

# Artesia Public Schools STUDENT ENROLLMENT FORM

**Today's Date:** \_\_\_\_\_

*PARENTS/GUARDIANS: In case of emergency situations, it is absolutely necessary to have accurate home information on record with the school office. Should any information within the enrollment packet change, please notify your students' school office.*

**Student's Legal Name:** \_\_\_\_\_  
 FIRST NAME                      MIDDLE NAME                      Second MIDDLE NAME                      LAST NAME                      Second LAST NAME

**Street Address:** \_\_\_\_\_ **Home Number:** (    ) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Cell Number:** (    ) \_\_\_\_\_

**Mailing Address: (if different from Street Address):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Will student ride a bus:** Yes: \_\_\_\_ No: \_\_\_\_ **Bus Address:** \_\_\_\_\_

**Grade Level:**  \_\_\_\_\_ **\*\*\*Parent Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
 (Month/Day/Year)                      City/State

**Check One:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/Ethnicity:**  Asian                       Black  
 Caucasian                       Native American  
 Pacific Islander                       Hispanic

*\*\*If Native American, must attach Federal Form 506 for student file.*  
 If Native American, please list PRIMARY Tribe: \_\_\_\_\_

**Pre-School Experience:** Yes: \_\_\_\_ No: \_\_\_\_ **If Yes, where:** \_\_\_\_\_

	SCHOOL NAME	CITY	STATE	GRADE
<b>Last School Attended:</b> _____	_____	_____	_____	_____
<b>Ever attend a school in NM before?</b> _____	_____	_____	_____	_____
<b>Ever attend Artesia Public Schools?</b> _____	_____	_____	_____	_____

**Is (was) this student in a Special Education Program ?**  YES  NO

<b>LIST EACH CHILD'S SIBLING WHO IS CURRENTLY ATTENDING THE ARTESIA PUBLIC SCHOOLS</b>					
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	GRADE	NAME OF SCHOOL

*School/District Office Use only:*

<b>STUDENT ID NUMBER</b>	<b>HOMEROOM TEACHER</b>	<b>SCHOOL DISTRICT</b>
<b>NEXT SCHOOL</b>	<b>LOCKER NUMBER</b>	<b>LOCKER COMBINATION</b>

**Artesia Public Schools STUDENT CONTACT FORM**

**Student Name:** \_\_\_\_\_

**PLEASE PRINT.**

*In case of emergency situations, it is absolutely necessary to have accurate contact information on record with the school office.  
Please update the school office with all changes to this information page.*

**1 Maternal Guardian/Mother**

<b>Name:</b> _____	<b>Relationship:</b> _____	
<b>Street Address:</b> _____	<b>Home Number:</b> (    ) _____	
<b>City:</b> _____ <b>State:</b> _____	<b>Zip Code:</b> _____ <b>Cell Number:</b> (    ) _____	
<b>Employer:</b> _____	<b>Work Number:</b> (    ) _____	
<input type="checkbox"/> Has Custody of Student <input type="checkbox"/> Responsible Party	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Send Reports	<input type="checkbox"/> May check out and transport student
<b>Parent Email Address:</b> _____		

**2 Paternal Guardian/Father**

<b>Name:</b> _____	<b>Relationship:</b> _____	
<b>Street Address:</b> _____	<b>Home Number:</b> (    ) _____	
<b>City:</b> _____ <b>State:</b> _____	<b>Zip Code:</b> _____ <b>Cell Number:</b> (    ) _____	
<b>Employer:</b> _____	<b>Work Number:</b> (    ) _____	
<input type="checkbox"/> Has Custody of Student <input type="checkbox"/> Responsible Party	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Send Reports	<input type="checkbox"/> May check out and transport student
<b>Parent Email Address:</b> _____		

**3 Emergency Contact \*\*OTHER THAN PARENT\*\***

<b>Name:</b> _____
<b>Relationship:</b> _____
<b>Home Number:</b> (    ) _____
<b>Cell Number:</b> (    ) _____
<b>Work Number:</b> (    ) _____
<input type="checkbox"/> May check out and transport student

**4 Emergency Contact \*\*OTHER THAN PARENT\*\***

<b>Name:</b> _____
<b>Relationship:</b> _____
<b>Home Number:</b> (    ) _____
<b>Cell Number:</b> (    ) _____
<b>Work Number:</b> (    ) _____
<input type="checkbox"/> May check out and transport student



# Artesia Public Schools

## New Mexico Student Housing Questionnaire

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.

