



2021_2022 New Student Registration Packet check off

OFFICE USE ONLY

Registration Form	<input type="checkbox"/>
Student Release information	<input type="checkbox"/>
NM Language Usage Survey(must be completed)	<input type="checkbox"/>
Acceptable Internet Access Policy	<input type="checkbox"/>
Field Trip Authorizations (3 pages)	<input type="checkbox"/>
Photograph Permission	<input type="checkbox"/>
Student School Success Compact	<input type="checkbox"/>
Request for Transcripts & Records	<input type="checkbox"/>
RFK Attendance Procedures	<input type="checkbox"/>
Emergency /Lockdown/Evacuation Release Form	<input type="checkbox"/>
Welcome letter-School Calendar	<input type="checkbox"/>
School Calendar	<input type="checkbox"/>
School Supply list	<input type="checkbox"/>
RFK Handbook Signature Form	<input type="checkbox"/>
School Based Health Authorization Forms (must be completed)	<input type="checkbox"/>

New Students need to bring with them:

- ☐ Birth Certificate
- ☐ Immunization (shot) Records
- ☐ Certificate of Indian Blood
- ☐ Withdrawal documents and Student Transcript from previous school.
- ☐ IEP (only for students who have received Special Education Services)

Notes:

2021-2022 Registration Form

RFK Charter High School
4300 Blake Rd. SW
Albuquerque, NM 87121
Phone: 505-243-1118/Fax: 505-242-7444



RFK Charter Middle School
1021 Isleta Blvd. SW
Albuquerque, NM 87105
Phone : (505) 253-0040 / Fax : (505)877-4492

STUDENT STATE ID # _____

TODAY'S DATE _____

Verified Birthdate Documents Yes _____ No _____		Home Phone #		Cell Phone #	
STUDENT: Last Name		First Name		M.I.	Male _____ Female _____
Street Address				Circle one NW NE SW SE	Apt # Zip Code
Date of Birth	Age	Current Grade	Birthplace (Country only) If not born in the USA how long in the USA		
Last High Schools Attended		Out of State School Name and State		Student Ethnicity: Circle one 1-Anglo 2= African American/Black 3= Hispanic (Spanish speaking culture or origin) 4= American Indian or Alaska Native 5= Asian or Pacific Islander	
Last Date Attended:		Last Date Attended:			
FATHERS: Last Name		First Name		M.I.	Home Phone Cell Phone #
Street Address		Circle one NW NE SW SE		Apt #	Zip Code
Employer Name:		Work Phone #		Living with : Parent _____ Legal Guardian _____ Relative _____ Self _____	
MOTHERS: Last Name		First Name		M.I.	Home Phone Cell Phone #
Street Address		Circle one NW NE SW SE		Apt #	Zip Code
Employer Name:		Work Phone #			

HAVE YOU RECEIVED ANY OF THE FOLLOWING:

Have you ever recieved services as a Special Education Student? Yes _____ No _____

Speech and Language Services Yes _____ No _____

Vas your child ever involved with SAT Yes _____ No _____

Vas your child receiving Bilingual Services Yes _____ No _____

EP (only for students who have received Special Education Services) Yes _____ No _____



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2021_2022 STUDENT RELEASE INFORMATION

Please provide RFKCS with a list of people who you authorize to pick up your child. Your child will only be released to the people on this list.

Changes must be made in person by parents/guardians only.

PERSON PICKING UP YOUR CHILD MUST PROVIDE A PICTURE ID BEFORE WE WILL RELEASE THE STUDENT

Student name _____ Date of Birth _____
RFKCS ID# _____ Grade _____ Home Phone # _____
Fathers name _____ Work phone # _____ Cell # _____
Mothers name _____ Work phone # _____ Cell # _____

Full name of person(s) authorized to pick up your child, your student will only be released to the persons listed below. Photo ID will be required by the person(s) listed below before your student will be released to them.

IF YOU WISH TO MAKE CHANGES TO THE LIST BELOW, IT IS YOUR RESPONSIBILITY TO CONTACT THE ADMINISTRATION OFFICE IMMEDIATELY 243-1118.

PLEASE PRINT CLEARLY

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

FOR DISTRICT USE ONLY

District:

School:

RFK Charter High School



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)

☐ Arabic

☐ Cantonese

☐ Diné

☐ French

☐ Greek

☐ Hmong

☐ Jicarilla Apache

☐ Italian

☐ Keres

☐ Khmer

☐ Korean

☐ Mescalero Apache

☐ Mandarin

☐ Portuguese

☐ Russian

☐ Somali

☐ Spanish

☐ Tiwa

☐ Tewa

☐ Towa

☐ Vietnamese

☐ Zuni

☐ Other _____

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:



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.

Robert F Kennedy Charter School 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 Amanda Burns, Nurse, or the New Mexico Department of Health, Office of Oral Health at 505-827-0837.



Student Success Compact- 2021_2022 Parent Compact

A. Family/Advocate Portion of Compact

1. I will provide a caring and safe home environment.
2. I will support the expectation of my student to respect him/herself, other students, RFK staff and faculty, and school property by displaying appropriate behavior, manners, and language.
3. I commit to making sure my student is on time for class and attends school every day.
4. I will be involved in my student's education by attending and participating in school events/activities.
5. I will seek the school and community resources that support the well being of my student.
6. I will commit to put forth the effort, dedication, resources and time to assist my student to meet the requirements and expectations of RFK by keeping abreast of my student's academics and attendance via the Power School portal.
7. I will attend a pre-enrollment meeting and sign a commitment letter that requires my participation in Family-Teacher-Student conferences every nine weeks, staffing for academic, behavioral and/or attendance issues in which my feedback and input is desired. Recognizing that a failure to attend a parent-teacher conference could result in a suspension until the conference is completed.

B. Student Portion of Compact

1. I will commit to at least 95% attendance and punctuality in all my classes.
2. I will respect myself, other students, RFK staff and faculty, and school property.
3. I will take responsibility for demonstrating appropriate behavior, manners, language, and dress.
4. I will take responsibility for completing my assignments.
5. I will ask for help from my family/advocate and my teachers when I do not understand.
6. I will respect the rights of others to learn and the teachers to teach.
7. I will attend staffing for academic and behavioral and/or attendance issue as necessary.
8. I will attend assigned Response to Intervention (RTI) classes known as Academic Improvement (AI) on Thursdays for courses with a grade below 75%.
9. I will follow all policies regarding cell phones and electronics.
10. I will create and use a Gmail account dedicated to my RFK academics, as well as my Power School account to be aware at all times of my academic progress and to complete all components of Progress Monitoring in my Advisory class that include;
 - Completing the grade graph and the attendance graph
 - Complete the Reflection and Goal Setting form in order to correct my academic issues

C. Teacher Portion of Compact

1. I will always conduct myself according to the Professional Code of Conduct of the Teaching Profession.
2. I will provide a challenging curriculum that meets the Common Core State Standards and expectations in academics and behavior which meets all students' needs.
3. I will strive to develop meaningful relationships with students, family, and staff.
4. I will provide students and families information on how to access grades electronically.
5. I will have updated grades in Power School every Monday by 8:00 a.m. and complete AI schedules in Google Docs.
6. I will provide opportunities for family involvement.
7. I will provide students with encouragement and an opportunity to succeed including RTI.
8. I will implement professional learning in ways that enhance and improve student achievement and behavior.
9. I will provide students with instruction on growth mindsets.
10. I will inform families of all their student's assessment results on a regular basis as well as at scheduled conferences.
11. I will discuss and guide students in the development of their college and readiness goals and completion of their Next Step Plans to share with families during conferences.
12. I will attend and participate in Trauma Informed professional development to better understand and address the needs of my students.
13. I will fully implement all components of Progress Monitoring in Advisory Class in order to help my students be aware of their academic progress at all times. Components include;
 - To insure and assist students in accessing their Power School account so that graphs and forms can be completed.
 - To insure weekly grade graph and attendance graph are completed and up to date
 - To use the Reflection and goal setting form are completed so that goals can be set for all classes at risk of failure.

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REQUEST FOR TRANSCRIPTS & RECORDS

Date: _____

TO: _____ Attention: _____

Phone No. _____ Fax No.: _____

FROM: Teresa R. Dominguez, Registrar/STARs Coordinator Email: tdominguez@rfkcharter.net

I _____, authorize Robert F. Kennedy Charter School to request my son's/daughter's school records.
Parent/Guardian signature

PLEASE PRINT CLEARLY

Student's Name: _____ DOB: _____

Previous school ID number: _____ Grade: _____

Please provide us with the following: *****PLEASE FAX, MAIL or Email**

- ☒ Official transcript of grades and credits
- ☒ Test Results (NMHSCE, Terra Nova, Other)
- ☒ Birth certificate,
- ☒ Psychological reports
- ☒ Diagnostic Evaluations

- ☒ Health/Immunization
- ☒ Withdrawal Date /Grades
- ☒ Administrative correspondence
- ☒ Special Education Records
- ☒ Other records helpful for providing services to Student

Comments: **Thank you for your immediate assistance with this request.**

Robert F. Kennedy is qualified for school wide free lunches. Qualification for free lunches is a key factor for those that are determined to indigent. Please see the law pertaining to the retention of records shown below, which may apply if the student has outstanding fines or fees, as records for Robert F. Kennedy students may not be withheld.

Lost or Damaged Books, Section 22-15-10 of Public-School code state that a school district, charter school, state institution, private school, or adult basic education center as an agent may hold the parent, guardian, of student responsible for the loss, damage, or destruction of instructional materials while the materials were in the possession of the student. A school district may withhold the grades, diploma, and transcripts of the student responsible until the parent, guardian, or student has paid for the damage or loss. When a parent, guardian, or student is unable to pay for the damage or loss the school district shall work with them to develop an alternative plan in lieu of payment.

When a parent or guardian is determined to be indigent, the local school district shall bear the cost.
FEDERAL LAW 99.31: No parent release is required for educational records that are requested from any educational institution.



PACTO DE ESCUELA-PADRES-ESTUDIANTES-PACTO DE ÉXITO ESTUDIANTIL 2021_2022

A. Parte Para Familia/Custodios

1. Yo consiento mantener un hogar donde se halla cariño y seguridad.
2. Yo consiento apoyar las expectativas de mi hijo/hija a respetarse a sí mismo como también a los otros estudiantes, a los maestros, a los trabajadores, y a la propiedad de la escuela asegurando **comportamiento y habla** en una manera apropiada.
3. Yo consiento asegurar que mi hijo/hija llegara a tiempo y **asistirá a sus clases todos los días**.
4. Yo estaré involucrado en la educación de mi hijo/hija **participando en eventos/actividades escolares**.
5. Yo consiento utilizar recursos escolares o comunitarios que **llejan apoyar el bienestar de mi hijo/hija**.
6. Yo consiento hacer esfuerzos máximos, y me dedico prestar mi tiempo, recursos y apoyo para asistir a mi hijo/hija en cumplir con los requisitos y expectativas de la escuela RFKCHS estando al corriente de los académicos de mi hijo/hija estudio y su asistencia a utilizando el portal de Power School.
7. Yo asistiré una reunión de pre-inscripción y firmar una carta de compromiso que requiere mi participación en conferencias de familia, maestros y estudiantes cada nueve semanas, reuniones de personal para asuntos académicos, de comportamiento y/o asistencia en la que se desea mi comentarios y aportes. Reconozco si hay falta de asistencia en las conferencias de mi hijo/a podría resultar en una suspensión de escuela hasta que se completa con la conferencia.

B. Parte Para Estudiantes

1. Voy a comprometerme a asistir al menos el **95%** y la puntualidad en todas mis clases.
2. Voy a respetarme, otros estudiantes, el personal de RFK y profesores, y propiedad de la escuela.
3. Voy a asumir la responsabilidad de demostrar un comportamiento adecuado, los modales, el lenguaje, y de vestido.
4. Voy a asumir la responsabilidad de completar mis tareas.
5. Voy a pedir ayuda a mi familia/tutor/abogado y a mis maestros cuando **no lo entiendo**.
6. Voy a respetar los derechos de los demás de aprender y de los profesores para enseñar.
7. Voy a asistir juntas académicas, de comportamiento y/o de cuestiones de asistencia según sean necesario.
8. Voy a asistir clases de intervención (RTI) conocido como **mejoramiento académico** las Jueves en cursos bajo de 75%.
9. Voy a seguir todas las pólizas con respecto a los teléfonos celulares y electrónicos.
10. Voy a crear y utilizar una cuenta de Gmail dedicada a mis académicos RFK, como también utilizar mi cuenta en Power School para estar en conocimiento al momento, de mi progreso académico y cumplir con todos los componentes de "Progress Monitoring", incluso;
 - utilizar las dos graficas (1. calificaciones semanales, 2. Grafica de asistencia)
 - utilizar la Forma de Reflexion y pasos de solucionar los problemas académicos.

C. Parte Para Maestros

1. Voy a siempre tratar a todos los estudiantes con respeto y comportarme de acuerdo al Código de Conducta Profesional de la Profesión Docente.
2. Voy a presentar un currículo exigente que cumple el núcleo común de normas estatales (Common Core State Standards) y expectativas en los círculos académicos y de comportamiento que satisface todas las necesidades de los estudiantes.
3. Voy a tratar de desarrollar relaciones significativas con los estudiantes, familiares, y personal de la escuela.
4. Voy a proporcionar a los estudiantes y a las familias información acerca de cómo acceder a grados electrónicamente.
5. Voy a actualizar calificaciones en Power School cada lunes a las 8:00 a.m. y completar los horarios en Google Docs.
6. Voy a ofrecer oportunidades de participación a familias.
7. Voy a ofrecer a los estudiantes estímulo y oportunidad para tener éxito incluyendo oportunidades de intervenciones (RTI).
8. Voy a implementar enseñanza profesional que resulta en un mejoramiento académico o en comportamiento de mis alumnos.
9. Voy a proporcionar a los estudiantes con instrucciones sobre la mentalidad de crecimiento.
10. Voy a informar a las familias de los resultados de todos los exámenes en las conferencias de familias, maestros y estudiantes.
11. Voy a discutir y orientar a los estudiantes en el desarrollo de su colegio y objetivos de la preparación de profesionales y la realización de sus próximos planes de paso y compartir con las familias durante las conferencias.
12. Voy a asistir y participar en el desarrollo profesional informado de trauma para entender mejor y atender las necesidades de mis estudiantes.
13. Voy a implementar, en completo, con todos los componentes de Progress Monitoring en la clase de Advisory para asistir los alumnos en estar conocimiento al momento, de su progreso académico. Componentes incluyen;
 - exigir y facilitar cada alumno en entrar en su cuenta de Power School para informarse de sus grados y asistencia
 - utilizar la Forma de Reflexion y pasos de solucionar los problemas académicos o situaciones problemáticas con las clases en riesgo de fracaso
 - utilizar las dos graficas (1. calificaciones semanales, 2. Grafica de asistencia)

ROBERT F. KENNEDY CHARTER SCHOOL

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VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION-STUDENT
2019-2020 SCHOOL YEAR

Dear Parent/Guardian:

Kindly complete and return signed form to Robert F. Kennedy Charter School Administration. Throughout the school year, your child will have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include, but are not limited to:

- | | | |
|---------------------------|---------------------------|-----------------------|
| *Government Offices | *Parks and Zoos | *Athletic events |
| *Conferences and Meetings | *Local Businesses | *Entertainment events |
| *Exhibitions and Fairs | *Museums/Cultural Centers | *Job Corps |
| *Educational Facilities | | |

I hereby authorize _____ to participate in these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her or parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone Number: _____

Student Signature: _____ DOB: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Insurance Carrier Address: _____

A special note to Parent/Guardian: 1) all drugs must be registered on this form. 2) All drugs except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff. 3) ☐ Check here if there are not special problems that the staff should be aware of and no drugs are required on the trip. 4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason for drug).

If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.



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2021-2022
VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Student Name _____ wishes to participate in the RFK Charter School sponsored activities such as: school field trips, sports, recreational and physical activities. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

Sprains/strains
Fractures bones
Unconsciousness
Head and/or back injuries

Paralysis
Loss of eyesight
Communicable diseases
Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by Robert F. Kennedy Charter School.

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the RFK Charter School, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Student Signature

Date

Parent/Guardian

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with RFK Charter School before a student will be allowed to participate in the above extra-curricular/co-curricular activities.

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2021-2022 VOLUNTARY ACTIVITY WAIVER RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permitting (student name) _____ to be transferred by RFK Charter School Activity Bus and/or School vehicle to participate in (Activity) of Scheduled school field trips for the 2019-2020 school year, in the City of Albuquerque, County of Bernalillo, State of New Mexico, beginning on the 12th day of August, 2019 through May 22nd 2019, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against RFK Charter School or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF (student name) _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE Robert F. Kennedy Charter School FROM LIABILITY FOR PERSONAL INJURY, and PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against RFK Charter School, he/she shall indemnify and save harmless the same RFK Charter School from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death. The undersigned, for him/her, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against RFK Charter School, he/she shall indemnify and save harmless the same RFK Charter School from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death. The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers of transporting students, staff, chaperones, and/or volunteers with RFK Charter School, and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant) _____

_____ Date

Signature (Witness) _____

_____ Date

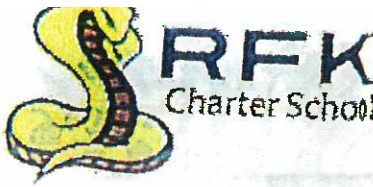
G. VOLUNTARY ACTIVITY WAIVER AND RELEASE

The following waiver release and indemnity agreement is a contractual agreement between an activity participant and the District, whereby the participant is waiving any and all rights to file any claim against the District for any reason.

