

# LAS VEGAS CITY SCHOOLS

## Enrollment Form 2024-25 School Year

Student #	Legal Last Name	Legal First Name	Legal Middle Name	
Grade Level	Date of Birth	Birth City	Birth State	Birth Country
Mailing Address		City, State Zip	Phone	
Physical Address		City, State Zip	Second Phone	
Gender		Ethnicity		
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Not Latino		
Military Family Code		Race		
<input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> N/A		<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
CONTACTS (Ex: Father/Mother/Guardian)				
Contact Name	Relationship	Phone Number	Phone Type	
Address	City, State Zip	Second Phone Number	Phone Type	
Contact Email Address	Employer	Phone Number		
<input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> RESPONSIBLE PARTY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> KEEP ADDRESS PRIVATE				
Contact Name	Relationship	Phone Number	Phone Type	
Address	City, State Zip	Second Phone Number	Phone Type	
Contact Email Address	Employer	Phone Number		
<input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> RESPONSIBLE PARTY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> KEEP ADDRESS PRIVATE				
Emergency Contact Name		Relationship	Emergency Contact Phone	
1)				
2)				
3)				
<b>School Last Attended:</b>		<b>Date Last Attended:</b>		
Does the student receive:				
<input type="checkbox"/> 504 SERVICE <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> OTHER (SPECIFY):				
<input type="checkbox"/> RETAINED <input type="checkbox"/> SAT				
SCHOOL USE ONLY:				
Enrollment Date	Enrollment Status	School Name	Birth Certificate Verified By	

\*Birth certificate required for students NEW to LVCS.  
Original enrollment form must be filed in cum folder.

# Prototype Household Application for Free and Reduced Price School Meals

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?**

**NO** → Go to STEP 3.     
  **YES** → Write case number here and proceed to STEP 4.     

Write only one case number in this space.

**STEP 3 List ALL household members and income for each member (before taxes and deductions)**

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**  
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) 
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) 
 Check if no Social Security Number

**Please see application's back for list of income sources.**

**B. Child Income**  
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$ 

How often received?				
Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address (if available)	City	State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Zip	Phone (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Email (optional)

**Return completed form to your child's school.**

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL**

**Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. **\*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

**DO NOT FILL OUT**

For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

\*MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: program.intake@usda.gov

**\*Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.



# Las Vegas City Schools

## INTERNET & EMAIL PERMISSION CONTRACT 2024-2025

Las Vegas City Schools (LVCS) provides access to the district computer network for electronic mail and the Internet. To gain equitable access to email and the Internet, all students under the age of 18 must first obtain permission and return this **SIGNED FORM** to the district.

Access to email and the Internet will enable students to explore thousands of education libraries, databases, and websites around the world. Parents, please be aware that some material, downloads, and services offered which are accessible via the Internet may contain items that are illegal, defamatory, sexually oriented, inaccurate, or potentially offensive to some people. School staff will try to ensure that access to the above is prohibited. While the district's intent is to make Internet access available on an unbiased basis as a supplement to further the educational process and the district's goals and objectives, students may find ways to access other materials as well. LVCS believe that the benefits to students from access to the Internet in the form of education oriented information, resources, services, and opportunities for collaboration exceed any disadvantages. Ultimately, parents/guardians of minors are to be responsible for setting and conveying the standards that their children should follow when using media and information sources. To that extent, the LVCS supports and respects each family's right to decide whether or not to allow their child to apply for Internet access.

### DISTRICT INTERNET & EMAIL RULES

Students allowed access are responsible for good behavior on school computer, computer labs, and networks just as they are responsible in a classroom or school hallway. Communication on the network/Internet are public in nature, thus appropriate etiquette is compulsory. General school rules for proper behavior and communication apply.

The network is provided for all students on equitable basis to conduct school-based educational research and communicate with others. Access to network services will only be provided to students who agree to act in a considerate and responsible manner. Parental permission is required; no student will be allowed access without a signed parent permission form. Access to this supplemental service should be viewed as a privilege, not a right.

Individual users are responsible for their behavior and communications over the network. Users will comply with district standards and will honor the agreement they and their parent/guardian have signed. Beyond the clarification of such standards, the school district is not responsible for further restricting, monitoring or controlling the communications of individuals utilizing the network.

