Ranchos Elementary School
200 Sanders Lane
Ranchos de Taos, NM 87557
575-737-6150

Achieving Excellence Together

Dr. Madelyn Serna Mármol, Principal
Jeanelle Romo-Lucero, Secretary

Registration Check List

To enroll your child in Pre-K or Kindergarten through 5th grade for the 2026-2027 school year the district requires the following items:

- Registration Packet:
  - Photo Release Form
  - Digital Equity Form
  - Student Dental Verification Form
  - Student Health Form
  - NM Residency Form
  - Language Usage Survey
  - I.T. Tech Form
  - Lions Club Vision Form
  - Record Release Form (kinder to 5th grade only)
- Birth Certificate (original to verify)
- Current & up-to-date immunization records (printed from clinic or vaccine card)
- Legal/Custody papers (if applicable)

Per-K is for 3- and 4-year-olds. Kindergarten students must be 5 years of age before August 31st.

If you have any questions regarding enrollment, please call our office.

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Lista de verificación de registro

Para matricular a su hijo en Pre-K o desde kínder hasta 5° curso durante el año escolar 2026-2027, el distrito de Taos exige los siguientes elementos:

- Paquete de registro:
  - Formulario de Autorización de Fotos
  - Formulario de Equidad Digital
  - Formulario de Verificación Dental para Estudiantes
  - Formulario de Salud del Estudiante
  - Formulario de Residencia de Nuevo México
  - Encuesta sobre el Uso del Idioma
  - Formulario de Tecnología de Informática
  - Forma de visión del Lions Club
  - Formulario de lanzamiento del disco (solo de infantil a 5° curso)
- Certificado de nacimiento (original para verificar)
- Registros de vacunación actuales y actualizados (impresos desde la clínica o la tarjeta de vacunación)
- Papeles legales/de custodia (si procede)

Pre-K es para niños de 3 y 4 años. Los alumnos de infantil deben tener 5 años antes del 31 de agosto. Si tiene alguna pregunta, por favor llame a la oficina.

Ranchos Elementary School

Student Registration Form

2026-2027 SY

STUDENT INFORMATION

Last/Apellido _____ First/Nombre _____ Mi _____

☐ Male ☐ Female Date of Birth/Fecha de Nacimiento ____/____/____ Grade/Grado_____

Physical Address/Domiciliò _____ City/Cuidad _____

Mailing Address/Direccìon de Correro _____ City/Estado _____

Zip/Código Postal _____ Home Phone/Telèfono _____

Ethnicity/Origen ètnico (Select only ONE) (Seleccione sòlo UNO)

☐ Black/African American ☐ Asian American ☐ Caucasian

☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pac Islander

Is the student Hispanic or Latino? ☐ Yes ☐ No

PARENT/GUARDIAN INFORAMATION

Student resides with/¿Con quién vive el estudiante?:

☐ Father & Mother / Padre y Madre ☐ Separate Homes

☐ Father & Step Mother / Padre y Madrastra

☐ Mother & Step Father / Madre y Padrastro

☐ Grandparent(s) / Abuleos

☐ Mother Only / Solamente con la Madre

☐ Father Only / Solamente con el Padre

☐ Uncle &/or Aunt / Tìo y Tìa

☐ Foster Parents / Padres Adoptivos

☐ Other/ Otros _____

Parent/Guardian #1

Name/Nombre _____

Relationship to Student _____

If address is different from student, please provide address below.
Si la dirección es diferente a la del estudiante.

Address/Dirección _____

Home/Cell Phone/Telèfono _____

Employer/Empleador _____

Work Phone/ Teléfono de Trabajo _____

Email/Correo Electrónico _____

Parent/Guardian #2

Name/Nombre _____

Relationship to Student _____

If address is different from student, please provide address below.
Si la dirección es diferente a la del estudiante.

Address/Direcciòn _____

Home/Cell Phone/Telèfono _____

Employer/Empleador _____

Work Phone/Teléfono del Trabajo _____

Email/Correo Electrónico _____

NAME(S) OF EMERGENCY CONTACT/AUTHORIZED INDIVIDUALS TO PICK UP YOR STUDENT

(Must be 18 years or older)

	NAME/NOMBRE	RELATIONSHIP TO STUDENT Relaciòn el Estudiante	CONTACT NUMBER Numero de Contacto
1			
2			
3			
4			

Office Use Only

State ID | Date Enrolled | Teacher | Grade | New / Returning

Is there anyone who is prohibited by court order from being in contact with your child? ☐ Yes ☐ No
¿Hay alguin que està prohibidio pro-orden de la corte para estar contacto con su niño/a? ☐ Yes ☐ No

If yes, proper documentation must be provided in order to complete this section.
En caso affirmative, se necesitará la documentación adecuada para poder completer esta sección,

List prohibited people/ Lista de personas prohibías:

Name/Nombre _____ Relation/Relaciòn _____

Name/Nombre _____ Relation/Relaciòn _____

List other children and grades attending this school. Los nombres y grado de sus otros niños que attend a la escuela aquí.

Name/Nombre _____ Grade/Grado _____
Name/Nombre _____ Grade/Grado _____
Name/Nombre _____ Grade/Grado _____

_____

Parent/Guardian Signature /Firma del Padre/Tutor Date /Fecha

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PHOTO RELEASE FORM
SY 2026-2027

☐ I authorize Taos Municipal Schools to photograph and/or video my child.

_____ _____
(Student Name) Grade

The photographs and/or videos may be used:

- In school district publications
- In school district video publications
- With news releases to local news media
- Classroom projects

Parent/Guardian (Print Name) _____

Parent/Guardian Signature _____

☐ I do not authorize Taos Municipal Schools to photograph and/or video my child.

_____ _____
Student Name Grade

Parent/Guardian (Print Name) _____

Parent/Guardian Signature _____

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Formulario de publicación
SY 2026-2027

☐ Autorizo a las Escuelas Municipales de Taos tomar fotografías y video de mi hijo/a.

_____ _____
Nombre de Estudiante Grado

Fotografías y videos serán usados para:

- En publicación del distrito escolar
- En publicaciones de videos del distrito escolar
- Con comunicados de prensa a los medios de comunicación locates
- Proyectos de clase

Nombre de padres _____

Firma de padres _____

☐ No autorizo a las Escuelas Municipales de Taos tomar fotografías y videos de mi hijo/a.

_____ _____
Nombre de Estudiante Grado

Nombre de padres _____

Firma de padres _____

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Digital Equity for Students
SY 2026-2027

Student Name: _____ Grade: _____

Internet in Residence

☐ YES The student has access to internet that will allow them to stream video, participate in video conference, and upload/download documents.

☐ NO The student does not have access to internet that will allow them to stream video, participate in video conferencing, and upload/download documents.

Internet Access Type

☐ Satellite
☐ Dial-up Cable
☐ Unknown
☐ None
☐ Cellular
☐ Community Hotspot
☐ Personal Hotspot
☐ Residential Broadband

Internet Performance

☐ Yes, Reliable with no issues
☐ Sometimes, regular interruptions due to poor internet performance
☐ No, Service is unreliable

Office Use Only

Primary Device Type ☐ Tablet ☐ Chromebook
Primary Device Access ☐ School Dedicated ☐ School Shared

Staff Signature _____

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Equidad digital para estudiantes

SY 2026-2027

Nombre de Estudiante _____ Grado _____

Internet en su Residence

☐ SI El estudiante tiene acceso a internet para videos, participan en juntas de video y bajar o subir documentos.

☐ NO El estudiante no tiene acceso a internet para videos, participan en juntas de video y bajar o subir documentos.

Tipo de Acceso al Internet

☐ Satèllite
☐ Cable de acceso telefónico
☐ Desconocido
☐ Ninguno
☐ Cellular
☐ Punto de acceso de la comunidad
☐ Punto de acceso personal
☐ Banda ancha residencial

Rendimiento de Internet

☐ Si, internet confiable sin problemas
☐ A veces, interrupciones regulares debido a un bajo rendimiento de internet
☐ No, servicio no confiable

Office Use Only

Primary Device Type ☐ Tablet ☐ Chromebook
Primary Device Access ☐ School Dedicated ☐ School Shared

Staff Signature _____

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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.

Ranchos Elementary 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 ID: _____
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.

Taos Municipal Schools Student Health History 2026-2027 School Year

Dear Parents/Guardians,

Provide the following detailed health information to assist the school nurse in providing a safe school environment for your student throughout the school year. Please keep the school nurse updated with any changes to your student's health or needs.

