Wingate High School - Admissions and Records P.O. Box 2 - Ft. Wingate, New Mexico 87316 Ph. # (505)488-6407 Fax# (505)488-6444

Academic/Residential New Student Enrollment 2018-2019 (First Day of School August 6, 2018)

Student:	Grade	Day	Dorm
Student:Complete all forms and return to the Registrar's must be attached to your enrollment packet. The school enrollment.			
Forms Check Off List:			
Enrollment Application			
Map of Home location			
Indian Health Service- Health Cons	sent		
Student Health History			
Student Check Out Form			
Student Internet & Technology Agr	reement		
Required Documents: (No exceptions)			
Updated Immunization Record			
Certificate of Indian Blood			
Birth Certificate			
Unofficial - High School Transcript	& Test Scores		
First Year Freshman Require Final		Card & Promotion	Certificate
Other Forms/Documents:			
Residential Students – Required for	rms will be comple	eted at the time of	checking into the dorm.
Day Students – Must Complete a D			
Guardianship Documents or Power	of Attorney must	be current.	·
Sports Physical Form – Mr. Martin	ez, Athletic Direct	tor	
IEP(s): Sp. Ed., Gifted & Talented	or Bilingual is ne	eded if your child	participated in these
programs at the last school attended.	-	-	- •

New students transferring from another high school: You must have an unofficial copy of your transcript & test scores upon enrolling, no exception. It is your responsibility to obtain one from the last school you attended.

<u>Students promoted to 9th grade</u> must bring a copy of last report card that shows your promotion. First year freshmen must complete all eighth grade requirements to be eligible for enrollment.

Wingate High School upholds <u>suspensions</u> and <u>expulsions</u> of other schools. Any student expelled from another school will be not accepted. Suspensions and expulsions must be cleared with the last school attended before enrolling.

BIE form 6248 OMB No 1076-0122 WHS/Rev. 03/2012 D34N21

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN EDUCATION

WINGATE HIGH SCHOOL

(Home of the Bears)

STUDENT ENROLLMENT APPLICATION

School Year	Grade _		Day	Dorm
*************	*******	******	*****	**********
(Student must be enrolled with an In-	dian Tribe or at least	have ¼ Indian E	Blood to be elig	gible for BIE school enrollment.)
Name of Student:(Last)				
Male: Female: Da	te of Birth:	(First)	Tribal Enrolli	(Middle) ment #:
Degree of Indian Blood:	Tribe:		Home Agenc	y:
Primary Language Spoken by Studer	it: Navajo	English	_ Navajo/Eng	lish Other
<u>Documents Provided</u> : Certificate of l (Optional) SS	ndian Blood ŧ			_ Immunization Record
(You must provide a copy of unofficial to	anscript from last so	chool attended, 8	8 th grade repor	t card and promotion certificate.)
Last school attended:Address:				
Dates attended: Reason for leaving:		Grade(Transcript:
Other school(s) attended:				
Dates attended:		Grade(s):	Transcript:
Reason for leaving:				
Services provided by the last school	attended. (Please a	answer all of th	e following q	uestions)
Special Education: Yes No _	Bilingual: Yes	s No	Gifted &	Talented: Yes No
Have you been expelled? Yes	_ No Susp	pended? Yes _	No	
Reason:				
lf you answered yes, you will need an ac	lministrator's approv	al before procee	eding.	
Approved Disapproved	Contract	Hold	Sign:	

HOUSEHOLD INFORMATION: Do parents live in	one household? Yes No
Student lives with:	Relationship:
Father:	Mother:
Home Phone #:	Home Phone #:
Cell Phone#:	Cell Phone #:
Work Phone #:	Work Phone #:
Chapter:	Chapter:
Who receives mail from school? (Check one) Fathe	erBoth
Father's Mailing Address:	
Mother's Mailing Address:	
Physical Address:	
Household members attending Wingate High Sch	nool:
Emergency Contact:	Emergency Contact:
Phone:	Phone:
Relation to student:	Relation to student:
	are a legal guardian, you must provide guardianship documents)
Legal Guardian:	Relationship:
Mailing Address:	
Physical Address:	
Cell Phone:	Home Phone:
Work Phone:	_ Message Ph. #
Emergency Contact:	Relation: Phone #:
Documents: Legal Guardianship Papers:	Power of Attorney:
Other:	

ENROLLMENT RESTRICTIONS:

Students expelled from prior school:

- 1. Any student who has been expelled from or left any high school because of an incident involving a weapon or violence will not be allowed to enroll at Wingate High School for a period of no less than one calendar year from the date of that expulsion or withdrawal.
- 2. Suspensions/expulsions and/or any other disciplinary actions handed down by another school must first be completed and cleared with the last school attended, before he/she is accepted for enrollment at Wingate High School.
- 3. If a student has left another school in lieu of a pending disciplinary action such as suspension, expulsion, or due process hearing, that student may not enroll at Wingate High School until an official decision has been made. Therefore if a student leaves a school under the threat of possible suspension or expulsion he/she may not enroll at Wingate High School.

Age Requirement:

- 1. Students applying for admission will not be approved if his/her birthday, grade classification or enrollment date make it chronologically impossible for them to graduate from high school before they turn 21 years of age. A student may not enroll in a Bureau of Indian Education School if he/she turns 21 years old during the current school year.
- 2. First year freshmen must complete all eighth grade requirements to be eligible for enrollment. Freshmen who are 17 years old or older will not be approved for enrollment.

Out of Boundary Students:

- 1. Out of boundary students who withdraw from Wingate High School before the school year ends are responsible for travel expenses to their home destination.
- 2. Out of boundary students need special approval by their home Agency's Office of Indian Education.
- 3. All out of boundary enrollment applications and documents due date is July 30th.

	by apply for his/her admission to Wingate High School and consent d is accurate. I will provide updated information to the school when
Signature of Parent/Legal guardian	Date
Student who lives outside of Navajo Reserva to be considered for approval, no exceptions	tion must submit complete enrollment application by July 30, . (Including all documents required)
Enrollment for this student is: Approved	Not Approved
Signature of Approving Official	Date
This student lives within the attendance bour the necessary approval from his/her home Ag	ndary as established for Wingate High School or has obtained gency to attend Wingate High School.
Wingate High School Enrollment: Approved	Not Approved
Signature of School Principal	

Wingate High School STUDENT HOME MAP AND INFORMATION FORM

Student's Name _		Grade	e Day Student/Do	rm #
Student lives with	:			
Home Telephone	No.:	Work Telep	hone No.:	
Use the building b	elow as an indicator	of a local public buildi		chapter house, or a store) and number to your home.
		(South)		
House No	NHA House	Mobile	Color	_
	Brick	Hogan	Color	_
	Stucco	Log	Color	_
	Apartment	Other		_
I certify that this is	s true and correct info	ormation of my home	location.	
Parent/Guardian		[Pate:	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON1 WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

(Before completing this form, please read information on reverse side.)

Name (e of Birth ent Date	
I (We),	2),	
Have re	read the Consent Form for the Indian Health to arrange for or to provide the following health services:	for this
1.	Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tes	ts.
2.	2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental	al care.
3.	3. Mental health services including evaluation and treatment as necessary.	
4.	Emergency health care for accidents or illness.	
5.	5. Transportation of the child to and/or from another health facility for these services.	
	I hereby give consent for all of the above services.	
	Exceptions or Special Instructions:	_
	Signed	_
	Address	_
	Relationship	_
	Date Valid Until:	

STUDENT HEALTH HISTORY

ST	UDE	NT NAME: BIRTHDATE:		
(Pa	aren	NT NAME: BIRTHDATE: ts: Please fill this form out completely by answering Y=Yes and N=No for each question)		
		H HISTORY:		
Y N Has your child had measles, chicken pox, whooping cough, and pneumonia, and asthma, heart probl a murmur or hepatitis? (Circle any that apply)				
Υ	N	Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)		
Υ	Ν	Has your child ever been hospitalized or had surgery?		
Υ	Ν	Has your child ever been "knocked out", had a concussion or serious head injury?		
Υ	Ν	Has your child ever had a seizure, fit or convulsion?		
Υ	Ν	Does your child have any missing organs such as an eye, kidney, testicles, etc.?		
Υ	Ν	Does your child have fainting or dizzy spells?		
Υ	Ν	Does your child often have headaches not relieved by rest or pain reliever?		
Υ	Ν	Has your child had a shoulder, knee or ankle injury?		
Υ	Ν	Has your child had a broken bone?		
Υ	Ν	Has your child had more than three ear infections?		
Υ	Ν	Does your child have braces, a dental bridge or plate?		
Υ	Ν	Does your child have chest pain with exercise?		
Υ	Ν	Do you have any concerns about your child being in sports?		
Υ	Ν	Does your child have any allergies (to food, animals, plants, etc.)?		
Υ	Ν	Does your child take any medication on a daily basis for a chronic medical problem?		
Υ	Ν	Is your child allergic to any type of medication? LIST MEDICATIONS HERE:		
If	/ou a	nswered "yes" to any questions above, please provide additional information:		
FA	MIL.	Y HISTORY:		
Υ	Ν	Are there any health issues in your family like diabetes, heart problems, cancer, stroke,		
		tuberculosis, asthma, seizures or any inherited disease?		
Υ	Ν	Is there anyone in your family who had a sudden, unexplained death under age 40?		
		Do you have other children with serious health problems?		
		nswered "yes" to any questions above, please provide additional information:		
				
01	HER	HEALTH CONCERNS:		
Υ	Ν	Does your child have trouble hearing, seeing or talking?		
Υ	Ν	Does your child wear glasses or contact lenses?		
Υ	Ν	Does your child have problems in school?		
Υ		Does your child have behavior problems?		
If y	ou a	answered "yes" to any questions above, please provide additional information:		
If y	ou l	nave any other health concern other than those listed in this questionnaire, please provide info:		
		PARENT/GUARDIAN SIGNATURE: DATE:		

Wingate High School Student Off-campus Checkout Procedure

All students are required to check out through the attendance office and from the residential hall at all times.

- No Checkouts from 2:00 3:00 p.m. from Monday Thursday.
- No Checkouts from 8:00 a.m. 3:00 p.m. on Friday.
- Only immediate family members defined as a mother, father, brother, sister, grandparent, uncle and aunt can check-out a student. No checkouts will be granted to anyone without a written and signed request by the student's parents or legal guardians.
- Students are not allowed self-checkout regardless of age.
- An adult less than 25 years of age and/or under the influence of alcohol or drugs is not allowed to check out a student. This applies to all parties, including family members.
- Any school personnel are not allowed to check-out a student(s) at any time (i.e. Overnight, weekdays and weekends), unless they are the parent of the student as stated in the employee handbook.
- Check-out request via telephone will not be approved except in situations where a family emergency involving a serious illness or death of an immediate family member are involved.
- This serves as a written document signed by the parent or guardian, stating that the school is released of any liability associated with the check-out.

STUDENT CHECKOUT CARD – ACADEMIC/RESIDENTIAL

Student's Name:	Grade	: DOB:	
Mother's Name:		_ Phone No.:	
Father's Name:		Phone No.:	
The following individuals have	my permission to check out my child	I during the school year.	
1	Relation:	Ph	
2	Relation:	Ph	
3	Relation:	Ph	
4	Relation:	Ph	
Parent/Gua	 Irdian Signature	 Date	

Wingate High School Day Student Contract School Year 2018-2019

Student:	Grade: _				
		(If transferring to day)			
Check one that applies to the student:					
() Ride the School Bus from Church Rock	Sundance Pinedale				
() Walking	Tilledale	Defining 3			
() Dropped off by parents					
() Riding with another student; Name of student driving (Parental consent from both parents must be attached		grade			
() Driving;					
Driver License Number	State	Expr			
Vehicle Description:					
Make: License Plate #	Year:	Color:			
**A copy of the vehicle registration, insurance, an student parking sticker will be issued to you upon	nd student's dr	iver license must be attached to this	form. Your		
To Be Completed by WHS Staff: Sticker No Date of Issu	ıe:	Issued Bv:			
Parents or Guardians telephone number in ca	ase of eme	gency:			
Name: Phone #		Phone #			
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •	•••••			
Read the following Contract and sign k	<u>pelow:</u>				
 Day students may not leave campus during school hours. Day students that drive to school may not give rides to other students at any time, on or off campus. They may not drive to school at all unless the school Registrar has a copy of the student's driver license and registration on file. Student drivers will park their vehicles in front of the school by the administration building ONLY. The vehicle is not to be driven between 7:30 a.m. to 3:05 p.m. Driving off campus will result in disciplinary action as outlined on the back of this page and in the Student Code of Conduct Handbook. Transportation problems are not an excused absence. If absent from school, the student is responsible for bringing a note from his/her parents, doctor's statement or an appointment slip. Athletes who have practice after school are not to give rides to other athletes after practice. 					
 Do not speed when driving on school campus at a A student parking sticker is required for all vehicle Student Signature:	iny time. SPE s driven by stu	ED LIMIT for SCHOOL ZONE IS 15MP udents.	PH.		
Parent/Guardian:		Date			
Administrator:					

STUDENT CODE OF CONDUCT

CODE 308 A & B: STUDENT OPERATNG / RIDING IN AN UNAUTHORIZED VEHICLE:

No student is to operate or ride in a personal vehicle, other than when officially checked out of the school and/or the residence hall, and then only with the parent/guardian/adult who has checked the student out of the school present in the vehicle. For security reasons, penalties under this portion of the code are strictly enforced.

Students must have special permission from the Principal or Assistant Principal to operate/ride in a motor vehicle on the campus. Failure to secure that permission will result in the student being assessed penalties under this code.

308-A OPERATING AN UNAUTHORIZED MOTOR VEHICLE 308-B RIDING IN AN UNAUTHORIZED VEHICLE

No student is to operate or ride in a personal vehicle, other than when officially checked out of school and/or the residence hall, and then only with the parent/guardian/adult that has checked the student out of the school is present in the vehicle. For security and safety reasons, penalties under this portion of the code are strictly enforced.

Only day students with contracts will be allowed to drive on campus. Students living within bus routes are encouraged to ride the buses.

NOTE TO PARENTS: The school will not be liable if there is a school bus available for transportation.

CODE 308-A Operating an unauthorized motor vehicle:

1st incident Turn in keys to front office – parent notification

2nd incident Driving privileges denied

3rd incident Due process hearing

CODE 308-B Riding in an Unauthorized Vehicle

1st incident Home referral

2nd incident 2 day suspension at home 3rd incident Due process hearing