

FOR DISTRICT USE ONLY

District:

School:



NEW MEXICO PUBLIC EDUCATION DEPARTMENT

LANGUAGE USAGE SURVEY

~for parent or guardian to complete~

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: Grade

Answer each question by marking either the **YES** or **NO** 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.

 American Sign Language (ASL) Arabic Cantonese Diné French Greek Hmong Jicarilla Apache Italian Keres Khmer Korean Mescalero Apache Mandarin Portuguese Russian Somali Spanish Tiwa Tewa Towa Vietnamese Zuni Other _____

OTHER QUESTIONS

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)?

 Yes No

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:

Translator:

Language:

Date:

Sólo para uso del distrito:	District:	School:
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ENCUESTA DEL USO DEL IDIOMA
DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO
 ~ padres o tutores deben llenar ~

El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.

Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:	Grade
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Responda a cada pregunta marcando la casilla bajo SÍ o NO	SÍ	NO
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?	<input type="checkbox"/>	<input type="checkbox"/>

7. ¿Si respondió **SÍ** a una o más de las preguntas 1-6, ¿cuále(s) idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:

<input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer	<input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali	<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____
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OTRAS PREGUNTAS

8. ¿Se traslada el estudiante de otro estado, distrito o escuela?
 Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:

9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?
 Sí No

10. ¿En cuál idioma prefiere recibir información de la escuela?

11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?

12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?

Firma del padre o tutor:	Fecha:
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Traductor/intérprete:	Idioma:	Fecha:
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Estancia Municipal Schools
Elementary Student Enrollment Card

Date: _____

Grade: _____

Student Name _____ **Age** _____ **State ID#** _____
(Last) (First) (Middle)

Mailing Address _____
(Box /Street) (City/State) (Zip)

Home Phone _____ **Cell Phone** _____

Physical Address _____

Email Address _____ **Birth Date** (County) **Month** **Day** **Year**

Birth Place _____ **Gender** **M** **F** **Date entered this school** _____

Previous School Attended _____ **Phone** _____

Address _____

Father _____ **Employer** _____ **Phone** _____

Mother _____ **Employer** _____ **Phone** _____

1st Emergency Contact _____ **Phone** _____ **Relationship:** _____

2nd Emergency Contact _____ **Phone** _____ **Relationship:** _____

3rd Emergency Contact _____ **Phone** _____ **Relationship:** _____

Adults who have permission to pick up student and their relationship to student:

Family Doctor _____ **Phone** _____

In case of an emergency and unable to reach a parent, you have my permission to take above listed child to listed doctor, neighbor or relative.

Date: _____

Signed _____
(Parent Signature Required)

Directions to your home for the bus driver & emergency:

Brothers and Sisters

Birth Date

Grade or Pre-School

Ethnicity: Anglo Black Asian/Pacific Islander American Indian/Alaskan
Native Hispanic

If Native American Indian or Alaskan Native, enter the name of your tribe. _____
(A copy of the CIB and/or 506 form must be submitted to the school for the cumulative folder)

In the past 36 months, has your family moved to another town, city, or state to: pick crops in the field or in greenhouses, work on farms, ranches, or work in canneries? Circle one YES NO

Which language did your child first learn to speak? _____

What language does your child use most often at home? _____

What language do you most often use to speak to your child? _____

Please list immediate family's military status: ACTIVE NAT'L GUARD RESERVE CIVILIAN

ARE THERE ANY LEGAL RECORDS THAT WE SHOULD HAVE ON FILE REGARDING CUSTODY AGREEMENTS FOR THIS STUDENT? YES NO IF YES, PLEASE PROVIDE A COPY FOR ADDEQUATE PROTECTION OF YOUR RIGHTS.

WAS STUDENT PLACED IN ANY SPECIAL EDUCATION SERVICES and an IEP? YES NO
IF YES, WHAT LEVEL? _____

Has your child been long-term suspended or expelled from another school? YES NO

Escuela Municipal de Estancia

Informacion Demografica del Estudiante

Fecha _____

Grado _____

Nombre _____

Teléfono _____

Género _____ Fecha de Nacimiento _____

Lugar de Nacimiento _____

Dirección _____ No. de Celular del Estudiante _____

Dirección de Envío _____

Nombre del Padre o guarda _____ Teléfono _____

Dirección _____ No. de Celular _____

Dirección Electronica _____

Lugar de Empleo _____ Teléfono _____

Nombre de la Madre o guarda _____ Teléfono _____

Dirección _____ No. de Celular _____

Dirección Electronica _____

Lugar de Empleo _____ Teléfono _____

Nombre de la Escuela anterior _____

Dirección _____ Teléfono _____

Raza: Blanco _____ Hispano _____ Nativo Americano _____ Negro _____ Asiatico _____ Otro _____

En Caso de Emergencia llamar a:

Nombre: _____ Teléfono: _____

Dirección _____ Celular: _____

Relacion: _____ Solamente en caso de EMERGENCIA eL estudiante se puede ir: si _____ no _____

Nombre: _____ Teléfono: _____

Dirección _____ Celular: _____

Relacion: _____ Solamente en caso de EMERGENCIA eL estudiante se puede ir: si _____ no _____

Nombre: _____ Teléfono: _____

Dirección _____ Celular: _____

Relacion: _____ Solamente en caso de EMERGENCIA eL estudiante se puede ir: si _____ no _____

Nombre del Doctor _____ Teléfono: _____

Porfavor marque en el cuadro sis u hijo(a) ha estado en alguna clase de Educacion Especial.

Hay algun document legal en la custodia de este alumno? _____ si/no. De haber algun documento, porfavor de mandarnos una copia para que podamos proteger sus derechos adecuadamente.

Lista de hermanos/hermanas	Fecha de Nacimiento	Grado	Escuela
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Firma del Padre/Tutor _____

Fecha _____



ESTANCIA ELEMENTARY SCHOOL

P.O. Box 68
Estancia, NM 87016

Telephone: 505-384-2004
Fax: 505-384-2027

School Student is coming from

Address of school student is coming from

Phone: _____

City, State, Zip Code

Fax: _____

In an effort to meet the needs of your child, we believe that it would be most useful to have any previous school records that are available.