Student Name: _____ **Gender:**_____

Birth date: ____/____/____ **Grade:** _____

Primary Physician/Healthcare Provider: _____

HEALTH INSURANCE - my student is covered by:

_____Public (Medicaid) _____Private (Pres, BCBS, Aetna, etc) _____No Insurance

CHRONIC DISEASE ASSESSMENT is the student currently under treatment for:

- **ASTHMA** ☐ Yes (You must provide a copy of an Asthma Action Plan to the school and Physician Order in order for your child to have their inhaler on school grounds)

- **ALLERGIES to:** ☐ Food ☐ Insects ☐ Latex ☐ Unknown source ☐ Medication/Other

  List names of allergens:_____

  Any Food Intolerance or Celiac Disease? ☐ Yes, (Specify:)_____

History or risk of Anaphylaxis: ☐ Yes: (You must provide a copy of the Emergency Allergy Plan to the school and Physician Order for Epi-Pen or additional Medications)

- **DIABETES, specify:** ☐ Type 1 ☐ Type 2 (You must provide a copy of the students Diabetes Medical Management Plan)

- **SEIZURES** ☐ Yes: (You must provide a copy of the Seizure Action Plan to the school and Physician Order for any needed emergency medications)

  List Type and Frequency of Seizure Activity:_____

☐ **My student DOES NOT have any of the above mentioned conditions.**

Indicate any other health conditions for your student by checking the boxes below and providing comments:

Condition	Comments	Condition	Comments
☐ Anxiety/Emotional Concerns		☐ Head Injury Such as History of Concussions	
☐ Attention Deficit/ Hyperactivity Disorder		☐ Headaches/Frequent or Migraine	
☐ Autism		☐ Hearing Concerns	
☐ Behavioral Concerns		☐ Heart problems or Blood Pressure Concerns	
☐ Developmental Concerns		☐ Hospitalizations and Surgeries	
☐ Bladder Problem or kidney disease		☐ Intellectual Disability	
☐ Bleeding Problem or Frequent Nosebleeds		☐ Muscle Problems/ Mobility or Physical Activity Restrictions	
☐ Bowel Problem, constipation, frequent stomach aches, indigestion, or feeding tubes		☐ Social Concerns (recent change in family such as divorce, death of family member)	
☐ Dental Problems		☐ Speech concerns	
☐ Depression, Self-harm, or Suicide Concerns		☐ Spinal Injury or Spina Bifida	
☐ Eating Disorder		☐ Vision Deficits/Wears Glasses or Contacts/Color/ Low Vision or Blindness	
☐ Feeding or Swallowing Concern		☐ Other Condition or Concern:	

☐ **My student DOES NOT have any of the above-mentioned conditions.**

Does your student take any medications routinely at home or at school? ☐ No ☐ **Yes, Please specify below:**

_____

_____

*****Medications taken or given at school require a annual medication form signed by the school nurse, healthcare provider and parent/guardian. Please contact your school nurse to obtain the correct form. Until complete a student CANNOT bring medications on to Taos Municipal School campuses or it may result in disciplinary action.*****

I DO_____ I DO NOT_____give the school nurse permission to assess and treat my child, which may include the need to administer over the counter (OTC) medication during school hours. Typical OTC's that may be provided according to NMDOH standing orders include; Tylenol, Ibuprofen, Tums, Cough Drops, Bacitracin Ointment, Hydrocortisone Cream, Burn Cream, Orajel, or Benadryl.

Parent/Guardian Signature: _____Date:_____

Taos Municipal Escuelas Alumno Salud Historia 2026-2027 Escuela Año

Estimado Padres/Tutores,

Proporcionar el siguiendo los detalles de salud información para ayudar a la enfermera escolar en proporcionar una escuela segura ambiente para su alumno a lo largo de el escuela año. Por favor mantener la enfermera escolar Actualizado con cualquier cambio en la salud o las necesidades de su estudiante.

Nombre del estudiante:_____ **Género:**_____

Fecha de nacimiento: ___/_____/_____**Grado:**_____

Primario Médico/Atención médica Proveedor: _____

SALUD SEGURO - mi alumno es cubierto por:

_____Público (Medicaid) _____Privado (Pres, BCBS, Aetna, etc.) _____No Seguro

<u>CRÓNICO ENFERMEDAD EVALUACIÓN</u> es el alumno actualmente bajo tratamiento para:

- **ASMA** ☐ Sí (Tú debe proporcionar a Copiar de un Asma Acción Plan a el escuela y Médico (Solicite que su hijo/a pueda llevar su inhalador al recinto escolar)

- **ALERGIAS a:** ☐ Alimento ☐ Insectos ☐ Látex ☐ Desconocido fuente ☐ Medicamentos/Otros

  Lista de nombres de alérgenos:

  _____

  Cualquiera Alimento Intolerancia o Celíaco ¿Enfermedad? ☐ Sí, (Especificar:)_____

Historia o riesgo de Anafilaxia: ☐ Sí: (Tú debe proporcionar a copia de el Emergencia Alergia Plan hacia escuela y (Orden médica para Epi-Pen u otros medicamentos)

- **DIABETES , especificar:** ☐ Tipo 1 ☐ Tipo 2 (Debes proporcionar a Copiar de los estudiantes Diabetes Médico Plan de gestión)

- **CONVULSIONES** ☐ Sí: (Tú debe proporcionar a Copiar de el Convulsión Acción Plan a el escuela y Médico Orden

  para cualquier medicamentos de emergencia necesarios)

  Lista Tipo y Frecuencia de Convulsión Actividad:_____

☐ **Mi alumno <u>HACE NO</u> tener cualquier de el mencionado anteriormente condiciones**

Indique cualquier otro salud condiciones para su alumno por de cheques el cajas abajo y siempre que comentarios:

Condición	Comentarios	Condición	Comentarios
☐ Ansiedad/Emocional Preocupaciones		☐ Cabeza Lesión Semejante como Historia de Conmociones cerebrales	
☐ Atención Déficit/ Hiperactividad Trastorno		☐ Dolores de cabeza/frecuentes o Migraña	
☐ Autismo		☐ Audiencia Preocupaciones	
☐ Conductual Preocupaciones		☐ Corazón problemas o sangre Presión Preocupaciones	
☐ De desarrollo Preocupaciones		☐ Hospitalizaciones y Cirugías	
☐ Vejiga Problema o enfermedad renal		☐ Intelectual Discapacidad	
☐ Sangría Problema o Frecuente Hemorragias nasales		☐ Músculo Problemas/ Restricciones de movilidad o actividad física	
☐ Intestino Problema, estreñimiento, diarrea frecuente dolores, indigestión o sondas de alimentación		☐ Social Preocupaciones (recientes) cambiar en la familia como divorcio, muerte de un miembro de la familia)	
☐ Dental Problemas		☐ Discurso preocupaciones	
☐ Depresión, Autolesiones, o preocupaciones sobre el suicidio		☐ Espinal Lesión o Espina bífida	
☐ Comiendo Trastorno		☐ Visión Déficits/Usa gafas o Lentes de contacto/Color/ Baja visión o ceguera	
☐ Alimentación o Deglución Inquietud		☐ Otro Condición o Preocupación:	

☐ **Mi alumno HACE NO tener cualquier de el condiciones antes mencionadas .**

Hace su alumno llevar cualquier medicamentos rutinariamente en hogar o en ¿escuela? ☐ No ☐ **Sí, Por favor Especifique a continuación:**

_____

_____

*****Medicamentos tomados o administrados En la escuela se requiere una medicación anual Formulario firmado por la enfermera escolar, el profesional sanitario y el padre/madre o tutor legal. Por favor contacto su escuela enfermero a obtener el correcto forma. Hasta completo a alumno NO PUEDO No se permite introducir medicamentos en los campus de las escuelas municipales de Taos, de lo contrario se podrían tomar medidas disciplinarias.*****

SÍ_____ NO _____le doy permiso a la enfermera escolar para evaluar y tratar a mi hijo, lo que puede incluir: necesidad a administrar encima el mostrador (OTC) medicamento durante escuela horas. Típico OTC eso Los medicamentos que se pueden proporcionar de acuerdo con las órdenes permanentes del NMDOH incluyen: Tylenol, ibuprofeno, Tums, pastillas para la tos, pomada de bacitracina, crema de hidrocortisona, crema para quemaduras, Orajel o Benadryl.

Firma del padre/madre o tutor legal: _____Fecha:_____

TAOS MUNICIPAL SCHOOLS

310 Camino De La Placita, Taos NM 87571
Phone(s): (575) 758 – 5200 | (575) 758 – 5202 | Fax: (575) 758 – 5250

BOARD OF EDUCATION
Mark Flores II, President
Cynthia Spray, Vice President
Susan K. Trujillo, Secretary
Naomi Concha, Member
Keith King, Member

SUPERINTENDENT
Dr. Antonio Layton Jr.

New Mexico Student Enrollment Form

School Name: _____ School District: _____

Your child may be eligible for additional educational services depending on your housing situation. Other services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.

This form is to learn more about your family's current housing situation. This information will remain confidential. Please begin by providing your contact information. Your signature indicates you have completed this form to the best of your knowledge.

_____

Print:/Parent/guardian/ adult caring for student Student Name

_____

Signature Date

_____

(Area code) Phone number email address (optional)

_____

City State Zip

Housing situation/Nighttime Residence

1. Who does the enrolled student(s) live with? Please check all that apply:
   ☐ Parent ☐ legal guardian ☐ relative ☐ other adult ☐ alone ☐ other _____
2. Where has the student generally slept in the past 30 days? Please check all boxes that apply.
   - ☐ In a home that is owned or rented by a parent or guardian
   - ☐ Staying temporarily with friends, relatives, or other people ("doubled up" or "couch-surfing") because the student had nowhere else to go.
   - ☐ At a shelter
   - ☐ In transitional housing or an independent living program
   - ☐ At a motel or a hotel

Taos Municipal Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Title IX and Section 504 – Andrea Trujillo 575-751-0230 ext. 7742

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- ☐ In an RV or a camper
- ☐ In a car, tent, park, bus, or train station, abandoned building or another public place
- ☐ The student does not have a usual place to sleep

3. Is your home or place you sleep at night connected to electricity, heat and running water?
☐ Yes ☐ No ☐ I don't know

4. Does your home or place you sleep at night have problems with mold; vermin such as lice, rodents or fleas; or other significant issues?
☐ Yes ☐ No ☐ I don't know

5. How many other people live in your home or where you sleep at night?
☐ zero to five (0-5) ☐ six to 10 (6-10) ☐ eleven to fifteen (11-15)
☐ sixteen to twenty (16-20) ☐ twenty-one or more (21+)
☐ the number varies every night ☐ not applicable

5. How many bedrooms are in your home or where you sleep at night?
☐ one (1) ☐ two (2) ☐ three (3) ☐ four or more (4+) ☐ not applicable

Depending on your answers to the above questions, your child(ren) may be eligible for additional support. Please list their information below.

Students' names First Last	Gender	DOB	Grade	School Name

You may be contacted by your school system's educational support staff unless you check the box below:

☐ No please do not contact me

Referral made to McKinney-Vento Liaison on this date: _____

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FOR DISTRICT USE ONLY	District: Taos Municipal Schools	School: Ranchos Elementary

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:

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

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)?

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: Taos Municipal Schools	School: Ranchos Elementary

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:

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?		
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?		
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?		
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?		
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?		
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?		

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:

☐ Árabe	☐jicarilla apache	☐ tewa
☐ cantonés	☐keres	☐ tiwa
☐ diné	☐coreano	☐ towa
☐ español	☐lengua de señas americana (ASL)	☐ vietnamés
☐ francés	☐mandarín	☐ zuni
☐ griego	☐mescalero apache	
☐ hmong	☐portugués	☐ Otros_____
☐ italiano	☐ruso	
☐ jemer	☐somali	

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)?

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:

Traductor/intérprete:	Idioma:	Feâcha:

2026-2027 Taos Municipal Schools Student Technology & AI Use Agreement

By reading and signing this agreement, the student and parent/guardian accept the following terms for the use of school-issued devices, access to the District's Electronic Information Services (EIS), and approved Artificial Intelligence (AI) tools.

Device Responsibility & Costs

- Student and guardian accept **responsibility for any damage, loss, or theft** of the school-issued device.
- **Automatic Charges**:
  - Chromebook loss/theft: **$400**
  - Charger loss/damage: **$50**
- **Damage Assessment**: IT department will determine repair/replacement costs.
- **Warranty**: One-time accidental damage is covered by the manufacturer's warranty.

Security & Care of Devices

- Student is responsible for the security of the laptop and charger at all times.
- Keep the device in a secure location and report any theft or damage immediately.
- Do not lend the device to anyone or remove school labels.
- Carry the device with the lid closed and with two hands.
- Keep the device in a cool, dry area and away from liquids and food.
- Ensure hands are clean and dry before handling the device.
- Device is subject to physical inspection and audit of digital footprint at any time.

School Issued Device

- **School Issued Device** is for **school purposes only**.
- **Monitoring:**
  - All internet access through EIS or a standalone connection may be periodically or randomly monitored via active monitoring or usage logs.
  - Email is not private and may be read or monitored by school staff.
- **Inappropriate websites must be reported immediately to the tech department.**
- The district is not responsible for service interruptions or file loss.

TAOS MUNICIPAL SCHOOLS STUDENT TECHNOLOGY USE AGREEMENT

AI Tools Usage

1. **Only AI tools officially vetted and approved by the District Technology Department may be used.**
2. **Unapproved AI tools are strictly prohibited.**
3. Students must **follow ethical and academic honesty guidelines**:
    - Do not submit uncredited AI-generated work as your own.
    - Do not enter personal information into AI platforms.
    - Use AI only when assigned or permitted by teachers.

Web Filtering & CIPA Compliance

- TMSD uses **Securly** for web filtering to comply with the **Children's Internet Protection Act (CIPA).**
- **Educational site unblocking** requests can be made through the tech department.

Consequences

- **Violation of this agreement** may result in:
    - Loss of device and technology privileges
    - Disciplinary action

Acknowledgment & Consent

By signing below, we acknowledge that we have read, understood, and agree to comply with the responsibilities and expectations outlined in this agreement.

School Location 2026-2027SY_____

Student Name: _____**Grade:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____**Date:** _____

Serial #_____ **Asset tag #**_____

School Board Policy: **J-2400 © JICB**
CARE OF SCHOOL PROPERTY BY STUDENTS

If my child might need eyeglasses, I give consent in advance for a FREE eye exam and FREE eyeglasses at SCHOOL by the Lions Club of Taos!

My Child's Name (please print):_____

Gender: M_____ F_____ Date of Birth: ____/____/____ Age:_____

Your child's eye doctor: _____**(if applicable)**

When did your child last visit the eye Doctor:

_____in the past 6 months ____in the past year _____more than a year ago _____never

Your child's eye health history: Signs of poor vision (squinting, etc.) Yes_____ No_____

Previous eye injury, eye disease, eye surgery: Yes_____ No_____ Please list:_____

Has your child had a recent illness?: Yes_____ No_____ Illness: _____

Is your child taking any medications? Yes_____ No_____ Allergies: _____

History of eye disease in the family, such as diabetes, glaucoma, cataracts? Yes_____ No_____

As the parent/legal guardian of _____**(my child's name), I give consent for and authorize the following: (Check Yes or No for each. All questions MUST be answered).**

1) For my child to have a full eye exam by the licensed Eye Van optometrists using standard ophthalmic procedures. __Yes __ No
2) For my child to receive dilation drops to complete the eye exam. ___ Yes ___No. (Dilation drops enlarge the child's pupils so that the eye doctor can better see inside the eye. Sometimes dilation absolutely must be done to complete the exam. After dilation, focusing at close distances may be difficult for 4-10 hours, and your child may be sensitive to bright light for up to 18 hours. Disposable sunglasses will be issued if the child does not have their own dark glasses. Until the child's pupils are able to constrict again, my child should not play sports, drive and may need a ride home.) If I do not give permission for dilation drops, the Taos Kids Eye Van optometrist may not be able to complete the eye exam. I will receive a referral recommendation to see another eye care provider for the problems identified by the personnel of the Taos Lions Eye Van. I will release the optometrist, associate providers, school personnel, Lions Club of Taos and their volunteers of any liability for failure to diagnose such pathology or vision defects that would require dilation for diagnosis.
3) I authorize a school representative to be present for the appointment if needed (to help pick out frames, sign off on the glasses, etc.). __Yes __ No
4) I hereby give my specific authorization for the eyeglass prescription provided for my child by the Lions Club of Taos Eye Van to be given to one of the following: the parent, legal guardian, caregiver, or the school nurse or Health Administrator for the school, upon completion of the eye exam. __Yes __No
   Permission is granted for the individuals listed above to sign for receipt of the prescription. __Yes __No
5) In the event that a medical condition is found during my child's eye exam which cannot be completely diagnosed or treated by the doctor in the Kids Eye Van, I will then be referred to Dr. Compton, Dr. Ratzlaff in Taos or an eye care provider of your choice for further diagnosis and treatment. I give by authorization to release the medical information obtained in the course of my child's eye exam to me and/or anyone I designate as my eye care provider.

I have read and understand the above notice. To the best of my knowledge, the information is correct.

Parent/Guardian Signature_____Date_____

Parent/Guardian Name (Printed)_____

Best way to contact you:

Phone:_____email:_____

Consent is valid for a full calendar year from date of your signature.

3/8/26

Si mi hijo/a pudiera necesitar lentes, doy mi consentimiento por adelantado para un EXAMEN DE LA VISTA GRATIS y LENTES GRATIS en la ESCUELA por el Lions Club de Taos!

Nombre del Niño/a (por favor en letra de molde):_____

Género: M_____ F_____ Fecha de Nacimiento: ____/____/_____ Edad:_____

Doctor de los ojos de su hijo/a: _____(si aplica)

¿Cuándo fue la última vez que su hijo/a visitó al doctor de los ojos?

_____en los últimos 6 meses ____en el último año _____hace más de un año _____nunca

Historial de la salud de los ojos de su hijo/a: Señales de mala vista (entrecerrar los ojos, etc.) Sí_____ No_____

Lesión previa del ojo, enfermedad del ojo o cirugía del ojo: Sí_____ No_____ Por favor indique: _____

¿Ha tenido su hijo/a alguna enfermedad reciente?: Sí_____ No_____ Enfermedad:_____

¿Está tomando su hijo/a algún medicamento? Sí_____ No_____ Alergias: _____

¿Historial de enfermedades de los ojos en la familia, como diabetes, glaucoma o cataratas? Sí_____ No_____

Como padre/madre o tutor legal de _____(nombre de mi hijo/a), doy mi consentimiento y autorizo lo siguiente: (Marque Sí o No para cada uno. TODAS las preguntas deben contestarse).

1) Para que mi hijo/a tenga un examen completo de la vista por los optometristas con licencia del Eye Van usando procedimientos oftalmológicos estándar. __Sí __ No
2) Para que mi hijo/a reciba gotas de dilatación para completar el examen de la vista. ___ Sí ___No. (Las gotas de dilatación agrandan las pupilas para que el doctor pueda ver mejor dentro del ojo. A veces la dilatación es absolutamente necesaria para completar el examen. Después de la dilatación, enfocar de cerca puede ser difícil por 4-10 horas y su hijo/a puede ser sensible a la luz brillante hasta por 18 horas. Se darán lentes de sol desechables si el niño/a no tiene lentes oscuros propios. Hasta que las pupilas vuelvan a su tamaño normal, su hijo/a no debe practicar deportes, manejar y puede necesitar que alguien lo lleve a casa.) Si no doy permiso para las gotas de dilatación, el optometrista del Taos Kids Eye Van tal vez no podrá completar el examen. Recibiré una recomendación para consultar con otro proveedor de cuidado de los ojos por los problemas identificados por el personal del Taos Lions Eye Van. Libero al optometrista, proveedores asociados, personal escolar, Lions Club de Taos y sus voluntarios de cualquier responsabilidad por no diagnosticar alguna condición que requeriría dilatación para detectarse.
3) Autorizo que un representante de la escuela esté presente durante la cita si es necesario (para ayudar a escoger armazones, firmar por los lentes, etc.). __Sí __ No
4) Por la presente autorizo que la receta de lentes proporcionada para mi hijo/a por el Lions Club de Taos Eye Van sea entregada a uno de los siguientes: el padre/madre, tutor legal, cuidador, o la enfermera o administrador de salud de la escuela, al completar el examen de la vista. __Sí __No
5) Se concede permiso para que las personas mencionadas arriba firmen al recibir la receta. __Sí __No

En caso de que durante el examen de la vista se encuentre una condición médica que no pueda ser completamente diagnosticada o tratada por el doctor en el Kids Eye Van, mi hijo/a será referido al Dr. Compton, Dr. Ratzlaff en Taos o a un proveedor de cuidado de los ojos de su elección para diagnóstico y tratamiento adicional. Autorizo que la información médica obtenida durante el examen de la vista de mi hijo/a sea compartida conmigo y/o con cualquier proveedor de cuidado de los ojos que yo designe.

He leído y entiendo el aviso anterior. A mi leal saber y entender, la información es correcta.

Firma del Padre/Madre o Tutor_____Fecha_____/_____/_____

Nombre del Padre/Madre o Tutor (en letra de molde _____

La mejor manera de contactarlo: Teléfono:_____email:_____

El consentimiento es válido por un año calendario completo a partir de las fecha de su firma.

3/8/26

Dr. Madelyn Serna Marmol, Principal
Jeanelle Romo-Lucero, Secretary

Ranchos Elementary School
200 Ranchos Elementary Road
Ranchos de Taos, NM 87557
575-737-6150

Cumulative Records Release

Authorization for release of school records for the student stated below who have enrolled at Ranchos Elementary School.

Name of Student: _____ Date of Birth: _____ Grade: _____

Name of Previous School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Email: _____

Please forward the following information:

- Transcripts of all grades
- Immunization/Health
- Educational Assessment
- Discipline/Behavior Records
- Withdrawal Grades
- Test Scores
- Psychological Records
- Individualized Education Program
- Language Usage Form (ELL status)
- Other: _____

_____ _____

Ranchos Elementary School Secretary Date

Please Note: Federal Law (20 U.S.C. 1232) consent is not required in order for to transfer education records. CRF 99.31o: Such records are subject to disclosure to officials of another school or school system in which the student(s) seeks or intends to enroll without the necessity of parental consent.

RANCHOS ELEMENTARY SUPPLY LIST
2026-2027

Supplies	Kinder	1st	2nd	3rd	4th	5th
Crayons	X (4 boxes)	X	X			
Markers (not permanent)		X	X	X	X	X
Colored Pencils		X	X	X	X	X
Pencils	X (12 pk)		X		X (24 ct)	X
Pencil top erasers		X	X			
Large Erasers			X			X
Pencil Sharpener			X		X	
Scissors	X	X	X			X
Wet Glue		X			X	X
Glue Sticks	X	X	X		X (2)	
Pencil Box	X	X	X	X	X	X
Loose leaf paper					X	
2 Pocket Folders with 3 holes	X	X	X	X	X	X (2)
2 Boxes of Tissue	X	X	X (3)	X	X	X (4)
Clorox wipes	X (3)	X (3)	X (3)	X(3)	X (2)	X (4)
Hand Sanitizer			X		X	
2 Pocket Folders w/clasps		X	X	X	X	
Primary-ruled journals	X	X (space for picture)	X	X		
Binder	X	X (1) 1inch (1) 2 inch	X	X (1) 1.5 inch	X (1) 1.5 inch	X (1) 1.5 inch
2 yellow high lighters			X		X	X
Lg. Backpack	X	X	X	X	X	X
Composition Notebooks			X (3)			X (4)
Dry Erase Markers (at least 4)	X	X	X		X	X
Ruler			X			X
Binder Dividers			X	X		X
Headphones	X	X	X	X	X	X
Waterbottle	X	X	X	X	X	X

Pre-Kinder Supply List	*1 water bottle *1 (1/2-inch binder) *Small backpack and lunch bag for snacks (no candy) *1 Extra set of clothes (top, bottom, underwear, socks) *1 box of Tissue *Toddler size pillow and blanket	*1 pkg. of wipes *Sunscreen

See Dress Code on the back page.

RANCHOS ELEMENTARY SUPPLY LIST
2026-2027

Dress Code	
Short or long sleeve Polo Shirts (with the exception of Pre-kinder)	Any solid color - **No Logos**
Sweatshirts	Allowed if they are worn over polo shirts. Any solid color - **No Logos**

Bottoms	• Blue or black denim or khaki.
	  ○ Jeans and shorts will be the regular straight leg style.
	  ○ No ripped jeans, joggers, sweats, or yoga pants.
	• Exceptions determined for special needs on a case-by-case basis.
	• Leggings are only acceptable under shirts, dresses, and skirts that are mid-thigh length.
	• No pajamas

Skirts, shorts and dresses	Length must be as long as the fingertip on each hand extended on the side of the body (approximately no more than three inches above the knee).
Jackets/Coats	Any color – can be no more than one size too large.
Shoes	No high heels, platforms, or flipflops/slides. Sandals with a back strap are acceptable. No crocs or wheelie shoes.
Hats/Caps	Not allowed indoors, solid color caps/hats will be allowed outdoors
Bandanas	Not allowed
Código de Vestimenta	
Polos de manga corta o larga	Cualquier color sólido - No se permiten logotipos
Sudaderas	Permitidas si se usan sobre polos. Cualquier color sólido - No se permiten logotipos

Pantalones	• Denim azul o negro o kaki.
	  ○ Los jeans y los shorts serán el estilo regular de pierna recta.
	  ○ No se permiten jeans rasgados, joggers, sudaderas o pantalones de yoga.
	• Se determinarán excepciones para necesidades especiales caso por caso.
	• Las mallas solo son aceptables debajo de camisas, vestidos y faldas que lleguen a la mitad del muslo.
	• No pijamas

Faldas, shorts y vestidos	El largo debe ser tan largo como la yema del dedo de cada mano extendida al lado del cuerpo (aproximadamente no más de tres pulgadas por encima de la rodilla)
Chaquetas/abrigos/sueteres	Cualquier color; no puede ser más de una talla más grande
Zapatos	No tacones altos, plataformas o chancletas/chanclas. Se aceptan sandalias con correa trasera. No crocs or heelie..
Sombreros/Gorras	No se permiten adentro, gorras/sombreros de colores sólidos se permitirán afuera
Bandanas	No permitidas