



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

MVHS ENROLLMENT FORM

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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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 adobe 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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Moreno Valley High School is a Public Charter 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 the ages of 14 and 21 during the school year applied for).

REQUEST FOR RECORDS TRANSFER

I hereby give permission to:

Name of School: _____

Address: _____

Contact Name: _____ Phone:(____)____-____ Fax:(____)____-____

To release copies of the following confidential information regarding my child.

Student's Name: _____ Date of Birth: ____/____/____ Last Grade Attended: _____

(Check all that apply)

	Transcript Grades		Standardized Test Results
	Psychological Report		Medical/Immunization Records
	Social Development Report		Other
	Special Education Records (Please forward this request to the appropriate office.)		

I also authorize the school to release, if any, copies of the complete special education records. This would include, but not limited to, diagnostic testing results, disability identification, individual treatment plan(s), educational placement, past/current medication data related to professional reports and other information addressing past special education involvement.

____/____/____

Parent/Guardian Signature

Date

____/____/____

Parent/Guardian Name (please print clearly)

Date

Please remit and forward all available records to:

Moreno Valley High School, PO Box 1037, Angel Fire, NM 87710, Phone: 575-377-3100, Fax: 575-377-3100

In making this request, Moreno Valley High School agrees that the information received shall only be used by the professional staff assigned to work with the student in his/her educational program and will not release the information to any party without the written consent of the parent/guardian.

____/____/____

Director or Office Manager

Date




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FOR DISTRICT USE ONLY		District:	School:
 NEW MEXICO PUBLIC EDUCATION DEPARTMENT LANGUAGE USAGE SURVEY -for parent or guardian to complete-			
The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.			
Student's Name:		Date of Birth:	Grade Level:
Answer each question by marking either the YES or NO box.			
			YES
			NO
1. Does the student use a language(s) other than English with his/her family and friends?			
2. Do you use a language(s) other than English with the student?			
3. Does the student understand when someone communicates with him/her in a language other than English?			
4. Does the student read in a language(s) other than English?			
5. Does the student write in a language(s) other than English?			
6. Does the student interpret for you or anyone else in a language(s) other than English?			
7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.			
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____	
OTHER QUESTIONS			
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school:			
9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?			
10. In what language do you prefer to receive communication from the school?			
11. In what language would you prefer to communicate with school staff?			
12. Is there anything else we should know about how to best serve your child?			
Signature of Parent or Guardian:			Date:
Translator:		Language:	Date:




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Sólo para uso del distrito:		District:	School:		
 ENCUESTA DEL USO DEL IDIOMA DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO ~ padres o tutores deben llenar ~					
El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.					
Nombre del estudiante:		Fecha de nacimiento:	Nivel/Grado:		
Responda a cada pregunta marcando la casilla bajo SÍ o NO				SÍ	NO
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?					
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?					
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?					
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?					
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?					
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?					
7. ¿Si respondió SÍ a una o más de las preguntas 1-6, ¿cuál(e)s idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:					
<input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer		<input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali		<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____	
OTRAS PREGUNTAS					
8. ¿Se traslada el estudiante de otro estado, distrito o escuela? Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:					
9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?					
10. ¿En cuál idioma prefiere recibir información de la escuela?					
11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?					
12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?					
Firma del padre o tutor:			Fecha:		
Traductor/intérprete:		Idioma:	Fecha:		



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MVHS STUDENT CONSENT FORM

I have reviewed the MVHS Student Handbook including:

- The Student Behavior Contract
- Attendance Policy
- The Bullying and Harassment Policy
- The Lunch Policy
- The Electronic Devices Policy
- The Dress Policy
- The Student Computer "Acceptable Use" Policy
- The Disciplinary Policy
- The Substance Abuse Policy

I understand Moreno Valley High School's policies as outlined in the MVHS Handbook and in other communications from the school.

Student's Signature

Date

Student's Name (printed)

MVHS PARENT CONSENT FORM

I have reviewed the MVHS Student Handbook with my son/daughter. I understand Moreno Valley High School's policies as outlined in the MVHS Student Handbook and in other communications from the school.

Parent's Signature

Date

Parent's Name (printed)

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ACKNOWLEDGEMENT CONCERNING USE OF STUDENT PARKING LOT

I acknowledge and understand that:

- Students are permitted to park on school premises as a matter of privilege, not of right.
- Moreno Valley High School retains authority to conduct routine patrols of student parking lot and inspections of the exteriors of student automobiles on school property.
- Moreno Valley High School may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe that illegal or unauthorized materials are contained inside the automobiles.
- Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- A student who fails to provide access to the interior of the car upon request by a school official will be subject to school disciplinary action.

Student's Signature

_____/_____/_____

Date

Parent's Signature

_____/_____/_____

Date

Vehicle Owner's Signature

_____/_____/_____

Date

Vehicle license number: _____



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PARENT/GUARDIAN CONSENT OR NON-CONSENT FOR MVHS SCHOOL DAY ACTIVITIES

In order to take advantage of the resources of the Moreno Valley, MVHS will schedule off-campus activities from time to time. Specific examples of such activities include, but are not limited to:

- Physical Education at the Angel Fire Community Center or Angel Fire Resort
- Mountain biking, hiking and snowshoeing on area trails
- Travel to scenic or historic locations as part of course curriculum

Such activities will be scheduled during class times with information available at the school office.

On some occasions off-campus activities will involve walking to and from the activity. On other occasions, the school will provide transportation with school vehicles. All students will be accompanied by an appropriate number of teachers, staff members, and/or parent volunteers. As an alternative, parents of MVHS students may always elect to transport their own students to and from the activity.

If parents choose for their children to take advantage of school transportation, they must sign the permission form below and return it to the school office. If we do not have the signed authorization on file, your student will not be transported off-campus. Unless parental transportation is provided, students will have a supervised activity on campus.

PARENT/GUARDIAN CONSENT/NON-CONSENT (check one)

_____ I hereby authorize (student name)_____ to ride in school vehicles to and from MVHS activities. My permission is specifically granted until such time as I notify MVHS in writing to withdraw that permission. I agree that I will notify MVHS prior to any instance where I decide to transport my student to or from and activity using personal transportation.

-OR-

_____ I understand my student (student name)_____ is not required to ride in school vehicles to planned MVHS activities and that I have the option of transporting my student. I choose not to consent to my student using MVHS transportation and understand that I will have to provide transportation to and from those activities taking place off-campus.

Parent/Guardian Signature

_____/_____/_____

Date



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MVHS MEDIA RELEASE FORM

Please sign and return the following page stating you have read and understand the MVHS Media Release Form

Occasionally, local media reports do news stories involving our schools and students. In addition, we post classroom activities and events to our social media pages and school website. As a parent, you have the right to grant or deny permission for your child to be a part of such public information.

Parent: Please circle one of the choice below:

I, parent of _____ (student's name),

PLEASE CIRCLE ONE: (DO) or (DO NOT) give permission for my child to be interviewed, videotaped, or photographed by a local newspaper, television, or radio reporter or by a representative of Moreno Valley High School to be used in connection with a news story that has been approved by a staff member of MVHS.

I understand that I may revoke this permission at any time by notifying the school director in writing.

_____/_____/_____

Student's Signature

Date

_____/_____/_____

Parent/Guardian Signature

Date

Print Parent/Guardian Name

(This form is required to be kept on file and needs to be completed and returned to the school office.)

Please sign and return to the school office. Please make and retain a copy for your records.