



The MASTERS Program
Early College Charter High School

The Masters Program

Student Registration Form SY 2017-2018

For Official Use ONLY:

NM State ID # _____

SFCC A# _____

Student is entering grade: (Circle or underline one only)

10th Grade

11th Grade

12th Grade

First Name: _____ Middle: _____ Last: _____ Date of Birth _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student E-mail address: _____ Student Cell Phone: _____

Student's gender F= Female ___ M= Male ___

Student's current age: _____

Student's Primary Race/Ethnicity: (Check one only)

Asian or Pacific Islander _____

Black or African American _____

Hispanic or Latino _____

White or Caucasian _____

American Indian or Alaskan Native (Please specify):

Isleta Navajo Sandia Acoma Cochiti Mescalero Apache Nambe Picurus Pojoaque
San Felipe Jemez Laguna San Ildefonso Jicarilla Apache San Juan Santa Ana Santa Clara
Santo Domingo Taos Tesuque Zia Zuni Other: _____

If student is American Indian or Alaskan Native: (Please provide a copy of your CIB and FF506 to the school office.)

Does the student have a CIB? Yes No

Does the student have an FF 506? Yes No

Country of Birth _____

Is the student a single parent? Yes ___ No ___

Has the student been enrolled for the last 3 consecutive years in US Schools? Yes ___ No ___

Is there a computer at home? (e.g. desktop/laptop) Yes ___ No ___

Is there Internet access at home? Yes ___ No ___

How many times has the student's family moved in the past 12 months?

Previous School Services

◆Does the student have a disability (learning, medical or physical)? Yes ___ No ___
Has the student ever had a serious injury? Yes ___ (Please explain below) No ___
Does the student currently have a 504 Plan? Yes ___ No ___

◆Does the student currently have an IEP (individualized education plan) for Special Education Services? Yes ___ No ___
(Please provide a copy of the student's IEP to the school office.)

Did the student previously have an IEP? If so, when _____ why _____
Has the student been tested and determined to be gifted? Yes ___ No ___

◆Has the student received English as a Second Language (ESL) services? Yes (Dates _____) No ___

◆At your previous school(s) were you referred to the Student Assistance Team (SAT) for services/support to assist you in academic and/or social success?

If so, when did this occur? Date _____
What services or additional support was arranged? _____

Previous School Attended

What is the name of the school that the student attended prior to TMP?

School Name: _____ School City: _____ State _____

The school the student attended previously can be categorized as: (Check one only)

- Public
- Private
- Located outside of the country
- Institution (example: correctional facility, treatment center, etc.)
- Charter school
- Home school

Has the student ever been suspended for 10 or more consecutive days? Yes (if YES, please provide dates and reason) _____ No

Has the student ever been expelled from school? Yes (if YES, please provide dates and reason) _____ No

Information Disclosure

TMP may be requested to provide contact information (name, address and phone number) of our high school juniors and seniors to military recruiters, colleges and other groups. You are not required to participate in this program.

_____ I AUTHORIZE The Masters Program to disclose my child's contact information to interested organizations.
 _____ DO NOT DISCLOSE my child's contact information to ANY organization.
 _____ DO NOT DISCLOSE my child's contact information to the organizations checked below:
 _____ US Military (Army, Navy, Air Force, Marines, etc.)
 _____ Colleges and other educational institutions
 _____ Prospective employers

This information will stay on file in the School Office for the duration of time your student is enrolled at TMP. If you wish to make changes to the form, it is your responsibility to contact the TMP Office.

I attest that all information contained in this form is true and correct to the best of my knowledge.

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____

Parent/Guardian/Family Information

Parent/Guardian 1:

Is this person allowed to pick up the student from school? Yes No Relationship to student: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Place of Employment: _____ Work Phone: _____

Does the above person live in the same household as the student? Yes No If no, please provide the following:

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Relationship to student: _____

Parent/Guardian 2:

Is this person allowed to pick up the student from school? Yes No Relationship to student: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____ Email address _____

Place of Employment: _____ Work Phone: _____

Does the above person live in the same household as the student? Yes No If no, please provide the following:

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____

◆Are you or is your parent/guardian a member of the National Guard, Military Reserve, or on Active Duty in the United States military?

Please indicate by checking one of the following:

- Active Duty
- National Guard
- Reserve
- Not in any branch of the United States Military

◆Are you, your parent/guardian, or spouse a migratory agricultural worker (includes dairy and fishers), who in the last 3 years has moved from one school district to another in order to obtain temporary or seasonal employment in the agricultural, dairy, or fishing industry?

Yes No

◆Are you a first generation college student (definition below)

Yes No

A **first-generation college student** is **defined** as a **student** whose parent(s)/legal guardian(s) have not completed a bachelor's degree. This **means** that you are the **first** in your family to attend a four-year **college**/university to attain a bachelor's degree. Being **first-generation** is a very proud accomplishment.

Emergency Contact Information

#1: (Do NOT list the parent /guardian)

Is this person allowed to pick up the student from school? Yes____ No____ Relationship to student: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Phone Number _____ This is (circle one only) Cell Work Home

#2: (Do NOT list the parent /guardian)

Is this person allowed to pick up the student from school? Yes____ No____ Relationship to student: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Phone Number _____ This is (circle one only) Cell Work Home

In the event of an emergency, I hereby give permission to TMP and its designee to transport and/or seek medical attention for my child.

Family Physician _____ Phone _____ Preferred Hospital _____

All information contained on this card is true and correct to the best of my knowledge. It is the parent/guardian's responsibility to notify the school office if any of this information changes.

Signed: _____ Date: _____