



# Carrizozo Municipal Schools

P.O. BOX 99, CARRIZOZO, NM 88301  
Phone: (575)648-2346 \* Fax: (575)648-3255

Cody Patterson  
Superintendent

Elizabeth Barela  
Principal

## Registration Form

Student Name (Last, First Middle) \_\_\_\_\_ , \_\_\_\_\_

Grade Level \_\_\_\_\_ Date of Birth: (MM-DD-YYYY) \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

City/State of Birth: \_\_\_\_\_

Ethnicity: \_\_\_Caucasian \_\_\_Hispanic \_\_\_Native American Tribe Affiliation \_\_\_\_\_  
\_\_\_Black \_\_\_Asian \_\_\_Other

Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Student Home Phone \_\_\_\_\_ Student resides with? \_\_\_\_\_

School Last Attended? Or Homeschool \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Has this student been placed in any special education programs? \_\_\_\_\_

Which Level/Exceptionality? \_\_\_\_\_

Has the student ever been retained? \_\_\_Yes \_\_\_Grade \_\_\_No

Does this student have internet access at home? \_\_\_Yes \_\_\_No

If yes, is it \_\_\_Satellite \_\_\_Dial up \_\_\_Hot Spot \_\_\_Residential Broadband \_\_\_Cellular  
\_\_\_Community Wi-Fi \_\_\_Unknown

Has the parent/legal guardian of this student ever been notified by any of his or her previous schools regarding attendance or truancy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has this student been suspended and/or expelled from another school district?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date of Suspension/Expulsion \_\_\_\_\_ What School District? \_\_\_\_\_

What was the infraction and length of suspension/expulsion?

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## Parent/Guardian Data

Student Name (Last, First Middle) \_\_\_\_\_

*Carrizozo Schools requires a copy of the child's birth certificate and immunization record. Without these documents your child may be denied enrollment until documentation is provided.*

Guardian 1 Name (Last, First Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Guardian 2 Name (Last, First Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Is the student a dependent of any of the following:

\_\_\_\_Active Duty \_\_\_\_National Guard \_\_\_\_Reserve \_\_\_\_Department of Defense Civilian

\_\_\_\_Retired Military

## Transportation

Morning (Bus, Drop Off, Walk, Drive) \_\_\_\_\_

Afternoon (Bus, Drop Off, Walk, Drive) \_\_\_\_\_

## Emergency Contacts

Emergency Contact 1 (Last, First Middle) \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

School Pickup Allowed

Yes ☐

No ☐

Allowed to Sign Out

Yes ☐

No ☐

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Contact 2 (Last, First Middle) \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

School Pickup Allowed

Yes ☐

No ☐

Allowed to Sign Out

Yes ☐

No ☐

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Contact 3 (Last, First Middle) \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

School Pickup Allowed

Yes ☐

No ☐

Allowed to Sign Out

Yes ☐

No ☐

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## Carrizozo Municipal 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. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. **PLEASE COMPLETE ALL THREE SECTIONS!**

Last Name:	First Name:	Middle Initial:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	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:	Address:	Phone #1	Phone #2	Phone #3
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian				
Parent/Guardian Name:	Address:	Phone #1	Phone #2	Phone #3
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian				

Emergency Contact List	Relationship	Phone #1	Phone #2	Phone #3
1.				
2.				
3.				
4.				

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

Student's Insurance:	Subscribers Name:	ID#
<b>TO GRANT CONSENT</b>		
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. 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: \_\_\_\_\_

## Health Authorization Form

Student Name \_\_\_\_\_ Gender \_\_\_\_M \_\_\_\_F Date of Birth \_\_\_\_\_

If for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriated 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 form will be shared with appropriated personnel on an as-needed basis only, including SBHS staff, if applicable.

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

## **School District Computer and Internet Code of Conduct**

Use of the School District's computer system and access to the internet by students and staff of the Carrizozo Municipal School District shall be in support of education and research that is consistent with the mission and curriculum of the district. Internet use is limited to those persons who have been issued district approved accounts. Use will be in accordance with the District's Acceptable Use Procedures and Computer and Internet Code of Conduct.

1. Keep confidential and protect all computer and internet passwords, access codes or logon information from disclosure to others.
2. Respect the privacy of other users. DO NOT use other users' passwords. Unauthorized use of passwords, access codes or other confidential account information may subject the user(s) to discipline, and to both civil and criminal liability
3. Be ethical and courteous. DO NOT send hate, harassing, obscene mail, discriminatory remarks, or demonstrate other antisocial behaviors. State law prohibits the use of electronic communication facilities to send fraudulent, harassing, obscene, indecent, profane, intimidating or other unlawful messages. See NMSA 1978, 30-45-1 et seq.
4. Maintain the integrity of files and data. DO NOT modify or copy files/data of other users without their consent.
5. Treat information created by others as the private property of the creator. Respect copyrights. Software protected by copyright shall not be copied except as licensed and stipulated by the copyright owner.
6. Use the network in a way that does not disrupt its use by others. DO NOT use the Internet for commercial purposes. Transmission of commercial or personal advertisements, solicitations, promotions, destructive programs or other unauthorized use unrelated to the mission or curriculum of the School District is prohibited.
7. DO NOT destroy, modify, or abuse the hardware or software in any way. Users shall report any suspected abuse, damage to equipment, or tampering with files to the School District's system operators.
8. DO NOT develop or pass on programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system, such as viruses, worms, "chain" messages, global mailings, ResEdit, etc. DO NOT "hack" the system. Attempts to gain unauthorized access to confidential information or private directories-maintained by the School District or to circumvent privacy protections on internal files or non-public restricted files, accounts or directories of any external source is a violation of this code of conduct and may subject the user to civil or criminal liability.
9. DO NOT use the internet to view, access, download or process pornographic, obscene, indecent, profane, or otherwise inappropriate material.
10. Use of the system to access games and use of computer time for game-playing shall be restricted solely to instances directed and monitored by instructional staff and is limited to games which address educational goals.

In addition to disciplinary sanctions which the School District may impose upon students or staff under applicable policies, codes of conduct or administrative regulations, the District reserves the right to remove a user's account and deny use and access of the computer system if it is determined that the user is engaged in unauthorized activity or is violating this code of conduct.

## Student Computer Use and Internet Access Release Form

As a condition to use of the School District's computer system, including access to and use of the Internet, I understand and agree to the following:

1. To abide by the School Board's Policy on Acceptable Use and its Computer and Internet Code of Conduct.
2. That School District administrators have the right to review any materials created or stored in any files I may create and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable, and I hereby waive any right of privacy which I may otherwise have to such material. That the Carrizozo Municipal School District will not be liable for any direct or indirect, incidental, or consequential damage due to information gained and/or obtained via use of the School District' computer system including, without limitation, access to public networks. That the Carrizozo Municipal School District does not warrant that the functions of the School District computer system or any of the networks accessible through the system will meet any specific requirements you may have, or that the Carrizozo Municipal School District computer system will be error-free or uninterrupted.
3. That the Carrizozo Municipal School District shall not be liable for any direct or indirect, incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use the Carrizozo Municipal School District computer system. That the use of the School District computer system, including use to access public computer networks, is a privilege which may be revoked by the Carrizozo Municipal School District administrators at any time for violation of the District's Acceptable Use Procedures and/or Code of Conduct. School District administrators will be the sole arbiter(s) of what constitutes a violation of the policy or Code of Conduct. In consideration for the privilege of using the School District computer system and in consideration for having access to the public networks, I hereby release the Carrizozo Municipal School District, the School Board, its members, administrators and employees, including its computer operators, and any institution with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the School District computer system.

**Printed Name of Student User:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I hereby certify that I will abide by the conditions set forth in this document, the School District's Acceptable Use Procedures and Computer Code of Conduct.

Signature of Student User \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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:

Answer each question by marking either the **yes** or **no** box.

1. Does the student use a language(s) other than English with his/her family and friends?

YES

NO

☐☐

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. What language(s) does the student use most frequently at home? Choose up to three.

☐ American Sign Language (ASL)

☐ Arabic

☐ Cantonese

☐ Diné

☐ English

☐ French

☐ Greek

☐ Hmong

☐ Jicarilla Apache

☐ Italian

☐ Keres

☐ Khmer

☐ Korean

☐ Mescalero Apache

☐ Mandarin

☐ Portuguese

☐ Russian

☐ Somali

☐ Spanish

☐ Tiwa

☐ Tewa

☐ Towa

☐ Vietnamese

☐ Zuni

☐ 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:



**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:

Responda a cada pregunta marcando la casilla bajo **SÍ** o **NO**

1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?

2. ¿Habla 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. ¿Cuál idioma habla el estudiante con más frecuencia en su casa? Escoja hasta tres:

☐ árabe

☐ cantonés

☐ diné

☐ español

☐ francés

☐ griego

☐ hmong

☐ inglés

☐ italiano

☐ jemer

☐ Jicarilla apache

☐ keres

☐ koreano

☐ lengua de señas americana (ASL)

☐ mandarín

☐ mescalero apache

☐ portugués

☐ ruso

☐ somali

☐ tewa

☐ tiwa

☐ towa

☐ vietnamés

☐ zuni

☐ 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:

Principal  
Eli Barela  
(575)648-2346

Dean of Students  
Cathy Barela  
(575)648-2346

## Carrizozo Municipal Schools

P.O. BOX 99, CARRIZOZO, NM 88301  
Phone: (575)648-2348 \* Fax: (575)648-2216



Cody Patterson  
Superintendent

### Student Dental Examination Verification Form

Upon initial enrollment in a district or charter school, New Mexico Administrative Code (NMAC) 6.12.13 requires schools to verify student records of dental examination. This rule also allows for an informed opt-out process based on parent or guardian understanding of the risks associated with not having a dental examination.

