

ANIMAS PUBLIC SCHOOLS

ANIMAS PUBLIC SCHOOLS ACKNOWLEDGMENT FORMS GRADES 7-12

**PLEASE READ AND SIGN ALL FORMS
RETURN TO ANIMAS SCHOOLS**

THE 7-12 FAMILY/STUDENT HANDBOOK IS AVAILABLE ON THE
ANIMAS PUBLIC SCHOOL WEBSITE (www.animask12.net).
HARD COPY AVAILABLE UPON REQUEST

2016-2017

Student Name: _____

Grade: _____

SCHOOL STUDENT HANDBOOK

The Animas Public Schools Grade 7 – 12 Family/Student Handbook is posted on the Animas Public School Website: www.animask12.net. A hard copy is available upon request. Call Animas Schools 575-548-2296 Ext 223

**** There are several changes/updates to the handbook for the 2016-2017 school year****

I hereby acknowledge that I have read and understand the Animas Public School Family/Student 7-12 Handbook.

Parent Signature _____

Student Signature _____

Date _____

=====

PERMISSION TO DRIVE

_____ (DOES/DOES NOT) have my permission to drive a
(Student's name)

vehicle to school. His/her driver's license number is _____

Vehicle description: Make _____ Year _____ License Plate Number _____

Parent/Guardian Signature _____ Date _____

Application for a driving/parking on school grounds shall constitute express permission by the student and parent that the vehicle may be searched by, or at the direction of, authorized school officials at any time it is on the premises, and a waiver of any and all claims arising from any such searches.

BY SIGNING THE ABOVE, I UNDERSTAND THAT MY SON/DAUGHTER MAY LOSE THEIR DRIVING PRIVILEGES ON CAMPUS FOR SPEEDING OR FOR RECKLESS DRIVING.

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PESTICIDE STATEMENT

Animas Public Schools apply pesticides to areas with insect infestation, as the situation requires. Parents may desire to be notified of this procedure prior to application. If you would like to have prior notification, please call the appropriate school building secretary by the last Thursday in August.

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student Name (print) _____

Signature _____ Date _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

ANIMAS PUBLIC SCHOOLS
DIRECTORY and WEBSITE INFORMATION MEDIA RELEASE FORM

The items listed below are designated as “directory and website information” of Animas Public Schools.

(Directory can include: school programs, newspapers, college/universities, and recruiters.

Website can include APS website, NMAA, FFA or others affiliated with school sponsored organizations.)

Examples:

1. Name on the Honor Roll list
2. Picture, name, height and weight in the athletic program
3. Printed material with child’s name and/or photograph(s) in any part of website.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the release of any or all of the information listed below:

(Please consider your decision very carefully about **withholding any of the items** from the directory or website.)

Please put an X next to the information below that you do not want printed in Directory or Website.

- | | |
|--|---|
| <input type="checkbox"/> Name of student | <input type="checkbox"/> Date and place of birth |
| <input type="checkbox"/> Address of student | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Telephone number of student | <input type="checkbox"/> Grade level of student |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Weight/height of members of athletic team |
| <input type="checkbox"/> Honors and awards received | <input type="checkbox"/> Videotaping for educational purposes (will not be posted online) |

If you have decided not to let your student’s school release any or all of the items listed above, any future requests for such information from individuals or entities not affiliated with your student’s school will be refused.

Please return this form to the student’s school indicating your decision to withhold or approval for the remainder of the current school year.

If the School District does not receive this signed notification from you, it will be assumed that your permission is granted to print all information.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Parent’s Name (print): _____

Parent’s Signature: _____

Student’s Name (print): _____

Date: _____

MEDICAL RELEASE FORM

P.O. Box 85
Animas, NM 88020
575-548-2296

Student Name _____

We give permission to have the sponsor in charge arrange for medical treatment for our son/daughter if injury or illness occurs while on a school-sponsored trip. We give our permission to have our son/daughter treated as necessary at the nearest medical facility. We also release Animas High School and sponsors from personal obligation concerning the illness or injury.

Parent/Guardian Name _____

Address _____

Phone Number _____

My child is allergic to the following medication:

My child is taking the following medication:

Please list any additional comments:

Parent or Guardian Name (print) _____

Signature _____ Date _____

BUS REGISTRATION FORM

(A copy of this form will be given to the bus driver.)

BUS # _____

In order to ride the School Bus a Bus Registration Form must be completed for your child/children by the end of the first week of school.

I, _____, being the parent or guardian of _____ have read and understand the regulations set forth in the Student Handbook for Students and Parents. Handbook available at www.animask12.net or hard copy upon request.

I further understand the following:

- Student transportation is a privilege extended to my child/children and not a right. Should my son/daughter have his/her bus riding privileges suspended, it is my responsibility to provide transportation to-and-from school.
- I understand that I am responsible for my child/children at the bus stop.
- I understand that the School Bus Driver is not expected to wait for my child/children unless a timely effort to reach the bus stop is observed by the Bus Driver.

Parent or Guardian Name (print) _____

Signature _____ Date _____

Failure to return this form could result in suspension of bus privileges.

Family/Student Information:

Address _____

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency Contact/Phone: _____

Allergies/Medical Conditions _____

Other: _____

INFORMATION REQUESTED WILL BE KEPT CONFIDENTIAL & WILL ONLY BE USED TO HELP PROVIDE SAFE TRANSPORTATION FOR YOUR CHILD.

**REQUEST FOR ACCESS TO MY CHILDREN'S
GRADES AND ATTENDANCE VIA THE INTERNET**

Please return one form per family to Animas High School.

**** PLEASE NOTE: If you already have access to Parent Aide, please do not complete and return this form. Your account will remain active. ****

Dear Parent:

The Animas Public Schools plans to provide access to your children's grades and attendance via the Internet during the 2016-2017 school year. The program is called **PARENT AIDE**. A link to the program can be found on the district's web site at www.animask12.net. (Link – "For Parents and Students"/ Parent Aide on left hand side of the page.)

As a parent, your single user name and password will give you access to all of your children's attendance, daily and report card grades, and demographic information regardless of the school they attend. When you login, each of your children's names will be posted. When you select a child's name, you will be taken to that child's record.

To request access to your children's information, please provide the information requested below.

Please return only one form per family to Animas High School PO Box 90 Animas, NM 88020. You may also call Melodie O'Byrne at the Animas High School 575-548-2296 Ext 223 with the information required

***** PLEASE PRINT *****

Parent's First and Last Name (will become user name as one word)	Parent's Name	Mailing Address, City, State & Zip	Phone Number (please include cellular, home, and work phone)	Email Address
Example: John Doe	johndoe	4567 Red Road Anytown, NM 88020	999-999-9999	johndoe@1234.net

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Initial	Child's Date of Birth (mm/dd/yyyy)	Child's School

You will receive a letter in the mail with your user name, password, and our web site information to access your child's records. The district looks forward to providing this form of communication and sincerely encourages you to take advantage of this opportunity.

Animas Public Schools Enrollment Update

Student Information

Last Name	First Name	Middle Name	
Mail Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Student Home Phone	Student Cell Number	Alternate Phone/Type	

Parent/Guardian & Emergency Contacts

1	Contact Name	Relationship to Student	Address	Phone/Type	Alternate Phone/Type
2	Contact Name	Relationship to Student	Address	Phone/Type	Alternate Phone/Type
3	Contact Name	Relationship to Student	Address	Phone/Type	Alternate Phone/Type
4	Contact Name	Relationship to Student	Address	Phone/Type	Alternate Phone/Type

New Mexico Student Residency Questionnaire Form

New Mexico School District: Animas 030 School: _____

Your child may be eligible for additional educational services through Title 1, 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. 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

Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason

Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations

Living in emergency or transitional shelters

Living in a public or private place not ordinarily used as a regular sleeping accommodation for human beings such as living in a car, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

Unaccompanied youth living in the above circumstances

Other

CONTINUE: If you checked a box in Section B, complete the remainder of this form.

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 McKinney-Vento Assistance Act. Please print the name of all of your children below. Include children that are not in school.

Student:	First Name	Last Name	M/F	DOB	Grade	School

4. Would you like to be contacted by the Education for Homeless Children/Youth program staff for your child's school? Yes__ No__

5. The undersigned certifies that the information provided above is accurate

Print Name of Parent/Guardian/Adult Caring for Student	Signature	Date
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(Area Code) Phone Number	Street Address	City	Zip
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SCHOOL USE ONLY

All homeless and migrant students are automatically and immediately eligible for FREE or REDUCED price meals the day they enroll

<input type="checkbox"/>	Referral Form to Homeless Liaison Completed/Submitted	Date /Initial: _____
<input type="checkbox"/>	Referral Form to Food Director Completed/Submitted	Date /Initial: _____
<input type="checkbox"/>	Referral Form to State Migrant Office Completed/Submitted	Date /Initial: _____

Notes: