

# Moreno Valley High School

PO Box 1037, 56 Camino Grande, Angel Fire, NM 87710

Phone: 575-377-3100 Fax: 575-377-3100

Tammy Dunn - Director

[www.mvhsnm.org](http://www.mvhsnm.org)

## MVHS ENROLLMENT FORM

### STUDENT INFORMATION:

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

Gender: M F

Last

First

Middle

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

Street Address

City

State

Zip

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

Street Address

City

State

Zip

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Student Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Grade Applying for: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Siblings Currently Attending MVHS: \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? YES NO

Race:

\_\_\_\_ Caucasian \_\_\_\_ Black/African American \_\_\_\_ Asian \_\_\_\_ American Indian \_\_\_\_ Pacific Islander

(If American Indian, please list Primary Tribe) \_\_\_\_\_

Previous/Current School: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your address any of the following: YES NO If YES, please circle all that apply.

Motel/Hotel RV Park Campground Emergency/Transitional Shelter Other Temporary Housing (including living with another family)

Transportation: (Please circle one) Walker Car Rider Bus Rider (Bus Stop) \_\_\_\_\_

Office Use Only:

\_\_\_\_ Date \_\_\_\_ Time Enrollment Interview with \_\_\_\_ Staff Member

☐ Application Complete

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### PARENT/GUARDIAN INFORMATION:

**Student lives with:** \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Please provide custodial parent evidence/court documentation if applicable.

#### **Parent/Guardian 1:**

**Name:** \_\_\_\_\_ **Place of employment:** \_\_\_\_\_

**Address:** (if different from student) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

**Migrant Worker:** YES NO

**Military Service** (Active, Reserve, Guard): YES NO

#### **Parent/Guardian 2:**

**Name:** \_\_\_\_\_ **Place of employment:** \_\_\_\_\_

**Address:** (if different from student) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

**Migrant Worker:** YES NO

**Military Service** (Active, Reserve, Guard): YES NO

### LOCAL EMERGENCY CONTACT INFORMATION:

Efforts will be made to contact the parents or guardians first. Please list contacts authorized to pick up your child from school.

**Contact:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_



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### **MEDICAL HISTORY:**

Please indicate if the student has had or is currently under treatment for any of the following conditions. Check all that apply. Give year or age when conditions occurred.

	Allergies	(To what?)	
	Asthma		
	Bleeding Disorder	(type)	
	Diabetes		
	Ear/Hearing	(type)	
	Emotional/Mental	(type)	
	Heart	(type)	
	Hepatitis	(type)	
	High Blood Pressure		
	Infectious Disease	(type)	
	Long Term Medication	(list)	
	Meningitis		
	Migraine Headaches		
	Muscular Weakness or Paralysis		
	Seizures		
	Tetanus Shot	(type & date)	
	Use of Contact Lenses		
	Hospitalized for serious illness, surgery or accident		
	Have you ever been informed of the need to be on antibiotic therapy prior to a dental treatment?	If yes, identify required therapy.	

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## MVHS ENROLLMENT FORM

### MEDICAL HISTORY:

Please add any conditions/concerns not listed: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child takes regularly: \_\_\_\_\_

\_\_\_\_\_

Has your child completed a dental exam within the last year? YES / NO (Circle one)

*\*Please note, medications (in their original container) can only be dispensed at school when provided by the parent/guardian: they will remain locked in the office.*

### TO GRANT CONSENT:

In case of an emergency involving my child, and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospitals and authorize these providers and hospitals to give any reasonable and customary medical and health care deemed necessary.

Doctor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

If for any reason, the address listed cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless on other doctor/dentist concurs to the need.

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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to better serve your child, please answer the following:

My child was enrolled in a Special Program: YES NO

If YES, please list services received: \_\_\_\_\_



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### WHAT ELSE SHOULD MVHS KNOW?

- Is there any other information that the staff should know about your child that would make his/her transition here easier or more comfortable?
- Should the staff be aware of a particularly effective learning style or way to handle the personality of your child in a productive manner?
- Do you have any worries or concerns about your child's attendance at Moreno Valley High School?