



Kha'p'o Community School

REGISTRATION PACKET SY 2023/2024

Dear Parents/Guardians:

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

For information please contact:

Samantha Tafoya, stafoya@khapoeducation.org, 505-423-5486

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 Name Memo
- Emergency Contact Form
- School Health Forms
- Signed Field Trip Form
- Home Language Survey
- Proof 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
- Copy of COVID-19 Vaccine Card

All **RETURNING** students must complete and provide the following:

- Registration Form
- Signed Media Release Form
- Emergency Contact Form
- School Health Forms
- Signed Field Trip Form
- Updated Proof of Physical Exam
- Updated Proof of Food Allergy if applicable
- Updated Copy of Immunization Records
- Updated Title VI ED 506 Indian Student Eligibility Certification Form if Tribal enrollment status has changed for student or legal guardian.
- Updated 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 Guardianship/Custody Papers if applicable
- Copy of UPDATED COVID-19 Vaccine Card

Please keep in mind NEW and RETURNING students are not officially registered until all documents are received.

KHA'P'O COMMUNITY SCHOOL HOURS FOR THE SUMMER ARE 8:00AM-3:30PM



Kha'p'o Community School

Returning Student Application for SY 2023/2024

Student Information All fields must be completed throughout the application.

Student Name: _____ Entering Grade: _____ Date of Birth: _____

Place of birth: _____ Sex: () Male () Female

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Updated Tribal Student and Parent ID will need to be submitted to KCS

Student's Mailing Address: _____

Student's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

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

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

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

I agree to provide the school with a copy of any current legal documents sharing custodianship.

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

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Home Agency: _____ Relationship to student: _____

Parent's Mailing Address: _____

Parent's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email address: _____

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

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Home Agency: _____ Relationship to student: _____

Parent's Mailing Address: _____

Parent's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email address: _____

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

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Home Agency: _____ Relationship to student: _____

Parent's Mailing Address: _____

Parent's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email address: _____

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

Inhaler ___ for: _____ EpiPen ___ for: _____

Food Allergy ___ Name foods: _____

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

Does your child have a 504 Plan on file? 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 ()

Does your child receive counseling services from a different organization? Yes () No () If yes, will your child meet with their counselor on or off campus? OFF () ON () If OFF, please provide scheduled counseling times:

Day(s): _____ Time: _____ Counselor who will sign in & out my child: _____

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 Name: _____ **Signature & Date:** _____

I am legally responsible for this student 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:** _____

Relationship to student: _____ **Date:** _____

School Use Only

Student has been accepted as a returning student for SY 2023/2024 for grade _____ on _____ . ALL required documents have been submitted.

Administrator Printed Name/Title

Administrator Signature

Date



Kha'p'o Community School

Media Release Form School Year 2023/2024

- 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) _____



EMERGENCY CONTACT FORM SCHOOL YEAR 2023/2024

NAME OF STUDENT: _____ GRADE: _____

D.O.B: _____

STUDENT'S PHYSICAL ADDRESS: _____

STUDENT'S MAILING ADDRESS: _____

Will Student Ride Bus: _____ YES _____ NO

Will Student Ride Bus in _____ AM _____ PM

_____ BOTH

If Yes, from what (Physical) Address?

PARENT(S) NAMES: 1 _____ PHONE NUMBERS: 1 _____

2 _____ (required) 2 _____

LEGAL GUARDIAN(S) NAMES: 1 _____ E-MAIL ADDRESS: 1 _____

2 _____ (required) 2 _____

EMERGENCY CONTACTS (REQUIRED) 1 Name: _____ Phone: _____ Relationship: _____

2 Name: _____ Phone: _____ Relationship: _____

3 Name: _____ Phone: _____ Relationship: _____

WHO MAY CHECK OUT YOUR STUDENT? 1 _____

2 _____

3 _____

*(PERSON(S) NOT ON CHECK OUT LIST WILL NOT BE ALLOWED TO CHECK OUT STUDENT - NO EXCEPTIONS)

Name child's food allergies: _____ (physician note must be on file)

Does your child have Asthma? () yes () no Does he/she require an inhaler? () yes () no

Does your child have an EpiPen? () yes () no Name allergens that EpiPen is for: _____

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

1 _____ 2 _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Kha'p'o Community School
625 Kee Street
Española, NM 87532
(505)753-4406

2023/2024 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(ren) 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 required on/after 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 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.
- **COVID-19 Vaccine**
All students who meet the eligible age for the COVID-19 Vaccine set by the FDA must be **fully vaccinated** in order to attend KCS, unless one meets the exception to the vaccination requirement. KCS will request a copy of the vaccination card from students to be filed.

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
2023/2024 HEALTH PERMIT**

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Clinic Chart #: _____

Doctor/Pediatrician: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Medical Insurance: _____

Who is the child living with? _____ Relation: _____

Who is the legal guardian? _____

Name other children attending KCS? _____

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

Father's Name: _____ Home/Cell Phone #: _____

Home Location: _____ Email: _____

Work Phone #: _____

Mother's Name: _____ Home/Cell Phone #: _____

Home Location: _____ Email: _____

Work Phone #: _____

Legal Guardian's Name: _____ Home/Cell Phone #: _____

Home Location: _____ Email: _____

Work Phone #: _____

EMERGENCY CONTACTS

(if we cannot reach you)

Name: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____ Home Location: _____

Name: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____ Home Location: _____

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 printed name: _____ Signature: _____

Date: _____ Relationship to student: _____



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 ones? _____

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

Lactose Intolerant: Yes _____ No _____ **If yes, MEDICAL DOCUMENTATION FROM THE DOCTOR MUST BE PROVIDED, FOR EVERY NEW SCHOOL YEAR.**

Food/Plants/Other: Yes _____ No _____ Which ones? _____

EpiPen Prescribed: Yes _____ No _____

(Doctor's note must be provided to KCS indicating specific type of food allergies every new school year)

MEDICATIONS:

Is your child taking any medication? Yes _____ No _____

If yes, why? _____ What medication? _____

EpiPen: Yes _____ No _____ **If yes, EpiPen MUST BE PROVIDED TO THE SCHOOL BY OR BEFORE THE 1ST DAY OF SCHOOL. (No expired medication will be accepted)**

Inhaler: Yes _____ No _____ What type of inhaler? _____ **If yes, INHALERS MUST BE PROVIDED TO THE SCHOOL BY OR BEFORE THE 1ST DAY OF SCHOOL. (No expired medication will be accepted)**

Date of last eye exam: _____ Where: _____

Does your child wear eyeglasses? 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 2023/2024 parent authorization to receive OTC/RX medication at school must be completed and signed. Medication will be sent to the School Health Office. The School Health Office will give your child the medication.



I give permission for my child to receive the **Over-the-COUNTER** medicine I checked below for relief of discomfort due to minor accident 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 printed name: _____ Signature: _____

Date: _____ Relationship to student: _____



Kha'p'o Community School
2023/2024 Parent Authorization to Receive Over The Counter/Prescription Medication at School

Date: _____ Authorization Expires: _____

Child's Name: _____ DOB: _____

Teacher: _____ Grade: _____

Name of Medication(s): _____

Doctor/NP/PA: _____

Office/Clinic Name: _____ Phone #: _____

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 printed name: _____ Signature: _____

Date: _____ Relationship to student: _____



Kha'p'o Community School

Field Trip Form School Year 2023/2024

The Kha'p'o Community School requires written permission by the student's parent or legal guardian in order for students to leave the 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 trip specifics as each trip is planned by your child's classroom teacher and/or program coordinator.
- **This signed form will cover all field trips made throughout the school year.**
- It is the parent/legal guardian's responsibility to inform Kha'p'o Community School if there are any changes to information provided on this field trip form.

Student's Name _____ Grade: _____

Doctor's Name and phone number: _____

Hospital preferred: _____

Name of Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____ Phone Number: _____