The second paragraph in all capital, bold letters is done so intentionally; it is a very important paragraph in this type of agreement: This agreement could relieve the District of liability in spite of District negligence.

Since this agreement is a contract, it will have no legal force and effect if it is signed by a minor and, since the parent/guardian cannot sign away the legal rights of their minor child, it will have no force or legal effect if it is signed by the parent/guardian of a minor child.

The District may wish to consider using this form for high risk voluntary activities in which the participants are all legal adults, i.e., an alumni football game.



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Parent Permission to Photograph/Record

Many programs, activities and events taking place in the Robert F. Kennedy Charter HS are of interest to the public. Often civic, educational, student and other groups are interested in learning about our students and programs. From time to time, we produce or allow to be produced photographs, video recorded programs, and films to provide information to the public about our programs. In addition, newspaper coverage, broadcast television and radio programs, and cable television programs sometimes feature our classes and activities. When any such video tape, audio recording, film or photograph is produced and released, it becomes the property of the party to whom it is released, and it may be replayed or reprinted at a later date.

Please sign below giving us your permission to include your child in such photographs, Films or recordings. We appreciate your help presenting students and programs to the community.

Granting Permission

I/we have read and understand the above information. I/we hereby give permission to Robert F. Kennedy Charter HS/MS and the news media to photograph, film or record classes or activities in which (student) is participating and to use these photographs, films, or recordings for educational programs and/or to release them to the news media for use in its educational news coverage.

Parent/Guardian

Date

Please be advised RFK Charter Schools have security cameras on premises at all times.

Parent/Guardian

Date

ACCEPTABLE USE POLICY COMPUTER AND INTERNET
2021_2022

RFKCS seeks to provide students, staff and parents/guardians with the opportunity to access computers and the internet in order to improve computer literacy skills and to complete required coursework for graduation. Because we stress respect for property and proper use of equipment at all times, a student, staff member and parent/guardian must agree to all of the following:

The INTERNET forbids:

- | | |
|-----------------------------------------------------|----------------------------|
| Expressions of bigotry or hate or criminal activity | Profanity |
| Harassment | Obscene comments |
| Discriminatory remarks | Sexually explicit material |
| Anti-social behaviors | |

RFKCS requires all users to comply with INTERNET standards. RFKCS expects proper care and use of all equipment as well as access to equipment at all times.

The following are inappropriate: Vandalism; no attempt to harm, alter or destroy computer hardware, software, the internet, other people's data or anything else related to computers. Inappropriate use of passwords or files belonging to other users. Loaning passwords to anyone. Sharing, giving, selling accounts to anyone—confidentiality of your account is your responsibility. Materials that promote or encourage disregard for any of RFKCS's basic rules. Using computers/equipment for personal reasons not school-related. **Plagiarism** – Use of another person's or of a group's words or ideas without clearly acknowledging the source of that information, resulting in their false representation as one's own individual work. More specifically, to avoid plagiarizing, a student or other writer must give credit when he/she uses: another person's idea, opinion, or theory • any facts, statistics, graphs, drawing—any pieces of information—that are not common knowledge • quotations of another person's actual spoken or written words • paraphrases of another person's spoken or written words • another person's data, solutions, or calculations without permission and/or recognition of the source, including the act of accessing another person's computerized files without authorization.

UNDERSTANDINGS: I understand: And will abide by all of the provisions of this agreement. That internet access and the internet account provided require my ethical and legal use. That violation of any of the above requirements could result in permanent termination of my computer privileges as well as official school consequences. **Plagiarism consequences may result as follows: first attempt you will receive a zero for that assignment and second time will result in a failing grade for that class.** That any damages due to vandalism and/or deliberate intent must be paid for by my family or me. That I will not use my computer to download music or any other files from the internet. RFK may review, audit, and download E-mail messages that I send or receive and may monitor my internet access. That E-mail messages can be traced to the sender even after they have been "deleted." I am aware that RFK may be required to produce E-mail messages if litigation develops. That I have no right of privacy with respect to the RFK software, E-mail, or internet access.

Student Signature _____ **Date** _____
As a parent/guardian, I understand: That violation of any of these requirements could result in permanent termination of my student's computer privileges. My family is financially responsible for any damages due to vandalism or deliberate destruction of computer or other property. That RFKCHS expects appropriate use of the internet, computers and all other property and that there are consequences for such behavior. I will not hold RFKCHS responsible if my student acts otherwise. I hereby give permission for my student to have access to and/or be issued an account on the Internet and to use computers as needed for educational process.

Parent/Guardian Signature _____ **Date** _____

RFK ATTENDANCE PROCEDURES - SEMESTER

DAILY attendance calls home are made by School Reach, documented into Power School the student accountability system

1st Absence: Parents/guardians will be notified **DAILY** of their student's absence(s) by School Reach; Confirmed or attempted calls home are documented and logged into Power School; copies of log entries will put into Advisory Teachers mail boxes. Advisory Teachers will continue to attempt contacting parents/guardians by phone.

2nd Absence: Advisory Teachers will continue to attempt contacting parent/guardian by phone.

3rd Absence: Behavioral Health staff Intervention and 3rd Day Absentee Notification Letter
Advisory Teachers may request: a 3rd Day Absentee Notification Letter be mailed to student's Parent/Guardian and if applicable to his/her Parole Officer and agencies requiring full-time school enrollment; notify Social Worker to begin intervention procedures or student's class schedule to be modified to assist student with improving his/her attendance.

4th Absence: Behavioral Health staff will schedule a Visit Student/ Parent/Guardian.

5th Absence: 1st Staffing -Student/Parent/Guardian/Administration/Staff/ Behavioral Health staff
Advisory Teacher will: attempt to contact parent/guardian; schedule staffing; notify Administration, Classroom Teacher(s) and Behavioral Health staff of a staffing to discuss what support and/or solutions RFK can provide to help student improve attendance. Student maybe asked to sign an attendance contract.

6th Absence: Advisory Teacher will attempt to contact parent/guardian.

7th Absence: 7 Day Absentee Notification
Advisory Teacher may request a 7 Day Absentee Notification Letter be mailed to student's Parent /Guardian and if applicable to his/her Parole Officer. Letter will state that student is in jeopardy of being withdrawn from enrollment and Parent/Guardian will be asked to contact Advisory Teacher to discuss student's attendance.

8th Absence: Advisory Teacher will: attempt to contact parent/guardian.

9th Absence: 2nd Staffing - Student/Parent/Guardian/Administration//Staff/Behavioral Health staff
Advisory Teacher will: attempt to contact parent/guardian; schedule staffing; notify Administration, Classroom Teacher(s) and Behavioral Health staff of staffing to discuss what support and/or solutions RFK can provide to help student improve attendance to discuss and assess if student truly desires to remain a student at RFK. At this time, we may suggest a schedule change, referral to another school or suggest withdrawing student from RFK. Student will have access to an appeal process.

10th Absence from Class: 10 Day Absentee Notification and a meeting will be scheduled with Parent /Guardian, Advisory Teacher and Classroom teacher to determine criteria for credit recovery possibility. Student will have access to an appeal process.

10th Absences in All Classes: 10 Day Absentee Notification (Removal from School Enrollment)
Advisory Teacher will request Parent/Student Support Officer mail Notice of Withdrawal from School Enrollment to Parent/Guardian, if applicable to his/her Parole Officer and agencies requiring full-time school enrollment. Student will have access to an appeal process.

Re-Admit Process: Once a student withdraws or has been withdrawn from enrollment, Students must re-apply and will enter through the Lottery Selection Process.

Student Signature

Date

Parent Guardian/Advocate Signature

Date

Robert F. Kennedy Charter School

RFK Charter High School
4300 Blake Rd. SW
Albuquerque, NM 87121
Phone: 505-243-1118 / FAX: 505-242-7444

RFK Charter Middle School
1021 Isleta Blvd SW
Albuquerque, NM 87105
Phone: 505-253-0040 / FAX: 505-877-4492

EMERGENCY/LOCKDOWN/EVACUATION RELEASE INFORMATION

Please provide RFKCS with a list of people who you authorized to pick up your child in case of an EMERGENCY/LOCKDOWN/EVACUATION. Your child will only be released to the people on this list. Changes must be made in person by parents/guardians only.

PERSON PICKING UP YOUR CHILD MUST PROVIDE A PICTURE ID BEFORE WE WILL RELEASE THE STUDENT.

STUDENT NAME: _____ DOB: _____
RFKCS ID#: _____ GRADE: _____ HOME PHONE #: _____
FATHERS NAME: _____ WORK PHONE #: _____ CELL #: _____
MOTHERS NAME: _____ WORK PHONE #: _____ CELL #: _____

Full name of person(s) authorized to pick up your student, your student will only be released to the person(s) listed on this form. Photo ID will be required by the person(s) listed before your student will be released to them. IF YOU WISH TO MAKE CHANGES TO THE LIST BELOW, IT IS YOUR RESPONSIBILITY TO CONTACT THE ADMINISTRATION OFFICE IMMEDIATELY AT 505-243-1118.

PLEASE PRINT CLEARLY

NAME: _____ RELATIONSHIP: _____ PHONE #: _____
NAME: _____ RELATIONSHIP: _____ PHONE #: _____
NAME: _____ RELATIONSHIP: _____ PHONE #: _____
NAME: _____ RELATIONSHIP: _____ PHONE #: _____

THE ABOVE INFORMATION WILL ONLY BE USED IN CASE OF EMERGENCY/LOCKDOWN/EVACUATION.

Robert F Kennedy Charter High School
4300 Blake Rd. SW Albuquerque, NM 87121 Phone: (505)243-1118 - Fax: (505)242-7444
Website: www.rfkcharterschool.com

Robert F. Kennedy Charter Middle School
1021 Isleta Blvd. SW Albuquerque, NM 87105 Phone : (505) 253-0400 / Fax: (505)877-4492
Website: www.rfkcharterschool.com



RFK

Charter School

Information Handbook

2021-2022

This Parent and Student Information Handbook becomes an agreement between the Administration, teachers, staff, parents, and students that will govern the well-being and successful achievement of the goals in educating our students.

I understand that it is our responsibility to become familiar with RFKS' Parent and Student Handbook Policies

Student Signature

Date

Parent/Guardian Signature

Date

"And today, as never before in the free world responsibility is the greatest right of citizenship and service is the greatest of freedom's privileges"

Robert F. Kennedy

Robert F. Kennedy (RFK) School Based Health Center

4300 Blake Rd. SW Albuquerque, NM 87121

Ph# 505-243-1118 ext. 61234

2021-2022

The following is a short list of services and hours when the School Based Health Center is available throughout the school year. We have several clinicians including: a Medical Doctor (MD), Family Nurse Practitioner, Licensed Independent Social Worker, and Clinic Coordinator on staff who can assist your child with their medical and behavioral health needs while supporting their academic success. We have included a packet of consent forms that would allow your student to utilize the services at our clinic at any time throughout the school year.

Clinic Primary Care Hours:

Monday 9:00am- 3:00pm -**Medical Doctor**

Tuesday 9:00am- 2:00pm- **Medical Doctor (Title X)**

* Medical Services Provided for

- Well-Child Exams (Yearly)
- Flu and colds
- Sprains, cuts, and burns
- Diabetes, Diet and Nutrition, Weight Management
- Asthma
- Health Education and Literacy
- Sports Physicals
- Confidential Services (*Family Planning; Pregnancy Testing; Pap Smear, STI testing and treatment; Mental health Screening, counseling and treatment; Substance Abuse counseling and treatment*)

Clinic Mental Health Hours (Licensed Independent Social Worker):

Schedule To be announced once a Social Worker is hired.

*Mental Health Services for

- Mental Health Screening, Counseling and Treatment
- Substance abuse counseling and treatment
- Group/family therapy
- Individual Therapy

For all questions regarding Scheduling appointments, billing, medical records release, clinic registration/consent, and patient concerns contact the Clinic Coordinator Monday-Friday 8:45-3:45 at 505-243-1118 ext. 61234.

Directions: Blake Rd and Coors Blvd. Go West on Blake Road from Coors Robert F. Kennedy Charter school is on left hand side you will see large grey black yellow building turn on the road by fence and check in at the school's main office located inside the black/grey/yellow building. After check in at main office cross the parking lot through chain link gates head to the basketball courts and clinic is on right side portable 206.

Owens Administrative & Healthcare Support Services
Robert F. Kennedy Charter High School-Based Health Center

2021-2022

SBHC Consent for Services

I give permission for my child, _____, to receive SBHC services while he/she is enrolled in this school and for SBHC staff to access my child's class schedule (for appointment purposes only). I understand that SBHC services are confidential, except in a life-threatening situation or when emergency services are needed and in accordance with the law. I give permission to the SBHC to exchange pertinent information to appropriate persons, including school nurses and counselors, for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as for maintaining quality and safety. I understand that SBHC health records are confidential and will not be shared unless written consent is provided by the student and/or parent/guardian. I have received a copy of the HIPAA Notice of Privacy Practices. I understand that New Mexico law does not require parental consent for treatment or advice about sexually transmitted diseases, pregnancy or contraception to minors under 18 years of age and behavioral health counseling services to minors age 14 years or older. **Unless I choose to withdraw my consent in writing, this authorization will continue for the entire period of time my child is enrolled in this school.**

Yo doy permiso para mi hijo recibir servicios SBHC mientras que él o ella está inscrito en esta escuela y SBHC personal para poder acceder a mi hijo de clase horario (para cita únicamente). Entiendo que los servicios SBHC son confidenciales, excepto en una situación peligrosa para la vida o cuando se necesitan los servicios de emergencia y de acuerdo con la ley. Autorizo al SBHC intercambiar información pertinente a las personas apropiadas, incluyendo las enfermeras escolares y asesores, con el fin de proporcionar atención médica, diagnóstico, tratamiento y consejería, así como para mantener la calidad y seguridad. Entiendo que los registros de salud SBHC son confidenciales y no serán compartidos a menos que el consentimiento es proporcionado por el alumno y/o padre o tutor por escrito. He recibido una copia de la notificación de prácticas de privacidad de HIPAA. Tengo entendido que nuevo México la ley no requiere consentimiento de los padre's para el tratamiento o asesoramiento sobre enfermedades de transmisión sexual, embarazo o anticoncepción a menores de edad menores de 18 años de edad y salud mental Consejería a la edad de los menores de 14 años o más. **A menos que decido retirar mi consentimiento en la escritura, esta autorización continuará durante todo el período de tiempo que mi hijo está matriculado en esta escuela.**

Student Name/ Nombre del paciente DOB/ Paciente DOB Student Id#/Estudiante identificación#

Signature of Parent or Guardian / Firma del padre o tutor Date/ Fecha

Signature of Student, if 18 years or older/ Firma del estudiante, si 18 años o mayores Date/ Fecha

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Robert F. Kennedy Charter SBHC is required by law to maintain the privacy of certain confidential healthcare information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Robert F. Kennedy Charter SBHC is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: Robert F. Kennedy Charter SBHC may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization. Robert F. Kennedy Charter SBHC is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- To avert a serious threat to the health and safety of a person or the public at large;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization. **Patient Rights:** As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain.

We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. Robert F. Kennedy Charter SBHC is not required to agree to any restrictions you request, but any restrictions agreed to by Robert F. Kennedy Charter SBHC in writing are binding on Robert F. Kennedy Charter SBHC.

If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information: Name: Sabrina Owens

Organization: Owens Administrative & Healthcare Support Services RFK Charter SBHC

Address: 4300 Blake Rd SW Albuquerque NM 87121

Phone: 505-243-1118 x61234

Email: owens.a.h.s.services@gmail.com

Derechos del Paciente: Como paciente, usted tiene un número de derechos con respecto a su ISP, incluyendo:

El derecho de tener acceso, copiar o inspeccionar su ISP. Esto quiere decir que usted puede inspeccionar y copiar la mayoría de la información médica sobre usted que nosotros mantenemos. Le brindaremos normalmente su acceso a esta información dentro de 30 días después de que usted nos lo pida. También podemos cobrarle una cuota razonable por copiar cualquier información médica a la que usted tenga el derecho de tener acceso. En circunstancias limitadas, nosotros podemos negarle el acceso a su información médica, y usted puede apelar ciertos tipos de denegaciones. También tenemos disponibles los formularios para pedir acceso a su ISP y le proporcionaremos una respuesta por escrito si le denegamos su acceso, y le dejaremos saber sus derechos de apelación. Usted también tiene el derecho de recibir comunicaciones confidenciales de su ISP. Si usted quiere inspeccionar y copiar su información médica, usted debe ponerse en contacto con su oficial de privacidad.

El derecho de corregir su ISP. Usted tiene el derecho de pedir que corrijamos la información médica escrita que pudieramos tener acerca de usted. Nosotros generalmente cambiaremos su información dentro de los 60 días de su solicitud y le notificaremos cuando hayamos corregido la información. La ley nos permite denegarle su solicitud únicamente en ciertas circunstancias, como cuando nosotros creemos que la información que nos ha pedido corregir es correcta. Si usted desea pedir que corrijamos la que tenemos acerca de usted, usted debe hablar con su oficial de privacidad.

El derecho de pedir que restrinjamos los usos y revelaciones de su ISP. Usted tiene el derecho de pedir que nosotros restrinjamos cómo nosotros usamos y revelamos la información médica de usted que nosotros tenemos. Owens Administrativa & Healthcare Suporta Servicios RFK Charter SBHC no tiene que estar de acuerdo con cualquier restricción que usted pida, pero cualesquier restricciones con las que SBHC este de acuerdo por escrito, obligan a Owens Administrativa & Healthcare Suporta Servicios RFK Charter SBHC a seguirlas.

Si usted nos lo permite, nosotros le enviaremos este aviso por correo electrónico en lugar de dárselo en papel y usted siempre puede pedirlos una copia en papel de este Aviso.

Sus derechos legales y sus quejas: Usted tiene también el derecho de quejarse con nosotros, o con el Secretario del Departamento de Salud y Servicios Humanos de los Estados Unidos si usted cree que sus derechos a la privacidad han sido violados. Usted no recibirá ninguna represalia en contra suya en ninguna manera al enviar una queja a nosotros o al gobierno. Si usted tuviera cualesquier preguntas, comentarios o quejas, usted puede dirigir todas sus preguntas a su oficial de privacidad.

Información para ponerse en contacto con el oficial de privacidad:

Nombre: Sabrina Owens

Organización: Owens Administrativa & Healthcare Suporta Servicios

Dirección: 4300 Blake Rd SW ABQ NM 87121

Teléfono: 505-243-1118 X 61234

Email: owens.a.h.s.services@gmail.com

HEALTH AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when parent's cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. **PLEASE COMPLETE ALL THREE SECTIONS!**

Last Name:	First Name:	Middle Initial:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
NAME OF SCHOOL ATTENDED LAST SCHOOL YEAR:				
SECTION ONE - STUDENT EMERGENCY CONTACT INFORMATION				
In the event your child becomes sick or injured and needs to be sent home or to the ER, the school health office will always attempt to reach the Parent/Guardian listed below FIRST. Secondary contacts will be called if the parent/guardian cannot be reached. PLEASE KEEP THESE NUMBERS CURRENT!				
Parent/Guardian Name:		Address:	Phone #1	
			Phone #2	
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian			Phone #3	
Parent/Guardian Name:		Address:	Phone #1	
			Phone #2	
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian			Phone #3	
Emergency Contact List		Relationship	Phone #1	Phone #2
1.				
2.				
3.				
4.				
Siblings in Other Schools				
Name	School/Daycare	Grade	DOB	
1.				
2.				
3.				

SECTION TWO - STUDENT HEALTH HISTORY – Please check appropriate box

☐ My child has no health conditions including those listed below

<input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal	<input type="checkbox"/> Food (List):	<input type="checkbox"/> Other Allergy (List):	<input type="checkbox"/> Has EpiPen prescription
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Congenital/Genetic	<input type="checkbox"/> Ear/Nose/Throat	<input type="checkbox"/> Pulmonary (Other than Asthma)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye/Vision	<input type="checkbox"/> Diabetes (circle one)	<input type="checkbox"/> Cardiovascular (List) _____
Needs Inhaler at School: Y N	Wears glasses/contacts: Y N	Type 1 Type 2	High Blood Pressure: Y N
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dermatologic/Skin	<input type="checkbox"/> Stomach/GI	<input type="checkbox"/> Musculoskeletal
Long Term Medications (List):	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Bladder/GU	<input type="checkbox"/> Dental/Oral
	<input type="checkbox"/> Endocrine Other than Diabetes	<input type="checkbox"/> Hematology/Bleeding Disorders	<input type="checkbox"/> Psychiatric (List Meds):
<input type="checkbox"/> Any Other Health Conditions:	<input type="checkbox"/> Migraines		

SECTION THREE - INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
TO GRANT CONSENT		
In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:		
Healthcare Provider:	Phone:	
Dentist:	Phone:	
Hospital:	Phone:	

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only. I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings.

Parent/Guardian Signature: _____ Date: _____

En el caso de emergencia que le ocurra a mi hijo/a y no se pueden comunicar conmigo, por la presente otorgo mi consentimiento con el fin de que transporten a mi hijo/a al local de los proveedores de atención médica y al hospital que consta a continuación y autorizo que dichos proveedores y personal del hospital le den toda atención médica razonable y auxilio de salud que acostumbran dar y que éstos consideren sea necesario:

Médico _____ Teléfono () _____

Dentista _____ Teléfono () _____

Enfermera de Oficio/Ayudante de Médico _____ Teléfono () _____

Hospital _____ Teléfono () _____

Si, por cualquier motivo, no es posible comunicar con los proveedores cuyos nombres aparecen más arriba, por la presente autorizo el transporte adecuado y que un proveedor de atención médica, personal de hospital o instalación de servicios médicos adecuados le dé la atención médica a mi hijo/a. Esta autorización no cubre la cirugía de nivel grave, salvo que otro médico/dentista esté de acuerdo que la necesita.

Ninguna disposición en esta sección será interpretada al efecto de que impondrá responsabilidad civil a cualquiera de los oficiales o empleados escolares quienes, de buena fe, tratan de cumplir con las disposiciones que constan en esta sección del presente documento. Queda entendido que yo seré la persona que tendrá la obligación de pagar todo tipo de atención médica.

Parent/Guardian Signature: _____ Date: _____

Over the Counter Medication Consent

Student: _____ DOB: _____
Allergies: _____

I attest that I am the legal guardian/parent of the above-named individual. I hereby consent to this individual receiving the following medications as needed. I acknowledge and consent that these medications will be administered for their intended use and in doses appropriate to the individual's age and size.

MEDICATION	YES	NO	ALLERGIC
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges/cough drops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maalox (aluminum hydroxide/ Magnesium hydroxide) or its Generic equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUMS (calcium carbonate) or Children's TUMS or its generic Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal saline spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl (diphenhydramine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triple antibiotic ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamisil ointment for athlete's foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen (SPF 45)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Legal Guardian/Parent _____ Date _____

Signature of Witness _____ Date _____



RFK Charter High School
4300 Blake Rd. SW
Albuquerque, NM 87121
Phone: 505-243-1118 / FAX: 505-242-7444

RFK Charter Middle School
1021 Isleta Blvd SW
Albuquerque, NM 87105
Phone: 505-253-0040 / FAX: 505-877-4492

To All Parents:

Thank you for choosing Robert F. Kennedy Charter School to provide educational services to your child. We are proud to be able to serve you and your children and we will continually strive to provide a safe learning environment for them.

The safety of your child and all children in our school as well as the safety of the school staff and support personnel is very important to us. In order to maintain a safe environment for our children to study and learn, it is necessary that we practice our emergency and crisis response plans by having drills designed to exercise our procedures.

We will be conducting various drills through out the school year. This letter is to help you understand the importance of this as well as to understand each type of drill.

The students and staff of Robert F. Kennedy Charter School will be practicing 3 primary emergency drills each year. They are "FIRE DRILLS"; "LOCKDOWN DRILLS"; and "SHELTER-IN-PLACE DRILLS". Each type of drill is explained below.

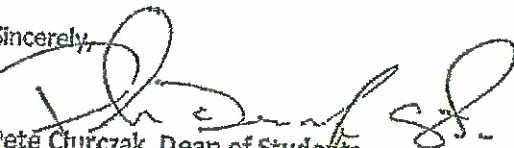
FIRE DRILLS- The school will conduct a "fire drill" each month that school is in session. This is a Fire Code requirement as well as a requirement by Albuquerque Public School District. We want each student to understand and be aware of the importance of this drill and not be afraid when the fire alarm is sounded. By practicing they will know what to do and how to do it.

LOCKDOWN DRILLS- The school will conduct one "Lockdown Drill" each semester of the school year. This type of drill will secure the school building and safely shelter all students, staff and visitors inside the building. The purpose of this drill is to keep the students safe from any danger outside or inside the building. During a "lockdown drill" all of the perimeter doors to the school building will be locked and will remain locked until the danger or issue outside or inside the building is removed. To enable everyone to remain safe, no one will be allowed to enter the building or leave the building until the authorities authorize such a release. Parents can call #311 in the event of a "real" lockdown to speak with the officials in charge. Albuquerque Police Department and/or Bernalillo County Sheriffs Department and the City of Albuquerque will maintain contact for parents and/or guardians.

SHELTER-IN-PLACE DRILLS- The "Shelter-In-Place" drill will be conducted 1 time a semester each school year. The purpose of this drill is to be prepared to move to a safe location within the building in case of severe weather.

Please remember that these safety practice drills are done to help maintain our schools as a safe place to learn and work.

If you have any questions regarding any of these Safety Drills or other safety concerns, please contact your school office at (505) 243-1118.

Sincerely,

Jete Churczak, Dean of Students
Robert F. Kennedy Charter School

Robert F. Kennedy Charter

July 2021						
S	M	T	W	Th	F	S
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

October 2021						
S	M	T	W	Th	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2022						
S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2022						
S	M	T	W	Th	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August 2021						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2021						
S	M	T	W	Th	F	S
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

February 2022						
S	M	T	W	Th	F	S
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

May 2022						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2021						
S	M	T	W	Th	F	S
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2021						
S	M	T	W	Th	F	S
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

March 2022						
S	M	T	W	Th	F	S
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2022						
S	M	T	W	Th	F	S
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Notes:

Jul 26-30: Professional Development

Aug 2: First Day of School

Aug 5-6: PTS Conferences

Sep 06: Labor Day

Oct 5-6: PTS Conferences

Oct. 7-8: Fall Break

Nov 11: Veterans Day

Nov 24-26: Thanksgiving Break

Dec 16-17: PTS Conferences

Dec 20-31: Winter Break

Jan 3-4: Professional Development Day

Jan 17: MLK Day

Feb 21: Presidents' Day

Mar 17-18: PTS Conferences

Mar 21-25: Spring Break

Apr 15-18: Vernal Holiday Break

May 20: Graduation

May 30: Memorial Day

May 31: Last Day of School

June 1-2: PTS Conferences

2021-2022



CHARTER HIGH SCHOOL

4300 Blake Rd. SW

Albuquerque, NM 87121

Phone-505-243-1118 / Fax: 505-242-7444

PARENT NOTIFICATION LETTER

(In Accordance with *Every Student Succeeds Act*, Title 1, Part A, Section 1112,
Parent Right to Know)

Date: 10/4/2021

Dear Parent:

On December 10, 2015, President Obama signed the new federal education act, titled *Every Student Succeeds Act*. This new law includes many new programs and changes for all public schools in the United States.

The new laws permit you, as a parent or guardian, the right to request information about the licensure, other qualifications and teaching assignments of your child's teacher and any paraprofessional (instructional assistants) who may work with your child.

If you are interested in requesting this information, please contact Shawn Morris at 505-249-1278

Sincerely,

Scott Elder
Superintendent
Albuquerque Public Schools



RFK Charter High School
4300 Blake Rd. SW
Albuquerque, NM 87121
Phone: 505-243-1118 / FAX: 505-242-7444

RFK Charter Middle School
1021 Isleta Blvd SW
Albuquerque, NM 87105
Phone: 505-253-0040 / FAX: 505-877-4492

- 1 – Clorox Wipes (75 wipes)
- 2 – College Ruled Notebook Paper
- 2 – Spiral Notebooks
- 2 – 1 inch 3 Ring hard Binder (Blue/Black)
- 1 – dozen (12) #2 Pencils
- 1 – dozen (12) Pens (Blue or Black)
- 1 -12 inch ruler – Hard Plastic
- 2 – boxes of Tissue
- 1 – roll of Paper Towels

Please bring items to the office. Your Advisory Teacher will issue supplies as needed by student.

Thank You!