

BIE form 6248
OMB No 1076-0122
WHS/Rev. 05/07
D34N21

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN EDUCATION

WINGATE HIGH SCHOOL
(Home of the Bears)

Returning Student Application

School Year _____ Grade _____ Day _____ Dorm _____
.....

Name of Student: _____ Date of Birth: _____
(Last) (First) (Middle)

Place of Birth: _____ Male: _____ Female: _____

Tribal Enrollment #: _____ Degree of Indian Blood: _____

SS# _____ Tribe: _____ Agency: _____

Primary Language Spoken: Navajo _____, English _____, Other _____

Special Needs: Yes _____ No _____, Bilingual: Yes _____ No _____, Gifted & Talented: Yes _____ No _____
.....

Please update all household information: Do parents live in one household: Yes _____ No _____

Father: _____ Mother: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Tribe: _____ Census # _____ Tribe: _____ Census #: _____

Living: _____ Deceased: _____ Living: _____ Deceased: _____

Employer: _____ Employer: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone#: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

Chapter: _____ Chapter: _____

(SEE BACK SIDE OF THIS PAGE)

Emergency Contact: _____
Phone: _____

Emergency Contact: _____
Phone: _____

Who receives mail from school? (Check one) Father _____ Mother _____ Both _____

Other household members attending Wingate High School: _____

GUARDIAN INFORMATION: *(Complete only if you are a legal guardian, please attach guardianship documents)*

Legal Guardian: _____ Relationship: _____

Mailing Address: _____

E-Mail Address: _____ Cell Phone: _____

Home Direction: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____

E-Mail Address: _____ Cell Phone: _____

Chapter: _____ Agency: _____

Other household members attending Wingate High School: _____

Please provide any information that may help your student:

Parent/Guardian Signature

Relationship

Date

Wingate High School

STUDENT HOME MAP AND INFORMATION FORM

Student's Name _____ Grade _____ Day Student/Dorm # _____

Student lives with: _____

Home Telephone No.: _____ Work Telephone No.: _____

Physical home location: _____

Use the building below as an indicator of a local public building (e.g. church, school, chapter house, or a store) near your home that can be easily identified in your community. Give mileage and road number to your home.

(North)



(South)

House No. _____ NHA House _____ Mobile _____ Color _____

Brick _____ Hogan _____ Color _____

Stucco _____ Log _____ Color _____

Apartment _____ Other _____

I certify that this is true and correct information of my home location.

Parent/Guardian _____ Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD
(Before completing this form, please read information on reverse side.)

Name of Student _____ **Birth Date** _____

I (We), _____

Have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ **Valid Until:** _____

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____

(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:

- Y N Has your child had measles, chicken pox, whooping cough, pneumonia, asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
- Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
- Y N Has your child ever been hospitalized or had surgery?
- Y N Has your child ever been "knocked out", had a concussion or serious head injury?
- Y N Has your child ever had a seizure, fit or convulsion?
- Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
- Y N Does your child have fainting or dizzy spells?
- Y N Does your child often have headaches not relieved by rest or pain reliever?
- Y N Has your child had a shoulder, knee or ankle injury?
- Y N Has your child had a broken bone?
- Y N Has your child had more than three ear infections?
- Y N Does your child have braces, a dental bridge or plate?
- Y N Does your child have chest pain with exercise?
- Y N Do you have any concerns about your child being in sports?
- Y N Does your child have any allergies (to food, animals, plants, etc.)?
- Y N Does your child take any medication on a daily basis for a chronic medical problem?
- Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE: _____

If you answered "yes" to any questions above, please provide additional information: _____

FAMILY HISTORY:

- Y N Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
- Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
- Y N Do you have other children with serious health problems?

If you answered "yes" to any questions above, please provide additional information: _____

OTHER HEALTH CONCERNS:

- Y N Does your child have trouble hearing, seeing or talking?
- Y N Does your child wear glasses or contact lenses?
- Y N Does your child have problems in school?
- Y N Does your child have behavior problems?

If you answered "yes" to any questions above, please provide additional information: _____

If you have any other health concern other than those listed in this questionnaire, please provide info: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Wingate High School Student Off-campus Checkout Procedure

All students are required to check out through the attendance office and from the residential hall at all times.

- No Checkouts from 2:00 – 3:00 p.m. from Monday –Thursday.
- No Checkouts from 8:00 a.m. – 3:00 p.m. on Friday.
- Only immediate family members defined as a mother, father, brother, sister, grandparent, uncle and aunt can check-out a student. No checkouts will be granted to anyone without a written and signed request by the student’s parents or legal guardians.
- Students are not allowed self-checkout regardless of age.
- An adult less than 25 years of age and/or under the influence of alcohol or drugs is not allowed to check out a student. This applies to all parties, including family members.
- Any school personnel are not allowed to check-out a student(s) at any time (i.e. Overnight, weekdays and weekends), unless they are the parent of the student as stated in the employee handbook.
- Check-out request via telephone will not be approved except in situations where a family emergency involving a serious illness or death of an immediate family member are involved.
- This serves as a written document signed by the parent or guardian, stating that the school is released of any liability associated with the check-out. Bus Permissions Forms must be signed by the parent for bus passes to be issued and approved by school personnel.

STUDENT CHECKOUT CARD

Student’s Name: _____ **Grade:** _____ **DOB:** _____

Mother’s Name: _____ **Phone No.:** _____

Father’s Name: _____ **Phone No.:** _____

The following individuals have my permission to check out my child during the school year.

1. _____ **Relation:** _____

2. _____ **Relation:** _____

3. _____ **Relation:** _____

4. _____ **Relation:** _____

Parent/Guardian Signature

Date

Student Internet & Technology Agreement – Wingate High School (BIE) SY 2017 - 2018

Student Section

Student Name _____ Grade _____

I have read the BIE’s Student Internet Use Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature _____ Date _____

I am 18 or older and sign as an adult Date of Birth _____

Parent or Guardian Section

I have read the BIE’s Student Internet Use Policy.

I hereby release the BIE, Wingate High School, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the BIE system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services or exposure to potentially harmful or inappropriate material or people. I understand that I can be held liable for damages caused by my child’s intentional misuse of the system.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the BIE policy. I will emphasize to my child the importance of following the rules for personal safety.

For Parents or Guardians of Wingate High School Students

I hereby do give permission for my child to use the Internet. I understand that includes permission for my child to access information through the World Wide Web, create and use an individual e-mail account, engage in other education-related electronic communication activities, and provide personal information to others for education or career development reasons or as approved by school staff.

I do NOT give permission for my child to use the Internet.

I hereby give permission for the school to post the following information and material on the Internet:
(Choose one)

Option 1: Students will use limited student identification (e.g. first name and last initial or other school-developed identifier). Group pictures without identification of individual students are permitted. Student work may be posted with the limited student identification and will contain the student’s copyright notice (for example, © 2013, jjwill, Student at Adams High School).

Option 2: Students may be identified by their full names. Group or individual pictures of students with student identification are permitted. Student work may be posted with student name. All student-posted work will contain the student’s copyright notice, including the student’s name.

Option 3: No information or material may be posted.

Parent Signature _____ Date _____

Parent Name _____

Home Address _____ Phone _____



IN REPLY REFER TO:

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Office of Indian Education Programs
Wingate High School
P.O. Box 2
Fort Wingate, New Mexico 87316



Parent Consent to Travel

School Year 2017 - 2018
July 31, 2017 – May 17, 2018

I, _____, authorize my child,
Print Name

_____, to travel with Wingate High
Print Name

School Staff on (educational, extracurricular and athletic) school sponsored trips.

Parent/Guardian Signature: _____

Print Name: _____

Phone Number: _____

In Case of Emergency:

Person: _____ Phone Number: _____

Date Signed: _____

WHS 2017-2018 School Calendar

2017

August

S	M	T	W	T	F	S
	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



July 26 - Contract Begins
 July 31 - 1st Day of School
 2 - School Brd Mtg
 4, 11, 18, 25 - Early Release (Staff PD)

September

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



4 - Labor Day
 6 - School Board Mtg
 20 - Parent/Teacher Conf.
 1, 8, 15, 29 - Early Release (Staff PD)
 22 - No School/Staff PD

October

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



4 - School Board Mtg
 6 - End 1st Quarter
 9 - Columbus Day
 6, 13, 20 - Early Release (Staff PD)
 27 - No School/Staff PD

November

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



1 - School Brd Mtg
 10 - Veterans Day
 22-24 - Fall Break
 23 - Thanksgiving
 29 - Parent/Teacher Conf.
 3, 17 - Early Release (Staff PD)

December

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



6 - School Board Mtg
 15 - End of Semester
 18-29 Winter Break
 25 - Christmas
 1, 8, 15 - Early Release (Staff PD)

2018

January

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



1 - New Year's Day
 2 - School Resumes
 3 - School Board Mtg
 15 - Martin Luther King Day
 5, 12, 19, 26 - Early Release (Staff PD)

February

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			



7 - School Board Mtg
 9 - No School/Staff PD
 14 - Parent/Teacher Conf.
 19 - Presidents Day
 2, 16, 23 - Early Release (Staff PD)

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



2 - End 3rd Quarter
 7 - School Board Mtg
 19-23 - Spring Break
 2, 9, 16, 30 - Early Release (Staff PD)

April

S	M	T	W	T	F	S
					6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					



4 - School Board Mtg
 6 - No School/Staff PD
 11 - Parent/Teacher Conf.
 23 - Sovereignty Day
 13, 20, 27 - Early Release (Staff PD)

May

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



2 - School Board Mtg
 4, 11 - Early Release (Staff PD)
 11 - Graduation
 17 - Last Day of School
 21 - End of SY Contract
 22 - Summer School Begins
 28 - Memorial Day