The student listed below recently enrolled in our school. We would appreciate it if you would send the following records to us. In accordance with the Family Education Rights and Privacy Act of 1974 and New Mexico State Law, permission to release this information has been granted by the parent/guardian. We request the records of:

Student's Name

Grade

Date Withdrawn

Cumulative Record

Parent/Guardian Signature

Special Education

Parent/Guardian Signature

Medical Records

Parent/Guardian Signature

Psychological/Psychiatric/ Social, Etc.

Parent/Guardian Signature

PLEASE SEND THESE SCHOOL RECORDS TO:

ESTANCIA ELEMENTARY SCHOOL
P.O. BOX 68
ESTANCIA, NEW MEXICO 87016

Email: aimee.watts@emsdbears.us

Estancia Elementary will not permit any other party to have access to such information (on the above student/s) without the written consent of the parents.

Signature of School Representative

Date



EL DISTRITO ESCOLAR ESTANCIA

P.O. Box 68
Estancia, NM 87016

Telephone: 505-384-2004
Fax: 505-384-2027

La escuela de donde viene el estudiante

La direccion de la escuela de donde viene el estudiante

Telefono: _____

Ciudad, Estado, Codigo Postal

Fax: _____

En un intent de satisfacer las necesidades de su hijo, pensamos que seria util de tener los historiales academicos previos que esten disponibles.

El estudiante mancionado debajo recientemente se ha inscrito en nuestra escuela. La apreciariamos que nos mandara los siguientes historiales academicos. De acuerdo con el Acta de los Derechos Familiares de Educacion y Privacidad de 1974 y la Ley Estatal de Nuevo Mexico, permiso de facilitar estos datos es concedido por los padres/tutor. Solicitamos los siguientes registros de:

Nombre de Estudiantes

Grado

Fecha de Terminacion

Registros Acumulativos

Firma de Padre/Tutor

Registros de Educacion Especial

Firma de Padre/Tutor

Historia Clinica

Firma de Padre/Tutor

Evaluaciones Sicologicas/Siquitras
Sociales, etc.

Firma de Padre/Tutor

POR FAVOR ENVIE TODOS ESTOS DOCUMENOTS A:

**ESTANCIA ELEMENTARY SCHOOL
P.O. BOX 68
ESTANCIA, NEW MEXICO 87016**

La escuela Estancia no permitira acceso a diche informacion a ninguna otra parte (de el/los estudiante/s mencionados arriba) sin el consentimiento escrito por los padres o tutores.

Firma del Remitente

Fecha

New Mexico Student Residency Questionnaire Form

Section A

New Mexico School District: **Estancia Municipal Schools**
Only one form required per family, per school.

Our child/children may be eligible for additional education services through Title I, Part A, Title I Part C-Migrant, and/or Title X, Part C Federal McKinney-Vento Assistance Act. Completing this questionnaire will assist in determining eligibility.

- School: Estancia High
- Estancia Middle
- Upper Elementary
- Lower Elementary
- Van Stone

1. Where are you and your family currently staying? Check one box below.

Section B

- Rent, own my own home. *If you rent or own your own home, please skip to question #2.*
- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.
- Living in emergency transitional shelters.
- Living in a public or private place not ordinarily used as a regular sleeping accommodation for human beings such as living in a car, park, public place, abandoned buildings, substandard housing, bus or train stations or similar settings.
- Unaccompanied youth living in the above circumstances.
- Other

2. The Student(s) live with: a.) Parent/Legal Guardian b.) An adult that is not a parent/legal guardian
 c.) Alone/Other

3. Has a parent or guardian 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? Yes No

4. If you checked any box in Section B or answered Yes to question 3 above, your child may be eligible for additional educational services through Title I-Part A, Title I-Part C Migrant, or Title X-Part C Federal McKinney-Vento Assistance Act. Please print in the spaces below the name of all of your children living with you. Include children that are not yet in school.

First Name	Last Name	M/F	DOB	Grade	School Name
		gender		select	
		gender		select	
		gender		select	
		gender		select	
		gender		select	

5. Would you like to be contacted by the McKinney-Vento liaison for your child's school? Yes No

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

Print Name – Indicate Relationship to Student: Parent Guardian Adult Caring for Student Signature/Date

(Area Code) Phone Number Street Address City State Zip

All homeless and migrant students are automatically and immediately eligible for FREE or REDUCED price meals the day of enrollment. **Estancia Municipal Schools is currently School-wide FREE meals (2017).**

Referral Form submitted to District McKinney-Vento Liaison Date/Sig.

Referral Form submitted to School McKinney-Vento Liaison Date/Sig.

Notes:

**STUDENT RESIDENCY STATEMENT (SRS)
ESTADO DE DOMICILIO DEL ESTUDIANTE**

Padre/Tutor/Firma del Joven sin Compañía: _____ Telefono: _____
 Nombre deEstudiante(Imprima): _____ FechaNacimiento: _____ Grade: _____
 Escuela: _____ Fecha: _____

Por favor enumere todos SUS otros hijos en edades preescolares y escolares, que viven con usted (POR FAVOR IMPRIMA):

Nombre: _____ Fecha Nacimiento: _____ Escuela: _____
 Nombre: _____ Fecha Nacimiento: _____ Escuela: _____
 Nombre: _____ Fecha Nacimiento: _____ Escuela: _____

La información proporcionada en este formulario es confidencial.

