



Enrollment Packet

For the 2023-2024

School Year

Please fill out all this information and include copies of the following documents for new In-District Students:

- Birth Certificate
- Immunization Records
- Proof of Residency
- Official Withdrawal/Transcripts or a Report Card from previous school

CAPTAN MUNICIPAL SCHOOLS ENROLLMENT FORM

PLEASE COMPLETE ALL SIDES AND SHEETS

Lunch # _____

PLEASE PRINT CLEARLY

Grade Level: _____ HR Teacher: _____

Student Name: _____
First Middle Last

Physical Address: _____ City _____ St _____ Zip _____

Does student live in Capitan School District? ☐ YES ☐ NO Will student ride school bus? NO/YES - Bus # _____

Mailing Address: _____ City _____ St _____ Zip _____

Telephone Numbers: Home: _____ Cell: _____

Date of Birth: ____/____/____ Gender ☐ M ☐ F

NEW STUDENT: Last School Attended: _____

Date of Withdrawal: _____ Student received Special Education services at last school ☐ Y ☐ N

If yes, what services? _____

STUDENT ETHNICITY

Please circle or list other: Hispanic Latino Caucasian Asian Black or African American. Native Hawaii/P.I.

American Indian/Alaskan Native - List Tribe: _____ Other (please specify) _____

PARENT / FOSTER PARENT / LEGAL GUARDIAN / OTHER: _____

Father _____

Mother: _____

Phone(s): _____

Phone(s): _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

()has custody ()lives with ()school pickup ()emergency pickup

()has custody ()lives with ()school pickup ()emergency pickup

IF DIVORCED - CUSTODY ARRANGEMENT: _____

Does student have a guardian or caregiver other than parent(s) listed above? If yes, please complete:

Name: _____ Relationship to Student: _____

Phone Number(s): _____ ()has custody ()lives with ()school pickup ()emergency pickup

EMERGENCY CONTACT INFORMATION IF PARENT CANNOT BE REACHED

Name: _____ Relationship to Student: _____

Phone Number(s): _____ ()has custody ()lives with ()school pickup ()emergency pickup

Name: _____ Relationship to Student: _____

Phone Number(s): _____ ()has custody ()lives with ()school pickup ()emergency pickup

Name: _____ Relationship to Student: _____

Phone Number(s): _____ ()has custody ()lives with ()school pickup ()emergency pickup

Please list anyone else - other than emergency contacts - who are authorized to sign student out of school.

BROTHERS OR SISTERS UNDER AGE 18

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

I hereby verify that all information on this and the back side of this sheet are correct and accurate.

Printed Name of Parent/Guardian completing form: _____

Signature of Parent/Guardian completing form: _____

Date Completed: _____

Date Received: _____



Capitan Municipal Schools

519 Smokey Bear Boulevard
Post Office Box 278
Capitan, New Mexico 88316
575-354-8500
www.capitantigers.org

Consent to Treat & Over-the-Counter Medication Form

Capitan Municipal Schools has a health professional who is available to care for students during school.
In order to adequately care for students, the following consent is required.

I, _____ (parent/guardian name), recognize that minor symptoms occur that may not be relieved through comfort care. The School Nurse does have over-the-counter medications which can be administered if authorized by me on this form.

Before granting the school permission to administer over-the-counter medication, please check with your doctor/pharmacist that the medications below do not interact with any medications your child may already be taking or that your child is not allergic to the medications below.

Student's Last Name	First Name	DOB	Grade


____ No, my child **may not be given** any over-the-counter medications or options listed below. We/I understand that only comfort care measures (such as an ice pack) will be administered. I understand that I will be contacted to come pick my child up from school if comfort measures are not successful.

____ Yes, my child **may** see the School Nurse and **receive** the over-the-counter medications indicated below if deemed appropriate based on his or her presentation/symptoms. I have checked with his or her physician/pharmacist and verified that it is safe for my child to take the following over-the-counter medications:

- ____ All over-the-counter medications listed below
- ____ Acetaminophen (example: Tylenol)
- ____ Ibuprofen (example: Motrin/Advil)
- ____ Saline eye rinse &/or nasal spray
- ____ Antihistamine (example: Benadryl)
- ____ Topical antihistamine cream (hydrocortisone for itching/rash)
- ____ Antacid (example: Tums)
- ____ Cough Drops
- ____ Antibacterial ointment (example: Neosporin)
- ____ Aloe Vera (to treat sunburns)

PARENTS/GUARDIANS WILL BE NOTIFIED BY PHONE IF THE ABOVE CHECKED MEDICATION(S) ARE ADMINISTERED.

Parent/Guardian Signature _____ Date _____

FOR DISTRICT USE ONLY	District:	School:		
 <div> <p>NEW MEXICO PUBLIC EDUCATION DEPARTMENT</p> <p>LANGUAGE USAGE SURVEY</p> <p>~for parent or guardian to complete~</p> </div>				
<p>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.</p>				
Student's Name:	Date of Birth:	Grade Level:		
Answer each question by marking either the YES or NO box.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">YES</th> <th style="width: 50%; padding: 5px;">NO</th> </tr> </table>	YES	NO
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:				
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:		

Sólo para uso del distrito:	District:	School:
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 <p style="text-align: center;">ENCUESTA DEL USO DEL IDIOMA DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO ~ padres o tutores deben llenar~</p>		
<p>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.</p>		
Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:

<p>Responda a cada pregunta marcando la casilla bajo SÍ o NO</p> <p>1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?</p> <p>2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?</p> <p>3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?</p> <p>4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?</p> <p>5. ¿Escribe el estudiante en otro idioma(s) además del inglés?</p> <p>6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?</p>	SÍ	NO			
<p>7. ¿Si respondió SÍ a una o más de las preguntas 1-6, ¿cuál(es) idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:</p> <table border="0"> <tr> <td> <input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer </td> <td> <input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali </td> <td> <input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____ </td> </tr> </table>			<input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer	<input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali	<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____
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OTRAS PREGUNTAS		
<p>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:</p>		
<p>9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?</p>		
<p>10. ¿En cuál idioma prefiere recibir información de la escuela?</p>		
<p>11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?</p>		
<p>12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?</p>		

Firma del padre o tutor:	Fecha:
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Traductor/intérprete:	Idioma:	Fecha:
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CAPITAN MUNICIPAL SCHOOLS

Home of the Tigers

Parents & Students must sign and return the Chromebook Policy Sign-off and Student Pledge document before the Chromebook can be issued to the student. Any student who transfers out of CMS will be required to return their Chromebook and accessories. If a Chromebook and accessories are not returned, the parent/guardian will be held responsible for payment in full. If payment is not received the parent/guardian will be turned over to a collection agency. Students will not be released from Capitan Schools until all materials are returned.

GENERAL PRECAUTIONS

No food or drink is allowed next to your Chromebook while it is in use.

Cords, cables, and removable storage devices must be inserted carefully into the Chromebook.

Students should never carry their Chromebook while the screen is open unless directed to do so by a teacher.

Chromebooks should be shut down when not in use to conserve battery life.

Chromebooks should never be shoved into a locker or wedged into a book bag as this may break the screen.

Do not expose your Chromebook to extreme temperature or direct sunlight for extended periods of time. Extreme heat or cold may cause damage to the laptop.

Always bring your laptop to room temperature prior to turning it on.

CARRYING THE CHROMEBOOK

The protective shell of the Chromebook will only provide basic protection from everyday use. It is not designed to prevent damage from drops or abusive handling. Carrying the Chromebook in a padded backpack or padded bookbag is acceptable provided the backpack or bookbag is handled with care.

SCREEN CARE

The Chromebook screen can be damaged if subjected to rough treatment. The screens are particularly sensitive to damage from excessive pressure on the screen.

Do not lean on top of the Chromebook.

Do not place anything near the Chromebook that could put pressure on the screen.

Do not place anything in the carrying case that will press against the cover.

Do not poke the screen.

Do not place anything on the keyboard before closing the lid (e.g. pens, pencils, notebooks).

Clean the screen with a soft, dry anti-static, or micro-fiber cloth. Do not use window cleaner or any type of liquid or water on the Chromebook.

Using Your Chromebook

AT SCHOOL

The Chromebook is intended for use at school each and every day. Students must be responsible for bringing their Chromebook to all classes, unless specifically advised not to do so by their teacher.

