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

KINDERGARTEN PROGRAM
SCHOOL YEAR 2026-2027

STUDENT ENROLLMENT REQUIREMENTS:

Enrollment to Kindergarten Program:
****Your child would need to be 5 years old before or on December 31, 2026 to be eligible for enrollment****

Checklist:

1. ☐ C.I.B. (Certificate of Indian Blood)
2. ☐ Birth Certificate
3. ☐ Immunization Record (Current 2026)
4. ☐ Kindergarten Enrollment Application Form
5. ☐ Health History Form
6. ☐ Media Release form
7. ☐ Consent form release student school records
8. ☐ McKinney-Vento Questionnaire Form
9. ☐ NM Student Language Usage Survey

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.

Hanáádlį Community School/Dormitory, Inc.

School Year 2026-2027
KINDERGARTEN ENROLLMENT FORM

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CHILD INFORMATION: (Students must be enrolled with an Indian Tribe or at least have ¼ 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:**_____

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:_____

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

Guardian's Name: _____ Relationship:_____
Address: _____ Home Telephone:_____
Employer: _____ Work Telephone: _____
Email Address: _____ Cell Phone: _____

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)	Emergency Contact (2)
Name: _____	Name:_____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell 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 is 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 enrollment to this school. I understand that additional information may be requested by the school before the student is enrolled.

_____ _____
Signature of Parent/Legal Guardian **Date**

KINDERGARTEN HEALTH HISTORY FORM
HANAADLI COMMUNITY SCHOOL 2026-2027

Child's Name: _____ Birthdate: ____/____/____ M / F

Parent(s)/Guardian(s):_____Phone: _____

Child's Physician/Clinic:_____Phone: _____

Dentist/Clinic: _____Phone: _____

Hospital Preference:_____

HEALTH HISTORY: Does your child have any of the following, or does he/she have a history of any of the following?

	YES	NO	
1.	____	____	Asthma
2.	____	____	Seizures
3.	____	____	Diabetes
4.	____	____	Heart Problems
5.	____	____	Depression/Anxiety/Emotional Problems
6.	____	____	Bladder/Urinary Tract Problems
7.	____	____	Stomach/Bowel Problems
8.	____	____	ADD/ADHD
9.	____	____	Food allergies, If yes, _____.
10.	____	____	Drug/medication allergies
11.	____	____	Dust/pollen/other allergies
12.	____	____	Require use of an EpiPen for any allergies
13.	____	____	Vision problems: Wears glasses_____ Wears contact lenses____
14.	____	____	Hearing problems: Left ear_____ Right ear____ Hearing aid(s)____
15.	____	____	Eating problems/dietary concerns
16.	____	____	Headaches
17.	____	____	Take Medications daily, if so please list: _____
18.	____	____	Chicken Pox
19.	____	____	Other_____

Describe health condition(s) to which you answered "yes" above:

_____

_____

_____

Does your child have any vision, hearing, or speech concerns that the school should be aware of and/or make accommodations for? Yes_____No _____Describe_____

Does your child have any condition that may affect their participation in classroom activities?

Yes_____No _____

Does your child have any condition that may affect their participation in physical education/physical activities? Yes_____No _____

IT IS THE PARENT'S RESPONSIBILTY TO PROVIDE A COMPLETED UPDATED IMMUNIZATION RECORD FOR EACH CHILD PRIOR TO ENTRY INTO SCHOOL!

Hanaadli Community School/Dormitory, Inc.
Academic Program
SY 2026-2027

STUDENT MEDIA RELEASE FORM

SCHOOL YEAR 2026-2027

Student Name: _____ Date: _____

Dear Parent/Guardian:
Hanaadli Community School/Dormitory, Inc. may wish to interview, photograph, or video your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters, Facebook, school website; on the school/dorm website, or other special school/dorm events.
Before your child can participate in any of the above activities, you must give your permission by signing and returning this page to the school/dorm. Thank you for your cooperation.

☐ **I give my permission** for my child to be interviewed, photographed or video, Facebook, school website; for use in school/dorm publications, productions, and for his/her name to be published in school/dorm publications and websites.

☐ **I do not give my permission** for my child to be interviewed, photographed or video, Facebook, school website; for use in school/dorm publications, productions, and for his/her name to be published in school/dorm publications and websites.

Parent/Guardian signature: _____ Date:_____

Parent Guardian name (please print):_____

This form will be retained at the school/dorm, with the student's records.

Updated: 03/2026

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P.O. Box 639, County Road 7150 #700
Bloomfield, New Mexico 87413
(505) 960-3411/7632
Fax: (505) 960-3591
www.hanaadlicsd.com

SCHOOL YEAR 2026-2027
CONSENT FORM FOR RELEASE OF STUDENT SCHOOL RECORDS

Student: _____ D.O.B.: _____

Previous School Attended: _____

(Address) _____

_____

Phone: _____ Fax: _____

FROM: Hanaadli 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 Hanaadli Community School/Dorm, Inc.

_____ _____
Parent/Guardian Signature Date Relationship to Student

_____
School Registrar 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.

☐ American Sign Language (ASL)	☐ Keres	☐ Tiwa
☐ Arabic	☐ Khmer	☐ Tewa
☐ Cantonese	☐ Korean	☐ Towa
☐ Diné	☐ Mescalero Apache	☐ Vietnamese
☐ French	☐ Mandarin	☐ Zuni
☐ Greek	☐ Portuguese	
☐ Hmong	☐ Russian	☐ Other _____
☐ Jicarilla Apache	☐ Somali	
☐ Italian	☐ 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:
Translator:	Language:	Date: