



2022-2023 New Student Registration Packet Check list-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-RFK/CREC	<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	<input type="checkbox"/>
School Academic 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"/>
Dental Waiver Form	<input type="checkbox"/>

New Students need to bring with them the following:

<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Immunization (shot) Records
<input type="checkbox"/>	Certificate of Indian Blood
<input type="checkbox"/>	Withdrawal documents
<input type="checkbox"/>	Student Transcript from previous school or schools
<input type="checkbox"/>	IEP (only for students who have received Special Education Services)
<input type="checkbox"/>	Certification form from 8th grade

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 _____
List all 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: _____			
FATHERS : Last Name		First Name	M.I.	Home Phone	Cell Phone #
Street Address		Zip Code	Apt#	Fathers email address	
Employer Name:		Work Phone #		Living with :	
MOTHERS : Last Name		First Name	M.I.	Home Phone	Cell Phone #
Street Address		Zip Code	Apt#	Mothers email address	
Employer Name:		Work Phone #		Parent _____	
				Legal Guardian _____	
				Relative _____	
				Self _____	

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 _____

Was your child ever involved with SAT Yes _____ No _____

Was your child receiving Bilingual Services Yes _____ No _____

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



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2022 -2023 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 YOU 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 # _____

ROBERT F. KENNEDY CHARTER SCHOOL
4300 BLAKE RD. SW
ALBUQUERQUE, NM 87121
PHONE: 505-243-1118 FAX: 505-242-7444

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION-STUDENT

2022-2023

Dear RFK Student:

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.

Student Signature: _____ Date: _____

Address: _____ Telephone Number: _____

Print Student Name: _____ DOB: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Insurance Carrier Address: _____

A special note to Student: 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 you have a special medical problem, kindly attach a description of that problem to this sheet.

ROBERT F. KENNEDY CHARTER SCHOOL
4300 BLAKE RD. SW
ALBUQUERQUE, NM 87121
PHONE: 505-243-1118 FAX: 505-242-7444

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION-ADULT
2022-2023 SCHOOL YEAR

Dear RFK Student:

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.

Student Signature: _____ Date: _____

Address: _____ Telephone Number: _____

Print Student Name: _____ DOB: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Insurance Carrier Address: _____

A special note to Student: 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 you have a special medical problem, kindly attach a description of that problem to this sheet.



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Phone: 505-253-0040 / FAX: 505-877-4492

2022-2023
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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2022-2023 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 2022-2023 school year**, in the City of Albuquerque, County of Bernalillo, State of New Mexico, beginning on the 4th day of August, 2022 through June 2nd 2023, 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.

ROBERT F. KENNEDY CHARTER SCHOOL
ACCEPTABLE USE POLICY COMPUTER AND INTERNET
2022-2023

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
Harassment
Discriminatory remarks
Anti-social behaviors

Profanity
Obscene comments
Sexually explicit material

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 my 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 to be issued an account on the Internet and to use computers as needed for educational process.

Parent/Guardian Signature _____ **Date** _____

RFK ATTEDANCE 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

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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.



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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



Consent for Photography/Videotaping/Filming/Imaging

Participant's Name (please print) _____

Date of Consent _____

Participant's Street Address _____

City _____

State _____

Zip Code _____

Participant's Telephone Number _____

Participant's DOB _____

Age _____

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged at Central Region Educational Cooperative (CREC). I understand and agree that these photographs, videotapes, films, or images may be used as indicated below (check all that apply):

- ☐ Educational activities involving CREC staff and/or employees
- ☐ Educational activities outside of CREC involving others besides CREC staff and/or employees
- ☐ Research activities
- ☐ Legal purposes
- ☐ Public media, including news media, television, advertisements, public relations, newsletters, website, annual reports, resource library on Torsh Talent, and/or other _____

I understand that this consent may be revoked in writing at any time, except to the extent that action has already been taken in reliance upon this consent. Unless revoked or specified to expire as follows, this consent will not expire.

Date, event, or condition specifying expiration: _____

Additional comments or qualifications (if any): _____

The Central Region Educational Cooperative, its employees, officers, and staff, are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Participant, or their Legal Representative _____

Name (please print) _____

Date _____

Signature of Witness _____

Name (please print) _____

Date _____

Robert F. Kennedy Charter School

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REQUEST FOR TRANSCRIPTS & RECORDS

Date: _____

TO: _____ Attention: _____

Phone No. _____ Fax No.: _____

FROM: Teresa R. Domínguez, 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.



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.

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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Does the student use a language(s) other than English with his/her family and friends?</td> <td></td> <td></td> </tr> <tr> <td>2. Do you use a language(s) other than English with the student?</td> <td></td> <td></td> </tr> <tr> <td>3. Does the student understand when someone communicates with him/her in a language other than English?</td> <td></td> <td></td> </tr> <tr> <td>4. Does the student read in a language(s) other than English?</td> <td></td> <td></td> </tr> <tr> <td>5. Does the student write in a language(s) other than English?</td> <td></td> <td></td> </tr> <tr> <td>6. Does the student interpret for you or anyone else in a language(s) other than English?</td> <td></td> <td></td> </tr> </tbody> </table>		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?		
	YES	NO																					
1. Does the student use a language(s) other than English with his/her family and friends?																							
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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.																							
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> 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:																					



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.

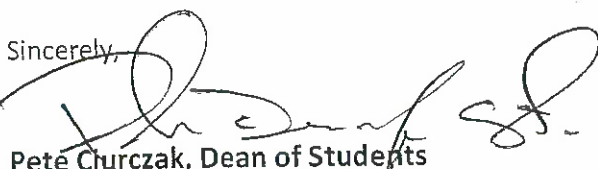
LOCKDOWN DRILLS- The school will conduct one "Lockdown Drill" each semester of the school year. This type of drill will secure the school building and safely shelter all students, staff and visitors inside the building. The purpose of this drill is to keep the students safe from any danger outside or 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" lock down 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,



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

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 2022-2023

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



Student Success Compact - 2022-2023 School-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 to correct my academic issues
 - Participate in activities that support the social and emotional well being of myself and my peers.

C. Teacher Portion of Compact

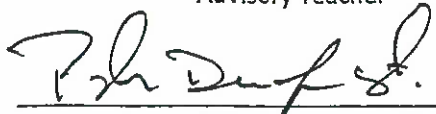
1. I will always conduct myself according to the Professional Code of Conduct of the Teaching Profession.
2. I will provide a challenging curriculum that meets the Common Core State Standards and expectations in academics and behavior which meets all students' needs.
3. I will strive to develop meaningful 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 to help my students be always aware of their academic progress. 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.
 - Do my best to fully implement school initiatives that promote positive social and emotional well-being of students and staff.

D. Administrator Portion of Compact

1. I will employ avenues of communication that are timely, informative, and easily comprehended.
2. I will act as an instructional leader by supporting teachers in their classrooms.
3. I will create a welcoming atmosphere for students, families, RFK staff and faculty, and community members.
4. I will involve families in the educational process in several ways, such as, working on a webpage, inviting families to participate on committees, providing Family-Teacher-Student conferences at the beginning of school and every nine weeks, and in additional ways as opportunities are available including academic and behavioral staffing.
5. I will increase community collaboration by continued development of partnerships and outreach opportunities for students with the National Hispanic Cultural Center, CNM, PBS, and other organizations.
6. I will insure through classroom observations of Advisory classes and through the evaluation process that all components of Progress Monitoring are fully implemented. These include.
 - That students are accessing their Power School account so that graphs and forms can be completed.
 - That weekly grade graph and attendance graph are completed and up to date
 - That the Reflection and goal setting form are completed so that goals can be set for all classes at risk of failure.
 - We will continuously seek out current, research-based resources and programs to support positive social and emotional well-being of students and staff.