AT HOME

All students are required to take their Chromebook home each night throughout the school year for charging. *Chromebooks must be brought to school each day in a fully charged condition.* If students leave their Chromebook at home, they must immediately phone parents to bring the Chromebook to school. Repeat violations of this policy will result in referral to administration and possible disciplinary action.

Personalizing the Chromebook:

Chromebooks must remain free of any writing, drawing, or stickers. An identification label with the student's name is acceptable on the Chromebooks.

Under no circumstances are students to modify, remove, or destroy identification labels

STORING YOUR CHROMEBOOK

When students are not monitoring their Chromebook, they should be stored in their lockers with the lock securely fastened. The Chromebook is not to be stored in their lockers or anywhere else at school outside of school hours. Chromebooks should never be stored in a vehicle. Students are responsible for securely storing their Chromebook during extra-curricular events.

ACCIDENTAL DAMAGE OR LOSS

If a Chromebook becomes defective (at no fault of the student) after the warranty expires, CMS will replace the Chromebook at no charge with a refurbished Chromebook of the same age or newer. Parents/Students will be charged for full replacement cost of a device that has been damaged due to intentional misuse or abuse.

Lost, Stolen or Intentionally Damaged Device and Accessories:

A Chromebook or any of it's accessories that are lost (whereabouts unknown) or intentionally damaged is the responsibility of the student and parent involved in the loss of property.

Failure of the parent, legal guardian or student over the age of 18 to pay any fees from an intentionally damaged, lost or stolen Chromebook will be turned over to a collection agency.

Print Student Name

CMS Technology Use Agreement Beginning of the year - Chromebook Check-out

The following information must be filled out completely prior to obtaining your Chromebook. Failure to complete the following information may delay your Chromebook being issued. One form per student must be filled out.

Parents/Guardians: (initial all below)

- ☐ I have read and discussed the Chromebook Policy Handbook and the Responsible Use of the Internet document with my child. I understand that my child's failure to follow the information and expectations outlined in these documents may result in disciplinary action.
- ☐ I understand the Chromebook Insurance Policy: Lost or stolen Chromebooks or Accessories are the responsibility of the student/family and must be replaced at full value.

Parent Signature _____ Date _____

Student: (initial below)

- ☐ I have read and understand the Chromebook Policy Handbook & Acceptable Use Policy. I understand that my failure to follow the information and expectations outlined in these documents may result in disciplinary action.

Student Signature _____ Date _____
Grade Level: 6 7 8 9 10 11 12

BUS TRANSPORTATION FORM

Parent(s)/Guardian(s):

We are looking forward to transporting your student to and from school. It is necessary for us to have accurate records for all riders, all contact numbers, and for each student rider to be registered if eligible according to the New Mexico state regulations. Below you will find the bus rules to remind students and parents of the seriousness of misconduct as it relates to school bus safety. These rules were developed by school administrators for the protection of student riders. Remember, NM state regulations require all students to be at their assigned stop at least five minutes before the bus is scheduled to arrive.

Thank you - Shane Shepperd, Transportation & Operations Supervisor- 575-354-8517

ALTERNATE/EMERGENCY BUS STOP REQUESTS

Any alternate/emergency bus stop can be arranged with a handwritten note or call from the parents that must be signed by a school official NO LATER THAN 2PM the day of request. If this is not done by 2PM (except in the case of an emergency) you child will NOT be allowed to get off at any stop other than their DESIGNATED stop. If the note is given directly to the driver at the time of the departure, without an administrator's signature, the request will be DENIED.

BUS RULES & CONSEQUENCES

1. Obey the driver and follow all safety rules	6. Do not distract the driver.
2. Do not be disrespectful, rude, or discourteous	7. Stay in your seat facing forward at all times
3. No eating or drinking on the bus	8. Do not throw anything in or out of the bus door/window
4. No threats, verbal abuse, profane language	9. No drugs, alcohol, tobacco
5. No fighting, hazing, pushing, etc.	10. No vandalism, theft, etc.

After verbal warning from the driver and a phone call to the parent, the student will be referred to the Principal. The next occurrence will result in possible discontinuance of bus privileges. Continued misconduct could result in riding privileges being revoked for any length of time seen fit by administrators. By signing below, I agree that my child knows and will adhere to the rules.

Parent signature _____

***Transportation for any Out-of-District student is a privilege. The district is not required to provide transportation services for these students. See Transportation Board Policy Where Out-of-District Student eligibility is outlined in the Out-of-District Contract.

FOR ELEMENTARY ONLY

FOR THE SAFETY OF ALL STUDENTS - THERE WILL BE ABSOLUTELY NO DROP-OFFS OR PICK-UPS (in cars) IN THE FRONT OF THE ELEMENTARY ON FOREST AVENUE. If you have a documented reason that your child should be dropped off or picked up at the front of the building, it must be approved by the Principal. Please use the main parking lot near the Administration Office for drop off and pick up.

THE CHILD LISTED ABOVE WILL:

() Ride Bus# __ after school () May walk alone () Be a car kid (main parking lot)

() Walk or ride a bike home after school

() MUST walk with a sibling(s) or other listed: _____

*****NOTE: PLEASE COMPLETE THIS FORM EVEN IF YOUR CHILD WILL NOT RIDE A ROUTE BUS*****

CAPITAN MUNICIPAL SCHOOLS

Parents: We are updating our records for the 2023-2024 School Year.

Please help us by completing

BOTH SIDES OF THIS FORM

and return it to school the next school day for your student. Please complete these forms even if your child is not currently a bus rider. For students to participate in field trips and/or activity trips such as sports, band or FFA, this form MUST be on record.

THANK YOU

BUS EMERGENCY CONTACT CARD

For the 2023-2024 school year

*Bus # _____

Student Name _____ Date _____

Physical Address _____

Bus Stop if not at Physical Address _____

Emergency Contacts

<u>Name</u>	<u>Relationship to Student</u>	<u>Phone#(s)</u>
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		

I hereby authorize the above listed adults to pick up my child from the bus or school if I am unavailable to do so or not able to be contacted in an emergency. I do hereby acknowledge that a parent/guardian MUST be present and sign out at pick up, no matter the age of the student, for release for school.

Parent/Guardian Name (PRINTED) _____

*Admin Only - *RECEIVED BY- _____ *Date _____

*Principal signature _____ *Date _____

*Transportation/Operations Supervisor _____ *Date _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents or guardians to AUTHORIZE emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Upon completion, parents must return this form to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent.

Student's Full Name: _____

First	Middle	Last
Family Doctor	Address	Phone
Health Plan/Insurance Provider	Subscriber/Group Policy Number	
My child is allergic to the following medications		
Other medications used		
My child has the following health problems		

FACTS CONCERNING THE STUDENT'S MEDICAL HISTORY TO WHICH A PHYSICIAN SHOULD BE ALERTED

Please indicate if student has had or is currently under treatment for any of the following conditions:

Please give year or age when problem occurred

___ ASTHMA _____	___ MENINGITIS _____
___ DIABETES _____	___ MIGRAINE HEADEACHE _____
___ EAR/HEARING PROBLEMS _____	___ MUSCULAR WEAKNESS or PARALYSIS _____
___ EMOTIONAL PROBLEMS _____	___ BLEEDING DISORDERS _____
___ SEIZURES _____	___ HIGH BLOOD PRESSURE _____
___ HEART PROBLEMS _____	___ INFECTIOUS DISEASE _____
___ HEPATITIS _____	
___ OTHER _____	

ALLERGIES

___ SEASONAL _____

___ MEDICATION _____

___ OTHER _____

HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY, OR ACCIDENT (please indicate date or age)

USE OF CONTACT LENSES? YES NO

LONG TERM MEDICATION LIST _____

HAS STUDENT EVER BEEN INFORMED OF THE NEED TO BE ON ANTIBIOTIC THERAPY PRIOR TO DENTAL TREATMENT?

___ NO ___ YES - please explain _____

As legal custodian of student listed above, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed doctor and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, and/or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agents(s). I understand that the Capitan Municipal School District, it's employees and it's Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility. I understand that the Capitan Municipal School District does NOT provide medical insurance for student injuries but does offer student accident/health insurance for voluntary purchase. I have received the information and application for this program.

Signature of Parent/Guardian _____ Date: _____

STUDENT NAME: _____

STUDENT ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE RESPONSIBLE AND ACCEPTABLE USE POLICY

I understand that my use of District's technology resources is not private and that the District will monitor my activity.

I have read the District's policy and this user agreement and agree to abide by their provisions. In consideration for the privilege of using the District's technology resources, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, these resources, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

RESPONSIBILITY - By signing the contract below, I am agreeing to abide by the above rules and guidelines for use and to accept financial responsibility for the repair or replacement of the equipment devices in the event that I am found to be responsible for such equipment/devices being lost, stolen, or damaged while in my possession. I further understand that this agreement must be renewed each school year.

STUDENT NAME: _____

STUDENT SIGNATURE: _____
(required for all secondary students)

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK

I acknowledge the receipt of the Capitan Municipal School Student Handbook online at www.capitantigers.org. I have read the handbook and understand the procedures as set forth therein. (If I do not have internet access, I understand it is my responsibility to request the handbook from my student's school office).

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

INCLEMENT WEATHER ARRANGEMENTS

If school is dismissed early due to inclement weather, the Capitan Municipal Schools will adhere to the following procedure. An automated call will be made regarding the time of dismissal. Bus students will be put on their assigned bus and students who walk will be sent home at the time identified for early dismissal. Please submit, in writing, your desire for alternative arrangements for your child. The District wants to be sure that your child is safe.

INSTRUCTIONS: _____

Parent Signature: _____ Phone(s): _____

WAIVER CONSENT TO DISCLOSE STUDENT INFORMATION

STUDENT NAME - PLEASE PRINT: _____

The following activities are beneficial to the educational process of my child, named above, and having the legal authority to do so, I hereby grant permission to Capitan Municipal Schools (the District) to release information about my child in connection with the following education-related activities that. I HAVE MARKED IN THE CORRESPONDING BOXES:

MARK EACH SECTION BELOW IF YOU APPROVE - LEAVE BLANK IF YOU DO NOT APPROVE

- ☐ Inclusion in the Honor Roll and publication of the student's name as part of the Honor Roll in any print or broadcast medium for the purpose of recognizing the named student's academic achievements. Such recognition may include publication of criteria for Honor Roll inclusion such as name and grade point average.
- ☐ Inclusion in other honors publicly bestowed on the student by the District, School or School-related organization including any honor related to academic achievement, community service, or extracurricular activity. Public recognition of the student may include dissemination of the criteria for the student's honor including name, grade point average and like information.
- ☐ Public display of student's artwork and other school-related material which may bear any award and the student's name.
- ☐ Group grading exercises in which students may grade other students assignments (Teacher assigns final grade.). Students may participate in cooperative or group project and receive a group grade. These activities promote peer learning and peer teaching.
- ☐ Identification in written or oral recommendation of the student by an employee of the District, ie. To colleges, employers, etc.

MEDIA RELEASE FORM/WAIVER

I, the undersigned, do hereby grant or deny permission to Capitan Municipal Schools to use the Image of MY CHILD, **student** listed above, as marked by my selection below. Such use includes the display, distribution, publications, transmission, or other use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Capitan Municipal Schools website and or other social media.

- ☐ DENY permission to use any said image at all.
- ☐ GRANT permission to use the images as stated above.

AND/OR

I, the undersigned, do hereby grant or deny permission to Capitan Municipal Schools to use MY IMAGE, (please print **parent(s)** name) _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of myself for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Capitan Municipal Schools website and other social media.

- ☐ DENY permission to use any said image at all.
- ☐ GRANT permission to use the images as stated above.

I also understand that this grant of permission shall only be revoked by written instrument delivered to the principal of the school, which the student attends. This consent shall remain in effect for the duration of enrollment at the Capitan Municipal Schools unless revoked. I agree that these images may be used by the Capitan Municipal Schools for a variety of purposes and that these images may be used without further notice. We waive rights to damages and hold harmless Capitan Municipal Schools and its agents.

Printed Name of Parent(s): _____ Signed: _____
Signature of Child (if over 18) _____ Date Signed: _____