

Hanaadli Community School/Dormitory, Inc.

P.O. Box 639

Bloomfield, New Mexico 87413

Phone: (505) 960-3411/7632

Fax: (505) 960-3591

Now Enrolling for School Year 2021-2022

KINDERGARTEN

STUDENT ENROLLMENT REQUIREMENTS:

Enrollment to Kindergarten Program:

****Your child would need to be 5 years old before or on September 1, 2021 to be eligible for enrollment**.**

Checklist:

1. C.I.B. (Certificate of Indian Blood) Copy
2. Birth Certificate Copy
3. Immunization Record (Updated & Printed copy)
4. Parental Consent Release form for Previous School
6. Enrollment Application Form
7. NM PED Language Usage Survey
9. Health & Developmental Form

Parents, Please fill all required documents completely. Make sure that all phone numbers are clearly written; it helps us out when there is an emergency of any sort. Your help is very much appreciated.



Hanáádlí Community School/Dormitory, Inc.

School Year 2021-2022 Kindergarten Enrollment Application

CHILD INFORMATION: *(Students must be enrolled with an Indian Tribe or at least have 1/4% Indian Blood to be eligible for BIE enrollment.)*

CHILD'S NAME: _____
Last First Middle

Date of Birth: _____
Month Day Year

GENDER: Male _____ Female _____ **Place of Birth:** _____

Address: P.O. Box _____ Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Residence: *Where you live (Community):* _____

Home Direction & Description: _____

Tribal Affiliation: _____ **Degree Indian:** _____

Enrollment Number: _____ **Home Agency:** _____ **Chapter:** _____

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HOUSEHOLD INFORMATION: *Parents live in one household? Yes _____ No _____*

FATHER: _____

Address: _____

Email Address: _____

Employer: _____

TELEPHONE: Home: _____

Work: _____

Cell: _____

Message: _____

MOTHER: _____

Address: _____

Email Address: _____

Employer: _____

TELEPHONE: Home: _____

Work: _____

Cell: _____

Message: _____

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GUARDIAN INFORMATION: (Complete only if you are a legal guardian, please attach guardianship documents)

Guardian's Name: _____
Address: _____
Employer: _____
Email Address: _____

Relationship: _____
Home Telephone: _____
Work Telephone: _____
Cell Phone: _____

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Emergency Contacts/Medical Information

Parents will be called *FIRST*. If no one is available, the Emergency Contacts will be called. All Emergency Contacts have permission to pick up this child.

Emergency Contact (1)

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Emergency Contact (2)

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Additional Information:

Did your child attend preschool? Yes ___ No ___

Name & address of preschool _____

How do you feel about your child's preschool experience? _____

What are your child's strength/interests? _____

Has your child participated in organized pre-school activities? If so, please describe _____

Does your child have any medical condition that may impact school performance? _____

Please describe your child's personality _____

What concerns, if any, do you have about your child starting Kindergarten? _____

What additional information would you like the Kindergarten teacher or other school staff to know? _____

Dominant Language spoken in the home:

What language did your child speak first? _____


What language is spoken most by adults living in the home? _____

What language does your child speak most at home? _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

Signature of Parent/Legal Guardian/Adult Student

Date

| | | | | | |
|---|--|---|-----------------------------------|---|----|
| FOR DISTRICT USE ONLY | | District: | School: Hanaadli Community School | | |
|  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: | | |
| 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"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian | | <input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish | | <input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____ | |
| OTHER QUESTIONS | | | | | |
| 8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school: | | | | Yes | No |
| 9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)? | | | | Yes | No |
| 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: | |

Hanáádlí Community School/Dormitory, Inc.

Health and Developmental Information Form

Kindergarten Program

School Year: 2021-2022

Child's Name: _____ Male _____ Female _____ Birth date: _____

I. Health History:

A. Illnesses

1. Does your child have, or has your child had in the past, any of the following: (Check all that apply.)

| | | | |
|---------------------------|-------|-----------------------|-------|
| Allergies | _____ | Heart condition | _____ |
| Anemia | _____ | Kidney condition | _____ |
| Arthritis | _____ | Low blood sugar | _____ |
| Asthma | _____ | Meningitis | _____ |
| Bleeding disorder | _____ | Neuromuscular disease | _____ |
| Cerebral Palsy | _____ | Orthopedic disability | _____ |
| Chicken Pox | _____ | Pneumonia | _____ |
| Coughs/colds (frequent) | _____ | Rheumatic Fever | _____ |
| Cystic Fibrosis | _____ | Seizures | _____ |
| Ear Infections (frequent) | _____ | Sickle cell disease | _____ |
| Gastrointestinal disorder | _____ | Vision impairment | _____ |
| Hearing impairment | _____ | Whooping cough | _____ |
| Diabetes | _____ | Other _____ | _____ |

