



402 West Court Avenue
Las Cruces, NM 88005

ph. 575.541.0145
fx. 575.527.5329

Application Check List

Forms Required for Application

- Student Information Form
- Home Language Survey
- Authorization for Release of Information
- Medical Referral Form
- Family Information Form
- Media Documentation Permission
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Office Current Signed IEP/Stamped Confidential/School Seal
- Copy of Next Step Plan
- Copy of Last IEP Evaluation (if applicable)
- Unofficial Transcripts from Previous School(s)
- Immunization Records
- Arts Narrative
- TeacherEase Account



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Student Information Form 2012-2013

			Current Grade		
Student Last Name		Student First Name		Student Middle Name	Nick Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)	Place of Birth City, State, and Country		Age
Social Security Number		Free and Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Email Address	
Ethnicity (Please check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Tribunal: _____					
What languages are spoken at home?				Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City, State, and Zip		Home Phone #
Mailing Address (If different.)			City, State, and Zip		
Who do you live with? (Check all that apply.) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Foster Parent <input type="checkbox"/> Medical Care Provider <input type="checkbox"/> Agency Rep. <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other Other Description: _____					
Primary Parent/Guardian					
Last Name		First Name		Email Address	
Address		City, State, and Zip		Occupation/Place of Work	
Home Phone #		Work Phone #		Cell Phone #	
Secondary Parent/Guardian					
Last Name		First Name		Email Address	
Address		City, State, and Zip		Occupation/Place of Work	
Home Phone #		Work Phone #		Cell Phone #	

Special Education	
Do you participate in the IEP process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the services you receive?	
Transcripts	
Previous Schools -- Remember to Attach Transcript From Previous School Have you ever attended school in Las Cruces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the name of the school? _____ What year was it? _____ What grade were you in? _____ What school did you attend if you have moved from out of town? Name of School _____ Phone Number _____ Address _____ City, State Zip _____	
Transportation	
I understand that Alma d'arte does not provided transportation. My child will arrive at school utilizing the following transportation: (Check all that apply.) <input type="checkbox"/> Walk <input type="checkbox"/> Public Transportation (i.e. Roadrunner Transit) <input type="checkbox"/> Parent or Family Member Will Drive <input type="checkbox"/> My child may be delivered and picked up by the following individual(s): <i>List names of all responsible parties who may deliver and/or pick up your child below.</i>	

Student Signature	Date
Parent/Guardian/Adult Signature	Date

Office Use Only				
Student ID	Immunizations Verified	Copy of Birth Certificate	Transcript	SPED A B C D
Date Received	Time Received			



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Medical Referral Form

Student Last Name		Student First Name		Student Middle Name	
Today's Date		Social Security Number / ID #		Date of Birth	
Address					
City, State Zip					
Mother's Name		Place of Employment		Business Phone #	Home Phone #
Father's Name		Place of Employment		Business Phone #	Home Phone #
<p>Health Care Providers</p> <p>Please give the name and phone number of your family health care provider and family dentist to be called in case your child becomes ill or has an accident at school and you cannot be reached.</p>					
Name of Family Health Care Provider					Phone #
Name of Dentist					Phone #
<p>Health Insurance – <i>Please check all that apply.</i></p> <p><input type="checkbox"/> Health Insurance Company _____</p> <p><input type="checkbox"/> Medicaid/Salud</p> <p><input type="checkbox"/> HMO _____</p> <p><input type="checkbox"/> No Insurance</p>					
<p>Emergency Contact Information</p> <p>Please give the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. Please notify the school in writing regarding any changes to this information.</p>					
Emergency Contact Name 1		Place of Employment		Business Phone #	Home Phone #
Emergency Contact Name 2		Place of Employment		Business Phone #	Home Phone #

Medical Conditions

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear/Hearing Problems |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Muscular Weakness or Paralysis |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Tetanus Shot | <input type="checkbox"/> Visual Problems |
| <input type="checkbox"/> Contact Lenses | Last Date _____ | <input type="checkbox"/> Long Term Medications |
| <input type="checkbox"/> Allergies _____ | | |
| <input type="checkbox"/> Hospitalized for serious illness, surgery, or accident? _____ | | |
| <input type="checkbox"/> Have you ever been informed of your child's need to be on antibiotic therapy prior to dental treatment? If yes, please provide the required therapy: _____ | | |
| <input type="checkbox"/> Please provided any problems not listed: _____ | | |

If _____ in the opinion of an Alma d'arte administrator _____ service involving medical action or treatment is required and the parent cannot be contacted for consent _____ the parents hereby authorize school authorities to obtain medical services and/or transport for medical services for the above student. 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 financial responsible for all emergency care. I also agree that I am responsible for notifying the school about any change in the information contained on this form.