Carrizozo Municipal Schools is dedicated to promoting the health of our students. We recognize oral health care is essential for general wellbeing and can have a significant impact on overall health. According to the Centers for Disease Control and Prevention (CDC), tooth decay is one of the most common chronic diseases of childhood in the United States. Left untreated, it can cause pain and infections that may lead to problems with everyday activities like eating, talking, playing, and learning. Routine oral health care such as dental visits, daily oral hygiene, healthy eating and consuming of water can help prevent tooth decay and other oral health conditions.

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

Student ID: \_\_\_\_\_

Please check the applicable response below:

☐

I confirm that my child has received a dental examination within the past calendar year.

☐

My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

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

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

Are you interested in learning more about oral health resources for your child? Please contact the New Mexico Department of Health, Office of Oral Health at 505-827-0837.

Sincerely,

Committed to Student Learning. Committed to Community. Committed to Academic Excellence  
Preparing students to become Productive Citizens and for the 21<sup>st</sup> Century Learning and  
Workplace.

# CARRIZOZO MUNICIPAL SCHOOLS



800 D Avenue/PO Box 99 ~  
Carrizozo, NM 88301  
Telephone: 575.648.2346~

## *Carrizozo Municipal Schools Title I School - Parent Compact*

**2023-2024**

Carrizozo Municipal Schools and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outline on how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership and develop a partnership that will help children achieve the state's high standards.

### **As a school, we will:**

- Provide a highly-qualified teaching staff to provide instruction following the Common Core Standards Curriculum in a safe, supportive learning environment that enables the student to meet the State's academic achievement standards
- Provide ongoing two-way communication between teachers and parents through parent-teacher conferences and frequent reports to parents - Progress reports will be sent home at the mid -point of each quarter - Report cards will be sent home at the end of each quarter - Annual conferences will be held in the middle of the the first nine weeks and the middle of the third nine weeks, before report cards are sent home. More frequent parent-teacher contact will be determined on an individual basis as needed to communicate progress between parent and teacher.
- Provide reasonable access to staff for consultation with parents - Parents may contact their child's teacher at school to schedule a phone conference or they may schedule a conference before or after school
- Provide opportunities for parents to volunteer and participate in their child's class and observe classroom activities - Parents who would like to volunteer may fill out a screening form and once approved, they may volunteer in their child's classroom or other areas of the school - Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)

### **As a parent, I will:**

- Support my child's learning by ensuring that he/she has proper rest and nutrition and attends school on time and on a regular basis
- Support my child's learning by reading with him/her
- Help set a positive tone for learning with my child
- Strive to make positive use of my time with my child ("quality" one on one time)

- Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)
- Provide “protected” time for homework completion (Make sure that recreational activities don’t interfere with school work.)
- Support my child’s class/school (i.e. helping in class/school, volunteering in my child’s classroom/school, communicating with my child’s teachers, attending school events when possible, etc.)
- Stay informed about my child’s education and communicate with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate

**As a student, I will:**

- Proudly follow the behavioral expectations/PAX Expectations taught at our school
- Ask questions when I am not sure about a lesson or an assignment
- Do my homework and read everyday
- Make good choices like paying attention in class, staying on task, doing my best, and working hard at my school work
- Be the very best “Grizzly” that I can be each day

**Please review this information with your child. Sign and return the signature portion to your child’s teacher by Tuesday, September 12, 2023**

**I have received and reviewed the Carrizozo Municipal Schools -Title I Parent Compact for the 2023-2024 school year.**

Student signature : \_\_\_\_\_ Date \_\_\_\_\_

Parent signature : \_\_\_\_\_ Date \_\_\_\_\_

Homeroom Teacher signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Verification of Information

Student enrollment may take up to five (5) working day or until we receive all necessary information.

**Certification:** I understand that any false or incomplete statements on these forms may result in an immediate suspension.

**Waiver:** I hereby authorize and release any and all former schools or school districts to provide my complete academic and disciplinary records, and any other pertinent information in their possession in connection with prior attendance, to Carrizozo Municipal Schools, and I waive all objections and claims arising from such release of information.

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Enrollment Notification and Records Request

This is notification that the above-listed student is now enrolled in Carrizozo Municipal Schools. Please forward to us all of the items listed below and any other pertinent information in this student's school file that might assist us in meeting the educational needs of the student. Please contact the school office at 575-648-2346, if you have any questions.

1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_

- |   |  |
|---|--|
| *Official Transcript                    | *Standardized Test Scores                            |
| *Health/Immunization Records            | *Copy of last report card                            |
| *Home Language Survey                   | *Custody documentation                               |
| *Special Programs – IEP, 504, SAT, etc. | *Disciplinary records (including weapons violations) |

**Please send all confidential and cumulative student records to:**

Carrizozo Municipal Schools  
Attn: Jessica Roper  
PO Box 99  
Carrizozo, NM 88301

Or email to [jessica.roper@carrizozogrizzlies.org](mailto:jessica.roper@carrizozogrizzlies.org)

Thank you for your prompt attention to this matter!

<b>Office Use Only</b>	
Office Received:	Date:
Entry Date:	Student ID#
Entry Code:	Lunch ID#
Entry Grade:	Records Received: