



REGISTRATION SCHOOL YEAR 2024/2025

Dear Parents/Guardians:

Welcome and thank you for applying to KCS. Please attach all required documents to the registration form and submit as one completed packet per student.

For information please contact: Josephine Naranjo, jmontoya@khapoeducation.org, (505) 614-4812 or Danielle Martinez, dmartinez@khapoeducation.org (505) 901-7898

All **NEW** students must complete all the forms in this packet and provide the following documents to the front office:

- **Registration Form**
- **Signed Media Release Form**
- **Title VI ED 506 Indian Student Eligibility Certification Form**
- **Tewa Information Form**
- **Emergency Form Contact Form**
- **School Health Forms**
- **Home Language Survey**
- **Copy of Physical Exam**
- **Proof of Food Allergy (if applicable)**
- **Copy of Immunization Records**
- **Copy of Certificate of Indian Blood (CIB) or Tribal ID (We will need a parent or legal guardian's CIB or Tribal ID, if the child is not enrolled.)**
- **Copy of Birth Certificate**
- **Copy of Individualized Education Plan (if applicable)**
- **Copy of child's records from the school most recently attended if previously enrolled in a school.**
- **Copy of Guardianship/Custody Papers (if applicable)**

*****Please keep in mind NEW students are not officially registered until all documents are received and an official acceptance letter has been provided.***



New Student Application for SY 2024/2025

Note: KINDERGARTEN STUDENTS MUST BE 5 YEARS OLD BY SEPTEMBER 30, 2024

Student Information **All fields must be completed throughout the application.**

Student Name: _____ Entering Grade: _____

Date of Birth: _____ Sex: (____) Male (____) Female

Degree of Indian Blood: _____ Tribal Affiliation: _____

Student's Mailing Address: _____

Student's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent or Legal Guardian Information:(Single,Married,Divorced,Separated,Widowed) _____

Who does the child live with? _____ Relationship to Child: _____

If parents or legal guardians are separated or divorced, who has legal custody? _____

I agree to provide KCS with a copy of any current legal documents sharing custody.

1. Parent/Legal Guardian Name: _____ Sex: (____)Male (____)Female

Tribal Affiliation: _____ Degree of Indian Blood: _____

Relationship to student: _____

Parent/Guardian Mailing Address: _____

Guardian Physical Address: _____

Phone Number: _____ Work Phone Number: _____

Personal email address: _____

2. Parent/Legal Guardian Name: _____ Sex: (____)Male (____)Female

Tribal Affiliation: _____ Degree of Indian Blood: _____

Relationship to student: _____

Parent/Guardian Mailing Address: _____

Guardian Physical Address: _____



Phone Number: _____ Work Phone Number: _____

Personal email address: _____

Check all that apply: (Please note inhaler and EpiPen need to be provided to school, updated food allergy notes are required from physicians before food accommodations can be made by kitchen staff.)

Inhaler: _____ For: _____ EpiPen _____ For: _____

Food Allergy: _____ Name Foods: _____

Does your child have any other allergies? If so list: _____

Does your child require Special Education services? Yes () No () **If Yes, explain** _____

Does your child have an Individualized Education Plan (IEP)? Yes () No ()

Does your child have a 504 Plan? Yes () No ()

Has your child been retained? Yes () No () If yes, provide school, year, and grade: _____

Has your child ever been suspended or expelled? Yes () No () **If yes, provide school, year, and reason.**

Does your child require counseling services from the School Counselor? Yes () No () **If yes, please request for a counseling form.**

Does your child receive counseling services from a different organization? Yes () No () **If yes, please provide the following information:**

Name of provider: _____ Counselor Name: _____

Provider Address: _____

Will your child meet with their counselor on or off campus? OFF () ON () If OFF, please provide scheduled counseling times: Day(s): _____ Time: _____

***Note: If the counselor comes on site to provide services a background check will need to be completed.**

I understand an excuse from the counselor will be required for tardiness and absences from school regarding counseling. I also understand it is my responsibility to notify KCS Front Office of any changes regarding my child's counseling services. (Sign if applicable)

Parent/Legal Guardian Signature: _____ Date: _____



School(s) Previously Attended: Please identify any previous school(s) your child has attended.

