



Christine Duncan's  
**Heritage Academy**

Christine Duncan's Heritage Academy

816 Broadway SE  
Albuquerque, NM 87102  
839-4971  
www.christineduncan.org

**CHRISTINE DUNCAN'S HERITAGE ACADEMY  
STUDENT APPLICATION FORM  
2011-2012 SCHOOL YEAR**

**Student Information**

Last Name \_\_\_\_\_ 2011-2012 School Year Grade \_\_\_\_\_

Full First Name \_\_\_\_\_ Age \_\_\_\_\_

Full Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Female \_\_\_\_\_ Male

Does this child have siblings who are currently enrolled at **CDHA**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what grade(s) will their sibling be enrolled in during the 2011-2012 school year? \_\_\_\_\_

If new to **CDHA**, does this child have any siblings that are applying for the 2011-2012 school year? \_\_\_Y \_\_\_ N

If yes, what is their 2011-2012 school year grade? \_\_\_\_\_

**Parent/Guardian Information**

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

CDHA should mail information to: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian

Student lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian

If the student does not live with parent, please fill out the following information on the people with whom student lives:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Emergency Contact Information**

The individuals listed below have authorization to pick up my child and can be reached during school hours at the numbers listed below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Education Background Information**

Last school student attended \_\_\_\_\_ Year \_\_\_\_\_ Grade Level \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Web address \_\_\_\_\_ School Fax \_\_\_\_\_

Has student ever been in Special Education? \_\_\_\_ Yes \_\_\_\_ No Is the student on a 504 Plan? \_\_\_\_ Yes \_\_\_\_ No

Has student been identified as Gifted? \_\_\_\_ Yes \_\_\_\_ No Do they have a current IEP? \_\_\_\_ Yes \_\_\_\_ No

Has student been expelled from another school? \_\_\_\_ Yes \_\_\_\_ No

### **Home Language Survey**

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order to provide the best instruction possible for all students.

Which language(s) has your child learned to speak? \_\_\_\_\_

Which language(s) has your child learned to read and write (If applicable) \_\_\_\_\_

What is/are the primary language(s) spoken in your household? \_\_\_\_\_

If a language other than English is spoken in your home on a regular basis, what is the language(s)? \_\_\_\_\_

What percentage of time is a language other than English used in your home? \_\_\_\_ Less than 25% \_\_\_\_ 25%-50% \_\_\_\_ More than 50%

**Please sign below to indicate that you have read the student application packet and agree to its contents**

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

The CDHA Governing Council is committed to a policy of nondiscrimination in relation to race, sex, religion, national background, age, marital status and handicaps. Respect for the dignity and worth of each individual shall be paramount in the establishment of all policies by the CDHA Governing Council and in the administration of those policies.

**HEALTH HISTORY**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_

We require full disclosure of your child's current health. This information you provide will assist teachers in making trained educational decisions (e.g. preferential seating for a child with vision problems) and/or may assist people in the unlikely event of an accident. Be aware that CDHA employees are NOT medical professionals and the extent to which this data can be used is very limited. Full and accurate completion of all sections is very important!

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Hospital Phone \_\_\_\_\_

**Please list all information regarding the following:**

Hearing/Vision Problems \_\_\_\_\_ Allergies \_\_\_\_\_

Disabilities \_\_\_\_\_ Other Health Conditions \_\_\_\_\_

Mental Health Concerns \_\_\_\_\_ Has student been diagnosed with ADD/ADHD? \_\_\_\_\_

Medications (prescription and over the counter) \_\_\_\_\_

**INSURANCE AND LIABILITY**

This form is required for participation in the Christine Duncan's Heritage Academy program. Your signature at the bottom of this form affirms that you have read and understood the following:

It is recommended that your child be covered by a major medical insurance policy during the school year. If you do not have major medical insurance for your child and are interested in a state program for your child to become insured, please look into the New MexiKids Program through Medicaid. Generally kids under age 19 qualify when parents meet the income guidelines (surprisingly, the income limits are not as low as one would think.) the website for this coverage is <http://www.hsd.state.nm.us/mad/newmexikids/> and the phone # is (888) 997- 2583.

(Check one Below)

\_\_\_\_\_ My son/daughter, \_\_\_\_\_, is not currently covered by a major medical insurance policy, but I will look into the New MexiKids Medicaid program and will provide CDHA with the appropriate insurance information as soon as I have obtained insurance coverage.

\_\_\_\_\_ My son/daughter, \_\_\_\_\_, is adequately covered by a major insurance policy.  
Listed below is our insurance policy information.

**Name and address of Insurance Company responsible for medical expenses:**

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Policy Number \_\_\_\_\_

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



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## PARENT OR STUDENT NOTIFICATION FORM ON DISCLOSURE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires Christine Duncan's Heritage Academy (CDHA), with exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, CDHA may disclose "directory information" as defined below without written consent unless you have indicated your objections on this form. FERPA defines "directory information" as information that would generally be considered harmful or an invasion of privacy if disclosed.

Please indicate any objection to disclosure of directory information on this form. If this form is not completed and returned, requests for directory information will be honored.

I understand that "directory information" includes:

1. Student's name
2. Address and phone number
3. Grade in school
4. Name of student's school
5. Eligibility and participation in officially recognized activities, including but not limited to fine arts exhibits, performing arts programs, other performances, graduation programs, and sports events
6. Honors and awards received
7. Yearbooks
8. Identification in visual media, including photographs, videotapes, and digital images, depicting school programs or activities

\_\_\_\_\_ I have no objection to my child's information being disclosed

\_\_\_\_\_ I object to ALL directory information being disclosed publicly without my prior consent

\_\_\_\_\_ I object to the following information being disclosed publicly (please list) without my prior consent:

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Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_