Network administrators may review network storage areas, files, and communications to maintain system integrity and ensure that users (students and staff) are utilizing the system in a professional and responsible manner. Users should not expect the files created or stored on district devices to be private. Saving your work on the computer hard drive is not recommended.

Within reason, freedom of speech and access to information will be honored. During school, librarians and the instructional staff will guide/direct students toward appropriate materials. LVCS further believes that outside of school, parents and guardians should bear the same responsibility for television, telephones, movies, radio, and other potentially offensive media. In accordance with this contract the following actions and activities are **not permitted**:

- **Cyber bullying: Intentionally harm, harass, intimidate, or reject another person using technology**
- **Uses that violate the law or encourage others to violate the law**
- Sending or displaying offensive, obscene, or inappropriate messages, imagery, or language
- Damaging computers, computer systems, or networks
- Violating copyright laws, revealing personal information
- Sharing passwords, using other student's work
- Using social media sites such as Facebook, Twitter, Instagram, etc.
- Trespassing in another individual's folder, work, or files
- No video games unless it is part of a school/classroom educational activity.
- Employing the network for commercial purposes
- Accessing and/or downloading pornography or sexually explicit photos or material

**REFER TO SCHOOL HANDBOOK-DISCIPLINE MATRIX FOR ANY VIOLATIONS OF ANY RULE.  
VIOLATIONS MAY RESULT IN LOSS OF ACCESS FOR THE SCHOOL YEAR - (EXCEPT FOR STATE/DISTRICT MANDATED ASSESSMENTS)**

As a user of Las Vegas City Schools computer systems, I hereby agree to comply with the above stated rule while honoring all relevant laws and restrictions, as well as the district, "USE OF TECHNOLOGY RESOURCES IN INSTRUCTION AND INTERNET SAFETY POLICY". Any violation of terms will result in loss of access.

As the parent/legal guardian of the student, I grant permission for my son/daughter to access networked computer services such as electronic mail and the internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use-setting and conveying standards for my son/daughter to follow when selecting, sharing, or exploring information and media. I will not hold LVCS responsible for materials acquired on the network.

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Print Student's Name	Print Parent/Guardian Name	Grade	Date
Address	City, State Zip Code	Home Phone#	Work Phone#



# Las Vegas City Schools

## Digital Equity Information Sheet

### 2024-25 School Year

The New Mexico Public Education Department is requiring the collection of data regarding students access to technology and the Internet. Please complete the sheet below to the best of your knowledge.

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1) What type of device does your student use for access to their school work?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chromebook     | <input type="checkbox"/> Desktop Computer  | <input type="checkbox"/> Laptop Computer  |
| <input type="checkbox"/> Tablet - Apple | <input type="checkbox"/> Tablet - Windows  | <input type="checkbox"/> Tablet – Android |
| <input type="checkbox"/> Tablet - Other | <input type="checkbox"/> Smartphone        |   |
| <input type="checkbox"/> No Device      | <input type="checkbox"/> None of the Above |   |

2) Does your student have a dedicated or shared device for access to schoolwork?

- |   |  |
|---|--|
| <input type="checkbox"/> Dedicated school issued device | <input type="checkbox"/> Shared school issued device |
| <input type="checkbox"/> Dedicated personal device      | <input type="checkbox"/> Shared personal device      |

3) Do you have internet access at home?  Yes  No

4) If you do have Internet access at home, what type of internet access does you have?

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Fiber            | <input type="checkbox"/> Cable                 | <input type="checkbox"/> DSL     |
| <input type="checkbox"/> Microwave        | <input type="checkbox"/> Satellite             | <input type="checkbox"/> Dial-up |
| <input type="checkbox"/> Personal Hotspot | <input type="checkbox"/> School issued hotspot |                                  |
| <input type="checkbox"/> Unknown          | <input type="checkbox"/> None                  |                                  |

5) Is your home internet service reliable?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Yes, No issues | <input type="checkbox"/> Yes, but with some issues | <input type="checkbox"/> No, not reliable |
|---|--|---|
- 

I, \_\_\_\_\_, certify that the information provided above is  
Print Name Here  
accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Las Vegas City Schools

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TO: PARENTS

FR: LVCS STAFF

RE: BLANKET PERMISSION REQUEST: 2024-25 School Year

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Throughout the school year children attending the Las Vegas City Schools District are offered activities that require leaving school premises. Activities that the students engage include but aren't limited to the following: walks, parades, local field trips, puppet shows, music programs, or educational presentations.

