provider Name: \_\_\_\_\_

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

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Please give the names of two relatives or friends who will resume responsibility for your child in case of illness or accidents until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to the student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to the student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Student Pick-Up Authorization Form

(This authorization is effective for the school year 2020-2021)

School Year: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

In the event I am unavailable, I give the following people permission to pick up my child listed above from school to take to clinic, home, appt., etc. *I realize* that my child will not be released to any other person except the ones listed below. *I understand* that **No additions** to this list are allowed to be made except by me, in person (the undersigned parent).

1. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

4. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

5. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

6. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

### Signature of Parent or Legal Guardian:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

# School Medical Form

School: Walatowa Charter High School Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's Name (Last) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (City) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Please give the names of family Health Care Provider and Family dentist to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Health Care Provider/Phone \_\_\_\_\_ Dentist/Phone \_\_\_\_\_

**Insurance Information: Please check all that apply.**

Health Insurance? Company \_\_\_\_\_  Medicaid/Salud/HMO  School Insurance  No Insurance

Please give the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school in writing.

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Over the counter Medication Consent**

Occasionally, your child may unexpectedly need medication during a school day. For those occasions, we must have written parental permission. The School Nurse/School Health Assistant and pertinent comfort measures will be tried first.

**The school nurse/school health assistant has my permission to administer the following nonprescription medication(s):**

- |                                                              |     |    |
|--------------------------------------------------------------|-----|----|
| Tylenol (Acetaminophen) Medication to reduce pain.....       | YES | NO |
| Advil (Acetaminophen) Medication to reduce pain.....         | YES | NO |
| Maalox/Mylanta (Antacid) Medication for upset stomach.....   | YES | NO |
| Throat Spray/Cough Drops for throat pain/mild coughing.....  | YES | NO |
| Benadryl (Allergic reaction).....                            | YES | NO |
| Chlorpheniramine (Antihistamine for seasonal allergies)..... | YES | NO |

Please indicate if student has had or is currently under treatment for any of the following conditions:

- |                                                 |                                                      |                                                                                |                                               |
|-------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Emotional/Behavior Problems | <input type="checkbox"/> Hepatitis                                             | <input type="checkbox"/> Infectious Disease   |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Seizures                                              | <input type="checkbox"/> Ear/Hearing Problems |
| <input type="checkbox"/> Heart Problems         | <input type="checkbox"/> Migraines Headaches         | <input type="checkbox"/> Tetanus Shot (Last Date: _____)                       |                                               |
| <input type="checkbox"/> Long-term Medications: |                                                      | <input type="checkbox"/> Hospitalized for serious illness, surgery or accident |                                               |
| <input type="checkbox"/> Other:                 | Please List:                                         |                                                                                |                                               |

If, in the opinion of the principal/school nurse or school health assistant, service involving medical action or treatment is required and the parent cannot be contacted for consent, the parents hereby authorize school authorities to obtain medical service for or transport for medical service the above student. Nothing in this section shall be construed to impose liability on any school official or school employee who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Parents are responsible for notifying the school about any changes of information contained on this card.*

**PLEASE RETURN IMMEDIATELY**

# New Mexico Student Residency Form

WALATOWA HIGH CHARTER SCHOOL

*Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.*

This form is to learn more about your family's current housing situation. Please begin by signing and completing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

Print Parent/Guardian Name/Adult Caring for Student	Signature	Date
(Area Code) Phone number	Street Address	City
		State
		Zip

1. **Where do you and your family currently live?** *Check only one box.*

**Section A**

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

**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, trailer park or campground)

In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities.

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

Student(s) Name			Gender	D.O.B.	Grade	School Name
First	Middle	Last				

3. **You may be contacted by a member of your school system's educational support staff. Please check the box below if you do NOT wish to be contacted.**       No, please do not contact me.

\* Referral made to Homeless Liaison on this date: \_\_\_\_\_

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Dear Parent/Guardian:

Walatowa High Charter School is participating in a Universal Lunch and School Breakfast Program for the school year 2020-2021. If your children attend Walatowa High Charter School, breakfast and lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast and lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Breakfast and Lunch Programs cannot succeed without your support; please encourage your children to participate in the school meal programs.

Meals will be served to all students at no charge regardless of the eligibility status.

If you have any questions about the program, please feel free to contact us at #575-834-0443.

Sincerely,

Dr. Arrow Wilkinson  
Superintendent/Principal

### **Non-discrimination Statement:**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

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*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)*

*This institution is an equal opportunity provider.*