Parent/Guardian Signature	Date
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Family Information Form

In order to complete demographic information of our Alma d'arte learning community we ask for the following information:

Student Last Name	Student First Name	Student Middle Name
<p>Number of People Living in Household – <i>Please check:</i></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> More than 8</p>		
<p>Income – <i>Please check the appropriate level:</i></p> <p><input type="checkbox"/> Below \$20,000 <input type="checkbox"/> Below \$40,000 <input type="checkbox"/> Above \$50,000 <input type="checkbox"/> Below \$30,000 <input type="checkbox"/> Below \$50,000</p>		
<p>Ethnicity – <i>Please check:</i></p> <p><input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Tribunal: _____</p>		
Parent/Guardian/Adult Student Signature		Date



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Authorization for Release of Confidential Information

As parent/guardian/adult student I hereby request release of confidential information cumulative records attendance records grades transcripts tests and other records including educational plans assessment results medical finding developmental health and immunization history legal proceedings and/or relevant data on the student between the parties below:

Student Last Name	Student First Name	Student Middle Name
Social Security Number / ID #	Date of Birth	Grade
From: School/Person/Organization Name		To: Alma d'arte Charter High School
Address		402 West Court Avenue Las Cruces, NM 88005
City, State Zip		ph: 575.541.0145 fx: 575.527.5329
Telephone/Fax #		
I request the following records be exchanged for the purpose of: <ul style="list-style-type: none"> <input type="checkbox"/> General Education Records, specifically _____ <input type="checkbox"/> Special Education Records, specifically _____ <input type="checkbox"/> Discipline Records, specifically _____ <input type="checkbox"/> Medical Records/Information, specifically _____ <input type="checkbox"/> Testing/Evaluation Results, specifically _____ <input type="checkbox"/> Other Information, specifically _____ <input type="checkbox"/> Next Step _____ 		
Parent/Guardian/Adult Student Signature		Date
Address		
City, State Zip		Telephone #



Home Language Survey

Our school needs to know the language(s) spoken and/or heard at the home of each student. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions. Thank you for your help.

Student Last Name	Student First Name		Student Middle Name
Social Security Number / ID #	Date of Birth	Age	Grade
Which language did your child learn to speak first?			
Which language(s) does your child speak?			
What language(s) are spoken in the home?			
If your child ever received ELL services in the past, please give the name of the school/institution where the services were last provided:			
Parent/Guardian Signature		Date	

Cuestionario sobre los idiomas que habla el estudiante en su casa.
Nuestra escuela necesita saber que idiomas se hablan y/o se escuchan en casa por cada estudiante. Esta información se necesita para que nosotros podamos ofrecer la mayor educación posible para todos los estudiantes. Por favor conteste las siguientes preguntas.

Apellido del Estudiante	Nombre del Estudiante		Segundo Apellido
Numero de Seguro Social/ ID #	Fecha de Nacimiento	Edad	Grado
¿Que idioma aprendió su niño/niña hablar primero?			
¿Que idioma(s) se habla en casa?			
¿Que idioma(s) habla su niño/niña?			
Si su niño/a recibió servicios en el pasado, por favor denos el nombre de la escuela donde fueron dados.			
Firma de Padres/Tutor		Fecha	



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Media Documentation Permission

Alma d'arte is a new school and because of this both electronic and written media are often covering stories on programs activities and people. We request permission for your child to be included in publicity or documentation in the newspaper radio Alma d'arte website Court Youth Center website television and other mediums. Please understand that no story or photo will be published without the approval of the Executive Artistic Producer.

- Yes I hereby grant permission for my child to be included in the publicity in the newspaper radio Alma d'arte website Court Youth Center website television and other mediums when applicable.
- No I do not grant permission for my child to be included in the publicity in the newspaper radio Alma d'arte website Court Youth Center website television and other mediums when applicable.

Student Last Name	Student First Name	Student Middle Name
Parent/Guardian/Adult Student Signature		Date
City, State Zip		Telephone #



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Arts Narrative

Check One (✓)

What is your art preference?

- Visual Arts Performance Arts
 Literary Arts Culinary Arts

Please share a brief history of your art interest/experience? *(May be submitted on a separate sheet. Please staple to this form.)*

Please discuss why you want to be student at Alma d'arte. Include what you know about Alma d'arte and how being a student at Alma d'arte will assist you in increasing your academic knowledge your creativity and your social competence. *(May be submitted on a separate sheet. Please staple to this form.)*



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TeacherEase Account

TeacherEase Objective

Getting parents involved and allows them to positively contribute to their children's education.

Student Last Name		Student First Name	
Parent/Guardian Last Name		Parent/Guardian First Name	
Relationship		Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister
<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Brother
<input type="checkbox"/> Medical Care Provider	<input type="checkbox"/> Agency Rep.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend
<input type="checkbox"/> Probation Officer	Other Description: _____		
Home Street Address			
City, State, and Zip		Home Phone #	Cell Phone #
Place of Employment			
Street Address		City, State, and Zip	
Department		Work Phone #	
Email address			

Schools Policy

Limitation one email per parent/guardian will be allowed. TeacherEase accounts will be periodically audited parents containing multiple emails accounts will be removed. Email accounts added or modified will effect the current semester and further semester records.

Note: Failing to update the schools records will restore previous any contact and email information on TeacherEase record for any future semester.

Request new/change email account

Please allow up to 24 hours for email to be added/updated.

Request a change of email address

To request a password change please complete this form or via email to teacherease@almadarte.org. If via email provide previous email account reason for change.

I agree all information completed is current and accurate

Date