Before students are allowed to leave school grounds your written permission is required. We respectfully request that as the legal parent/guardian you sign the **BLANKET PERMISSION** to allow your child to participate in these activities. Parents will be notified when and where these activities will take place.

\*\*\*\*\*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Name \_\_\_\_\_

I, \_\_\_\_\_, **GIVE** my child permission to participate in all  
(Parent/Guardian Name)  
school related field trips and educational activities for the 2024-2025 school year.

**OR**

I, \_\_\_\_\_, **DO NOT GIVE** my child permission to  
(Parent/Guardian Name)  
participate in all school related field trips and educational activities for the 2024-2025 school year.

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

\_\_\_\_\_  
Date

Family Educational Rights and Privacy Act (FERPA)
2024-25 School Year

Dear Parents:

The Family Educational Rights and Privacy Act (FERPA) protect the privacy of your child's education record. This protection includes but is not limited to the right to refuse that:

- 1. Student work not be displayed in the classroom or the school building;
2. Student's name/picture not be placed on the honor roll or other media listings in the local newspaper, school newsletter, school message board or district website;
3. Student's Photo/Video from school sponsored events not be placed in newsletters or district website.

FERPA allows for parent's inspection of student records and the correction of those records if the parent believes that they are misleading or incorrect. Please indicate your decision regarding whether you want your child's work displayed in the school building or classroom, newspaper for honors and awards received, or school newsletter. A copy of the FERPA Guidance for Eligible Students is available on www.cybercardinal.com.

\*\*\*\*\*

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, GIVE permission for my child's work to be displayed in the classroom or school building. Furthermore, I give permission for my child's name/photo to be published in the newspaper or any other media during the 2024-2025 school year.

OR

I, \_\_\_\_\_, DO NOT give permission for my child's work to be displayed in the classroom or school building. Furthermore, I do not give permission for my child's name/photo to be published in the newspaper or other media during the 2024-2025 school year.



### LAS VEGAS CITY SCHOOLS HEALTH AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when parent's cannot be reached. Upon completion, this form must be returned to the school along with an updated Immunization Record. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian.

**PLEASE READ AND COMPLETE ALL SECTIONS!**

Last Name:	First Name:	Middle Initial:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
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**NAME OF SCHOOL ATTENDED LAST SCHOOL YEAR:** \_\_\_\_\_

#### SECTION ONE - STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or to the ER, the school health office will always attempt to reach the Parent/Guardian listed below FIRST. Secondary contacts will be called if the parent/guardian cannot be reached. PLEASE KEEP THESE NUMBERS CURRENT!

Parent/Guardian Name:  Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian	Address:	Phone #1 Phone #2
Parent/Guardian Name:  Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian	Address:	Phone #1 Phone #2 Phone #3

	Emergency Contact List	Relationship	Phone #1	Phone#2	Phone #3
1.					
2.					
3.					

#### Siblings in Other Schools

	Name	School/Daycare	Grade	DOB
1.				
2.				
3.				

#### SECTION TWO - STUDENT HEALTH HISTORY – Please check appropriate box.

My child has no health conditions including those listed below

<input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal	<input type="checkbox"/> Food (List):	<input type="checkbox"/> Other Allergy (List):	<input type="checkbox"/> Has EpiPen prescription
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Congenital/Genetic	<input type="checkbox"/> Ear/Nose/Throat	<input type="checkbox"/> Pulmonary (Other than Asthma)
<input type="checkbox"/> Asthma Needs Inhaler at School: <b>Y N</b>	<input type="checkbox"/> Eye/Vision Wears glasses/contacts: <b>Y N</b>	<input type="checkbox"/> Diabetes (circle one) Type 1      Type 2	<input type="checkbox"/> Cardiovascular (List) _____ High Blood Pressure: <b>Y N</b>
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dermatologic/Skin	<input type="checkbox"/> Stomach/GI	<input type="checkbox"/> Musculoskeletal
Long Term Medications (List):	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Bladder/GU	<input type="checkbox"/> Dental/Oral
	<input type="checkbox"/> Endocrine Other than Diabetes	<input type="checkbox"/> Hematology/Bleeding Disorders	<input type="checkbox"/> Psychiatric (List Meds):
<input type="checkbox"/> Any Other Health Conditions:	<input type="checkbox"/> Migraines		

**Is your child on a Medical 504 plan?** \_\_\_\_\_ **Does your child have a Health Plan as part of an IEP?** \_\_\_\_\_

#### TO GRANT CONSENT

In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:

Healthcare Provider:	Phone:
Dentist:	Phone:
Hospital:	Phone:

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one 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. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only, including SBHC staff, if applicable. **I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings.**

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

# School Dental Program

Dear Parents:

Convenient and comprehensive dental services will be offered at your child's school. Your child's school and the New Mexico Department of Health endorse this program. Please call Mira at 505-898-2797 if you have any questions.

**YES**, I want my child to receive **PREVENTIVE DENTAL SERVICES** (exam, x rays, sealants, cleaning, and fluoride treatment).

- \* **Comprehensive Oral Exam:** students returning a "YES" consent form will receive a comprehensive oral exam by our dentist at no charge. Parents will be notified of the results of the exam.
- \* **X Rays:** students returning a "YES" consent form will receive x rays at no charge.
- \* **Dental Sealants:** dental sealants prevent cavities.
- \* **Cleaning and Fluoride Treatment:** a Registered Dental Hygienist will clean your child's teeth and apply fluoride.

- MEDICAID pays for all dental services. Please provide your child's Medicaid ID number below.
- We accept most dental insurance plans including: United Concordia, Delta Dental, United Healthcare, Aetna and Met Life.
- We will accept payment for children not covered by insurance. Fees are listed above. If you would like to arrange payments please call 505 898-2797.

**NO**, I do not want my child to participate. Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

## CONSENT TO PROVIDE DENTAL SERVICES

I have read, or have had read to me, and I understand the information on this form. All my questions were answered to my satisfaction. I hereby give my free, informed, and authorized consent for a Mira Consulting, Inc. dentist to examine my child to determine what services are needed. I also give my consent to have Mira Consulting, Inc. provide all necessary services. I understand that my consent is for dental services for my child for the current school year which may include fall and spring.

	M	F	
Child's Name (Print: First, Middle Initial, Last)	Sex		Child's Date of Birth (Month-Day-Year)
	Grade	Teacher	
Parent's/Guardian's Name	Parent's/Guardian's Signature		Date
Home Address	City	State	Zip Code
Phone	Emergency Phone	E-Mail	

## RACE/ETHNICITY

- |   |   |   |       |   |                           |   |                    |
|---|---|---|-------|---|---------------------------|---|--------------------|
| 1 | American Indian or Alaska Native          | 2 | Asian | 3 | Black or African American | 4 | Hispanic or Latino |
| 5 | Native Hawaiian or Other Pacific Islander | 6 | White | 7 | Other: _____              |   |                    |

## PAYMENT METHOD

**Medicaid:** \_\_\_\_\_  
Child's Name as it appears on Medicaid Card Child's Medicaid ID Number

**Dental Insurance:** \_\_\_\_\_  
Insurance Company ID Number  
Name of Policyholder Policyholder Date of Birth (Month-Day-Year)

**Check**  **Money Order**  **Cash**

Continued

# HEALTH HISTORY

	YES	NO
Is your child's general health good?	_____	_____
Does your child take medicine(s) now?	_____	_____
If YES, what medicine(s)? _____		
Does your child take medicine(s) before they receive dental treatment?	_____	_____
If YES, what medicine(s)? _____		
Does your child have?		
HIV/AIDS	_____	_____
Heart disease	_____	_____
Heart murmur	_____	_____
Valvular heart disease	_____	_____
Endocarditis	_____	_____
High Blood Pressure	_____	_____
Diabetes	_____	_____
Dialysis	_____	_____
Shunt	_____	_____
Rheumatic fever or history of Rheumatic fever	_____	_____
Tuberculosis	_____	_____
Hepatitis	_____	_____
Cirrhosis	_____	_____
Arthritis	_____	_____
Hemophilia	_____	_____
Epilepsy/Seizures	_____	_____
Anemia	_____	_____
Latex Allergy	_____	_____
Allergies to medication	_____	_____
If YES, what medications? _____		
Is your child subject to?		
Nervous disorder	_____	_____
Headaches	_____	_____
Dizziness	_____	_____
Fainting	_____	_____
Bleeding trouble after surgery	_____	_____
Have you noticed the following in your child?		
Bleeding gums	_____	_____
Pain when chewing	_____	_____
Spaces between teeth	_____	_____
Food catching between teeth	_____	_____
Change in color of teeth	_____	_____
Change in color of gums	_____	_____
Sores inside the mouth	_____	_____
Does your child smoke or use tobacco products?	_____	_____

\_\_\_\_\_  
Date of last dental exam

\_\_\_\_\_  
Name of regular dentist

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**¡Importante!**  
 Regrese este formulario a la escuela  
**MAÑANA**

**PROGRAMA DENTAL EN LAS ESCUELAS**

**Estimados Padres De Familia:**

Los servicios dentales serán ofrecidos en la escuela de su niño para aquellos estudiantes que tengan o no tengan seguro. La escuela de su niño y el Departamento de Nuevo México de Salud aprueban este programa. Si usted tiene alguna pregunta por favor comuníquese con Mira Dental Services al siguiente teléfono: **505-898-2797**.

**SÍ**, quiero que mi niño reciba **SERVICIOS DENTALES PREVENTIVOS** (examen oral, radiografías y sellantes dentales, limpieza dental y tratamiento de flúor)

- **Examen Oral Completo:** los padres serán notificados de los resultados del examen.
- **Radiografías:** las radiografías permiten al dentista diagnosticar los problemas en medio de los dientes y debajo de las encías.
- **Sellantes Dentales:** los sellantes protegen los dientes de cavidades dentales.
- **Limpieza Dental y Tratamiento del Flúor:** un Higienista Dental Licenciada/o limpiará los dientes de su niño y se les aplicara flúor.

**SÍ**, quiero que mi niño reciba los **SERVICIOS DENTALES RESTAURATIVOS**. Su firma se necesitara en la parte de abajo a la hora de proporcionar estos servicios. Para poder realizar los servicios de restauraciones es obligatorio que uno de los padres de familia del niño este presente el día de la cita. *(Los Servicios Dentales Restaurativos pueden no estar disponibles en todas las escuelas).*

- **MEDICAID** pagará por los servicios dentales. Complete la información abajo solicitada.
- Aceptamos la mayoría de seguros. Por favor complete la información abajo solicitada.

**NO**, no quisiera que mi niño participara en el programa dental. Nombre del niño(a): \_\_\_\_\_ Grado: \_\_\_\_\_

**AUTORIZACION PARA PROPORCIONAR SERVICIOS DENTALES**

He leído y entendido la información sobre este documento. Todas mis preguntas fueron contestadas a satisfacción. Doy por este medio mi consentimiento libre, informado, y autorizado para que un dentista de Mira Consulting, Inc. examine a mi niño para determinar qué servicios dentales son necesarios. Doy también mi consentimiento para que el personal dental de Mira Consulting, Inc. proporcione todos los servicios necesarios en la salud dental de mi niño. **Entiendo que mi consentimiento es por servicios dentales correspondientes al año escolar en curso y puede incluir tantas visitas de otoño y primavera.**

Nombre del niño (Nombre, Inicial del segundo nombre, Apellido)	M F	Fecha de nacimiento (Mes-Día-Año)	
	Sexo		
Escuela	Grado	Maestra	
Nombre de los padres/guardián	Firma de los padres/guardián	Fecha de hoy	
Dirección	Ciudad	Estado	Código postal
Teléfono de contacto	Teléfono de emergencia	Correo electrónico	

