



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:

April 21, 2026

Returning Student Enrollment Packet

Dear Parents/Guardian,

First, let me say I hope you and your family are safe and healthy as you read this letter. I am extremely appreciative of our students, parents, teachers, staff, and administrators for their positivity, flexibility and resilience during this school year. We thank you for supporting Wingate High School as we are coming to closing out another school year.

Currently, we are encouraging current enrolled students to return for 2026-2027 school year. Attached are re-enrollment forms for you to complete and return to the school at your earliest convenience. Please update your child's information, sign your name, and date at the bottom when completed.

Complete all forms for these forms are valid for one school year. Also, it is extremely important to update your child's information throughout the school year.

The following documents need to be included:

- If you have Power of Attorney for your student, please attach a current copy that includes the Notary Seal or bring when school begins. Remember, most Power of Attorney are only valid for 6 months. If you recently obtain Guardianship, please provide a copy to the school.
IMPORTANT: Reminder that individuals who are not on the child's birth certificate must have these documents on file. No Exceptions.
- **The State of New Mexico requires each student to have a current immunization record before enrolling in school.** Due to these changes, all students need to provide an updated Immunization record, sign or stamp by a medical institution for each school year. For more information, please visit nmhealth.org School Immunization Requirements.

Return all completed forms to the school or mail to the school. School Address: P.O. Box 2, Ft. Wingate, NM 87316 Attn: Enrollment

In closing, we thank you for your continued support throughout the school year. Our commitment to you and your children is very important to us. If you have any questions, please call the school at (505) 488-6400 or Registrar's Office at (505) 488-6407. Office Hours: 7:30am-3:30pm

Respectfully,

Darlene Delgarito

Cc: Gloria Arviso

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

Returning Student Enrollment Information Check List

Student: _____ **Grade** _____

Complete all forms and return to the school or mail to above address. Office Hours: 7:30am-3:30pm

Forms Check Off List:

- ___ Updated 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 each school year

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

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN EDUCATION

WINGATE HIGH SCHOOL
Home of the Bears

RE-ENROLLMENT APPLICATION

School Year 2026-2027 Grade _____ Day _____ Dorm _____

(Reminder: All returning students will need to obtain an updated immunization record for each school year)

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 _____

*Required Documents Provided: Immunization Record _____

Special Education: Yes _____ No _____ Bilingual: Yes _____ No _____ Gifted & Talented: Yes _____ No _____

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: _____ Email Address: _____

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: _____

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

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 8/3/2026 **Valid Until:** 05/20/2027

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 – 3:30 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.

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: _____

Parent/Guardian Signature

Date

Wingate High School commits to:

- ◆ Provide a safe, supportive environment in which learning is emphasized.
- ◆ Provide that Wingate High School remains fully accredited with AdvancedED
- ◆ 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: _____

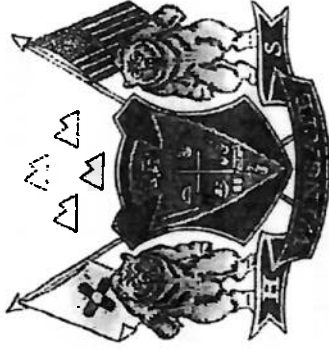
- ◆ **As a teacher of Wingate High School, I commit to:**
- ◆ Respect my students as individuals.
- ◆ Respect and promote traditional and cultural awareness.
- ◆ Respect the parents of my students in their role as first teachers of their children and invite their support.
- ◆ Provide a good role model 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 2026-2027



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 nishjiniigi, k'ad be' deeshfiit."

Nurture Your Talent



**Wingate High School Day Student Contract
School Year 2026-2027**

Student: _____ Grade: _____ Dorm: _____
(If transferring to day)

Check one that applies to the student:

Ride the School Bus from Church Rock _____ Sundance _____ East Side _____
Iyanbito _____ 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 st incident	Turn in keys to front office – parent notification
2 nd incident	Driving privileges denied
3 rd incident	Due process hearing

CODE 308-B Riding in an Unauthorized Vehicle

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

PARENT(S)/GUARDIAN(S) COPY!

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