School 1:

School Name: _____ School Phone Number: _____

School Address: _____

Grade(s) completed: _____ Reason for Leaving: _____

School 2:

School Name: _____ School Phone Number: _____

School Address: _____

Grade(s) completed: _____ Reason for Leaving: _____

School 3:

School Name: _____ School Phone Number: _____

School Address: _____

Grade(s) completed: _____ Reason for Leaving: _____

I am legally responsible for my child and hereby apply for his/her admission to Kha'p'o Community School. I understand that additional information may be requested by the school before my child is enrolled.

Parent/Guardian printed name: _____

Signature: _____ Date: _____

School Use Only

Student has been accepted as a new student for SY 2024/2025 for grade _____ on _____. All required documents have been submitted.

Administrator Printed Name/Title

Administrator Signature

Date



Media Release Form
School Year 2024/2025

- I do hereby grant Kha'p'o Community School (KCS) the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of the school.

- I agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of KCS in which they are involved.

- I agree to allow my child's work and/or photograph to be published on the KCS Web Pages and/or publications or KCS' social media pages.

- I understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____



Dear Parents & Guardians,

We are glad you have chosen Kha'p'o Community School to send your child to school. The Tewa Team is requesting your child's Tewa or Indigenous Name and additional information.

We want to ensure when your child is learning how to introduce themselves Tewa, and we have the correct information on file. We would appreciate it if you would complete the following form and return it with your child's registration packet.

Please complete all the blanks, if you do not know some of the information, leave it blank.
-ku'dawoha

Student Name: _____ Grade: _____

Student Tribal Affiliation: _____

Student's date of birth: _____

Student's Tewa or other Indigenous Name: _____ (English translation)

_____ (Tewa translation)

Father's Name: _____ Tewa Name: _____

Father's Tribal Affiliation: _____

Mother's Name: _____ Tewa Name: _____

Mother's Tribal Affiliation: _____

Please Circle all that apply:

Clan: Summer Winter or other respected party: _____

Clan: Tree Dirt Corn Badger Red Coral other: _____

Where does your child reside? _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____



EMERGENCY CONTACT FORM SCHOOL YEAR 2024/2025

STUDENT'S NAME: _____ GRADE: _____ DOB: _____

Will Student Ride Bus: (CIRCLE) YES NO	Will Student Ride Bus:(CIRCLE) AM PM or BOTH
IF Yes, PHYSICAL ADDRESS OF PICKUP: _____	

PARENT(s) NAMES: _____ (required)
1 _____ Phone No. _____
EMAIL ADDRESS: _____

2 _____ Phone No. _____
EMAIL ADDRESS: _____

LEGAL GUARDIAN(s) NAMES: _____ (required)
1 _____ Phone No. _____
EMAIL ADDRESS: _____

2 _____ Phone No. _____
EMAIL ADDRESS: _____

EMERGENCY CONTACTS (REQUIRED)

1 Name: _____ Phone No. _____ Relationship: _____

2 Name: _____ Phone No. _____ Relationship: _____

3 Name: _____ Phone No. _____ Relationship: _____

WHO MAY CHECK OUT YOUR CHILD? ***(PERSON(S) NOT ON CHECK OUT LIST WILL NOT BE ALLOWED TO CHECK OUT STUDENT - NO EXCEPTIONS)**

1 _____ 2 _____

3 _____ 4 _____

**COURT ORDER IS REQUIRED FOR WHO IS NOT ALLOWED TO CHECK OUT YOUR CHILD (Legal documentation is required)

1 _____ 2 _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



2024/2025 SY Health Packet

Dear Parents/Guardians,

At Kha'p'o Community School, students are fortunate to have a School Health Office that provides them care when they get sick, injured, or for any other health issue. To ensure that the students are provided the best care here at KCS, we do require the School Health Packet to be completed by the parent(s) or legal guardian(s).

Immunization requirements need to be met for your child to begin their first day of school. KCS requires students receive the following immunizations:

- **DTP/DTap/TD (tetanus, diphtheria, pertussis) vaccine**

The new rule states that a booster dose of tetanus, diphtheria, pertussis (Tdap) is required for all students attending school. One dose is required on/after their 4th birthday. 4 doses sufficient if the last dose given on or after 4th birthday. This change was made to help reduce the incidence of whooping cough (pertussis) among children. In recent years, New Mexico, as well as the rest of the United States, has seen an increase in the number of whooping cough cases. By giving your children a booster of Tdap, they will receive protection against this deadly disease for the years to come. So, if it has been five years since your child received a tetanus-containing vaccine, he/she will need a dose of Tdap.

- **Varicella Vaccine**

K-2nd grade, Proof of Immunity is receipt of vaccine, titer, or laboratory-confirmed diagnosis of prior disease. For all newly diagnosed Varicella cases, laboratory confirmation of disease is required. 2 doses of varicella vaccine required for all students K-10th, and recommended for all students grades 11th-12th.

- **Polio (OPV/IPV) Vaccine**

3 doses are sufficient if the last dose was given on or after 4th birthday. Hepatitis B vaccine Two doses Adult Recombivax HB is also valid if administered at ages 11-15 years and if 2nd dose received no sooner than 16 weeks after 1st dose.

- **Hepatitis B Vaccine**

Two doses Adult Recombivax HB is also valid if administered at ages 11-15 years and if the 2nd dose is received no sooner than 16 weeks after the 1st dose.

As you are completing the forms, please make sure you:

- Sign and date each form
- Check front and back of each form
- Submit copy of immunization (Required to be submitted at the beginning of each school year)
- Doctor's note must be submitted for ALL allergies: food, insects, medication, etc (Required to be submitted at the beginning of each school year)
- Note: Doctor's Dietary Documentation is required for Food Allergies for the Kitchen Staff to order special milk or food.
- If applicable, submit medical history (allergy, medication, restrictions, etc.) (Required to be submitted at the beginning of each school year)



Kha'p'o Community School-School Health Department

Child's Name: _____ DOB: _____ Grade: _____

Mailing Address: _____

Clinic Chart No.: _____

Doctor/Pediatrician: _____ Phone No. _____

Mailing Address: _____

Medical Insurance: _____

Who is the child living with?: _____ Relationship: _____

Name of other children attending KCS: _____

Is child's immunization up to date? Yes No (Immunization Record is required to be submitted to KCS every school year)

Mother's Name: _____ Phone No. _____

Work Phone No. _____ Email Address: _____

Father's Name: _____ Phone No. _____

Work Phone No. _____ Email Address: _____

Legal Guardian's Name: _____ Phone No. _____

Work Phone No. _____ Email Address: _____

Legal Guardian's Name: _____ Phone No. _____

Work Phone No. _____ Email Address: _____

EMERGENCY CONTACTS
(IF WE CANNOT REACH YOU)

Name: _____ Phone No. _____

Work No. _____

Name: _____ Phone No. _____

Work No. _____

Name: _____ Phone No. _____

Work No. _____

In case of EMERGENCIES which require medical attention during school hours, I give permission for my child to be transported for the rendering of such Medical Services as deemed necessary in the opinion of School Health Personnel.

Parent/Guardian Name(Please Print) _____

Signature: _____ Date: _____



HEALTH CONDITIONS (Check any your child has had and put approx. date)

Yes	Date	No	Condition	Yes	Date	No	Condition
			Anemia				Hepatitis
			Asthma				Kidney Disease
			Chicken Pox				Measles
			Diabetes				Mumps
			Ear Infection				Seizures
			Tubes in Ears				Tuberculosis
			Hearing Problems				Vision Problems
			Heart Condition				Glasses
			Other				Other

ALLERGIES: Is your child allergic to any of the following?

Medication? Drugs: Yes ___ No ___ Which

One(s)? _____

Bee/Wasp Stings Yes ___ No ___ EpiPen Prescribed: Yes ___ No ___

Lactose Intolerant: Yes ___ No ___ If yes, medical documentation from the doctor must be provided each school year.

Food/Plants: Yes ___ No ___ Which One(s)? _____

EpiPen Prescribed: Yes ___ No ___ (Doctor's note must be provided to KCS indicating specific type of food each school year)

Medications:

Is your child taking any medication? Yes ___ No ___ If yes, explain why: _____

What medication does your child take? _____

EpiPen Prescribed: Yes ___ No ___ If yes, an EpiPen must be provided to the school by or before the 1st day of school. (No expired medication will be accepted)

Inhaler: Yes ___ No ___ If yes, what type of inhaler: _____ Inhalers must be provided to the school by or before the 1st day of school. (Noexpired medication will be accepted)

Date of last eye exam: _____ Where: _____

Does your child wear glasses?: Yes ___ No ___ Date of eyeglass prescription: _____

Is your child's eye glass prescription current?: Yes ___ No ___

All over the counter (OTC) and prescription medication sent to school must be in the same prescription/OTC container as put up by the pharmacist/store and must have the patient's NAME, NAME OF MEDICATION, DOSAGE, AND DIRECTIONS on the label. A 2024/2025 parent authorization to receive OTC/RX medication at school must be completed and signed. Medication will be sent to the School Health Office.



I give permission for my child to receive **OVER THE-COUNTER** medicine I checked below for relief of discomfort due to minor accident(s) or illness. Please check all that apply for your child.

Acetaminophen (Tylenol)	<input type="checkbox"/>	Sudafed	<input type="checkbox"/>	Hydrocortisone 1%	<input type="checkbox"/>
Ibuprofen/Motrin	<input type="checkbox"/>	Head Lice Treatment	<input type="checkbox"/>	Bacitracin Ointment	<input type="checkbox"/>
Cold Medicine	<input type="checkbox"/>	Pepto-Bismol	<input type="checkbox"/>	Cough Medicine	<input type="checkbox"/>
Benadryl	<input type="checkbox"/>	First Aid Cream	<input type="checkbox"/>	Burn Gel/Spray	<input type="checkbox"/>
Calamine Lotion	<input type="checkbox"/>	Eye Drops	<input type="checkbox"/>		<input type="checkbox"/>

Parent/Guardian Name (Please Print): _____

Signature: _____

Relationship to Student: _____ Date: _____



2024/2025 Parent Authorization to Receive Over The Counter/Prescription Medication at School

Child's Name: _____ DOB: _____ Grade: _____

Name of Medication(s): _____

Doctor/NP/PA: _____

Office/Clinic Name: _____ Phone No. _____

What time should medicine be given? _____

Any special instructions? _____

**Medicine needs to be in the original bottle with the over the counter or pharmacy label or original packaging. The school Health Office will document all medication administered. They will NOT give medicine that is expired, or out of its original bottle. They will not give medication without this consent.

Parent/Guardian Consent: I request the School Health Office to administer my child's medication as described above. I release Kha'p'o Community School and its staff members from liability regarding administration of this medication.

Parent/Guardian Name (Please Print): _____

Signature: _____

Relationship to Student: _____ Date: _____



Home Language Survey

INSTRUCTIONS:

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was not the child's first language may lead to additional resources or support to assist in your child's development in the English language for academic achievement.

PROCESS:

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as an English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS). If you have any questions, please contact:

Josephine Naranjo, Assistant Director of Instruction, jmontoya@khapoeducation.org or (505) 614-4812



Home Language Survey

Student's Name: _____

Parent/Guardian Name: _____

Student Languages: Please check Yes or No

1. Was **English** the **first language** used by this student?

_____ **Yes:** Go to Question 2

_____ **No:** Go to Question 3

2. When at home, does this student hear or use a language **other than English** more than half of the time?

_____ **Yes:** Go to Question 3

_____ **No:** Student is **not eligible** for **English** Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **OTHER THAN ENGLISH** more than half of the time?

_____ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

Parent/Guardian Signature: _____ Date: _____

*Place HLS in the student's School Folder.



Field Trip Form School Year 2024/2025

The Kha'p'o Community School requires written permission by the student's parents or legal guardian in order for the student to leave school for any reason. The permission slip below must be completed and signed in order for your child to attend field trips during the school year.

- Parent(s)/legal guardian will be notified about field trips specifics as each trip is planned by your child's classroom teacher and or designee.
- It is the parent/legal guardian's responsibility to inform Kha'p'o Community School if there are any updates or changes to any information.
- **This signed form will cover all field trips made throughout the school year.**

Student's Name: _____ Grade: _____

Doctor's name and phone number: _____

Hospital preferred: _____

Name of Insurance Company: _____

Policy Number: _____

Parent/Guardian (Please Print): _____ Date: _____

Parent/Guardian Signature: _____



ED 506 Form

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____
Grade level _____ Name of School _____
School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___ child ___ child's parent

If the individual with Tribal membership is not the child listed above, name the individual (parent) with tribal membership:

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____

Address _____

City _____ State _____ Zip Code _____



The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach).

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief. Printed Name of Parent/Guardian _____

Signature _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Email _____ Date _____



For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335