Parent/Grandparent/Guardian/Advocate

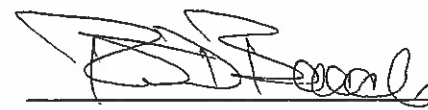
Advisory Teacher



Dean of Students – Pete Ciurczak

Student


Dean of Instruction—Linda Ortega



School Director – Robert Baade

RFK Charter 2022 - 2023 Calendar

July 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						

August 2022

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September 2022

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25	26	27	28	29	30	

October 2022

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30	31					

November 2022

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27	28	29	30			

December 2022

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25	26	27	28	29	30	31

January 2023

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023

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12	13	14	15	16	17	18
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26	27	28				

March 2023

S	M	T	W	Th	F	S
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26	27	28	29	30	31	

April 2023

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23	24	25	26	27	28	29
30						

May 2023

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21	22	23	24	25	26	27
28	29	30	31			

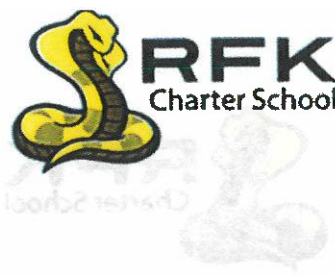
June 2023

S	M	T	W	Th	F	S
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Notes:

- July 28: Teachers Return (PD)
- Aug 4: Students 1st day
- Aug 11 & 12: PT Conferences
- Sep 05: Labor Day
- Sep 16: 1/2 Day PD
- Oct 5 & 6: PT Conferences
- Oct 7: Fall Break
- Oct 10: Indigenous People's Day
- Oct 31: Teacher Training Day (PD)
- Nov 11: Veterans Day
- Nov 22 & 23: PT Conferences
- Nov 24 - 25: Thanksgiving Break
- Dec 21 - Jan 3: Winter Break
- Jan 4: Teacher Training Day (PD)
- Jan 5: First Day of 2nd Semester
- Jan 16: M L King Day
- Jan 27: 1/2 Day PD
- Feb 6 & 7: PT Conferences
- Feb 20: Presidents' Day
- Feb 24: 1/2 Day PD
- Mar 20-24: Spring Break
- Apr 07: Vernal Holiday
- Apr 10: 1/2 Day PD
- May 19: Graduation
- May 29: Memorial Day
- Jun 1 & 2: PT Conference
- Jun 2: Last Day of School

2022-2023



RFK Charter High School
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- 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!

Gracias!

Robert F. Kennedy (RFK) School Based Health Center
4300 Blake Rd. SW Albuquerque, NM 87121
Clinic Appointment Text/Call 505-738-3654 Behavior Health Call/Text 505-510-1452

2022-2023

La siguiente es una breve lista de servicios y horas cuando en la escuela centro de salud durante todo el año escolar. Tenemos varios médicos incluyendo: un Doctor médico (MD), Enfermera practicante (NP), Trabajador Social autónomo con licencia y Coordinador de la clínica en el personal que puede ayudar a su hijo con sus necesidades médicas y conductuales de salud manteniendo su éxito académico. Estamos brindando citas de telesalud para servicios de atención primaria y salud conductual a través de mensajes de texto, correo electrónico, llamadas telefónicas y virtuales según sea necesario.

Horas Clínica de Atención Primaria:

Lunes 08:00 am - 12:00 pm –Carletta Bullock, MD (Evaluaciones de medicamentos, por ejemplo, para la depresión, el tdah, los trastornos del sueño, la ansiedad)

Martes 12 p.m.-4:00p.m. – Carletta Bullock, MD (Control de la natalidad y exámenes de detección de infecciones de transmisión sexual)

Lunes, martes miércoles 8:00am-4:00pm Vanessa Tahe, Nurse practitioner

Lunes a viernes de 8:00 a. m. a 4:00 p. m. Sabrina Owens, Coordinadora Clínica

*** Servicios médicos previstos**

- Exámenes del niño sano (anual)
- La gripe y los resfriados
- Esguinces, cortes y quemaduras
- Diabetes
- Vacunas
- Asma
- Dieta y Nutrición, Control de Peso
- Educación para la Salud y Alfabetización
- Exámenes médicos de Deportes
- Servicios Confidenciales (planificación familiar, pruebas de embarazo, prueba de Papanicolaou, pruebas y tratamiento de ITS; la salud mental de detección, asesoramiento y tratamiento; asesoramiento y tratamiento por abuso de sustancias)