1. Usted vive en alguna de las siguientes condiciones?

- Comparte la vivienda con otras personas debido a: (marque uno)
 - Perdida de vivienda, dificultad económica o una razón similar (por ejemplo; desalojo de la casa, etc.) Explique: _____
 - Compartiendo vivienda a largo plazo para ahorrar dinero o alguna razón similar
 - Otro (favor explicar): _____
- En un motel, hotel, campamento o algún lugar similar, debido a: (marque uno)
 - Falta de alojamientos alternativos adecuados, explique: _____
 - Un acuerdo de vivienda alternativa mientras espero por un apartamento o una casa
 - Otro (especifique): _____
- En albergues de emergencia o de paso, tales como; albergues para personas que han sufrido de violencia doméstica, albergues para personas sin hogar o viviendas de paso a través de MUST, Centros de Recursos para Familias (Center for Family Resources), u otros albergues o agencias
- Tiene una residencia nocturna primaria que no está diseñada para uso regular como alojamiento para personas
- En carros, parques, espacios públicos, edificios abandonados, vivienda de baja calidad, estaciones de bus o tren o algún sitio similar.
- Ninguno de los anteriores

2. Cuánto tiempo más cree usted que vivirá en este sitio? _____

Dirección Actual: _____ Teléfono: _____

3. Marque para indicar que recibió la información del McKinney-Vento Homeless Assistance Act (Formulario JBC(1)-5 en esta fecha, anexo a este formulario, el cual esta también disponible en la escuela local o en la página web del Distrito; www.cobbk12.org.

Los estudiantes que vivan en alguna situación de vivienda de paso, pueden calificar como personas sin hogar. La elegibilidad es determinada por el personal de la oficina del District's Homeless Education Program (HEP) y debe ser renovado cada año escolar.

Para más información, comuníquese con la oficina del Denise Shirley en 505-384-2004.

Estancia Elementary Sign Off Sheet

(Please initial each area that pertains to you and sign the bottom to be returned to your child's teacher. Please notice that we are trying to conserve paper and not print a copy of the handbook for every student. You can access the handbook on our district web site: (www.emsdbears.us)

_____ I have access to the internet and can access the elementary handbook so I do not need a copy.

_____ I DO NOT have access to the internet and need a paper copy of the handbook sent home.

Student's Name

Teacher

Date

Parent Signature

Application for Estancia PowerSchool Parent Portal Access

Parent/Guardian's Name		Parent's/Guardian's Name
Email Address		Email Address
Relationship to student (Please check one) Father <input type="checkbox"/> Step Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		Relationship to student (Please check one) Father <input type="checkbox"/> Step Father <input type="checkbox"/> <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

	Children's Names	Grade Level

Additional Adult Access

Permission for other adults to view your child's accounts will not be given to anyone without the legal parent or guardian's permission. If you would like to request access for other adults at this time please fill in their names below. This could include; a biological parent with court access to child's records, aunts, uncles, grandparents, etc. list them below. **If you want no other adults to have this access just cross out these boxes.**

Name of Adult	e-mail address	Relationship to student

By signing this form, I am ensuring that I am the parent/ legal guardian of the above children and am asking the school for access to my child's information through the internet portal. I also give permission for access to the above-named adults.

Parent/ Guardian Signature

Best contact phone number if questions arise

Please return this form to your school office. You will receive your login and password by email when the portal is ready for parent access. If you need technical assistance, call the district technology office at 505-384-2000 Ext. 2302 or email karen.pai@emsdbears.us Thank you

Karen Pai
Dean of Students/ Estancia School District



ESTANCIA ELEMENTARY SCHOOL

WAIVER AND CONSENT

DISCLOSE STUDENT INFORMATION

The following activities are beneficial to the educational process of my child identified below. Having the legal authority to do so, I hereby grant permission to the Estancia School District to release information about my child in connection with the following education related activities by marking the corresponding box (es):

- Inclusion in the Honor roll and publication of my 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 my student by the District, School or School-related organization including any honor related to academic achievement, community service, or extra-curricular activity. Public recognition of my student may include dissemination of the criteria for my student's honor including name, grade average and like information.
- Public display of student artwork, and other school-related material, which may bear any award, grade earned and my student's name.
- Identification in written or oral recommendations of my student by an employee of the District.
- Inclusion of my student's picture and name in print, broadcast, film, video or web-based media.

I also understand that this granting permission shall only be revoked by written instrument delivered to the principal of the school that the student attends. This consent shall remain in effect, unless revoked for the 2024-2025 school year.

Printed Name of Student

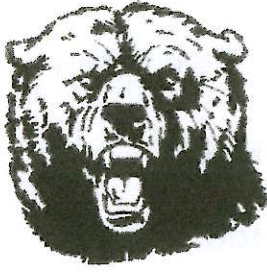
Printed Name of Parent/Legal Guardian

Signature of Student (if over 18)

Signature of Parent/Legal Guardian

Date

Date



ESCUELAS MUNICIPALES DE ESTANCIA

REQUERIMIENTO Y PERMISO

PARA PROVEER INFORMACION DEL ESTUDIANTE

Las siguientes actividades identificadas en la parte inferior son beneficiosas para el proceso educativo de mi hijo(a). Teniendo la autoridad legal para hacerlo, doy permiso al Distrito Escolar de Estancia hacer publica la informacion sobre mi hijo(a) en relacion con las siguientes actividades escolares marcadas en las cajas correspondientes

- Inducido en el salon de Honor se publicara el nombre de mi hijo(a) como parte del Salon de Honor en periodicos o transmisiones con el proposito de reconocer sus logros academicos. Tal reconocimiento incluye una publicacion de los requisitos para el Salon de Honor como nombre y promedio general.
- Induccion en algun otro lugar de honor publicamente dado a mi hijo(a) por el Distrito, Escuela o alguna organizacion relacionada con la Escuela incluyendo cualquier honor relacionado a cualquier logro academic, servicio comunitario, o actividad extra-curriculo. Un reconocimiento publico incluyendo su nombre, promedio general y otra informacion relacionado a esto de mi hijo(a).
- Exposicion publica del trabajo de arte del estudiante, y otros materiales relacionados con el trabajo escolar, que pueda tener algun premio, promedio y su nombre
- Documentacion por escrito o recomendacion oral de mi hijo(a) por un empleado del Distrito.
- Exposicion de la fotografia de mi hijo(a) con su nombre, en transmisiones, peliculas, videos o medios de comunicacion basados en la red social.

