2 nd Request 1. Student Name:	Wingate Elementary Schoo		nentary School
		□ Day	□ Dorm
Student <u>Last Name</u> – First Name – Midd	le Initial		
Mailing Address:			
P.O. Bo	x/Address City	State	Zip Code
Student Phone Number	Student email Please	orint clearly ~ Leg	gible
Student received any COVID vaccine:	(Submit most current in	nmunization reco	ord to Registrar Office)
Pfizer	neca O None		
2. Physical Home Location:			
3. Parent or Legal Guardian (Head	of Household)		
Name:	D.O.B:		
Name:(Parent or Guardian Name)	(Parent or Guardian D	OB)	
Relationship to Student: Mother Father (Grandparent O Foster Parent O D	ther/Guardian:	
Cellular Phone: ()			
		print clearly ~ Legib	
Work Phone: ()		☐ Check: Sa	me Email as last year
Other Phone: ()		سلام بالإنجاب والإنجاب	
4. Parent or Legal Guardian (Spou		******	*****
Name:	D.O.B:		
Name:(Parent or Guardian Name)	(Parent or Guardian D	OB)	
Relationship to Student: Mother Father (Grandparent O Foster Parent O D	ther/Guardian:	
Cellular Phone: ()	Email: Please		
Work Phone: ()	Check: No Email	☐ Check: Sa	me Email as last year
Other Phone: ()			
5. Guardian: (Skip, if you are Legal Parent)	(Submit most current gua	rdianship docum	ent to Registrar Office
Do you have most current "Guardianship or Gu			
Family Court State/Federal Court Special Po	wer of Attorney (Power of Attorney () DSS: Division of Socia	al Service (CYFD (Adoptio
Dogument or	ompleted by: Parent/Guardian /s/:		
Document	ompleted by, Falent/Gualulail /5/.		

	Name:		Grade:
Returnee's 2023-2024	☐ Day Student	☐ Dorm S	Student
. EMERGENCY CONTACT	ICE: <u>In</u> <u>Case of</u> <u>En</u>		
. EMERGENCI CONTACT	ice. <u>I</u> n <u>c</u> ase or <u>e</u> n	lergericy col	illact.
Head of House Hold (ONLY) E			□ Check: No Emai
			case of an emergency, please clarify
Print Name	e Rel	ationship	Dialing working cell phone numbe
1.00			
2. PERMISSION TO CHECK-C	Del Blobent Student C	meek out	(Must be 25 years or older)
is understood that the princip	oal or person(s) in charge of the r opinion or best interest and sa d for checking out	children, may of fety of the chil	decline to permit my child to leave th
s understood that the princip school grounds if it is in their List individuals authorized	oal or person(s) in charge of the r opinion or best interest and sa d for checking out	children, may of fety of the chil	decline to permit my child to leave the d may be compromised.
s understood that the princip school grounds if it is in their List individuals authorized	oal or person(s) in charge of the r opinion or best interest and sa d for checking out	children, may of fety of the chil	decline to permit my child to leave the d may be compromised.
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is understood that the princip school grounds if it is in their List individuals authorized	oal or person(s) in charge of the r opinion or best interest and sa d for checking out	children, may of fety of the chil	decline to permit my child to leave the d may be compromised.

/s/ Legal Parent/Guardian Signature

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

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

1		ate B	ar Cul	×
			or All	
	Ret	urn	ee's	
2	202	3-2	024	

Student Name: _		Since .	Grade:	
	☐ Day Student	☐ Dorm Student		

SCHOOL BUS

2. TRANSPORTATION (BUS ROUTE) √ Please check one

	Day Bus Route (Monday – Friday)
Bus 1: East Denny's: Inc	dian Plaza/Shell Station
Bus 2: Pinedale : Mine T- Canyon	Off Largo's/1st & 2nd, Canyon/Store& Chapter/Becenti Trail/ Superman, /Churchrock Old Housing
Bus 3: Iyanbito Short: N	HA Housing, Burnt Corn Road, Red Sage Loop, Iyanbito Road
Bus 4: Iyanbito Long : Sv Tu	weet Water Road, Harvey's turn around, Iyanbito Main Road, Dakota Loop, urtle Butte, WHS - Housing
Bus 4: Sundance & Chui	rchrock: SundanceTunnel/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 E	Bus Route: Friday's Drop Off & Sunday's Pick Up
Gallup: Big Mike's,	C of C, Front Row Seat, Rio West Mall
Pinedale: Chapter	House
Window Rock: Red	d Mesa Express/Bashas'
Thoreau: Mustang	Store
Parent/Guardian	or Staff Transport
er transportation route:	
ent/Guardian Name:	Contact Phone No.:
ff Name:	Contact Phone No :

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