



500 Laser Road NE
Rio Rancho, NM 87124
P. 505.896.0667
F. 505.896.0662

Rio Rancho Public Schools Native American Summer Academy 2017 REGISTRATION FORM

(Please Print) - Registration is limited to a first come, first served basis.

A \$15 registration fee is requested.

Make check or money order payable to RRPS NAPAC Activities. You can also pay with cash at the RRPS District Office.

STUDENT INFORMATION

 Last Name First Name Student ID Number / / Grade Age

 Street Address City State Zip Telephone Number

 School Attending Tribe _____ Other _____

Does your child receive Special Education Services? Yes No

Do you give RRPS permission to photograph/video your child to document the Summer Academy? Yes No

PARENT INFORMATION:

 Mother's/Guardian's Last Name First Name Home/Cell Telephone

 Street Address City State Zip

 Father's/Guardian's Last Name First Name Home/Cell Telephone

 Street Address City State Zip

Are there any special custodial arrangements? _____

DISMISSAL POLICY

Due to limited space, if your child misses two or more consecutive days he/she will be removed from the program so that we can give another child the opportunity to attend.

Rio Rancho Public Schools reserves the right to dismiss any child whose conduct or cooperation and/or whose parent/guardian's conduct or cooperation interferes with the District's policies and procedures, or is not in keeping with the Native American Summer Academy's standards. A child's inability or failure to conform to Summer Session rules and regulations may result in dismissal from the program.

I understand that by signing this registration form, I have read and understand all of the information provided to me in the registration packet. I have filled out all of the information on the Registration Form.

Signature of Parent/Guardian filling out application Date



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Rio Rancho Public Schools
Medical Information Form
School Year 2017

Student Name: _____ DOB: ____/____/____ Grade: _____

My Child has the following health problems:

Does this child have any type of medical, physical, or mental condition? Yes No

Does this child have to take any prescription medication? Yes No

Please indicate if student has had or is currently under treatment for any conditions (provide year or age when problem occurred):

Emergency Contact Information (other than parent or guardian who may pick up my child):

Table with 4 columns: Name, Relationship, Phone #1, Phone #2. Contains 4 empty rows for contact information.

My child will walk to/from the Summer Academy

Insurance Information:

Student's Insurance (primary) Subscriber's Name ID#

In case of an emergency involving my child AND I CANNOT BE REACHED, I hereby give consent to transport my child to the following medical care providers/hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Physician/Nurse Practitioner or Physician Assistant Phone #

Dentist Phone # Hospital Phone #

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CAN BE REACHED, I authorize appropriate transport and medical care of my child to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless 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 the section. It is understood that I will be financially responsible for all emergency care.

I authorize the staff to contact my child's providers listed above regarding medical management of my child. I understand information on this form will be shared with appropriate personnel on an as-needed basis only.

Signature of Parent/Guardian Date