

FOR OFFICE USE ONLY	Date Entered:	By Whom:
	Birth Certificate:	Physical Exam:
Immunizations:	Social Security:	CIB:
Court Order:	State ID:	Teacher

Pueblo of Acoma Department of Education  
 Haak'u Community Academy  
 Student Data Sheet for Student  
 School Year 20\_\_ - 20\_\_

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

Student's Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Tribal Affiliation: \_\_\_\_\_ Census #: \_\_\_\_\_

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

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

Clans Big Clan: \_\_\_\_\_ Little Clan: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Father's/Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

If the child resides with a legal Guardian, please indicate and provide all necessary documentation. Court Order on File: \_\_\_\_\_ YES \_\_\_\_\_ NO

Last School Attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this student currently on prescribed medication(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list all medication: \_\_\_\_\_

Does this student have food allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list: \_\_\_\_\_

\*Documentation is required from medical staff

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

**Haak'u Community Academy**  
**School Year 20\_\_ - 20\_\_**  
**Check Out Form/Emergency Contact**

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

Student Check Out and Emergency Information:

Haak'u Community Academy will ONLY allow the individuals listed below to check your child out of school. Unless indicated by court order, both parents will be able to check out the child and are welcome to visit the school. Please list all individuals who have your permission to check out your child. They will also be used for emergency contacts. **No one under the age to 18** will be allowed to check out your child. Also, as per policy, a person who is listed on the **sex offender** list cannot be named as an emergency contact, pick up a child from school, take a child off the bus or participate in any HCA activity.

**For your child's safety, verbal or telephone requests to add another person to the check-out list will not be honored. In an emergency, the parent or legal guardian can send or fax a signed request to the school.**

1. Emergency procedures will be followed as outlined in the HCA Handbook. In the case of an emergency, such as profuse bleeding, breathing difficulty, severe pain, suspected broken bones or head injury, an ambulance will be called to transport the child to ACL Hospital.
2. School personnel CANNOT administer medications to children without a signed permission form. The school personnel can administer prescription medication only if the medication is provided in its original container with clear written directions. Parents are responsible to complete the Medication Administration Form provided in this packet.
3. In the case of minor illness or injury, the school will first attempt to contact the parent/legal guardian, and then persons listed in the order below. If no contact is made, your child will return to his/her classroom until their regular bus run. Please advise these persons that they have been listed as emergency contacts.

1<sup>st</sup> Contact: Mother/Guardian Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_  
Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

2<sup>nd</sup> Contact Father/Guardian Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_  
Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

4<sup>th</sup> Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

5<sup>th</sup> Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

6<sup>th</sup> Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

7<sup>th</sup> Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

FOR DISTRICT USE ONLY

District: Acoma Dept of Education

School: Haak'u Community Academy



NEW MEXICO PUBLIC EDUCATION DEPARTMENT  
LANGUAGE USAGE SURVEY  
-for parent or guardian to complete-

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.

Student's Name:	Date of Birth:	Grade Level:
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Answer each question by marking either the **YES** or **NO** box.

	YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Keres	<input type="checkbox"/> Tiwa
<input type="checkbox"/> Arabic	<input type="checkbox"/> Khmer	<input type="checkbox"/> Tewa
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Towa
<input type="checkbox"/> Diné	<input type="checkbox"/> Mescalero Apache	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Zuni
<input type="checkbox"/> Greek	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	
<input type="checkbox"/> Jicarilla Apache	<input type="checkbox"/> Somali	
<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish	

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:
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Translator:	Language:	Date:
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**Haak'u Community Academy**  
**Student Residence Verification Document**  
**School Year 20\_\_ - 20\_\_**

This document is intended to address the McKinney-Vento act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

Section A	Section B
<input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car, or campsite <input type="checkbox"/> With friends or family members (other than parent/guardian)  <b>CONTINUE:</b> if you checked a box in Section A, complete #2 and the rest of this form and <b>sign below.</b>	<input type="checkbox"/> Choices in Section A do not apply   <b>STOP:</b> if you checked this section, you <b>DO NOT</b> need to complete the rest of this form. <b>Sign below</b> and submit to school personnel.

2. The student lives with:

<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> 1 parent and another adult	<input type="checkbox"/> A relative, friend(s) or other adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian
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School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Male \_\_\_\_\_ Female

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Social Security# (if appropriate): \_\_\_-\_\_\_/\_\_\_/\_\_\_

Name of Parents(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

School Use Only – School Administrator's determination of Section A circumstances:
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*If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided in School Registrar immediately after completion. Form will be kept separately from the student permanent record for audit during the year.*

Name & Phone of school contact person who may know the family's situation:  
**School Counselor**

## ***Haak'u Community Academy*** ***Immunization Procedure/Requirements for Students***

All New Mexico schools are required to comply with NM Department of Health Statutes and Immunization laws. Therefore, parents/guardians are **required** to provide the school with an updated immunization record of their child **by/at school registration**. Records may be obtained from student's providing HIS hospital or private doctor including those shots received in Head Start.

The school health assistant will review immunization records and notify parents/guardians of children who are not up to date. Failure to provide the school with **updated required** immunizations will result in the student not being allowed to attend school. The students will be sent home from school until he/she receives the required immunization(s) for school enrollment. A referral to social services for neglect may be initiated.

Students not up to date with immunizations place themselves and others at risk for acquiring serious, otherwise preventable diseases.

To avoid having a student sent home from school, parents/guardians must assure the school that their child has had the following immunizations for school enrollment.

### **Diphtheria/Tetanus/Pertussis**

(DPT/DTap/TD) --- must have 4 doses, 1 dose must be on or after 4<sup>th</sup> birthday. Four doses sufficient if given after 4<sup>th</sup> birthday.

### **Polio**

OPV/IPV--- must have 3 doses. 1 dose must be on or after 4<sup>th</sup> birthday. Four doses of IPV, OPV or any combination regardless of age acceptable if at least 4 weeks between doses.

### **Measles/Mumps/Rubella**

MMR--- must have 2 doses, 1 dose on or after 1<sup>st</sup> birthday, 2<sup>nd</sup> dose recommended at age 4-8 years, 2<sup>nd</sup> dose acceptable before 4 years with minimum of 28 days between doses.

### **Hepatitis B**

Hep B--- must have 3 dose series; 1<sup>st</sup> shot followed by 2<sup>nd</sup> shot, 4 weeks later, then 3<sup>rd</sup> shot 8 weeks after 2<sup>nd</sup> dose.

### **Chicken Pox**

Varicella --- must have 1 dose, on or after 1<sup>st</sup> birthday, or record of having/had disease. Documentation must support disease history or lab record.

**Haak'u Community Academy SY 20\_\_\_\_ - 20\_\_\_\_**  
**Consent of Parent/Guardian for School Health Services**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, hereby give consent to the Haak'u Community Academy to provide school health services to my child by the designated staff while he/she is in attendance at school, as needed and available. School Health Services consists primarily of:

1. First Aide for injuries
2. Sick Care
3. Follow-up care of illnesses or injuries
4. Crisis intervention and mental health
5. Suspected child abuse/neglect
6. Reproductive health counseling (as needed)
7. General health counseling
8. Immunization tracking and reporting
9. Physical examination record and health questionnaire review
10. Health Care Plans for students with medically diagnosed health problem
11. Facilitate administering prescribed and non-prescribed medication (as per policy and procedure)
12. Screening for head lice (as needed)
13. Referrals to the ACL offices (As necessary, or specialty clinics for further evaluation of health problems or screening failures)
14. Instruction in health issues such as health promotion/disease prevention, diabetes, asthma, basic dental care, drug, and tobacco and alcohol prevention
15. EMS/Ambulance services for urgent/emergency care and/or transportation to a local health care facility for emergency medical care
16. Weight, height, blood pressure screening as necessary
17. Note: Parents/guardians will be notified of any referrals made regarding their children. Parents/guardians must update telephone numbers as soon as changes occur.

\_\_\_\_\_  
Parent/Guardian Name Printed

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

\_\_\_\_\_  
Date

Please provide the names of two adult relatives or friends who will assure the responsibility of your child in case of illness or accident if you cannot, or until you can, be reached. Please notify these persons for this arrangement.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Haak'u Community Academy**  
**Health Questionnaire**  
School Year 20\_\_\_\_ - 20\_\_\_\_

As an aid to protecting and promoting the health of your child, the school health office asks that you provide information about your child's past or current medically diagnosed health conditions. Contact the school personnel with any additional information about your child's health that you think is important for the school personnel to know. All information is confidential and will be entered into the student's health record, which will be made available only to appropriate staff, as needed.

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

Does your child have any medically diagnosed health conditions or problems? (Please list)

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Is your child currently on prescribed medication(s)? Yes \_\_\_ No \_\_\_ If yes, please list all medications and the condition for which the medication was prescribed.

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Does your child have any known allergies (food, drug, animals, plants, etc.)? Please list and describe type of reaction to causing agent, such as rash hives, nausea, breathing problem, etc.

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Does your child have hearing loss? Yes \_\_\_ Left \_\_\_ Right \_\_\_ Both \_\_\_ No \_\_\_

Does he/she wear a hearing aid? Yes \_\_\_ No \_\_\_

Does your child wear contact lenses/eye glasses? Yes \_\_\_ No \_\_\_

Are glasses in good condition? Yes \_\_\_ No \_\_\_

When was your child's last complete eye examination? Date: \_\_\_\_\_

Has your child had any of the following illnesses or conditions?

Chicken Pox:	Yes ___ No ___	Meningitis:	Yes ___ No ___
Seizures:	Yes ___ No ___	Speech Problem:	Yes ___ No ___
Frequent ear infections:	Yes ___ No ___	Heart Problem:	Yes ___ No ___
Tubes in the ear:	Yes ___ No ___	Rheumatic Fever:	Yes ___ No ___
Migraine headaches:	Yes ___ No ___	Head Injury:	Yes ___ No ___
Fainting:	Yes ___ No ___	Hepatitis:	Yes ___ No ___
Asthma:	Yes ___ No ___	Diabetes:	Yes ___ No ___

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

Date \_\_\_\_\_

**Haak'u Community Academy SY 20\_\_ - 20\_\_**  
**Permission Slips**

**Photographs and/or videotapes** may be made during regular and special school activities. These images may be used in program presentations at conferences, as part of teacher dossiers for NM Licensure, staff training or to promote positive classroom management.

We may also use special photographs or videotapes in specific projects such as program brochures or community calendars. We will not identify any student individually.

I hereby grant permission for my child, \_\_\_\_\_, to have his/her photograph and/or video image taken by the HCA staff. I understand that some of these photographs may be used in newsletters and other publications including the HCA website. We will not identify any student individually. I understand that this permission form is valid for one year from the date signed.

\_\_\_\_\_  
Parent/Guardian Name (Print)                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Name of HCA Staff (Print)                      Signature                      Date

**Permission for Participation on field trips within the Acoma Reservation**

I hereby grant permission for my child, \_\_\_\_\_, to participate in all Haak'u Community Academy field trips within Acoma Reservation area. I understand that permission slips for other field trips will be sent home prior to each off-reservation field trips. I understand that this permission form is valid for one year from the date signed.

\_\_\_\_\_  
Parent/Guardian Name (Print)                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Name of HCA Staff (Print)                      Signature                      Date

**Permission for participation in Native American or other Cultural Events**

I hereby grant permission for my child, \_\_\_\_\_, to participate in Native American and other cultural activities, which promote acceptance and appreciation of diverse and unique people. I understand that this permission form is valid for one year from the date signed.

\_\_\_\_\_  
Parent/Guardian Name (Print)                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Name of HCA Staff (Print)                      Signature                      Date



**Parent Compact Form**

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

It is the responsibility for Haak'u Community Academy to:

1. Provide high quality instructions and a challenging curriculum.
2. Provide a safe and supportive learning environment.
3. Provide trained and qualified professional teaching staff.
4. Solicit participation and input in all decisions affecting Haak'u Community Academy students.
5. Provide student progress reports.
6. Provide information about school functions and activities in a timely manner.
7. Welcome parents and guardians as participating equal partners in their children's education.
8. Inform parents of school rules and disciplinary procedures.

It is the responsibility of the parent/guardian to:

1. Ensure that students are in attendance.
2. Ensure that homework is completed in a timely manner.
3. Support the school and its goal by assisting and volunteering when possible.
4. Participate in decision-making processes at HCA when invited.
5. Keeps the school informed of all pertinent information that might impact their child's education
6. Make sure your child comes to school rested, ready for school and dressed for current weather conditions.
7. Ensure that your child is prepared for full participation in all available educational opportunities.
8. Participate in and attend all sponsored activities to support your child's education.
9. Actively participate and attend all scheduled meetings at school, to discuss your child's education.

Parent/Guardian Name: \_\_\_\_\_

(Print)

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

# Fluoride Varnish, Dental Sealant Permission/Consent Form

Dear Parent or Guardian,

Over half of American Indian and Alaska Native children have dental cavities. However, cavities can be prevented through the use of fluoride and dental sealants. We will provide fluoride varnish and/or sealants to children at school this year. Because your child is a minor, your consent is needed to allow your child to receive these preventive services.

## What is it?

A mineral brushed on teeth



## What does it do?

Protects the teeth from getting cavities and can stop a cavity that has already started

## Is it safe or hard to do?

**YES** it is safe!  
For babies to adults  
**NO** it is not hard to do –  
very easy with no pain



### FLUORIDE VARNISH

#### Procedure:

A high concentration fluoride varnish is painted directly onto the teeth.

#### Benefits:

Fluoride Varnish coats the outside of the tooth and can provide some cavity-fighting power for up to 3 months.

### DENTAL SEALANTS

#### Procedure:

A plastic coating is painted on the grinding surface of the back teeth.

#### Benefits:

Sealants help prevent food and cavity-causing germs from getting stuck in the deep grooves in teeth.

## Dental Sealants

Thin, plastic covering that protects back teeth from cavities

### STEPS for Sealants

1. Tooth is cleaned and dried:



2. Blue gel is put on tooth to get it ready:



3. Tooth is rinsed and dried again

4. Sealant gel is put on the tooth:  
It can dry on its own or with a light



**EASY!**

**YOUR TEETH ARE PROTECTED!**



Cut here and return the bottom of form to school



### Parent/ Guardian Permission/ Consent:

For my child (name) \_\_\_\_\_ (birthdate) \_\_\_\_\_

(Please check one) I **DO** \_\_\_\_\_ I do **NOT** \_\_\_\_\_ want my child to have **fluoride varnish** applied

(Please check one) I **DO** \_\_\_\_\_ I do **NOT** \_\_\_\_\_ want my child to have **dental sealants** applied

on his or her teeth during the year by a trained staff or provider with prescription or standing orders. I understand that this is a preventive program and the products are safe and effective.

Please list any physical conditions that the school should be aware of (asthma, allergies, recurring illnesses, disabilities, chronic illnesses, etc.): \_\_\_\_\_

Parent or Guardian Name (print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Haak'u Community Academy**  
**School Year 20\_\_\_\_\_ - 20\_\_\_\_\_**  
**School Bus Agreement**

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

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

Place of Residence (give description):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Student safety is the most important component of the HCA bus transportation policy. School bus transportation is a privilege that can be withdrawn for unsafe behavior. To insure the safety of the children, the bus driver must be in complete charge of the bus and the occupants at all times. Students riding the bus **MUST** comply with directions given by the driver.

I understand and will abide by the following policies and procedures for student transportation:

1. Students will ride only the bus to which they are assigned.
2. Students will be allowed off and on the bus ONLY at their designated stop.
3. Only permanent written requests from a parent or legal guardian for bus changes to be honored. All requests must be approved by the Transportation Coordinator for the availability of space for that particular bus route.
4. Disciplinary action will be enforced in accordance with bus conduct policy.

Parent/Guardian Name: \_\_\_\_\_

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

**The Following need to be submitted with Students packet:**

**Certificate of Indian Blood  
Social Security Card  
Immunization Record  
Birth Certificate**

• *Indian Health Services  
Form (triplicate pack)*