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Email address (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Housing Situation/Nighttime Residence

1. Who does the enrolled student(s) live with? Please check all that apply:  
 Parent  Legal Guardian  Relative  Other Adult  Alone  Other \_\_\_\_\_

2. Where has student normally slept in the past 30 days? Please check all boxes that apply.  
 In a home that is owned or rented by parent or guardian  
 Staying temporarily with friends, relatives, or other people ("doubled up" or "couch-surfing") **because the student had nowhere else to go.**  
 At a shelter  
 In transitional housing or an independent living program  
 At a motel or a hotel  
 In an RV or camper  
 In a car, tent, park, bus or train station, abandoned building, or other public place  
 Student does not have a usual place to sleep

3. Is your home or place you sleep at night connected to electricity, heat, and running water?  
 Yes  No  I don't know

4. Does your home or place you sleep at night have problems with mold; vermin, such as lice, rodents, or fleas; or other significant issues?  
 Yes  No  I don't know

5. How many other people live in your home or the place in which you sleep at night?  
 Zero to Five [0-5]  Six to Ten [6-10]  Eleven to Fifteen [11-15]  Sixteen to Twenty [16-20]  Twenty-one or More [21 +]  
 The Number Varies Every Night  Not Applicable

6. How many bedrooms are in your home or the place in which you sleep at night?  
 One [1]  Two [2]  Three [3]  Four or more [4 +]  Not Applicable

Depending on your answers to the above questions, your child(ren) may be eligible for additional support. Please list their information below.

First	Student(s) Names		M/F	DOB	Grade	School Name
	Middle	Last				

3. You may be contacted by your district liaison; check the box below IF you do not want anyone to contact you:

No, please do not contact me.

\* Referral made to McKinney-Vento Liaison on this date: \_\_\_\_\_



# Artesia Public Schools

301 Bulldog Boulevard Artesia, New Mexico 88210-1899 575.746.3585

## APS Student Digital Equity Data

Student Name: \_\_\_\_\_

### Primary Device Type:

Primary Device that student uses for school work.

- (01) Chromebook
- (02) Desktop Computer
- (03) Laptop Computer (6th - 12th grades school provides)
- (04) Tablet (K - 5th grades school provides)
- (08) Smartphone
- (09) None of the Above
- (10) No Device

### Primary Device Access:

- (01) Personal Not Shared - The device is personal and not shared
- (02) Personal Shared - The device is personal but shared
- (03) School Not Shared - The device is issued and not shared
- (04) School Shared - The device is issued and shared

### Internet Access in Residence:

- (Y) Yes
- (N) No

### Internet Access Type:

- (05) Satellite
- (06) Dial-up
- (09) Unknown
- (10) None
- (11) Cellular
- (12) Community Hotspot
- (13) Hotspot
- (14) Resident Broadband (PVT, CenturyLink, StarLink, Qwest)

### Internet Performance:

- (01) Yes, reliable with no issues
- (02) Sometimes, regular interruptions due to poor internet performance
- (03) No

# Artesia Public Schools STUDENT ENROLLMENT FORM

## BUSING INFORMATION

*This page is to be completed ONLY if the student will ride the bus regularly.*

Student Name: \_\_\_\_\_  
FIRST NAME
MIDDLE NAME
LAST NAME

**Please check one of the following:**

- Will NOT ride a Bus
- AM Rider (Before School)
- PM Rider (After School)
- AM and PM Rider (Before & After School)

**Busing to:**

Name of School \_\_\_\_\_

Street Address \_\_\_\_\_

**WHERE STUDENT WILL RIDE AFTER SCHOOL**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*PLEASE NOTE:** If student is not riding to/from listed home address, prior permission **MUST** be granted by Artesia Public Schools Department of Transportation. \*\*

<b>** DIRECTIONS FROM SCHOOL **</b>
<i>Complete ONLY if address is outside of Artesia city limits</i>

To be completed by APS Transportation Secretary					
	Bus Number	Route Number	Description	Start Date	End Date
From:	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____

**Artesia Public Schools STUDENT ENROLLMENT FORM**  
**301 Bulldog Blvd.**  
**ARTESIA, NM 88210**

**AUTHORIZATION TO RELEASE STUDENT SCHOOL RECORDS**  
**(From previously attended school/agency)**

TO: \_\_\_\_\_  
SCHOOL OR AGENCY

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY, STATE, ZIP CODE

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF STUDENT:	Grade:	Date of Birth:

I hereby authorize the release of the following information: cumulative records, guidance materials, and health records. Also included in this authorization is the release of Special Education Assessment(s), Eligibility Evaluation Reports, current IEP documents, related services records to include: Speech/Language, Occupational Therapy, Physical Therapy, Medical, Behavior, Social Work, and Psychological Reports.

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARTESIA PUBLIC SCHOOLS  
301 Bulldog Blvd.  
Artesia, NM 88210  
Fax: (575) 736-6206  
Email: records@bulldogs.org

OR send to:

<b>Please send all Special Education records to the following address:</b>	
<b>TO:</b>	<b>ARTESIA PUBLIC SCHOOLS</b>
	<b>ATTN: SPECIAL EDUCATION DEPARTMENT</b>
	<b>301 Bulldog Blvd.</b>
	<b>ARTESIA, NM 88210</b>
	<b>Fax #: (575) 746-2778 or Email: records@bulldogs.org</b>

Thank you for your assistance in this matter.

_____ School Official Signature	_____ Parent/Guardian Signature
Date: _____	Date: _____

District: <b>Artesia Public Schools</b>		School:	
<b>NEW MEXICO PUBLIC EDUCATION  DEPARTMENT LANGUAGE USAGE SURVEY  ~for parent or guardian to complete~</b>			
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:	
		Grade Level:	
Answer each question by marking either the <b>YES</b> or <b>NO</b> 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. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.			
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian		<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	
		<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other	
<b>OTHER QUESTIONS</b>			
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:

## HEALTH AUTHORIZATION FORM

**PURPOSE:** To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when a parent/guardian cannot be reached. Upon completion, this form must be returned to school. The original form and any copies thereof may be used to identify the medical option of the undersigned parent/guardian. **PLEASE COMPLETE ALL SECTIONS.**

STUDENT'S NAME: _____	GRADE STUDENT IS ENTERING: _____	TEACHER: _____
SCHOOL LAST ATTENDED: _____		CITY/STATE: _____
EMERGENCY CONTACT NAME: _____		PHONE(S): _____

*Please indicate YES/NO for EACH of the following conditions. Please add diagnosis name and any notes that the school nurse needs to be aware of.*

HEALTH CONDITION:	YES	NO	EXPLANATION/DIAGNOSIS:
Food Allergy			Allergy: _____ Has Epi-Pen prescription? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Allergy			Allergy: _____ Has Epi-Pen prescription? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADD/ADHD			Medication Name and dosage: _____
Asthma			Medication Name: _____ Need Inhaler at School? <input type="checkbox"/> YES <input type="checkbox"/> NO Self carry inhaler (grades 6-12 only) <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes			<input type="checkbox"/> Type I <input type="checkbox"/> Type II Medication: _____
Migraines			Medication name and dosage: _____
Mental Health Disorder			Diagnosis: _____ Medication name and dosage: _____
High Blood Pressure			Medication name and dosage: _____
Congenital/Genetic			Diagnosis: _____
Ear/Nose/Throat			Diagnosis: _____
Vision			<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Eye Doctor: _____
Pulmonary (not asthma)			Diagnosis: _____
Cardiovascular			Diagnosis: _____
Bladder Disorder			Diagnosis: _____
Cancer (or history of)			Diagnosis: _____ Remission date: _____
Dermatologic/Skin			Diagnosis: _____
Stomach/GI			Diagnosis: _____
Blood/Bleeding Disorder			Diagnosis: _____
Eating Disorder			Diagnosis: _____
Dental/Oral (not braces)			Diagnosis: _____
Endocrine (not diabetes)			Diagnosis: _____
Musculoskeletal			Diagnosis: _____
Other:			Diagnosis: _____

