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 _______

Complete all forms and return to the Registrar’s Office or mail to the above address. All required documents must be attached to your enrollment packet. The completed enrollment packet will determine eligibility for school enrollment.

Forms Check Off List:

- Enrollment Application
- Map of Home location
- Indian Health Service- Health Consent
- Student Health History
- Student Check Out Form
- Student Internet & Technology Agreement

Required Documents: (No exceptions)

- Updated Immunization Record
- Certificate of Indian Blood
- Birth Certificate
- Unofficial - High School Transcript & Test Scores
- First Year Freshman Require Final 8th Grade Report Card & Promotion Certificate

Other Forms/Documents:

- Residential Students – Required forms will be completed at the time of checking into the dorm.
- Day Students – Must Complete a Day Student Contract and a bus pass will be issued to you.
- Guardianship Documents or Power of Attorney must be current.
- Sports Physical Form – Mr. Martinez, Athletic Director
- IEP(s): Sp. Ed., Gifted & Talented or Bilingual is needed 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.

Students promoted to 9th grade 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 suspensions and expulsions 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.

Rev 041318 shd
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 _________

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(Student must be enrolled with an Indian Tribe or at least have ¼ Indian Blood to be eligible for BIE school enrollment.)

Name of Student: ___________________________________________________________________________________

(Male: ________ Female: ________ Date of Birth: ___________________ Tribal Enrollment #: _____________________)

Degree of Indian Blood: __________ Tribe: _______________________ Home Agency: _________________________

Primary Language Spoken by Student: Navajo _______ English_______ Navajo/English ________ Other _________

Documents Provided: Certificate of Indian Blood ________ Birth Certificate _______ Immunization Record _______

(Optional) SS#____________________________

(You must provide a copy of unofficial transcript from last school attended, 8th grade report card and promotion certificate.)

Last school attended: _____________________________________________________________________________

Address: _______________________________________________________________________________________

Dates attended: ____________________________ Grade(s): ___________ Transcript: _____________

Reason for leaving: ______________________________________________________________________________

Other school(s) attended: _________________________________________________________________________

Address: _______________________________________________________________________________________

Dates attended: ____________________________ Grade(s): ___________ Transcript: _____________

Reason for leaving: ______________________________________________________________________________

Services provided by the last school attended. (Please answer all of the following questions)

Special Education: Yes _____ No _____ Bilingual: Yes _____ No _____ Gifted & Talented: Yes _____ No _____

Have you been expelled? Yes ______ No _______ Suspended? Yes ______ No _______

Reason: ________________________________________________________________________________________

If you answered yes, you will need an administrator’s approval before proceeding.

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) Father ____________ Mother ___________ Both ___________

Father’s Mailing Address: __________________________________________

Mother’s Mailing Address: __________________________________________

Physical Address: __________________________________________

Household members attending Wingate High School: __________________________________________

Emergency Contact: _________________________ Emergency Contact: _________________________

Phone: ______________________________________ Phone: ______________________________________

Relation to student: _________________________ Relation to student: _________________________

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**GUARDIAN INFORMATION:** (Complete only if you 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: __________________________________________

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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.

- I am legally responsible for this student and hereby apply for his/her admission to Wingate High School and consent for emergency medical care. Information provided is accurate. I will provide updated information to the school when changes occur.

______________________________          ______________________
Signature of Parent/Legal guardian          Date

- Student who lives outside of Navajo Reservation must submit complete enrollment application by July 30, to be considered for approval, no exceptions. (Including all documents required)

Enrollment for this student is: Approved ____________ Not Approved ____________

______________________________          ______________________
Signature of Approving Official          Date

- This student lives within the attendance boundary as established for Wingate High School or has obtained the necessary approval from his/her home Agency to attend Wingate High School.

Wingate High School Enrollment: Approved ____________ Not Approved ____________

______________________________          ______________________
Signature of School Principal          Date
Wingate High School
STUDENT HOME MAP AND INFORMATION FORM

Student’s Name _______________________________ Grade _____ Day Student/Dorm # _____

Student lives with: ______________________________________________________________

Home Telephone No.: _____________________ Work Telephone No.: _____________________

Physical home location: __________________________________________________________
______________________________________________________________________________

Use the building below as an indicator of a local public building (e.g. church, school, chapter house, or a store) near your home that can be easily identified in your community. Give mileage and road number to your home.

(North)

House No. ________ NHA House _______ Mobile _________ Color __________

Brick ___________ Hogan ___________ Color __________

Stucco ___________ Log _____________ Color __________

Apartment _______ Other _____________________________

(South)

I certify that this is true and correct information of my home location.

Parent/Guardian ______________________________ Date: ________________________

Revised 4/17/12 NY
CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD
(Before completing this form, please read information on reverse side.)

Name of Student _________________________________________________
Birth Date __________________________

I (We), ________________________________

Have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
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

STUDENT NAME: ___________________________________ BIRTHDATE: __________________

(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:
Y  N  Has your child had measles, chicken pox, whooping cough, and pneumonia, and asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
Y  N  Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
Y  N  Has your child ever been hospitalized or had surgery?
Y  N  Has your child ever been "knocked out", had a concussion or serious head injury?
Y  N  Has your child ever had a seizure, fit or convulsion?
Y  N  Does your child have any missing organs such as an eye, kidney, testicles, etc.?
Y  N  Does your child have fainting or dizzy spells?
Y  N  Does your child often have headaches not relieved by rest or pain reliever?
Y  N  Has your child had a shoulder, knee or ankle injury?
Y  N  Has your child had a broken bone?
Y  N  Has your child had more than three ear infections?
Y  N  Does your child have braces, a dental bridge or plate?
Y  N  Does your child have chest pain with exercise?
Y  N  Do you have any concerns about your child being in sports?
Y  N  Does your child have any allergies (to food, animals, plants, etc.)?
Y  N  Does your child take any medication on a daily basis for a chronic medical problem?
Y  N  Is your child allergic to any type of medication? LIST MEDICATIONS HERE: __________________

If you answered “yes” to any questions above, please provide additional information: ________________________

_______________________________________________________________________________________

FAMILY HISTORY:
Y  N  Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
Y  N  Is there anyone in your family who had a sudden, unexplained death under age 40?
Y  N  Do you have other children with serious health problems?
If you answered “yes” to any questions above, please provide additional information: ________________________

_______________________________________________________________________________________

OTHER HEALTH CONCERNS:
Y  N  Does your child have trouble hearing, seeing or talking?
Y  N  Does your child wear glasses or contact lenses?
Y  N  Does your child have problems in school?
Y  N  Does your child have behavior problems?
If you answered “yes” to any questions above, please provide additional information: ________________________

_______________________________________________________________________________________

If you have 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 during the school year.

1. ____________________________________ Relation: ____________________ Ph. ____________________

2. ____________________________________ Relation: ____________________ Ph. ____________________

3. ____________________________________ Relation: ____________________ Ph. ____________________

4. ____________________________________ Relation: ____________________ Ph. ____________________

_________________________________________ ______________________
Parent/Guardian Signature Date
Wingate High School Day Student Contract
School Year 2018-2019

Student: ___________________________ Grade: _________ Dorm: __________

(If transferring to day)

Check one that applies to the student:

(____) Ride the School Bus from Church Rock _____ Sundance _____ East Side Iyanbito _____ Pinedale _____ Denny's _____
(____) Walking
(____) Dropped off by parents
(____) Riding with another student; Name of student driving __________________ grade______
(____) Driving; Driver License Number________________________ State_______ Expr________

Vehicle Description:
Make: __________ License Plate #_________ Year: ______ Color: __________

**A copy of the vehicle registration, insurance, and student’s driver license must be attached to this form. Your student parking sticker will be issued to you upon receipt of required documents.

To Be Completed by WHS Staff:
Sticker No._______ Date of Issue: _______ Issued By: ______________

Parents or Guardians telephone number in case of emergency:
Name: _____________________ Phone #________________________ Phone #____________________

Read the following Contract and sign below:

- 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 any time. SPEED LIMIT for SCHOOL ZONE IS 15MPH.
- A student parking sticker is required for all vehicles driven by students.

Student Signature: _____________________________ Date ______________

Parent/Guardian: ________________________________ Date ______________

Administrator: ________________________________ Date ______________
STUDENT CODE OF CONDUCT

CODE 308 A & B: STUDENT OPERATING / 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