

# Wingate Elementary School – 2023/2024

## New Student

\*\*\*\*\*  
**School Use Only**

Date Received: \_\_\_\_\_ / Time: \_\_\_\_\_ am / pm

All required documents must be on file for data entry. **(Must view original documents; No Copies)**

- Birth Certificate       Social Security Card       Certificate of Indian Blood (CIB)  
 Report Card/Proof of Grade Level (Previous School)       Immunization Record (UTD- 2022 year printed on document)  
 IEP Document, if any...       Guardian Document (Power of Attorney or District Court Document)  
 Navajo Nation School Attendance Boundary Waiver;  
Releasing School Name (Nearest BIE School where you live): \_\_\_\_\_  
(Bureau of Indian Education Programs)

**Withdraw Slip** (Grades/Attendance) Transfer Student from another school AFTER, **August 7, 2023**.

\*\*\*\*\*  
**1. Student Name:**

\_\_\_\_\_  
**LAST NAME**, First Name

(Middle Initial)

\_\_\_\_\_  
Grade

( ) \_\_\_\_\_  
Student Phone Number

\_\_\_\_\_  
Student email Please print clearly ~ Legible

Student received any COVID vaccine:

**(Submit most current immunization record to Registrar Office)**

Pfizer     Moderna     J&J     AstraZeneca     None

**Wingate Elementary School**  
**SY: 2022 ~ 2023**

Day

Dorm

Pending until further notice

\_\_\_\_\_  
Name of Health Care Facility or Hospital

\_\_\_\_\_  
Chart Number

\*\*\*\*\*  
**2. Background Information:**

1. Has your child received Special Education services?     Yes     No     Not Sure

If yes, last IEP Meeting date: \_\_\_\_\_

Exit SpEd date: \_\_\_\_\_

Has your child received GATE services?     Yes     No

2. Has your child been expelled from previous school?     Yes     No

If yes, need to provide "Contract" from previous school stating that the child can return to school.

3. Has your child been retained from any grade level?     Yes     No

If yes, please provide grade and school year:

\_\_\_\_\_

4. Did your child attend any other Boarding School?  Yes  No  
If yes, name of school: \_\_\_\_\_

5. Do you have any behavior concerns?  Yes  No

If yes, please provide additional information: \_\_\_\_\_

\*\*\*\*\*

### 3. Parent or Legal Guardian (Head of Household)

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Parent or Guardian Name) (Parent or Guardian DOB)

Relationship to Student:

Mother  Father  Grandparent  Foster Parent  Other/Guardian: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
P.O. Box/Address City State Zip Code

\*Please print clearly; readable/legible to read

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Name of Work Station: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_  Check: No Email

Other Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please print clearly ~ Legible

\*\*\*\*\*

### 4. Parent or Legal Guardian (Spouse or Add a Person)

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Parent or Guardian Name) (Parent or Guardian DOB)

Relationship to Student:

Mother  Father  Grandparent  Foster Parent  Other/Guardian: \_\_\_\_\_

**Mailing Address** ( Check "Same as Above"): \_\_\_\_\_

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Name of Work Station: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

**5. Physical Home Location:** \_\_\_\_\_

**6. Other/Guardian or Caregiver:**

(Skip with your legal Parent)

Other/Guardian: Do you have most current "Guardianship or Guardianship Decree" Document?

Family Court     State/Federal Court     Special Power of Attorney     Power of Attorney

DSS: Division of Social Service     CYFD     Adoption     Other: \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

(Submit most current guardianship or court document to Registrar Office),



Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

\*\*\*\*\*

School use only:

Date Received: \_\_\_\_\_ / Time: \_\_\_\_\_ am / pm

Wingate Elementary School – 2023/2024  
REGISTRATION PASS  
New / Transfer Student

\*\*\*\*\*  
School Use Only: \_\_\_\_\_ Date Received: \_\_\_\_\_  
\*\*\*\*\*

Student Name:

1<sup>st</sup> Day of School: August 7, 2023  
Breakfast @ 7:30 am  
Classes Begins @ 8:00 am

\_\_\_\_\_  
LAST NAME, First Name (Middle Initial) Grade

• Class Schedule:

Kg-5<sup>th</sup> : Ms. Russell; Elementary/Room 61

6<sup>th</sup>-8<sup>th</sup> : Ms. Martinez; Mid-School/Room 213

NOTE: Registration Pass is "Acceptance Notification to Wingate Elementary School". Thank you

\*\*\*\*\*  
Fill out for Dorm Student:   Check if "Day Student only"  
\*\*\*\*\*

**Residential/Dorm Student (No Kindergarten)**  
REGISTRATION PASS ~ SY: 2023 - 2024  
New / Transfer Student

Student Name:

Dorm OPEN: Sunday, August 6, 2023  
@ 4:00 p.m.; (505) 488-6355

\_\_\_\_\_  
LAST NAME, First Name (Middle Initial) Grade  
(1<sup>st</sup> – 8<sup>th</sup> Only)

Check One:

Dorm A     Dorm B     Dorm C     Dorm D

1. Has your child been in the Dorm setting before?     Yes     No

If yes, name of school: \_\_\_\_\_

APPLICATION  
for  
BUREAU FUNDED SCHOOLS  
and  
FEDERAL BOARDING SCHOOLS

Do not submit the application directly to the Agency. SUBMIT ONLY THROUGH SCHOOL WHERE YOU ARE ENROLLING your child(ren) for their review and approval.

UNITED STATES DEPARTMENT OF THE INTERIOR  
Bureau of Indian Affairs

STUDENT ENROLLMENT APPLICATION  
For Students Enrolled in Bureau-Funded School

NAME OF SCHOOL: WINGATE ELEMENTARY SCHOOL

1. IDENTIFICATION

Boarding  Grade Applying For: Kg   
Day  1st  2nd  3rd  4th   
5th  6th  7th  8th

Social Security No.: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Use Birth Certificate Name) (Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City & State)

Home Mailing Address: ( P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Map direction of home location: \_\_\_\_\_

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

Native American Tribe: \_\_\_\_\_

Gender:  Female  Male

Home Agency: \_\_\_\_\_

Tribal Enrollment No. (CIB): \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

(Optional) Religious Affiliation: \_\_\_\_\_

**2. FAMILY AND BACKGROUND INFORMATION – LEGAL PARENTS / \* Court Document ~ Adoption Decree**

Biological Father ( ) Step-Father ( ) \* Adopt-Father ( )

Biological Mother ( ) Step-Mother ( ) \* Adopt-Mother ( )

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Living ( ) Decease ( )

Living ( ) Decease ( )

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

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

D.O.B.: \_\_\_\_\_ Tribe: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Tribe: \_\_\_\_\_

Census No.: \_\_\_\_\_

Census No.: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Emergency Telephone No.: \_\_\_\_\_

Emergency Telephone No.: \_\_\_\_\_

(Optional) Occupation: \_\_\_\_\_

(Optional) Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Complete this part ONLY if child is placed with **Legal Guardians** or Social Services referral, other (i.e. Group/Children's Home, etc.) Supporting documents such as **COURT ORDER/GUARDIANSHIP/SOCIAL SUMMARY** must be attached.

GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP TO THE CHILD: \_\_\_\_\_

(Child lives with...)  Document on File: Power of Attorney / Family Court / State Court / Social Service: Expired Date: \_\_\_\_\_

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

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

(Male) Address: \_\_\_\_\_

(Female) Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Tribe: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Tribe: \_\_\_\_\_

Census No.: \_\_\_\_\_

Census No.: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Home Agency: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Emergency Telephone No.: \_\_\_\_\_

(Optional) Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**SOCIAL SERVICES WORKER/REPRESENTATIVE**

Name: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

\* Check dominant language spoken in the home:  NAVAJO  ENGLISH Other: \_\_\_\_\_

\* Student received Special Education services?  Yes  No

**3. NAME OF SCHOOLS PREVIOUSLY ATTENDED:**

\* Start with latest school attendance:

Name of School: \_\_\_\_\_

Dates Attended:  
Mo. Yr. Mo. Yr. Mo. Yr.

Circle grades completed  
for each school:

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

FR						
TO						

8 7 6 5 4 3 2 1 K

Reason for leaving this school: \_\_\_\_\_

\* Next attended school

Name of School: \_\_\_\_\_

Dates Attended:  
Mo. Yr. Mo. Yr. Mo. Yr.

Circle grades completed  
for each school:

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

FR						
TO						

8 7 6 5 4 3 2 1 K

Reason for leaving this school: \_\_\_\_\_

**Continuation Sheet - NAME OF SCHOOLS PREVIOUSLY ATTENDED:**

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

\* Next attended school

Name of School: \_\_\_\_\_

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

Reason for leaving this school: \_\_\_\_\_

Dates Attended:

Mo. Yr. Mo. Yr. Mo. Yr.

FR							
TO							

Circle grades completed  
for each school:

8 7 6 5 4 3 2 1 K

I am legally responsible for this child and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before my child is to be enrolled.

/s/ \_\_\_\_\_

Signature of Legal Parent or Guardian

\_\_\_\_\_ Date



# WINGATE ELEMENTARY SCHOOL

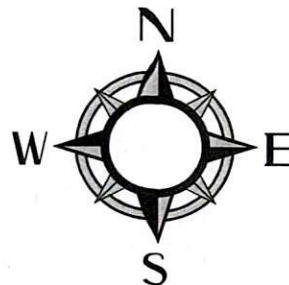
## 4. MAP/Home Location

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Description of Home: \_\_\_\_\_

Color of Home: \_\_\_\_\_

Location No. of Home: \_\_\_\_\_





# United States Department of the Interior



## BUREAU OF INDIAN EDUCATION

Wingate Elementary School, Kg – 8<sup>th</sup>

P.O. Box 1

Ft. Wingate, New Mexico 87316

Main Phone: (505) 488-6300 Fax: (505) 488-6340



\_\_\_\_\_  
Name of Last School Attended { } \_\_\_\_\_  
Fax Telephone Number

\_\_\_\_\_  
Complete Address (No., Street, P.O. Box #) { } \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State Zip Code

\*\*\*\*\*  
Request for TRANSCRIPT of STUDENT RECORDS and applicable SPECIAL EDUCATION information for:

\_\_\_\_\_  
**Name of Student**                      **Date of Birth**                      **Current Grade**  
(SY: 2023/24)

Request is hereby made for transcript of all GRADES & ATTENDANCE, TEST SCORES, BEHAVIOR EVENTS and any applicable SPEICAL EDUCATION information for the above student.

\*\*\*\*\*  
PARENT AUTHORIZATION FOR RELEASE OF RECORDS

I, hereby authorize, by my signature below, for my child's SCHOOL RECORDS, including all GRADES & ATTENDANCE, TEST SCORES, IMMUNIZATION RECORDS, and any other information pertinent to his/her transcript to be sent to the school requesting them.

If child was enrolled in Special Education class, please include all relevant records, including the PSYCHOLOGICAL REPORT.

/s/ \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# Wingate Elementary School

## Language Development Questionnaire

NEW/Transfer  
2023-2024

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Note to Parent/Guardian: If a language other than English or Navajo is spoken, ask the questions to assess the student's skill in that language. (Language other than English or Navajo: \_\_\_\_\_)

### RATING

- 1- Navajo completely with no English skills.
- 2- Navajo sentence with one or more English words as part of the sentence.
- 3- Navajo and English very comfortably.
- 4- English sentence with one ore more Navajo words as part of the sentence.
- 5- English completely with no Navajo skills.

Rating:            1       2       3       4       5

- 1. What language do you and other adults speak in your home?
- 2. What language do you use when speaking to your child at home?
- 3. What language do you think your child speaks the best?
- 4. What language do you think your child understands the best?
- 5. What language does your child use when answering questions?
- 6. What language does your child use when speaking with siblings or cousins?


7. Do you have any concerns/comments regarding your child's language? \_\_\_\_\_  
\_\_\_\_\_

/s/ \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Day Student       Dorm Student

**1. EMERGENCY CONTACT**

**ICE: In Case of Emergency contact:**

**Head of House Hold (ONLY) Email Address:** \_\_\_\_\_  Check: No Email  
(Mother/Father or Legal Guardian)

For your child safety please list others who you authorizes to be contact in case of an emergency, please clarify exact relationship (For example: brother, sister, grandparent, auntie, uncle, stepfather, stepmother, etc...)

Print Name	Relationship	Dialing working cell phone number

**2. PERMISSION TO CHECK-OUT STUDENT      Student Check – Out (Must be 25 years or older)**

I hereby give my permission for the persons listed below to take my child out of Wingate Elementary School. It is understood that the principal or person(s) in charge of the children, may decline to permit my child to leave the school grounds if it is in their opinion or best interest and safety of the child may be compromised.

List individuals authorized for checking out student. Please print clearly.

Relationship to the child

Parent/Guardian approval:


\_\_\_\_\_  
/s/ Legal Parent/Guardian Signature



For safety reason we encourage all guests and visitors to sign in at the **Receptionist Desk** (Front Entrance). Check-out student with **Attendance Clerk's** (Academics & Residential).

**Any changes or update must contact Academic Clerk/Dormitory Clerk/School Counselor**



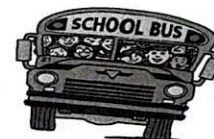
Success for All

New/Transfer  
2023-2024

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Day Student

Dorm Student



2. TRANSPORTATION (BUS ROUTE)    ✓ Please check one

**Day Bus Route (Monday – Friday)**

\_\_\_\_\_ Bus 1: **East Denny's**: Indian Plaza/Shell Station; near El Dorado area; JC Penny's/Rio West Mall

\_\_\_\_\_ Bus 2: **Pinedale**: Mine T-Off Largo's/1<sup>st</sup> & 2<sup>nd</sup>, Canyon/Store & Chapter/Becenti Trail/ Superman, Canyon/Churchrock Old Housing

\_\_\_\_\_ Bus 3: **Iyanbito Short**: NHA Housing, Burnt Corn Road, Red Sage Loop, Iyanbito Road

\_\_\_\_\_ Bus 4: **Iyanbito Long**: Sweet Water Road, Harvey's turn around, Iyanbito Main Road, Dakota Loop, Turtle Butte, WHS - Housing

\_\_\_\_\_ Bus 5: **Sundance & Churchrock**: Sundance Tunnel/Sundance Rd/Campbell turn off//Thompson Store/NHA Housing/Old Churchrock Academy School/Solar Rd/Old Bear Spring Store

\_\_\_\_\_ Parent/Guardian or Staff Transport

**Dorm Bus Route: Friday's Drop Off & Sunday's Pick Up**

\_\_\_\_\_ **Gallup**: Big Mike's, C of C, Front Row Seat, Rio West Mall, Up Rooted Tree; Joe Milo's Trading Post; Lupton Chapter House

\_\_\_\_\_ **Pinedale**: Chapter House

\_\_\_\_\_ **Window Rock**: Red Mesa Express/Bashas', Ft. Defiance – Speedway Gas Station

\_\_\_\_\_ **Thoreau**: Mustang Store, Petro Travel Center - Grants

\_\_\_\_\_ Parent/Guardian or Staff Transport

Other transportation route: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

If you have any questions, concern or changes about bus transportation contact Leonard Sam, Transportation Supervisor at **(505) 488 - 6372**.