### INSURANCE INFORMATION

Student's Insurance:	Subscriber's Name:	ID Number:
Primary Healthcare Provider:		Phone:
Dentist:		Phone:
Hospital:		Phone:

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care for my child will be arranged to ANY appropriate medical care provider, closest hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the emergency 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. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this page will be shared with appropriate personnel on an as needed basis only. I also understand health screenings (including vision, hearing, height, weight, dental exam and blood pressure) may be done unless I provide the school health office with written notification requesting

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STUDENT DENTAL EXAMINATION REQUIREMENTS FOR ENROLLMENT**

On April 9, 2020 the New Mexico Public Education Department sent a memo to Superintendents, Charter School Directors and REC Directors issuing guidance on the 2019 House Bill 308 legislation requiring students to provide satisfactory evidence of having a dental examination prior to enrollment in school effective in the current school year.

My child has completed a dental examination.

\_\_\_\_\_  
Date of Dental Exam

***\*\*Please be prepared to show proof of dental examination\*\****

I understand the negative impact of my child not participating in regular dental exams. I request for my child to be enrolled without a dental exam.

**I am unable to schedule a dental visit because:**

- I have no dental insurance
- I do not have/know a dentist in the area
- Please have a school representative contact me for assistance with scheduling a dental exam for my child.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Artesia Public Schools STUDENT ENROLLMENT FORM WAIVER AND CONSENT TO DISCLOSE STUDENT INFORMATION

The following activities are beneficial to the educational process of my child identified below, and having the legal authority to do so, I hereby grant permission to the Artesia Public Schools to release information about my child in connection with the following education-related activities that I have marked in the corresponding box(es):

- Inclusion in the Honor Roll and publication of the student's name as part of the Honor Roll in any print or broadcast medium for the purpose of recognizing the named student's academic achievements. Such recognition may include publication of criteria for Honor Roll inclusion such as name and grade-point average.
- Inclusion in other honors publicly bestowed on the student by the District, School, or school related organization including any honor related to academic achievement, community service, or extracurricular activity. Public recognition of the student may include dissemination of the criteria for the student's honor including name, grade-point average, and like information.
- Public display of student artwork and other school-related material which may bear any award, grade earned, and the student's name.
- Group-grading exercises in which students may grade other students' assignments. Students may participate in cooperative or group projects and receive a group grade. These activities promote peer learning and peer teaching.
- Written or oral recommendations of the student by a District employee.

I also understand that this grant of permission shall only be revoked by written instrument delivered to the principal of the school which the student attends. This consent shall remain in effect, unless revoked, for the current school year.

Name of Student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student if over 18

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ARTESIA PUBLIC SCHOOLS  
PARENT PERMISSION SLIP**  
School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

I am the parent or legal guardian of the above-named student. I do hereby give my consent for the above-named student to participate in all school field trips for the current school year.

I understand the student will be under the supervision of the Artesia Public Schools Employees and subject to all school regulations and to the sponsor(s) supervising the activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**Permiso de Padres**

Nombre Del Estudiante: \_\_\_\_\_

Maestra(o): \_\_\_\_\_

Nosotros por este medio damos nuestro permiso para el estudiante nombrado en esta forma que participe en todos los viajes de campo por el año escolar actual.

Nosotros tenemos entendido que el estudiante esta debajo de la supervisión de las Escuelas Públicas de Artesia y sujeto a todas las reglas de la escuela y al fiador encargado del viaje.

\_\_\_\_\_  
Firma de Padre o Guardia

\_\_\_\_\_  
Fecha

## Release of Directory Information

The Family Educational Rights and Privacy Act states that schools may disclose, without consent, *directory* information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about *directory* information and allow parents and eligible students (those 18 and over) a reasonable amount of time to request that the school not disclose directory information about them.

If you do not want official information such as honors and awards, grade level, participation in activities, or other *directory* information about your son or daughter to be released to any person or organization without your prior written consent, you must notify the District in writing by completing the *Designation of Directory Information Form*. This form is available in the principal's office at your child's school or online at [www.bulldogs.org](http://www.bulldogs.org). If the School District does not receive this notification from you within 10 school days of your child's enrollment, it will be assumed that your permission is given to release your son's/daughter's designated directory information.

