

MORENO VALLEY HIGH SCHOOL

STUDENT APPLICATION

PO Box 1037 Angel Fire, NM 87710
Phone 575-377-3100 Fax 575-377-7263

DATE RECEIVED: RECEIVED BY:

STUDENT INFORMATION

NAME: Last First Middle (Nickname) MALE FEMALE
MAILING ADDRESS: Street Address (PO Box) City State Zip
PHYSICAL ADDRESS HOME PHONE:
STUDENT EMAIL: STUDENT CELL PHONE:
GRADE APPLYING FOR: DATE OF BIRTH SS#
PRIMARY LANGUAGE SPOKEN SIBLINGS CURRENTLY ATTENDING MVHS
ETHNICITY: AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC NATIVE AMERICAN OTHER
PREVIOUS/CURRENT SCHOOL NAME
PHONE: FAX: DATES ATTENDED:

PARENT/GUARDIAN INFORMATION

STUDENT LIVES WITH BOTH PARENTS MOTHER FATHER OTHER (EXPLAIN)
IF YOU ARE NOT THE CHILD'S PARENT, ARE YOU THE LEGAL GUARDIAN? YES NO
ARE GUARDIANSHIP PAPERS ON FILE AT THE SCHOOL? YES NO
CAN CHILD BE RELEASED TO EITHER PARENT? YES NO
IF NOT, ARE CUSTODY PAPERS ON FILE AT SCHOOL? YES NO
MOTHER/STEPMOTHER EMAIL ADDRESS:
NAME: PLACE OF EMPLOYMENT:
HOME PHONE: CELL: WORK:
FATHER/STEPFATHER EMAIL ADDRESS:
NAME: PLACE OF EMPLOYMENT:
HOME PHONE CELL: WORK:

EMERGENCY CONTACT INFORMATION

(EFFORTS WILL BE MADE TO CONTACT THE PARENTS or GUARDIAN LISTED FIRST, PLEASE LIST ANY ADDITIONAL CONTACTS BELOW)

CONTACT: PHONE: CELL:
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Moreno Valley High School is a Public High School and does not discriminate against applicants on the basis of race, color, religion, national origin, sex, disabilities, or age (provided the applicant is between ages 14 and 21 during the school year applied for).

APPLICATION MAY BE RETURNED IN PERSON, BY MAIL OR BY FAX

**MORENO VALLEY HIGH SCHOOL
MEDICAL INFORMATION**

PO BOX 1037 ANGEL FIRE, NM 87710
PHONE: 575-377-3100 FAX: 575-377-7263

PLEASE LIST BELOW ANY MEDICAL INFORMATION THE STAFF SHOULD BE AWARE OF

- List any medications taken regularly

- Can the school administer ibuprofen or acetaminophen on student request? ▪YES ▪NO
- Medical Conditions? (Thyroid, Medical Treatments, Blood Pressure, Etc.

- Mental Health care? ▪YES ▪NO If so, please explain:

- Allergies? ▪YES ▪NO If so, please explain:

- Other?

Does the family have health Insurance?

If yes, name of insurance company? _____
Phone Number: _____ Group Number: _____
Policy Number: _____

IN ORDER TO BETTER SERVE YOUR CHILD, PLEASE ANSWER THE FOLLOWING:

	YES	NO
My Child was enrolled in a Special Program (what program if known)	▪	▪
My Child was in Special Education	▪	▪
My Child was seeing a speech therapist	▪	▪
My Child needs to wear glasses in school	▪	▪
My Child has behavioral problems at school	▪	▪
My Child has a hearing problem	▪	▪
My Child has Special Needs. Please indicate:		

Was your child ever suspended from another school. Please explain:

WHAT MVHS SHOULD KNOW

Is there any other information that the staff should know about your child that would make their transition here easier or more comfortable?

Should the staff be aware of a particularly effective learning style or a way to handle the personality of the child in a productive manner?

Worries or concerns you have about the child's attendance at Moreno Valley High School?

Parent Signature: _____ Date: _____

