New Student Registration Packet

21st Century Public Academy
4300 Cutler Ave. NE; Albuquerque, NM 87110
Phone: (505)254-0280 Fax: (505)254-8507

21st Century Public Academy
"Building Knowledge for the Future"
4300 Cutler Ave NE ● Albuquerque, NM 87110
(505) 254-0280 (tel) ● (505) 254-8507 (fax)

REQUEST FOR EDUCATIONAL RECORDS

Name of Student: _____ DOB: _____

Elementary School _____ District Middle School _____

THE ABOVE STUDENT IS ENROLLED, OR IS ATTEMPTING TO ENROLL, AT 21ST CENTURY PUBLIC ACADEMY. PLEASE SEND COMPLETE INFORMATION BY FORWARDING THE FOLLOWING AS SOON AS POSSIBLE:

_____ Grades/Transcripts _____ Test Scores _____ Home Language

_____ Attendance _____ Immunization _____ Discipline

_____ IEP (Individualized Education Plan/504) _____WIDA/ACCESS Scores

****

PLEASE SEND RECORDS TO: 21ST Century PA
4300 Cutler Ave NE Albuquerque, NM 87110
PHONE: 505-254-0280 FAX: 505-254-8507 EMAIL amorga@21stcenturypa.com

Amy Morga
Registrar

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It is a matter of practice that students' records are released to receiving schools without the written consent of the student or parent/guardian. This is in compliance with the educational rights and privacy act of 1976 relating to such release (Family Rights and Privacy Act, Final Rule on Educational records, Federal Register, June 17th 1970 Vol. 41, No. 118, pg. 24273) Once this notice is published, records from receiving schools may be honored without parental authorization. We have published this notice.

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Health/Emergency Information 2022-2023

Name	Birth Date	Grade	Teacher
Student Address		Home Phone	
Father's Name		Cell Phone	Work Phone
Mother's Name		Cell Phone	Work Phone
Lives With		Home Phone	Work Phone

ALTERNATE EMERGENCY CONTACTS

If parent/guardian cannot be reached, the school is authorized to process as indicated below:

1.	Phone
2.	Phone

INSURANCE INFORMATION

Health Insurance Company (if covered)	Medicaid # (If covered)

In case of an emergency involving my child and I cannot be reached, I hereby give my consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and heal care deemed necessary:

Doctor	Phone
Dentist	Phone
Nurse Practitioner/Physician Assistant	Phone
Hospital	Phone

If, for any reason, the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless on 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.

Signature of Parent/Guardian	Date

PLEASE COMPLETE BOTH SIDES OF FORM

Condition	Year/Age Condition Occurred	Condition	Year/Age Condition Occurred
Asthma		Meningitis	
Diabetes		Migraine Headaches	
Ear/Hearing Problems	Type:	Muscular Weakness or Paralysis	
Emotional Problems	Type:	Bleeding Disorders	Type:
Seizures		High Blood Pressure	
Heart Problems		Infectious Diseases	Type:
Hepatitis	Type:	Tetanus Shot	Date:

Other:		
Allergies:		
Reactions to Medicine or Injections?		
Hospitalized for Serious Illness, Surgery, or Accidents? (If yes, explain)		
Long Term Medications?		
Use of Contact Lenses? (Circle One)	Yes	No
Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? If Yes, identify required therapy:	Yes	No
Please add any problems not listed:		

21ST CENTURY PUBLIC ACADEMY

"BUILDING KNOWLEDGE FOR THE FUTURE

New Mexico Student Residency Questionnaire Form

Your child may be eligible for additional education service through Title I Part A, Title I Part C-Migrant, and/or Title X Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, where are you and your family currently staying? Check one box.

Section A

❒ Rent/own my own home.

STOP: If you rent/own your home, sign under item 5 and submit form to the school personnel.

Section B

❒ Temporarily with another family because we cannot afford housing

❒ With an adult that is not a parent or legal guardian, or alone without an adult

❒ In a motel, hotel, trailer park, or campground without running water/electricity

❒ In a vehicle of any kind, abandoned building or substandard housing

❒ In an emergency/transitional shelter

❒ Other

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

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? **Check One**:

   YES ____ NO ____

3. If you checked a box in Section B, your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Title X Part C- Federal McKinney-Vento Assistance Act.

Student(s) Name First MI Last	SS#	M/F	D.O.B	Grade	School Name

4. Would you like to be contacted by a member of the school system's Education for Homeless Children Youth program staff? Yes _____ No _____

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult caring for student

Date

Signature of Parent/Guardian Name/Adult caring for student

Street Address

City

Zip

Phone Number (including area code)

****

SCHOOL USE ONLY

- ❒ Free or Reduced Price Meals Form submitted/signed
- ❒ Referral Form completed/submitted

Print School Contact

Title

Signature (required)

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OUT OF SCHOOL INSTRUCTION (OSI) POLICY

We will be going on many OSI trips throughout the school year. At times, these trips may be planned for the entire team or broken up into smaller groups of students. Our OSI trips fall into three general categories: Educational/Instructional, Community Service, and Reward/Incentive.

As a team, we will draft an "OSI Behavior Contract". This contract will establish the expectations and guidelines that must be met for any student to participate in a team OSI trip. At least three days prior to any OSI trip we will go over with students any special requirements for a particular OSI trip. For example: their signed permission slip, writing materials they may need, appropriate dress code, a student's sack lunch, etc.

On the day of an OSI trip, any student who arrives at school unprepared or without the necessary and required items will not be allowed to go on that day's OSI trip.

During an OSI trip, any student whose behavior or actions violates our team's "OSI Behavior Contract" may be immediately brought directly back to school by the quickest transportation available. For example, we may call the school to send someone to transport the student back to school, or a teacher may personally escort the student back to campus (see Emergency Transportation Authorization below).

Whenever a student violates or breaks his or her "OSI Behavior Contract", then that student will not participate in the next up-coming OSI trip, regardless of what type of trip is next.

For any student who is staying behind at our campus, we will provide alternative lesson plans that will need to be completed as regular school assignments. **If a student has been informed that, due to his or her behavior, they will not be participating on a given OSI trip, we still expect that student to come to school.** In this example, if that student is absent on the day of the OSI trip, they will not go to the next OSI trip.

EMERGENCY TRANSPORTATION AUTHORIZATION

When on an Out of School Instruction (OSI) trip if it becomes necessary to transport my child due to emergency or behavioral issue in a private vehicle, then

I, _____, parent of _____, give my permission.

OUT OF SCHOOL INSTRUCTION (OSI) MEDICAL FORM

RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS OR STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT WHILE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES OR OSI TRIPS.

Dear parent/guardian of _____
Name of student

21st Century Public Academy wishes to avoid difficulties in obtaining medical services for students who may become ill or injured during school sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in a case an emergency occurs. You must provide direction if no consent is given.

In the event of illness or injury, a reasonable effort will be made to contact you obtain consent in advance of medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting in your behalf based on written advance authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made based on family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with the existing circumstances.

AUTHORIZATION FOR MEDICAL SERVICES

I, the parent/guardian of _____ have read the above and hereby designate the sponsor of the OSI or activity trip to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

1. List medical concerns (including allergies) which sponsor, and chaperones need to be aware of.

2. List prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on a field trip or participating in extracurricular or co-curricular activities

3. List prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

IF PARTICIPATION IN OSI OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUHTORIZD, PLEASE ATTACH A WRITTEN STATEMENT INCLUDING PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP.

EMERGENCY CONTACT INFORMATION – PLEASE PRINT CLEARLY

_____
STUDENT HOME ADDRESS

_____ _____
PARENT HOME PHONE NUMBER PARENT WORK PHONE NUMBER

_____
NAME OF OTHER EMERGENCY CONTACT, RELATIONSHIP, AND PHONE NUMBER

_____
MEDICATION(S) STUDENT IS TAKING, KNOWN ALLERGIES TO MEDICATION OR FOODS

_____ _____
PARENT SIGNATURE DATE

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RULES FOR ACCEPTABLE INTERNET USE PERMISSION FORM

As a user of the Internet (on campus or off campus), I have read and understand the 21st Century Public Academy Rules for Acceptable Internet Use. I hereby agree to comply with said rules – communicating over the network in an appropriate manner (this means no accessing of objectionable content, no chat rooms, and no unapproved games) while honoring all relevant laws and restrictions. I understand the consequences for breaking the rules.

I also understand that I will be held responsible for any repairs and/or labor costs that occur because of my misuse or damage to any computer, computer data, or inappropriate use of the Internet made available by 21st Century Public Academy.

Student Signature: _____ Date: _____

Student Printed Name: _____

Parent Acknowledgment:

As the parent or legal guardian of the minor student signing above, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I understand that individuals and families will be held liable for violations. I understand that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use and conveying standards for my student to follow when selecting, sharing, or exploring information and media. I also understand that I will be held financially responsible for all repair and/or labor costs for damages that may occur because of my son or daughter's misuse of the computer hardware, software, data, or Internet related activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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PARENT RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to 21st Century Public Academy to use the image of my child, _____as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in the 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 21st Century Public Academy website.

☐ **Deny** permission

☐ **Grant** permission (**MARK ONLY ONE**)

- ☐ **Limited usage:** I allow within the 21st Century Public Academy setting only (not in the larger community).
- ☐ **Limited usage:** I allow educational materials only (not marketing). This could be either within 21st Century Public Academy or in the larger community. One example of this could be videos in staff development and instructional improvement.
- ☐ **Limited usage:** I allow on printed materials only (no digital or video use)
- ☐ **Unrestricted usage:** I give unrestricted permission for use in print, video, and digital media related to 21st Century Public Academy without further notification. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature: _____ Date: _____

If you have questions, please contact Ms. Morga at 505-254-0280.

Special Education/Gifted Information

Students Name_____ DOB_____
Grade Level (2022-2023) _____ Student ID #_____
Services required – please check all that apply:

- ❒ Gifted
- ❒ OT – Occupational Therapy
- ❒ PT – Physical Therapy
- ❒ RT – Recreational Therapy
- ❒ SW – Social Work
- ❒ Speech & Language
- ❒ Other: _____

Please turn in a copy of your Students IEP, Evaluations, or 504 plans to 21st Century Public Academy by August 1st, 2022.

_____ _____

Parent Date

_____ _____

Parent Signature Phone #

_____

Parent Email