*A signature on this form only indicates receipt of this information.*

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Parent or Guardian Signature

Date

## Publicación de información del directorio

La Ley de Derechos Educativos y Privacidad de la Familia establece que las escuelas pueden divulgar, sin consentimiento, la información del directorio, como el nombre, la dirección, el número de teléfono, la fecha y el lugar de nacimiento, los honores y los premios, y las fechas de asistencia del estudiante. Sin embargo, las escuelas deben informar a los padres y estudiantes elegibles acerca de la información del directorio y permitir a los padres y estudiantes elegibles (mayores de 18 años) un tiempo razonable para solicitar que la escuela no divulgue información del directorio sobre ellos.

Si no desea que información oficial como honores y premios, nivel de grado, participación en actividades u otra información del directorio sobre su hijo o hija se divulgue a cualquier persona u organización sin su consentimiento previo por escrito, usted debe notificar al Distrito por escrito completando el *Formulario de designación de información de directorio*. Este formulario está disponible en la oficina del director de la escuela de su hijo o en línea en [www.bulldogs.org](http://www.bulldogs.org). Si el Distrito Escolar no recibe esta notificación de usted dentro de los 10 días escolares posteriores a la inscripción de su hijo, se asumirá que su permiso se otorga para divulgar la información del directorio designado de su hijo / a.

*Una firma en este formulario solo indica la recepción de esta información.*

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Firma del padre o tutor legal

Fecha

**Dear Parent:**

**The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. The Board has established written policies regarding the collection, storage, retrieval, release, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information and to guarantee parents' and students' rights to privacy. These policies and procedures are in compliance with:**

**The Family Education Rights and Privacy Act; Title 20, United States Code, Sections 1232g and 1232h; and the Federal Regulations (34 C.F.R., Part 99) issued pursuant to such act;**

**Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT ACT);**

**No Child Left Behind Act of 2001 (NCLB); and**

**The Individuals with Disabilities in Education Act; 20 U.S.C. Chapter 33; and the Federal Regulations (34 C.F.R. Part 300).**

**Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student, to provide information to parents and staff members, to provide a basis for the evaluation and improvement of school programs, and for legitimate educational research. The students' records maintained by the District may include - but are not necessarily limited to, identifying data, report cards and transcripts of academic work completed, standardized achievement test scores, attendance data, reports of psychological testing, health data, teacher or counselor observations, and verified reports of serious or recurrent behavior patterns.**

**These records are maintained in the office of the District under the supervision of the school administrator and are available only to the teachers and staff members working with the student. Upon request, the School discloses education records, including disciplinary records without consent to officials of another school district in which a student seeks or intends to enroll. Otherwise, records are not released to most agencies, persons or organizations without prior signed and dated written consent of the parent [34 C.F.R. 99.7]. The signed and dated written consent may be in electronic form under certain conditions [34 C.F.R.99.30].**

**You shall be informed when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must be maintained for two (2) years after the date your child was last enrolled in this school district.**

**You have the right to inspect and review any and all records related to your child within**

forty-five (45) days of the day of receiving a request for access, including a listing of persons or organizations who have reviewed or have received copies of the information [34 C.F.R. 99.7]. Parents who wish to review their children's records should contact the principal for an appointment or submit to the principal a written request that identifies the record(s) you wish to inspect. School personnel will make arrangements for access and notify you of the time and place where the records may be inspected. School personnel will be available to explain the contents of the records to you. Copies of student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be costs of copying unless the fee prevents the parent from exercising rights to inspect and review those records.

You have the right to request that an amendment be made to the student's education records and to add comments of your own if you believe information in the record file is inaccurate or misleading [34 C.F.R. 99.7(a)(1)]. You should write the principal, clearly identify the part of the record you want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by you, the School will notify you of the decision and advise you of your right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to you when notified of the right to a hearing.

You have the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Copies of the District student education records confidentiality policies and procedures may be reviewed in the assigned office in each school [34 C.F.R. 99.7]. You have the right to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, D.C., concerning alleged failures by the School to comply with the requirements of FERPA [34 C.F.R. 99.7]. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605

*Sincerely,*



Darian Jaramillo, Superintendent