Explain any items check above: _____

2. Dr. Ordered Special Needs:

_____ Glasses/Contacts _____ Hearing Aids _____ Liberal Bathroom Privileges _____ Physical Education Limits

3. Does your child take any medications? Yes _____ No _____

Explain: _____

4. Allergic Reaction to: _____ Bees _____ Foods: _____ Medications: _____

Explain: _____

5. Asthma Triggers: _____ Exercise _____ Pollens _____ Molds _____ Changes in Temperature

_____ Chalk _____ Animals _____ Dust/Mites _____ Other: _____

6. Has your child had a fever of 104° or higher for more than a few hours? Yes _____ No _____

Did your child experience seizures with fever? Yes _____ No _____

Explain: _____

7. Health Insurance:

_____ Private _____ Medicaid _____ No Insurance

Emergency Information:

Doctor Name: _____ Primary Physician's Name: _____

II. Preschool Education Experiences

A. How many years and/or months has your child spent in any of the following?

Home day care _____ Day care center _____ Head Start/Pre-K _____
Home with parent(s) _____ Home with babysitter _____
Other: _____

B. Check any of the following materials your child uses at home or in day care.

| | | | |
|---------------|---------------------|--------------------|---------------|
| _____ Crayons | _____ scissors | _____ pencil | _____ pens |
| _____ Markers | _____ coloring book | _____ paste | _____ glue |
| _____ Paper | _____ finger paint | _____ bikes/trikes | _____ puzzles |
| _____ Blocks | _____ play dough | | |

III. Parental Concerns

If you believe your child has a special need, please circle your concern from the following:

- A. Behavior** – tantrums; is not able to accept limits, resists or refuses requests; is very shy; trouble getting along with other children; easily frustrated; hits, shoves, bites others.
- B. Social Skills** – does not play well with other children; does not separate easily from parent; will not work in a group; is left out of peer activities.
- C. Speech/Language** – speech is unclear or garbled; stutters, difficulty expressing what he/she wants or needs; often needs instructions repeated.
- D. Self-help** – toilet difficulties or accidents; feeding or dressing problems
- E. Attention**- distracted easily; short attention span; jumps from one thing to another.
- F. Developmental Delays** – is not learning at an average rate; delays in developmental milestones.
- G. Movement** – clumsy; difficulty using tools; hand/eye coordination problems; poor control of body movement.
- H. Hearing** – has trouble hearing; asks you to repeat or talk louder; favors one ear; startles at sudden noises.
- I. Vision** – eyes cross or turn out; squints, rubs eyes; tilts or turns head to focus on something eyes quiver.

Parent/Guardian Signature: _____ Date: _____



Hanáádlí Community School/Dormitory, Inc.
Academic Program
SY 2021-2022

CONSENT FORM FOR RELEASE OF STUDENT SCHOOL RECORDS

Student: _____ D.O.B.: _____

Previous School Attended: _____

(Address) _____

Phone: _____ Fax: _____

FROM: Hanáádlí Community School/Dorm, Inc.
P.O. Box 639
Bloomfield, New Mexico 87413-0639
Phone: (505) 960-3411 Fax: (505) 960-3591

The following records are required to complete enrollment of the student. Any additional records which may be helpful are also required.

Please Fax and/or Mail the following documentation **as soon as possible**.

- Transcript of grades/ last Report Card
- Attendance Records
- Health & Immunization Records
- NWEA/SAT 10 Scores
- ELL Scores
- Other: _____

Exceptional Education

- SPED Records/IEP
- Medical & Health History
- Other: _____

This is to certify that I agree to the release of the records checked above with the understanding that the information will be released only for the purpose stated above and only to Hanáádlí Community School/Dorm, Inc.

Parent/Guardian Signature

Date

Relationship to Student

School Registrar

Date