

VOLCANO VISTA HIGH SCHOOL

Vickie Bannerman
Principal

Ben Brown
Athletic Director

Home School and Charter Athletes

The following conditions must be met to compete in a VVHS sport:

1. The student must be registered with the Public Education Department (PED).
2. The student must complete registration and emergency card for Volcano Vista
3. The student must be a bona fide resident within Volcano Vista boundaries.
4. The student must have a GPA of 2.0 with no Fs.
5. The student must have at least 4 subjects.
6. The student must follow all the NMAA guidelines and eligibility rules.
7. Grades must be provided every Semester to AD to verify academic eligibility.
8. Fill out and sign the VVHS Information Sheet and Athletic Code of Conduct Form.

Student Name _____

Parent Name _____

Student Address _____

Parent/Student Phone # _____

E-mail address _____

PED# (Home school only) _____

Name of Charter School (Charter only) _____

- Proof of Residence (Utility Bill, Property Form, DL)
- HS/Charter Grades
- Immunization Records
- Registration Form and Emergency Card Fully Complete (See attached)
- NMPED Language Usage Form (See Attached)
- YES – I would like my student to be enrolled in and participating in the on-campus Athletic Class: _____



Albuquerque Public Schools Registration Form 2020-2021

Student Information

Student ID:	Last Name:	First Name:	Middle Initial:
Last School Attended:		Today's Date:	Grade Level:
Gender:	Date of Birth:	Hispanic/Latino:	
Student Primary Phone/Cell:		Student Primary Email Address:	
You have designated your Primary Race as _____ and your Secondary Race as _____ To modify this, Indicate change by using numbers 1-5 below. (1 being primary, 2 being secondary, etc.) <input type="checkbox"/> White-Caucasian <input type="checkbox"/> Black African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander			Please Indicate If you are of Hispanic Origin
Indian Education:	Tribes:	506 :	CIB:
Birth Country: (If born on a US military base report as US) (Optional)		Student has attended school in the US for the last 12 months: Y N	

Student ID:

Parent/Guardian Information - Where Student Lives:

Office Use Only
Family #:

Parent/Guardian 1				Parent/Guardian 2 (at same address)			
Home/Contact Phone #:							
Last Name:		First Name:		Last Name:		First Name:	
		MI:				MI:	
Gender:	Cell Phone:	Work Phone:		Gender:	Cell Phone:	Work Phone:	
Email address:				Email Address:			
Place of Employment :				Place of Employment:			
Is this Parent/Guardian Active Military? Y N		Is this place of Employment on Federal Property? Y N		Is this Parent/Guardian Active Military? Y N		Is this place of Employment on Federal Property? Y N	
Rank:				Rank:			
Relationship to Student:		Legal Guardian :	Lives with :	Relationship to Student:		Legal Guardian: Y N	
		Y N				Y N	
Street Address:							
Apartment/Unit #:		City:		State:		Zip Code:	
Mailing Address:						Office Use Only Dwelling #:	

First Name:

Parent/Guardian Information -Not at Above Address:

Office Use Only
Family #:

Parent/Guardian 1				Parent/Guardian 2 (at same address)			
Home/Contact Phone #:							
Last Name:		First Name:		Last Name:		First Name:	
		MI:				MI:	
Gender:	Cell Phone:	Work Phone:		Gender:	Cell Phone:	Work Phone:	
Email address:				Email Address:			
Place of Employment:				Place of Employment:			
Is this Parent/Guardian Active Military? Y N		Is this place of Employment on Federal Property? Y N		Is this Parent/Guardian Active Military? Y N		Is this place of Employment on Federal Property? Y N	
Rank:				Rank:			
Relationship to Student:		Legal Guardian:	Lives with :	Relationship to Student:		Legal Guardian : Y N	
		Y N				Y N	
Street Address:							
Apartment/Unit #:		City:		State:		Zip Code:	
Mailing Address:						Office Use Only Dwelling #:	

Last Name:

STUDENT EMERGENCY CONTACTS (NOT PARENTS/GUARDIANS)

1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:
3. Name:	Relationship:	Phone:
4. Name:	Relationship:	Phone:

KINDERGARTEN REGISTRATION

Did your child attend a Pre-Kindergarten program? (please circle): Y N
If your child attended a Pre-K program, circle the program: Head Start State PreK City Child Dev Private PreK Title 1 Even Start

EXCLUSIONS:

<i>If you do not mark, information will be released.</i>		
Do not release my child's information to: Military <input type="checkbox"/>	Universities <input type="checkbox"/>	Businesses <input type="checkbox"/>
I have been offered Student Accident Insurance (please circle): Y N	I DO NOT want this insurance: <input type="checkbox"/>	I DO want this insurance: <input type="checkbox"/>
Child Protection Order on File (please circle): Y N	I verify that my child's exclusions are correct: <input type="checkbox"/>	
Is this student currently in Foster Care (please circle) Y N		
I give permission for my child to be photographed, interviewed, videotaped and/or sound recorded by school personnel and/or news reporters or other members of the media (please circle) Y N		
Does your student have access to high-speed internet at home? (please circle): Y N		

SIBLINGS ENROLLED AT APS SCHOOLS

1. Name:	Student ID:
2. Name:	Student ID:
3. Name:	Student ID:
4. Name:	Student ID:
5. Name:	Student ID:
6. Name:	Student ID:

Signature of Parent/Guardian

Today's Date



Bus # _____

Albuquerque Public Schools Emergency Health Information 2020-2021

STUDENT INFORMATION			GRADE _____
Student ID #:	Last Name:	First Name:	Middle Initial:
Gender:	Enroll Date:	Date of Birth:	
Address:			
Home Phone #:	Cell #	Parent Contact Language:	
Last School Attended:			

FIRST NAME:

PRIMARY FAMILY CONTACTS (WHO WE WILL CALL FIRST)				
Parent/guardian name:	Relationship:	Work number:	Cell number:	Lives with Circle one: yes no
Parent/guardian name:	Relationship:	Work number:	Cell number:	Lives with Circle one: yes no

EMERGENCY CONTACTS (WHO WE WILL CALL IF PARENT/GUARDIAN CANNOT BE REACHED)				
Name:	Relationship:	Home Phone:	Cell:	Work:
Name:	Relationship:	Home Phone:	Cell:	Work:
Name:	Relationship:	Home Phone:	Cell:	Work:
Name:	Relationship:	Home Phone:	Cell:	Work:

STUDENT HEALTH HISTORY: **MY CHILD HAS NO HEALTH CONDITIONS (INCLUDING THOSE LISTED BELOW)** **MY CHILD HAS THE FOLLOWING HEALTH CONCERN(S):**

Allergies:	Food (List):	Has EpiPen Prescription: Y N	Other Allergy (List):	Seasonal: Y N
ADHD		Psychiatric	Ear/Nose/Throat	Pulmonary (Other than Asthma)
Asthma		Eye/Vision	Cancer	Cardiovascular (List) _____
Needs Inhaler at School: Y N		Neurological	Stomach/GI	High Blood Pressure: Y N
Dermatologic/Skin		Migraines		Musculoskeletal
Diabetes (circle one)		Seizures: Type _____		
Type 1 Type 2		Eating Disorder	Bladder/GU	Dental/Oral
Wears glasses/contacts: Y N		Endocrine Other than Diabetes	Hematology/Bleeding Disorders	Congenital/Genetic
Wears hearing aids/device: Y N		Medications taken on a daily basis:		
**Any Other Health Conditions: List on Back				

Student's Health Insurance:	Subscribers Name:	ID#
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 CAN 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 understand health screenings may be done unless I provide the school health office with written notification requesting exclusion from these screenings.

Parent/Guardian Signature: _____

Date: _____

FOR DISTRICT USE ONLY

District:

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) Arabic Cantonese Diné 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: