

**Wingate High School**  
**P.O. Box 2 - Ft. Wingate, New Mexico 87316**  
**Ph. # (505) 488-6400 Fax # (505) 488-6444**

**New Student Enrollment Information Check List**  
(Print & attach to enrollment packet)

**Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Complete all forms and return to the Registrar's Office or mail to the above address. All required documents must be attached to your enrollment packet. The completed enrollment packet will determine eligibility for school enrollment. If you have any questions, please call the school. Office Hours: 7:30am-3:30pm

**Forms Check Off List:**

- \_\_\_\_ Enrollment Application
- \_\_\_\_ Map of Home Location
- \_\_\_\_ Student Health Consent – Indian Health Service
- \_\_\_\_ School Physical Health History
- \_\_\_\_ Student Check Out Form
- \_\_\_\_ BIE Home Language Survey Form
- \_\_\_\_ WHS Compact Form

**Required Documents: (No exceptions)**

- \_\_\_\_ Updated Immunization Record – must be from a medical institution & submit yearly
- \_\_\_\_ Certificate of Indian Blood
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Unofficial – High School Transcript & Assessment Scores – must submit to start student schedule
- \_\_\_\_ First Year Freshman require proof of promotion to 9<sup>th</sup> grade (Final 8<sup>th</sup> grade report card)

**Other Forms/Documents:**

- \_\_\_\_ Day Student Contract for day students or Dorm Registration Form for residential students
- \_\_\_\_ Guardianship Documents or Power of Attorney (*Required for individuals who are not on the Child's Birth Certificate*) *No Exceptions*
- \_\_\_\_ Sports Physical Form
- \_\_\_\_ Sp. Ed. Documents

**New students transferring from another high school:**

You are required to bring an unofficial copy of your transcript upon enrolling, no exception. It is your responsibility to obtain one from the last school you attended.

**Students promoted to 9<sup>th</sup> grade**

You are required to bring a copy of your final report card that shows your promotion to 9<sup>th</sup> grade. You must have completed 8<sup>th</sup> grade with passing grades to be accepted.

Wingate High School upholds **suspensions and expulsions** of other schools. Any student expelled from another school will be not accepted. Suspensions and expulsions must be cleared with the last school attended before enrolling at Wingate High School.

**Day students** must complete a Day Student Contract upon registration. You will not be allowed to ride the day bus if you do not have a sign Day Student Contract. Students driving to school will be issued parking permit upon providing current driver's license, vehicle registration & vehicle insurance.

BIE form 6248  
OMB No 1076-0122  
WHS/Rev. 04/2024  
D31N21

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN EDUCATION

**WINGATE HIGH SCHOOL**  
Home of the Bears

**STUDENT ENROLLMENT APPLICATION**

School Year 2024-2025 Grade \_\_\_\_\_ Day \_\_\_\_\_ Dorm \_\_\_\_\_

\*\*\*\*\*

*(Student must be enrolled with an Indian Tribe or at least have 1/4 Indian Blood to be eligible for BIE school enrollment.)*

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Degree of Indian Blood: \_\_\_\_\_ Tribe: \_\_\_\_\_ Home Agency: \_\_\_\_\_

Primary Language Spoken by Student: English \_\_\_\_\_ Native Language \_\_\_\_\_

Documents Provided: Certificate of Indian Blood \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunization \_\_\_\_\_

*(You must provide a copy of an unofficial transcript from last school attended, 8<sup>th</sup> grade report card & promotion certificate.)*

Last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Transcript: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other school(s) attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Transcript: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Services provided by the last school attended. (Please answer all of the following questions)

Special Education: Yes \_\_\_\_\_ No \_\_\_\_\_ Bilingual: Yes \_\_\_\_\_ No \_\_\_\_\_ Gifted & Talented: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason: \_\_\_\_\_

*If you were expelled or suspended you will need Principal's approval before proceeding.*

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Contract \_\_\_\_\_ Hold \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**HOUSEHOLD INFORMATION:** Are parents in the same household? Yes \_\_\_\_\_ No \_\_\_\_\_

Student lives with who (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Father / Legal Guardian: \_\_\_\_\_ Mother / Legal Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: (if any) \_\_\_\_\_ Email Address: (if any) \_\_\_\_\_

Chapter: \_\_\_\_\_ Chapter: \_\_\_\_\_

Who receives mail from school? (Check one) Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_

Legal Guardian Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Household members attending Wingate High School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Relation to student: \_\_\_\_\_

- I am legally responsible for this student and hereby apply for his/her admission to Wingate High School and consent for emergency medical care. Information provided is accurate. I will provide updated information to the school when changes occur.

\_\_\_\_\_  
Signature of Parent/Legal guardian Date

- Student who lives outside of Navajo Reservation must submit complete enrollment application by July 30, to be considered for approval, no exceptions. (Including all documents required)

Enrollment for this student is: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Signature of Approving Official Date

- This student lives within the attendance boundary as established for Wingate High School or has obtained the necessary approval from his/her home Agency to attend Wingate High School.

Wingate High School Enrollment: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Signature of School Principal 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 PERSON  
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 Service to arrange for and/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 8/5/2024 Valid Until: 05/22/2025

## 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, and pneumonia, and 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 guardian(s).
- 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.

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### STUDENT CHECKOUT CARD

**Student’s Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mother’s Name/Legal Guardian:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Father’s Name/Legal Guardian:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**The following individuals have my permission to check out my child from school. (Must be 25 yrs old or over)**

1. \_\_\_\_\_ **Relation:** \_\_\_\_\_

2. \_\_\_\_\_ **Relation:** \_\_\_\_\_

3. \_\_\_\_\_ **Relation:** \_\_\_\_\_

4. \_\_\_\_\_ **Relation:** \_\_\_\_\_

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**Parent/Guardian Signature**

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**Date**



# United States Department of the Interior

## BUREAU OF INDIAN EDUCATION

Wingate High School

1737 Shush Dr. / PO Box 2

Fort Wingate, NM 87316

PHONE: (505) 488-6400 – FAX: (505) 488-6444

IN REPLY REFER TO:

**RETURN COMPLETED FORM TO SCHOOL**

**BIE Home Language Survey- 2024-2025 School Year**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Federal Code: 25: CFR 32.3

“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”

School Mission Statement:

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk?
2. Which language does your child most frequently speak at home?
3. Which language do you (the parents/guardians) use more often when speaking with your child?
4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?



Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

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

Date \_\_\_\_\_ School Official Verification \_\_\_\_\_

Criteria for Screening: If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

**Return to Ms. Grace Benally, Head Teacher @ WHS, (505)488-6456**

**Wingate High School commits to:**

- ◆ Provide a safe, supportive environment in which learning is emphasized.
- ◆ Provide that Wingate High School remains fully accredited with AdvancED
- ◆ Lead the staff in providing high-quality curriculum and instructions, based on the Common Core State Standards that will enable all students to reach high academic standards.
- ◆ Provide technology to enhance curriculum and to ensure that our students are prepared to compete in a global economy.
- ◆ Maximize opportunities for all of our students to meet proficiency levels in assessments
- ◆ Communicate to students and parents about the school's mission and goals.
- ◆ Reinforce the partnership between student, parent, and staff.
- ◆ Provide extracurricular opportunities for learning and growth.
- ◆ Provide opportunities within the Performing and Vocational Arts courses for the student to determine aptitudes and interests and to investigate and prepare for various careers.
- ◆ Foster a respect for all cultures and promote strong values.
- ◆ Encourage all students to strive to maintain of at least a 3.0 grade point average.

Principal's Signature: \_\_\_\_\_

◆ **As a teacher of Wingate High School, I commit to:**

- ◆ Respect my students as individuals
- ◆ Respect and promote traditional and cultural awareness.
- ◆ Respect the parents of my students in their role as first teachers of their children and invite their support.
- ◆ Provide a good role model and pattern for responsible behavior for my students to observe and reflect upon as they grow into adulthood.
- ◆ Utilize research-based curriculum, common core standards and best practice in my teaching
- ◆ Maintain high expectations for my students and support their efforts in reaching those expectations, and to be critical thinkers.
- ◆ Teach my students to think and apply knowledge to workplace and real-life situations that they may become productive and responsible adults.
- ◆ **Remember that children are sacred and that the assignment to teach them that I have accepted is a sacred obligation.**

Head teacher's signature: \_\_\_\_\_

# Wingate High School COMPACT

**Student, Parent, Teachers,  
& Administration  
School Year 2024-2025**



## Mission Statement

**Wingate High School is a Native American School that nurtures the Whole Person in Self-Identity, Education, Leadership and Wisdom.**

## Vision Statement

**“Bee nishłjıńıgıı, k’ad be’deeshłııf.”**

**Nurture Your Talent**



## As a student, I commit to:

- ◆ Attend school and class on time every day so I can help the school meet the State requirement for 95% attendance rate and stay current in my studies.
- ◆ Enhance my traditional and cultural awareness
- ◆ Work as hard as I can on my classwork and homework activities.
- ◆ Spend a reasonable amount of time each day studying and attend after school tutoring when needed.
- ◆ Be respectful of others' property, feelings, and physical well-being.
- ◆ Ask questions or ask for help when I do not understand something.
- ◆ Strive to reach proficiency in applicable Common Core State Standards.
- ◆ Discuss with my parents what I am learning at school.
- ◆ Limit television watching, and read books instead.
- ◆ Be proficient on assessments, especially, the NWEA, PARCC ELA, PARCC Mathematics and NMSBA Science required for graduation.
- ◆ Strive to maintain at least a 3.0 grade point average (GPA) to be able to have more post-graduate choices (receive scholarships and acceptance to post-secondary institutions).
- ◆ Select career goals to pursue while attending Wingate High School.
- ◆ Strive for proficiency in technology usage.
- ◆ Be college & career ready upon graduation.

Student Signature: \_\_\_\_\_

## As a parent, I commit to:

- ◆ Ensure my child attends school every day with the necessary supplies to help Wingate High School meet the State requirement for 95% attendance rate and help my child stay current in all academic studies.
- ◆ Support my child's traditional and cultural awareness by being a role model.
- ◆ Monitor my child's academic progress by studying reports from the school, attending parent-teacher conferences, and questioning my child about his/her progress.
- ◆ Encourage my child to be respectful to self, others, and property.
- ◆ Help and encourage my child to meet proficiency requirements on assessments.
- ◆ Support my child's academic endeavors: tutoring, Classroom visitations.
- ◆ Limit television watching at home; instead, stress positive activities, such as reading and community service.
- ◆ Support all school policies and procedures, and be accountable for my child's education.
- ◆ Encourage my child to maintain a at least a 3.00 grade point average (GPA).
- ◆ Maintain communication with school, teachers, and maintain access to the NASIS Parent Portal
- ◆ Volunteer at Wingate High School in accordance with background check procedures.
- ◆ Visit classrooms, residential, cafeteria, and attend school activities.
- ◆ Encourage and support my child's effort to be college and career ready upon graduation.

Parent Signature: \_\_\_\_\_



**Wingate High School Day Student Contract  
School Year 2024-2025**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Dorm: \_\_\_\_\_  
*(If transferring to day)*

**Check one that applies to the student:**

Ride the School Bus from Church Rock \_\_\_\_\_ Sundance \_\_\_\_\_ East Side \_\_\_\_\_  
lyanbito \_\_\_\_\_ Pinedale \_\_\_\_\_ Denny's \_\_\_\_\_

Walking

Dropped off by parents

Riding with another student; Name of student driving \_\_\_\_\_ Grade \_\_\_\_\_  
*(Parental consent from both parents must be attached)*

Student driving; Please provide the following information:

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Vehicle Description:

Make: \_\_\_\_\_ License Plate # \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

*\*\*A copy of the vehicle registration, insurance, and student's driver license must be attached to this form. Your student parking sticker will be issued to you upon receipt of required documents.*

*To Be Completed by WHS Staff:*

**Sticker No.** \_\_\_\_\_ **Date of Issue:** \_\_\_\_\_ **Issued By:** \_\_\_\_\_

**Parents or Guardians telephone number in case of emergency:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

.....  
**Read the following Contract and sign below:**

- Day students may not leave campus during school hours.
- Day students that drive to school may not give rides to other students at any time, on or off campus. They may not drive to school at all unless the School Registrar has a copy of the student's driver license and registration on file.
- Student drivers will park their vehicles in front of the school by the administration building *ONLY*.
- The vehicle is not to be driven between 7:30 a.m. to 3:05 p.m. Driving off campus will result in disciplinary action as outlined on the back of this page and in the Student Code of Conduct Handbook.
- Transportation problems are not an excused absence. If absent from school, the student is responsible for bringing a note from his/her parents, doctor's statement or an appointment slip.
- Athletes who have practice after school are not to give rides to other athletes after practice.
- Do not speed when driving on school campus at any time. SPEED LIMIT for SCHOOL ZONE IS 15MPH.
- A student parking sticker is required for all vehicles driven by students.

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Date** \_\_\_\_\_

# DAY STUDENT CONTRACT STUDENT CODE OF CONDUCT

## CODE 308 A & B: STUDENT OPERATING / RIDING IN AN UNAUTHORIZED VEHICLE:

No student is to operate or ride in a personal vehicle, other than when officially checked out of the school and/or the residence hall, and then only with the parent/guardian/adult who has checked the student out of the school present in the vehicle. For security reasons, penalties under this portion of the code are strictly enforced.

Students must have special permission from the Principal to operate/ride in a motor vehicle on the campus. Failure to secure that permission will result in the student being assessed penalties under this code.

### 308-A OPERATING AN UNAUTHORIZED MOTOR VEHICLE

### 308-B RIDING IN AN UNAUTHORIZED VEHICLE

No student is to operate or ride in a personal vehicle, other than when officially checked out of school and/or the residence hall, and then only with the parent/guardian/adult that has checked the student out of the school is present in the vehicle. For security and safety reasons, penalties under this portion of the code are strictly enforced.

Only day students with contracts will be allowed to drive on campus. Students living within bus routes are encouraged to ride the buses.

**NOTE TO PARENTS:** The school will not be liable if there is a school bus available for transportation.

### CODE 308-A Operating an unauthorized motor vehicle:

1 <sup>st</sup> incident	Turn in keys to front office – parent notification
2 <sup>nd</sup> incident	Driving privileges denied
3 <sup>rd</sup> incident	Due process hearing

### CODE 308-B Riding in an Unauthorized Vehicle

1 <sup>st</sup> incident	Home referral
2 <sup>nd</sup> incident	2 day suspension at home
3 <sup>rd</sup> incident	Due process hearing

## **PARENT(S)/GUARDIAN(S) COPY!**

***\*Please detach this sheet for your information\****