

# RATON HIGH SCHOOL

1535 Tiger Circle  
Raton, New Mexico 87740  
Phone: 575-445-3541 Fax: 575-445-2237

Lynette Simpson, Counselor

←—————→  
Dear Registrar of:

(Name of Previous School) \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

RATON HIGH SCHOOL is requesting school records for:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
(Date of Birth) (Grade)

Please include the following and any other relevant information:

IF AVAILABLE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birth Certificate         | <input type="checkbox"/> Transcript Record                                      | <input type="checkbox"/> Sp. Education<br>Records             |
| <input type="checkbox"/> Immunization Record       | <input type="checkbox"/> Standardized Test Scores/<br>College Readiness Testing | <input type="checkbox"/> Gifted Records                       |
| <input type="checkbox"/> Sports Physical           | <input type="checkbox"/> Behavior/Discipline/Truancy/<br>Attendance Contracts   | <input type="checkbox"/> Individual<br>Learning Plan          |
| <input type="checkbox"/> Discipline Records        |   | <input type="checkbox"/> 504<br>Student<br>Intervention Plans |
| <input type="checkbox"/> Attendance Records        |   |   |
| <input type="checkbox"/> Home Language Survey/WIDA |   |   |

Please fax Transcripts/Withdrawal Grades/Birth Certificate/Immunization records  
to 575-445-2237.

Please send the rest of the information to:

Raton High School  
1535 Tiger Circle  
Raton, NM 87740

If you have any questions, please feel free to call 575-445-3541.

Thank you,

\_\_\_\_\_  
Counselor Signature Date

\_\_\_\_\_  
Parent Signature Date

PLEASE NOTE: New Federal Law 99.31-"No parent signature required for educational records to be sent to another educational agency."

# RATON PUBLIC SCHOOLS STUDENT INFORMATION & PICKUP CONSENT FORM

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

GENDER (M/F): \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ BIRTH CITY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_ BIRTH COUNTY: \_\_\_\_\_  
 RACE:  (C) Caucasian  (B) Black/African American  (A) Asian  
 (I) American Indian/Alaskan Native  (P) Native Hawaiian/Other Pac Islander  
 ETHNICITY: Is the student Hispanic or Latin?  Yes  No

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

1. FATHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK #: \_\_\_\_\_

2. MOTHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK #: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**ARE THERE CUSTODY or LEGAL ISSUES THE SCHOOL NEEDS TO BE AWARE OF?**  NO  YES *If Yes, see Principal IMMEDIATELY*

3. GUARDIAN'S NAME (if applicable): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK #: \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACTS and PERSONS AUTHORIZED TO PICK-UP MY CHILD FROM SCHOOL**  
 (I understand that **ONLY** those persons listed on this form are able to pick-up my child from school)

1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

4. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(If additional names are needed, please attach list to this form & sign)

**FULL NAME & SCHOOL OF ALL SIBLINGS ATTENDING RATON PUBLIC SCHOOLS:** (Attached sheet if needed)

\_\_\_\_\_  
Name/School
Name/School
Name/School

**I UNDERSTAND THAT IF AT ANY TIME THE ABOVE INFORMATION CHANGES, IT IS MY RESPONSIBILITY TO NOTIFY THE FRONT OFFICE OF SUCH CHANGE IMMEDIATELY!**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Please Sign in Pen)*

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 (OFFICE USE ONLY): \_\_\_\_\_  
STATE ID#
HOME ROOM TEACHER

NOTES: \_\_\_\_\_

# New Mexico Student Residency Form

School Name \_\_\_\_\_ School District \_\_\_\_\_

*Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.*

This form is to learn more about your family's current housing situation. Please begin by signing and completing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

Print Parent/Guardian Name/Adult Caring for Student \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1. Where do you and your family currently live? Check only one box.**

**Section A**

Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).

***STOP: If box is checked, Please return this form without completing the remaining sections. If the box is not checked, please complete the other sections.***

**Section B**

Temporarily with another family

With an adult that is not a parent or legal guardian

Rent in a temporary space (for example: motel, hotel, trailer park or campground)

In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities.

In a temporary shelter or other temporary housing

Other (please note): \_\_\_\_\_

***CONTINUE: If you checked a box in Section B, complete the remainder of this form.***

**2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below.**

Student(s) Name			Gender	D.O.B.	Grade	School Name
First	Middle	Last				

**3. You may be contacted by a member of your school system's educational support staff. Please check the box below if you do NOT wish to be contacted.**  No, please do not contact me.

\* Referral made to Homeless Liaison on this date: \_\_\_\_\_



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:

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. What language(s) does the student use most frequently at home? Choose up to three.

American Sign Language (ASL)

Arabic

Cantonese

Diné

English

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: