

MOSQUERO MUNICIPAL SCHOOLS

"Students are our Number 1 Priority!"

P.O. Box 258 * 43 McNeil

Mosquero, NM 87733

Telephone: 575/673-2271

Fax: 575/673-2305

Johnna Bruhn, Superintendent

Pat Copeland, Business Manager

Margaret Green, Secretary

AUTHORITY FOR THE TRANSFER OF EDUCATION RECORDS

DATE: _____

Name/Address of Last School Attended:

To Whom It May Concern:

_____, D.O.B _____, has recently enrolled in the Mosquero Municipal Schools in the _____ grade. He/She names your school as the school last attended.

Would you please forward at your earliest convenience all grades/transcripts, test data, birth certificate, social security #, immunization, Special Education records and any other pertinent information to:

Registrar
Mosquero Municipal Schools
P.O. Box 258
Mosquero, NM 87733

You may legally mail these to an educational institution without student/parent release.

Thank you for your attention to this matter.

Sincerely,

Johnna Bruhn
Superintendent

BOARD OF EDUCATION

Victor R. Vigil
President

Boyd Hazen
Vice- President

Amanda Culbertson
Secretary

Floyd Padilla
Member

Michael Pergeson
Member

MOSQUERO CONNECTED @ MOSQUERO MUNICIPAL SCHOOLS
ENROLLMENT APPLICATION

PLEASE INCLUDE COPY OF YOUR BIRTH CERTIFICATE (REQUIRED)

(AN ONLINE LEARNING PROGRAM OFFERED BY MOSQUERO MUNICIPAL SCHOOLS GEARED TOWARDS
NON-TRADITIONAL STUDENTS)

**BEFORE ENROLLING, PLEASE NOTE THAT YOU MUST STATE TEST WHEN REQUIRED OR BE DROPPED
FROM THE PROGRAM. STATE TESTS ARE PART OF THE NMPED GRADUATION REQUIREMENTS**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE _____

PHONE (Home) _____ (Cell) _____

EMAIL (REQUIRED) _____

PARENT/GUARDIAN NAME **(IF YOU ARE UNDER 18)** _____

OR CONTACT PERSON (IF YOU ARE OVER 18) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE _____

PHONE _____

EMAIL (REQUIRED) _____

**WE MUST HAVE YOUR CONTACT INFORMATION AS WELL AS ANOTHER PERSON'S EVEN IF
YOU ARE AN ADULT.**

GRADE LAST ATTENDED _____

LAST SCHOOL ATTENDED _____

CITY/STATE OF LAST SCHOOL ATTENDED _____

Race (s) (STATE REQUIRED) – PLEASE CHECK ONE OR MORE THAT APPLY TO THE STUDENT.

White

Hispanic

Native American

Black

Hawaiian/Pacific Islander

Asian

Are you currently enrolled as a Home-Schooled student? yes no

If yes, please attach a copy of your registration from NMPED.

PLEASE NOTE: One or more adults should be present in the household to ensure that the student is and will work the hours that are recommended each week. We recommend at least 4 hours per day and 4 days per week. If a student cannot remain caught up, then he/she must be able and willing to work more than that.

Signature of student _____

Date _____

Signature of parent/guardian (if student is 18 or under) _____

Date _____