**RAZA O GRUPO ÉTNICO**

- 1 Indio americano o nativo de Alaska     
  2 Asiático     
  3 Negro o afroamericano     
  4 Hispano o Latino  
 5 Nativos de Hawai o de otras islas del Pacífico     
  6 Blanco     
  7 Otro:

**MÉTODO DE PAGO**

**Medicaid:** \_\_\_\_\_  
 Nombre del niño como aparece en la tarjeta de Medicaid      Número de la seguridad social o número de Medicaid del niño

**Seguro:** \_\_\_\_\_  
 Empleado      Compañía de Seguros

Nombre del Asegurado      Fecha de Nacimiento del Asegurado (Mes-Día-Año)      Número de póliza

- Cheque**    **Giro Postal**    **Efectivo**

**CONTINUA** →

## HISTORIA GENERAL DE LA SALUD

**SÍ**                      **NO**

¿Considera que su niño(a) tiene buena salud?                      \_\_\_\_\_

¿Actualmente su niño está tomando medicina(s)?                      \_\_\_\_\_

Si su respuesta es "sí" qué, medicinas? \_\_\_\_\_

¿Necesita su niño tomar medicina por condiciones cardíacas antes de recibir tratamiento dental?                      \_\_\_\_\_

¿Si su respuesta es "sí" qué, medicinas? \_\_\_\_\_

¿Tiene su niño(a)?:

HIV/SIDA                      \_\_\_\_\_

Enfermedad del corazón                      \_\_\_\_\_

Soplo en el corazón                      \_\_\_\_\_

Endocarditis                      \_\_\_\_\_

Presión arterial alta                      \_\_\_\_\_

Diabetes                      \_\_\_\_\_

Diálisis                      \_\_\_\_\_

Válvula artificial (shunte)                      \_\_\_\_\_

Hepatitis                      \_\_\_\_\_

Artritis                      \_\_\_\_\_

Hemofilia                      \_\_\_\_\_

Epilepsia/Convulsiones                      \_\_\_\_\_

Anemia                      \_\_\_\_\_

Asma                      \_\_\_\_\_

Alergia al látex                      \_\_\_\_\_

Alergias a medicamentos                      \_\_\_\_\_

¿Si su respuesta es "Sí" qué, medicamentos? \_\_\_\_\_

¿Su niño(a) ha sufrido de? :

Desorden nervioso                      \_\_\_\_\_

Dolores de cabeza                      \_\_\_\_\_

Mareos                      \_\_\_\_\_

Desmayos                      \_\_\_\_\_

Sangrado excesivo después de procedimientos dentales                      \_\_\_\_\_

¿Ha notado lo siguiente en su niño(a)?:

Sangrado de las encías                      \_\_\_\_\_

Dolor dental al masticar                      \_\_\_\_\_

Espacio entre los dientes                      \_\_\_\_\_

Residuos de comida en medio de los dientes                      \_\_\_\_\_

Cambio de color en los dientes                      \_\_\_\_\_

Cambio de color en las encías                      \_\_\_\_\_

Heridas o úlceras en la boca                      \_\_\_\_\_

¿Fuma su hijo o usa productos de tabaco?                      \_\_\_\_\_

\_\_\_\_\_ La fecha de último examen dental

\_\_\_\_\_ El nombre de la oficina dental

\_\_\_\_\_ Firma de padre

\_\_\_\_\_ Fecha

# Las Vegas City Schools

L. Larryssa Archuleta, Superintendent – 901 Douglas Ave. Las Vegas, NM. 87701 - Phone: (505) 454-5700

## 2024-2025 New Mexico Student Residency Questionnaire Form

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Your child may be eligible for additional educational assistance services through Title I Part A, Title 1 Part C-Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, where are you and your family currently staying? Check one box.

**Section A**

Rent/own my own home.

**STOP.** If you rent/own your own home, sign under item 5 and submit form to school personnel.

**Section B**

Temporarily with another family because we cannot afford or find affordable housing. Please provide a brief description \_\_\_\_\_

With an adult that is not a parent or legal guardian, or alone without an adult.

In a motel, hotel, trailer park or campground without running water/electricity.

In a vehicle of any kind abandoned building or substandard housing.

In an emergency/transitional shelter.

Continue: If you checked a box in Section B, complete the remainder of this form. *You may be contacted for clarification on your situation in order to better serve your needs.*

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_
3. If you checked a box in Section B, your child may be eligible for additional educational services through Title 1, Part A, Title 1, Part C-Migrant, or Title X, Part C-Federal Mc-Kinney-Vento Assistance Act.

Student(s) Name			SSN	M/F	DOB	Grade	School Name
First	Middle	Last					

4. Would you like to be contacted by a member of the school system’s Education for Homeless Children and Youth program staff?  Yes  No
5. The undersigned certifies that the information provided above is accurate.

\_\_\_\_\_

Print Parent or Guardian Name
Signature
Date

\_\_\_\_\_

(Area Code) Phone Number
Physical Address
City
State
Zip Code

**Office Use Only:**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Q      NQ Received: \_\_\_\_\_



# LAS VEGAS CITY SCHOOLS

## TRANSPORTATION REGISTRATION FORM

This form must be completed and returned to the Transportation Department in order for your child to be eligible for transportation services. Please return with registration packet.

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

School Enrolled: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

Both AM/PM      AM      PM

Mom's Name: \_\_\_\_\_

Mom's Phone Number: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Dad's Phone Number: \_\_\_\_\_

AM	PM
M	M
T	T
W	W
TH	TH
F	F

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Daycare/Contact: \_\_\_\_\_

Daycare Phone Number: \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ ✓

I have received a copy of the bus rules

Dear Head Start & Kindergarten Parents/Guardians:

The State Department of Education, Transportation Division strongly suggests that an adult person be present to receive your child at the end of the school day.

\_\_\_\_\_ My child will be received daily from the bus by myself or a designated person or the bus driver will take him/her back to the school.

Designated Persons: \_\_\_\_\_

\_\_\_\_\_ My child is mature and responsible. I request that he/she be dropped off at his/her stop. I will not hold the district responsible



## BUS RULES

- The bus driver may assign seats.
- Be courteous and respect others.
- There is no use of profanity on bus.
- There is to be NO eating or drinking on bus.
- No Violence on bus.
- No Weapons.
- You are to remain seated while bus is moving.
- There is to be NO use of Drugs, Alcohol and/or Smoking.
- Keep your hands, head and any other object inside of the bus.
- Do not throw anything in or out of the bus.
- No destroying of School Bus equipment.
- For your own safety, do not distract the bus driver through misbehavior.

**If rules are broken, your school principal and bus transportation staff will be advised, you may be suspended from riding the bus for 1 to 10 days and/or be permanently removed from the bus for the remainder of the school year. Serious misbehavior on the bus may result in suspension or expulsion from school site and/or transportation services.**



# Las Vegas



# City Schools

Christina Gonzales  
Bilingual Director

Phone (505) 454-2742

901 Douglas Avenue  
Las Vegas, New Mexico 87701

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May 11, 2022

Dear Parent or Guardian:

We welcome you and your children to the Las Vegas City Schools. Your students will be participating in the Spanish Heritage Language Bilingual Program. This program focuses on new development, advanced development or recovery of proficiency in the Heritage Language. The instructional methods are effective with both beginning and advanced students in Heritage Language.

This is not a pull-out for students who have a teacher with a bilingual endorsement. In the event that your child's teacher is not bilingually endorsed, a certified bilingual instructor will visit your child's classroom to issue the instruction, or in a few cases a certified bilingual instructor may pull out the entire class and issue the instruction in a classroom assigned to them. Instruction will take place as part of your child's daily schedule. There will be daily instruction in Spanish for 60 minutes a day. Your support is appreciated.

Please sign below, acknowledging that you are aware of your child's participation in the Spanish Heritage Language Bilingual Program and return it to the school.

Respectfully Yours in Education,

Christina Gonzales  
MMS Principal  
LVCS Bilingual Director

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Parent/Guardian Signature

Date

---

Name of Child

---

Grade Level