Clínica Horas de Salud Mental (Trabajadora social clínica licenciada):

Lunes a viernes de 8:00 a. m. a 4:00 p. m. Malissa Cox, LCSW

*** Servicios de Salud Mental para**

- Evaluación de Salud Mental, Asesoramiento y Tratamiento
- Asesoramiento y tratamiento de abuso de sustancias
- Grupo / terapia familiar
- Terapia Individual

Para todas las preguntas relacionadas con programación de citas, facturación, la liberación de registros médicos, registro de la clínica/consentimiento, y las preocupaciones de los pacientes en contacto con el Coordinador de la Clínica de lunes a viernes de 8:00-3:30 en el 505-738-3654.

Instrucciones: Blake Rd y Coors Blvd. Ir hacia el oeste por Blake Camino de la escuela Coors Robert F. Kennedy está en el lado izquierdo verá grande gris negro amarillo a su vez la construcción de la carretera por la valla y registrarse en la oficina principal de la escuela se encuentra dentro del edificio negro/gris/amarillo. Después de registrarnos en la oficina principal de cruzar el estacionamiento a través de la cadena de enlace puertas ir a las canchas de baloncesto y la clínica es en el lado derecho portátil 206.

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
		Phone #3
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		
Parent/Guardian Name:	Address:	Phone #1
		Phone #2
		Phone #3
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		

	Emergency Contact List	Relationship	Phone #1	Phone #2	Phone #3
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: _____

Owens Administrative & Healthcare Support Services
Robert F. Kennedy Charter School School-Based Health Center
2022/2023

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 unicamente). 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 padres 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

Over the Counter Medication Consent
Consentimiento Sobre Medicamentos de Venta Libre

Student/Estudiante: _____

DOB/Fecha De Nacimiento: _____

Allergies/Alergias : _____

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.

Doy fe de que soy el tutor legal/padre del nombre arriba mencionado. Por la presente doy mi consentimiento para que esta persona reciba los siguientes medicamentos según sea necesario. Reconozco y acepto que estos medicamentos serán administrados para su uso previsto y en dosis apropiadas para la edad y el tamaño de la persona.

<u>MEDICATION/MEDICAMENTOS</u>	<u>Yes/Si</u>	<u>No</u>	<u>Allergic/Alérgico</u>
Ibuprofen/Ibuprofeno	[]	[]	[]
Acetaminophen (Tylenol) Paracetamol	[]	[]	[]
Throat Lozenges/Cough Drops Pastillas para la garganta pastillas para la Tos	[]	[]	[]
Antacid TUMS(Calcium Carbonate) or Generic Equivalent/ (Carbonate de Calcio) o Tums para niños o su Equivalente Gené	[]	[]	[]
Benadry. (diphenhydramine)/(Difenhidramina)	[]	[]	[]
Triple Antibiotic/Ungüento Antibiótico Triple	[]	[]	[]
Hydrocortisone (Anti-itch)/Hidrocortisona	[]	[]	[]

Signature of Legal Guardian/Parent
Firma Del Tutor Legal/Padre-Madre

Date/ Fecha

Owens Administrative Healthcare Support Services
RFK Charter School School-Based Health Center 2022-2023

Annual Patient Registration for SBHC Services

STUDENT INFORMATION/ INFORMACIÓN DEL ESTUDIANTE	Patient Name (Last, first, middle) Nombre del paciente (último, primero, medio)		Date of Birth/ Fecha de nacimiento	Social Security Number/ Número de seguro social Student ID Number/ Número de estudiante	Grade/ Grado
	Patient Address (Street, city, state, and zip) Dirección del paciente (calle, ciudad, estado y código postal)		Patient Phone - home/ Teléfono del hogar del paciente		
			Patient Phone - Cell/ Teléfono celular del paciente		
	Parent(s)/ Legal Guardian(s) Name(s)/ Nombre(s) de padre(s) o tutor(es)		Patient Sex/ Sexo del paciente <input type="checkbox"/> Male/ Masculino <input type="checkbox"/> Female/ Femenino		
			Patient Race/ Raza del paciente <input type="checkbox"/> Black/ Negra <input type="checkbox"/> White/ Blanca <input type="checkbox"/> Hispanic/ Hispano <input type="checkbox"/> Native American/ Alaska Native Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Other/ Otra		
	Parent(s)/ Legal Guardian(s) Address (street, city, state, and zip) Dirección de padre(s) o tutor(es) (calle, ciudad, estado y código postal)		Home Phone/ Teléfono del hogar		
PRIMARY CARE INFORMATION/ INFORMACIÓN DE ATENCIÓN PRIMARIA			Work Phone/ Teléfono del trabajo		
			Cell Phone/ Teléfono celular		
	Emergency Contact Person Name and Relationship to Patient/ Nombre de la persona para contacto en caso de emergencia y relación con el paciente		Emergency Phone - Home / Teléfono de contacto de emergencia - Hogar		
			Emergency Phone - Cell/ Teléfono de contacto de emergencia - Celular		
			Emergency Phone Work/ Teléfono de contacto de emergencia - Trabajo		
	Primary Care Provider/ Médico de cabecera o médico primario		Primary Care Provider Phone Number / Teléfono del médico de cabecera		
HEALTH HISTORY/ HISTORIAL CLÍNICO	Primary Care Provider Address/ Dirección del médico de cabecera				
	Comprehensive Well Exam (physical, EPSDT, well child visit, annual check-up) in last 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not sure ¿Bien examen completo (visita niños física, EPSDT, chequeo anual) en los últimos 12 meses? <input type="checkbox"/> Sí <input type="checkbox"/> no <input type="checkbox"/> No estoy seguro If you do not have a primary care provider, the SBHC is able to provide a well exam for you (your child). Would you like your child to have a well exam in the SBHC this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No Si no tienes un médico de atención primaria, el SBHC es capaz de proporcionar un examen bien para usted (su hijo). ¿Le gustaría a su hijo a tener un examen bien en el SBHC este año escolar? <input type="checkbox"/> Sí <input type="checkbox"/> No		**Annual comprehensive well exams are recommended by the American Academy of Pediatrics to ensure health concerns are identified and treated long before they become chronic. If you have a primary care provider, but have not had a well exam in the last 12 months please schedule one with your primary care provider.***La Academia Americana de Pediatría recomienda exámenes anuales de bien completa para problemas de salud son identificados y tratados antes de que se convierten en crónicas. Si usted tiene un médico de atención primaria, pero no ha tenido un examen bien en los últimos 12 meses por favor programar con su proveedor de atención primaria.**		
	List any allergies/ Lista de alergias	List any chronic health conditions/ Lista de las condiciones crónicas de salud	List hospitalizations or surgeries: When/Where Lista de hospitalizaciones o cirugías: Cuándo y dónde	List current medications/ dosages/ Lista de medicamentos actuales / dosis	
INSURANCE INFORMATION/ INFORMACIÓN	List any family health conditions which may be inherited (i.e. high blood pressure, heart disease, diabetes)/ Lista de las condiciones de salud de la familia que pueden ser heredada (es decir, alta presión arterial, enfermedad cardíaca, diabetes):				
	Name of Health Insurance (if no insurance coverage, please enter N/A) Nombre del seguro de salud (si no tiene, escriba N/A)	Medicaid Coverage/ Cobertura de Medicaid <input type="checkbox"/> Yes/ Sí <input type="checkbox"/> No/ No <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Centennial Care (CC) <input type="checkbox"/> United CC <input type="checkbox"/> Molina CC <input type="checkbox"/> Presbyterian CC <input type="checkbox"/> Fee-For-Service			
	Policy Number/ Número de la póliza	Medicaid Number/ Número de Medicaid			
	Name of Policy Holder/ Nombre del titular de la póliza de		Relación con el paciente		

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 health care 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