Entiendo que este permiso solamente puede ser revocado por escrito el cual sera entregado al director de la escuela del estudiante. Este permiso se mantendra en efecto, a menos que sea revocado por el ano escolar 2024-2025.

Nombre del Estudiante

Nombre del Padre/Guardian Legal

Firma del Estudiante(Si mayor de 18)

Firma del Padre/Guardian Legal

Fecha

Fecha

IN TOWN/WALKING FIELD TRIP PERMISSION AND EMERGENCY



MEDICAL RELEASE FORM ESTANCIA ELEMENTARY SCHOOL



P.O. Box 68, Estancia, New Mexico 87016 Phone: 505-384-2004

All students are required to have this form signed, dated, and returned to school prior to participating in any field trip.

PERMISSION FORM

I hereby consent to let my son/daughter _____
Child's Name

Attend any in town/walking field trip during the school year. It is understood that all reasonable caution will be taken by the person(s) in charge to prevent injuries. However, neither those in charge, nor the district shall be held responsible in case of an accident.

Date

Signature of Parent/Guardian

EMERGENCY MEDICAL RELEASE

In case of an injury or medical emergency, I, _____
Name of Parent/Guardian

give the school permission to take my child to the following hospital or urgent care center:

Date

Signature of Parent/Guardian



PERMISO PARA VIAJES
ESTANCIA ELEMENTARY SCHOOL



P.O. Box 68, Estancia, New Mexico 87016 Phone: 505-384-2004

Todos los Nino/a necesitan tener permiso antes de cualquier viaje

Formulario de Autorizacion

Yo doy permiso a mi Hijo/a _____

Nombre Del Nino/a

De ir de viaje. Tengo entendido que precauciones razonables seran tomadas jpor las personas encargadas de prevenir lastimaduras. Pero los encargados. Y la escuela no seran responsables en caso de un accidente.

Fecha

Firma de los padres o guardian

En caso de cualquier dano o emergencia, yo _____

Firma de padre o guardian

Doy permiso a la escuela de llevar a mi hijo/a al siguiente hospital o edificio de urgencias

Nombre de Hospital o del edificio de urgencias

Fecha

Firma de padres

Estancia Elementary School Attendance for Success Act

The Attendance for Success Act, a new state statute, requires school districts and charter schools to classify each student into one of four attendance intervention tiers, based upon the percentage of school day absences. This new statute does not differentiate between excused and unexcused absences. Activity absences where a student is out of school participating in a school event does NOT count against a student, but all other absences are counted to determine a student's overall attendance rate.

School districts are required to report the intervention tier for each student based upon students' attendance rates during the reporting period. Absences and tiers will be reported to the New Mexico Public Education Department at each reporting period and the end of the year.

Tier 1- The Whole School Prevention Tier

Students who have missed less than 5% of school days for any reason.

Interventions:

- whole school attendance campaigns
- class attendance competitions
- parental notification of student absences through phone calls and electronic communication

Tier 2- The Individualized Prevention Tier

Students who have missed between 5-10% of school days for any reason.

Interventions:

- Teacher or secretary calls parents to let them know that absences are becoming excessive (keep contact log in attendance file)
- Parent/teacher conference (teacher creates a classroom intervention plan)

Tier 3- The Early Intervention Tier

Students who have missed between 10-20% of school days for any reason.

Interventions:

- Letter sent to parents from the principal and meeting with parents
- Meeting is documented in SAT plan or classroom intervention plan
- Complete an attendance contract (parent gets a copy of contract and one is kept in attendance file)
- Weekly progress monitoring by teacher/secretary

Tier 4- The Intensive Supports Tier

Students who have missed 20% or more of school days for any reason.

Interventions:

- Letter to parents from principal to schedule a meeting
- Meeting is documented in SAT plan or classroom intervention plan
- Adjust attendance contract (parent gets a copy of contract and one is kept in attendance file)
- Notify truancy court
- Warn parents about a CYFD referral
- Weekly progress monitoring by teacher/secretary
- If absences continue, report to CYFD

I have read the New Mexico Attendance for Success Act, and understand the school attendance expectations.

Parent/Guardian Signature

Date

PERMISSION TO VIDEOTAPE CLASSROOM INSTRUCTION

Dear Parent/Guardian:

Please read the following information. Then complete, sign, and detach the Permission Slip and return it to the school as soon as possible. This school year, we will be using video to look at classroom instruction. The purpose of the video is to look closely at instruction and learning so that it can be assessed and improved. We will be videotaping lessons taught in your child's class. Although the videotapes involve both the teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class.

Please sign the form below to grant or deny your permission for videotaping.

Sincerely,

Jennifer Gonzales

Elementary Principal

Videotaping Permission Slip

Student Name: _____

Teacher: _____

School: Estancia Elementary

I am the parent/legal guardian of the student named above. I have received and read your letter regarding videotaping classroom instruction. Please check all that apply below:

Yes, I give my permission to include my child's image on videotape to improve classroom instruction.

No, I do not give my permission to include my child's image on videotape to improve classroom instruction.

Signature of Parent or Guardian

Date



**Estancia Elementary
Permission to Walk Home Alone
Form**



I, _____, am the parent/guardian of the student(s) listed below,
(Parent Name)

(Student Name)

(Student Name)

(Student Name)

(Student Name)

(Student Name)

(Student Name)

I hereby grant permission for my child to leave Estancia Elementary School in order to walk home alone.

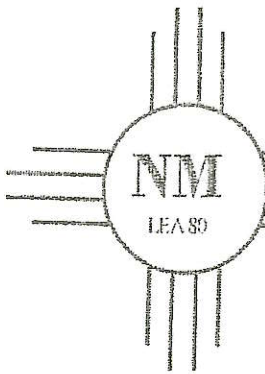
I understand that my child will be walking home unsupervised and it is my responsibility once they have left the school building and campus.

Date: _____

Parent Name: _____

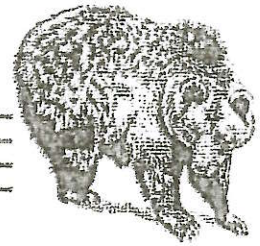
Parent Signature: _____

NO... I do not give my permission for my child to walk home.



ESTANCIA MUNICIPAL SCHOOLS

P.O. Box 68 / Estancia, NM 87016



Cindy L. Sims, PhD
Superintendent

Phone (505) 384-2006
Fax (505) 384-2015

From the Nurse's Office

Dear Parents,

Welcome to another exciting year! The New Mexico Department of Health is requiring schools to verify student records of a dental examination within the past year prior to initial enrollment in the district or charter school. If the student has not had a dental examination within the past year, you may sign a Student Dental Examination Waiver indicating your understanding of the risks associated with the student not receiving a dental examination.

As a reminder if your child needs medications at school or if they have a health condition please call the nurse's office at 384-2071. Parents are encouraged to give medications at home whenever possible. All prescription medications must have a doctor's order form before it can be administered at school. The health office **DOES NOT** supply students with medication, therefore, all medications (prescriptions, Tylenol, Motrin, allergy meds, cough drops etc...) **must be provided by the parent/guardian** in the original unopened container and be labeled with the students name and date of birth. A consent form must be on file for all medications **Please contact the school nurse if your child has a medical or dietary need.**

Your child must have current vaccinations to enroll in school. Please complete the attached medical authorization form completely and return it and any vaccine information to the nurse's office.

Thank you,

Chariti Sanchez RN
School Nurse
384-2071

Estancia Public Schools 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 parent's cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. PLEASE COMPLETE ALL THREE SECTIONS!

Last Name:	First Name:	Middle Initial:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
------------	-------------	-----------------	---	------

NAME OF SCHOOL ATTENDED LAST SCHOOL YEAR: _____

SECTION ONE - STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or to the ER, the school health office will always attempt to reach the Parent/Guardian listed below FIRST. Secondary contacts will be called if the parent/guardian cannot be reached. PLEASE KEEP THESE NUMBERS CURRENT!

Parent/Guardian Name:	Address:	Phone #1
		Phone #2
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		Phone #3
Parent/Guardian Name:	Address:	Phone #1
		Phone #2
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		Phone #3

	Emergency Contact List	Relationship	Phone #1	Phone #2	Phone #3
1.					
2.					
3.					
4.					

Siblings in Other Schools

	Name	School/Daycare	Grade	DOB
1.				
2.				
3.				

SECTION TWO - STUDENT HEALTH HISTORY - Please check appropriate box

My child has no health conditions including those listed below

<input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Food (List): _____ <input type="checkbox"/> Other Allergy (List): _____ <input type="checkbox"/> Has EpiPen prescription
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Congenital/Genetic <input type="checkbox"/> Ear/Nose/Throat <input type="checkbox"/> Pulmonary (Other than Asthma)
<input type="checkbox"/> Asthma Needs Inhaler at School: Y N <input type="checkbox"/> Eye/Vision Wears glasses/contacts: Y N <input type="checkbox"/> Diabetes (circle one) Type 1 Type 2 <input type="checkbox"/> Cardiovascular (List) _____ High Blood Pressure: Y N
<input type="checkbox"/> Cancer <input type="checkbox"/> Dermatologic/Skin <input type="checkbox"/> Stomach/GI <input type="checkbox"/> Musculoskeletal
Long Term Medications (List): <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Bladder/GU <input type="checkbox"/> Dental/Oral
<input type="checkbox"/> Any Other Health Conditions: _____ <input type="checkbox"/> Endocrine Other than Diabetes <input type="checkbox"/> Hematology/Bleeding Disorders <input type="checkbox"/> Psychiatric (List Meds): _____ <input type="checkbox"/> Migraines

SECTION THREE - INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
TO GRANT CONSENT		
In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:		
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 of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one 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. 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 card will be shared with appropriate personnel on an as-needed basis only. I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings.

Parent/Guardian Signature: _____ Date: _____

Spanish speaking
only

AUTORIZACIÓN PARA EMERGENCIAS MÉDICAS

PROPÓSITO DE LA AUTORIZACIÓN: Para que los padres o protectores de oficio de los estudiantes AUTORICEN tratamiento en casos de emergencia cuando su hijo(a) se enferma o se lastima a fin de que reciba tratamiento urgente cuando está bajo el mando de la autoridad escolar y dicha autoridad no se pueda comunicar con los padres. Después de que los padres llenen los espacios que ahora aparecen en blanco en este formulario deberán devolverlo a la autoridad en la escuela. El original y todas las copias del mismo podrán utilizarse con el fin de identificar las alternativas que tiene el padre o madre que firma este documento.

Distrito Escolar _____	Edificio Escolar _____	Maestro/a de la sala central del estudiante _____	Grado escolar _____
Nombre Completo del Estudiante _____			
Domicilio del Estudiante _____	Apellido(s) _____	Nombres/Inicial _____	Numero del Seguro Social _____
Calle/Camino _____	Casilla Postal/Apto No. _____	Ciudad _____	Zona Postal _____
Fecha de Nacimiento del Estudiante _____	Tel. () _____		
Nombre Completo de la Madre _____	Tel. de día () _____		
Nombre Completo del Padre _____	Tel. de día () _____		
Protector/a de oficio o niñera del/la menor _____	Tel. de día () _____		
Dirección del/la/protector/a/de oficio o de la niñera del/la/menor _____			
Calle/Camino _____	Casilla Postal/No. de Apto. _____	Ciudad _____	Zona Postal _____

SUPLENTE PARA CASOS DE EMERGENCIA (Personas locales con quien comunicar si no se puede comunicar con los padres)

Nombre _____	Teléfono _____
Nombre _____	Teléfono _____

INFORMACIÓN DE SEGURO

Seguro del Estudiante _____	Nombre del Subscriptor _____
Numero del Identificación _____	

PARA OTORGAR SU CONSENTIMIENTO

En el caso de emergencia que le ocurra a mi hijo/a y no se pueden comunicar conmigo, por la presente otorgo mi consentimiento con el fin de que transporten a mi hijo/a al local de los proveedores de atención médica y al hospital que consta a continuación y autorizo que dichos proveedores y personal del hospital le den toda atención médica razonable y auxilio de salud que acostumbra dar y que éstos consideren sea necesario:

Médico _____	Teléfono () _____
Dentista _____	Teléfono () _____
Enfermera de Oficio/Ayudante de Médico _____	Teléfono () _____
Hospital _____	Teléfono () _____

Si, por cualquier motivo, no es posible comunicar con los proveedores cuyos nombres aparecen más arriba, por la presente autorizo el transporte adecuado y que un proveedor de atención médica, personal de hospital o instalación de servicios médicos adecuados le dé la atención médica a mi hijo/a. Esta autorización no cubre la cirugía de nivel grave, salvo que otro médico/dentista esté de acuerdo que la necesita.

Ninguna disposición en esta sección será interpretada al efecto de que impondrá responsabilidad civil a cualquiera de los oficiales o empleados escolares quienes, de buena fe, tratan de cumplir con las disposiciones que constan en esta sección del presente documento. Queda entendido que yo seré la persona que tendrá la obligación de pagar todo tipo de atención médica.

Firma del Padre/Madre/Protector/a de Oficio _____ Fecha _____

-Termine de llenar los espacios en blanco al dorso de esta página-

DATOS RELACIONADOS CON LOS ANTECEDENTES MÉDICOS DEL (DE LA) MENOR QUE SE DEBERÁN PONER AL CONOCIMIENTO DEL MÉDICO

Sírvase indicar si el estudiante ha recibido o actualmente está recibiendo tratamiento para cualquiera de las enfermedades o trastornos a continuación:

Indique el año o la edad que tenía el/la menor cuando padeció de la enfermedad o del trastorno.

<u>Asma</u>	<u>Meningitis</u>
<u>Diabetes</u>	<u>Dolor de Cabeza Migraña</u>
<u>Trastornos del Oído: (tipo) _____</u>	<u>Debilidad Muscular o Parálisis</u>
<u>Trastornos Emocionales: (tipo) _____</u>	<u>Trastornos Sanguíneos: (tipo) _____</u>
<u>Ataques repentinos</u>	<u>Alta Presión Arterial</u>
<u>Trastornos del Corazón: (tipo) _____</u>	<u>Enfermedades Infecciosas: (tipo) _____</u>
<u>Hepatitis: (tipo) _____</u>	<u>Vacuna Contra el Tétano: (fecha) _____</u>
<u>Otra: _____</u>	

¿Alergias? _____

¿Reacciones a la Medicina o a las Inyecciones de vacunas? _____

Hospitalizado(a) debido a enfermedad grave, cirugía o accidentes? _____

¿Usa lentes de contacto? Sí _____ No _____

¿Medicamentos a largo plazo? _____

Alguna vez, le han informado a Ud. el/la menor necesita terapia de anticuerpos antes de que le den tratamiento dentario?
Sí _____ No _____

Si responde Sí, Identifique la terapia que el/la menor requiere _____

Sírvase agregar cualquier trastorno físico/mental o enfermedad que no aparece en la lista

Notas:

Estancia Municipal Schools

Student Dental Examination Verification Form

Upon initial enrollment in a district or charter school, New Mexico Administrative Code (NMAC) 6.12.13 requires schools to verify student records of dental examination. This rule also allows for an informed opt-out process based on parent or guardian understanding of the risks associated with not having a dental examination.

Estancia is dedicated to promoting the health of our students. We recognize oral health care is essential for general wellbeing and can have a significant impact on overall health. According to the Centers for Disease Control and Prevention (CDC), tooth decay is one of the most common chronic diseases of childhood in the United States. Left untreated, it can cause pain and infections that may lead to problems with everyday activities like eating, talking, playing, and learning. Routine oral health care such as dental visits, daily oral hygiene, healthy eating and consuming of water can help prevent tooth decay and other oral health conditions.

Student Name: _____

Student Date of Birth: _____

Please check the applicable response below:

I confirm that my child has received a dental examination within the past calendar year.

My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

Parent/Guardian Signature: _____

Date: _____

Are you interested in learning more about oral health resources for your child? Please contact the New Mexico Department of Health, Office of Oral Health at 505-827-0837.

Dear Parents,

Estancia Schools is requesting your permission to email your child's school documents.

These documents might include:

***Special Education Documents**

*504 Documents

*Progress Reports

*Report Cards

In order to do this, we must have your written permission. Please sign below if you agree to receive your child's documents electronically.

(Please Print Name)

(Your Child's Name and Grade)

(Signature)

(Date)

(email address)



Estancia Municipal School District

300 North 9th Street – P.O. Box 68, Estancia, New Mexico 87016, (505)384-2000

Cindy L. Sims, Ph.D., Superintendent

Acceptable Use Agreement

--- Technology Department ---

Estancia Municipal School District recognizes that access to technology in school gives students greater opportunities to learn, engage, communicate and develop skills that will prepare them for work and life. This District is committed to helping students develop technology and communication skills.

To that end, we provide access to technologies for both student and staff use.

This Acceptable Use Agreement outlines the guidelines and behaviors that all users are expected to follow when using District technologies both on and off campus as well as using personally-owned devices on District Property:

- The Estancia Municipal School District technology and network is intended for appropriate educational purposes only.
- All activity over the network, including the use of District resources and/or technologies is monitored and retained.
 - District resources on personally-owned devices can be monitored.
 - District Administrators may review files and communications at any time, this includes, but is not limited to, files/data, emails, chat messages, web pages, history, etc.
- Students and Staff are expected to conduct themselves in a positive manner, reflecting the values of the student body, staff and our community.
- Access to online content via the District's network may be restricted in accordance with our policies and procedures as well as federal regulations, set forth by the Children's Internet Protection Act (CIPA).
- Assume that any and all software is copyright protected. Any downloaded or installed software must have prior approval from the District's Technology Department. Unlawful use of copyrighted material can be a violation of Federal Law.
- Users are responsible for all materials created, sent and/or received under his/her user account at all times.
- Users must protect their passwords.
- Users are prohibited from accessing the work and/or files of others without proper permission and may not plagiarize and/or violate copyright laws; respect the privacy of all individuals.
- Users are prohibited from causing and/or contributing to the damage or modification of computer hardware, software or data.
- The access and/or display of written or graphic content, which is obscene, inflammatory, derogatory or offensive is prohibited.
- The use of District technology to create, send, solicit or store materials that contain racist, sexist, obscene or otherwise objectionable material that could demean, defame, denigrate others for race, religion, creed, color, gender, national origin, ancestry or physical handicap is prohibited.
- All users of the District are expected to alert the District Technology Department immediately of any and all concerns for safety or security.
- Use of the school's technology and resources for any financial gain, commercial activity, or for any illegal activity is prohibited, and may result in immediate disciplinary action, up to legal action and/or prosecution.
- Misuse of any District technology and/or resource, can result in disciplinary and/or legal action
 - The use of any District technology and/or resource is a privilege, not a right.
 - Inappropriate use may result in the cancellation, limitation and/or suspension of access privileges.

Technologies Covered

Estancia Municipal School District may provide internet access, desktop computers, mobile computers and/or devices with video-conferencing capabilities, online collaboration capabilities, message boards, email access, and more.

As new technologies emerge, Estancia Municipal School District will make every attempt to provide access to them. The policies outlined in the document are intended to cover all available technologies.

Usage Policies

All technologies provided by the District are intended for appropriate educational purposes only. All users are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be safe, appropriate, careful, and kind. Do not try to get around technological protection measures and use good common sense. Ask if you do not know.

Web Access

Estancia Municipal School District provides its users with access to the Internet, including websites, resources, content and online tools. This access is restricted in compliance with all Children's Internet Protection Act (CIPA) regulations as well as school policies and procedures.

Web browsing is monitored and web activity records/history will be retained.

Users are expected to respect that the web filter is in place as a safety precaution and should not try to circumvent it when browsing the Web. If a site is blocked, and a user believes that the site should not be blocked, the user should follow District protocol to alert the District Technology Department and submit the site for review.

Estancia Municipal School District cannot control or be held responsible for all information available on the Internet, beyond the District's own website.

Email

Estancia Municipal School District provides its users with email accounts for the purpose of school-related communication. Availability and use may be restricted based of school policies and procedures.

If users are provided with email accounts, they should be used with care. Users should not attempt to open files or follow links from unknown or untrusted origins. At all times, users should use appropriate language, and should only communicate with other people as allowed by the district policy or the teacher.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Users should be careful not to share personally-identifying information online.

Email usage is monitored and archived indefinitely.

Mobile Devices Policy

Estancia Municipal School District provides users with mobile laptop computers and/or tablets to promote learning outside of the classroom. Users should abide by the same acceptable use policies when using school technologies and/or devices off the District as on the District network.

Users are expected to treat these devices with extreme care and caution. Please follow the policies and procedures set forth in the Laptop Issuance Agreement. These devices are expensive and not readily available; the District is entrusting users to care for their issued devices. Users should report loss as well as any and all damage or malfunction to the District Technology Department immediately. Users will be financially accountable for any damage resulting from negligence or misuse.

Use of District-issued mobile devices both on and off the District network is monitored.

Hotspot

In the event of certain special circumstances and based on availability, the District may issue Hotspot devices to provide internet access off-campus for students and/or staff. These devices are managed by third-party providers and DO NOT fall under the scope of our School District.

Social/Collaborative Content

Estancia Municipal School District may provide users with access to websites and/or tools that allow communication, collaboration, sharing and/or messaging among other District users.

Users are expected to communicate with the same appropriate, safe, mindful and courteous conduct online as offline. Posts, chats, sharing and messaging is monitored and their history will be retained. Users are expected not to share personally-identifying information online.

Personally-Owned Devices Policy

Students will keep personally-owned devices turned off and put away during school hours. Exceptions will be made in the event of an emergency or as instructed by a teacher and/or District staff member for educational purposes only.

Security

Users are expected to take reasonable safeguards against the transmission of security threats over the District's network. This includes not opening or distributing suspicious files and/or programs and not opening files and/or programs of unknown or untrusted origin.

Users are prohibited from opening and/or distributing files and/or programs of any written and/or graphic content, which is obscene, inflammatory, derogatory or offensive.

If any user is in possession with any school technology and/or resource that might be infected with a virus, or any of the above-mentioned content, please alert the District's Technology Department immediately. Do not attempt to remove the virus yourself and/or download any programs to help remove the virus.

Downloads

Users are prohibited to download or attempt to download, or run any programs/files over the District network or onto any District resource without permission and acknowledgement of the District's Technology Department.

You may be able to download other file types, such as images or videos. For the security of the District's network and resources, only files from reputable sites, and only for educational purposes, may be downloaded.

Any images and/or videos with content that is obscene, inflammatory, derogatory or offensive, is prohibited.

Netiquette

Users should always use the Internet, the District's network resources and online sites in a safe, courteous and respectful manner.

Users should also recognize that while online, some information can be unverified, incorrect and/or could be inappropriate. Users should only use trusted resources when conducting research via the Internet. Estancia Municipal School District can not control this content and cannot be held responsible for any and all information available on the internet.

Users should also remember not to post anything online that can be personally-identifiable and/or inappropriate. The District's Technology Department would like to reiterate that once something is online; it can be shared and spread in unintended ways and can remain online permanently.

Plagiarism

Users should not plagiarize (or use as their own, without citing the original creator) content. This includes, but is not limited to words or images, from any source on the Internet. Users should not take credit for things that they did not create themselves, or misrepresent themselves as an author or creator of something found online. Research conducted via the internet should be appropriately cited, giving credit to the original author. Use of artificial intelligence tools may be considered plagiarism and result in disciplinary and/or legal action.

Personal Safety

Users should never share personal information, including, but not limited to, phone numbers, addresses, social security numbers, birth dates or financial information, over the internet without first consulting a trusted adult.

Users should carefully safeguard their personal information of themselves and of others.
Users should never agree to meet someone they meet online in real life without adult and/or parental/guardian permission.

If any user receives and/or notices a message, comment, image or anything inappropriate online or on any District resource that raises concerns for your personal safety, you should immediately notify the District's Technology Department.

Cyberbullying

Estancia Municipal School District strictly prohibits cyberbullying. Cyberbullying will not be tolerated.

Examples of cyberbullying include, but are not limited to, harassing, dissing, flaming, denigrating, impersonating, outing, ticking, excluding and/or stalking individuals. Do not be mean. Do not send emails or post comments with the intent of scaring, hurting and/or intimidating someone else. Engaging in these behaviors and/or activities intended to harm (either physically, mentally and/or emotionally) another person, will result in immediate severe disciplinary action and immediate loss of privileges. In some cases, cyberbullying can be a crime and will result in legal action and/or prosecution. Remember, all activities within the District's resources are monitored and retained.

If you have any knowledge of cyberbullying, please do not participate in above-mentioned acts and/or spread any information. Please report immediately to a District Administrator or contact (505)384-2052 at any time. Or for immediate assistance, please contact the National Cyberbullying Hotline at 1-800-273-8255.

Replacement Costs

Lost or damaged devices will be fined at the following price points:

- Student Laptops \$400
- Staff Laptops \$700
- Laptop Chargers \$35

Expectations of Acceptable Use

Expectations of an Estancia Municipal School District user:

- We carry and store our devices carefully.
- We keep food and drinks away from our devices.
- We make sure our devices are charged BEFORE class.
- We keep our passwords private.
- We keep our devices clean and well maintained
- We only visit websites and apps meant for learning.
- We are kind and respectful to our peers.
- We ask for help.

Examples of Unacceptable Use

As an Estancia Municipal School District user, I will not:

- Use District resources and technologies in any way that could be harmful, and/or potentially illegal.
- Attempt to find inappropriate images, videos or content.
- Engage in cyberbullying, harassment or in disrespectful conduct towards others.
- Try to find ways to circumvent the District's safety's measures and filters tools.
- Use District resources and/or technology to send spam and/or chain mail.
- Use District resources and/or technology to utilize any inappropriate websites or content.
- Plagiarize content I find online.
- Post personally-identifying information, about myself and/or others.
- Agree to meet someone I meet online in real-life/real-time.
- Use language online that would be unacceptable in the classroom in real-life/real-time.
- Use District resources and/or technology for illegal activities or to pursue information on such activities.
- Attempt to hack and/or access sites, servers or content that is not intended for my use.

This is not intended to be an exhaustive list. All users should use their own good judgment when using District resources and technologies.

Limitation(s) of Liability

Estancia Municipal School District will not be responsible for damages or harm to persons, files, data and/or hardware.

Estancia Municipal School District utilizes equipment to protect students, staff, and equipment utilizing our network. These safeguards, however effective, do not guarantee your protection online. Cybersecurity is everyone's responsibility and there is no better protection than a cautious and vigilant user..

Estancia Municipal School District will not be responsible, financially or otherwise, for unauthorized transactions conducted over the District's network and/or resources.

Violations of Acceptable Use Agreement

Estancia Municipal School District will impose the following, to any violations of the above-mentioned policies and/or procedures:

- Including, but not limited to:
 - Written Reprimand
 - Restriction of technology.
 - Suspension of technology.
 - Notification to Parent/Guardian and/or Law Enforcement.
 - Detention, suspension, expulsion.
 - Administrative leave and/or termination (Staff Only)
 - Prosecution and/or other legal proceedings.

ESTANCIA MUNICIPAL SCHOOL DISTRICT

ACCEPTABLE USE AGREEMENT FOR TECHNOLOGICAL RESOURCES

Student Form

Last Name: _____
Please Print

First Name: _____
Please Print

School/Site: _____
Please Print

Date of Birth: _____
Please Print

I have read, understand, and will abide by the conditions stated in the Estancia Municipal Schools Acceptable Use Policy for Technological Resources. I further understand that any violation of this policy may result in disciplinary action and I understand my responsibility, as a user of District resources.

Student Signature: _____ Date: _____

PARENT/GUARDIAN:

Your signature below indicates the following:

- Your approval of / and agreement to abide by the Estancia Municipal School's Acceptable Use Agreement for Technological Resources.
- Your commitment to accept responsibility for any and all actions of your child while using the Estancia Municipal School's Technological Resources.
- Your permission for your child to use the Estancia Municipal School's Technological Resources.
- Your commitment to have your child follow the conditions of the Estancia Municipal School's Acceptable Use Agreement for Technological Resources.

As the parent/guardian of (_____ student's name), I have read, understand, and support the conditions of the Estancia Municipal School's Acceptable Use Agreement for Technological Resources. I understand that access to computer resources is designed for educational purposes and that Estancia Municipal School's has taken precautions to eliminate inappropriate materials/use.

However, I also recognize it is impossible for the schools to restrict access to all controversial materials on the internet or to monitor all materials being placed on a computer system by its users. I will not hold Estancia Municipal School's or its employees responsible for materials acquired on the internet or for inappropriate materials that have been placed on a computer system without the permission of the District's technology staff.

I hereby give permission to issue an account (login) for my child and certify that the information contained on this form is correct.

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

Contact Phone Numbers: _____ (Daytime) _____ (Evening)