



# United States Department of the Interior

BUREAU OF INDIAN EDUCATION  
NM SOUTH EDUCATION LINE OFFICE  
San Felipe Pueblo Elementary School  
P.O. Box 4343  
San Felipe Pueblo, New Mexico 87001  
Telephone: 505-867-3364 Fax: 505-867-6253



## 2024-2025 SCHOOL REGISTRATION CHECKLIST

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please complete/submit the following documents at time of registration:

DOCUMENTS	
2024-25 School Enrollment Form	
English Language Learner Parent Notification Letter SY2024-25	
English Language Learner Parent Continuation Letter SY2024-25	
Home Language Survey – 2024-2025 Academic Year	
Student Internet Policy Agreement	
Student Behavior Contract - Grades K-5	
Student Behavior Contract - Grades 6-8	
Media Permission Form	
Field Trip Permission Form	
School Checkout Authorization	
Bus Registration Form	
<b><i>FOR ALL NEW INCOMING STUDENTS:</i></b>	
Copy of Student's Birth Certificate (school does not accept Baptismal Records)	
Copy of Student's Certificate of Indian Blood (CIB) *If CIB is pending from the tribe; I will need a copy of parent's CIB or letter from Census Office stating "pending Tribal Council approval".	
Current up-to-date copy of Immunization record(s).	
Physical (call our school-based clinic to schedule an appointment – 505-771-0976	

**Name of School: SAN FELIPE PUEBLO ELEMENTARY SCHOOL FOR SCHOOL YEAR 2024-2025**

Type:  
Elementary (X)

Funding:  
BIA Operated (X)

**I. IDENTIFICATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State : NM Zip: \_\_\_\_\_

**Physical Street Address:** \_\_\_\_\_

Miles from home to school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year

Male ( ) Female ( ) Verified by: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Degree Indian: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Home

Agency: \_\_\_\_\_

Dominant language spoken in the home: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**II. FAMILY INFORMATION**

FATHER: \_\_\_\_\_

Address:

Tribal Affiliation:

Home Agency:  
Enrollment Number:  
Occupation (Optional):  
Employer:

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Email Address:**

Work:

Emergency:

Other (specify):

MOTHER: \_\_\_\_\_

Address:

Tribal Affiliation:

Home Agency:  
Enrollment Number:  
Occupation (Optional):

Employer:

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Email Address:**

Work:

Emergency:

Other (specify)

Legal Guardian: Address: Tribal Affiliation: Home Agency: Enrollment Number: Occupation (Optional): Employer	Other (group home, etc.) Address: Telephone: Student Lives With: Telephone Home: Work: Emergency: Other (specify)
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**SCHOOL(S) PREVIOUSLY ATTENDED:**

School Name:	Dates:	Grades
Address:	Attended:	Completed:
City/State:	Reason for Leaving: _____	
-----		
School Name:	Dates	Grades
Address:	Attended:	Completed:
City/State:	Reason for Leaving: _____	

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information will be requested by the school before the student is enrolled.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

Date:

\_\_\_\_\_

\_\_\_\_\_

Day School Enrollment:

Approved:



Not Approved:



Principal: \_\_\_\_\_

Date: \_\_\_\_\_



505-867-6253

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### 2024-2025 FIELD TRIP PERMISSION FORM

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

I/We give permission for my/our child to participate in field trips and school activities sponsored by San Felipe Pueblo Elementary School during the 2024-2025 School Year.

The parent/guardian is reminded that every reasonable precaution will be taken to provide for the safety and care of the student. In the event of an accident, which requires emergency care, every effort will be made to contact the parent/guardian.

If the parent/guardian cannot be contacted, if there is an accident or illness, permission is hereby granted to the teacher in charge to authorize any necessary medical treatment or hospitalization thought to be in the best interest of the above named student. (A copy of this permission form will be filed in the school office and a copy will accompany this trip sponsored).

\_\_\_\_\_  
(PRINT) Parent/Guardian Name

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Emergency Contact Number

List any prescribed medication your child must take, or any medical problem(s) of which the teacher or trip sponsor should be aware.

Medication Prescription: State any medical condition or physical restriction: \_\_\_\_\_





DEPARTMENT OF THE INTERIOR  
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## Parent Permission Form and User Agreement

The students of San Felipe Elementary School have access to a computer network for use of the internet. To gain access to e-mail and the Internet, all students must obtain parental permission as verified by the signature on the attached form.

Access to e-mail and Internet will enable students to explore sources of information and exchange personal communication with other users. Families should be aware that some material accessible may contain items of illegal, defamatory inaccurate or potentially offensive. The purposes of the school are to use resources for constructive educational goals, students may find ways to access inappropriate materials. We believe the benefits to students from access to the internet in the form of information resources and opportunities for collaboration outweigh the disadvantages.

Students are responsible for appropriate behavior on the school's computer network in the same way as they are in a classroom or on a school playground. General school rules for behavior and communications apply. The use of the network is a privilege not a right, and maybe taken away if abused. The student is personally responsible for his/her actions in using the school's computer resources. Students are advised never to search, keep or send anything that they would not want their parents or teachers to see.

1. Student needs permission from a San Felipe staff person to use any school computer.
2. Do not use a computer to harm other people or their work.
3. Do not damage the computer or the network in any way. This includes not damaging the computer keyboard, mouse, mouse pad or monitor. Any student who damages the computer equipment will lose the privilege to use school computers and he/she will have to pay for any computer repair.
4. Do not create, view, send or display offensive, inappropriate messages or pictures, no profane, abusive or impolite language should be used to communicate nor should materials be accessed that are not in line with the rules of school behavior. Students should never use offensive language when a using/creating a file or desktop icon.
5. Do not waste limited resources such as disk space or printing capacity. This includes no voice recordings or printing without permission from a TBS staff member.
6. Do not trespass in another person(s) folders, work or files.
7. Notify an adult immediately, if by accident, you encounter inappropriate materials or language.
8. All students are to be accountable for their actions and for the loss of privileges if the Rules for Appropriate Use is violated.

As a parent or guardian of a student at San Felipe Elementary School, I have read the above information about the appropriate use of computers at the school and I understand this agreement will be filed at the school.

\_\_\_\_\_ My child may use school computers, the internet, and e-mail at school according to the Rules of Appropriate Use. He/she may also post information about him/herself and personal work on school-related web pages.

\_\_\_\_\_ I do not want my child using email.

\_\_\_\_\_ I do not want my child to post information about him/herself on web pages while at school.

PARENT NAME (print): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

As a user of the SFPES computer network, I agree to comply with the above stated rules and to the use of the school computers, internet access and electronic mail in a conservative manner.

STUDENT NAME (print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDIA RELEASE SLIP

There are several events throughout the school year when the media will be invited to San Felipe Elementary School. We are requesting your permission for your child to be interviewed, photographed or videotaped. Your child's teacher will notify you if/when this should occur.

I do \_\_\_\_\_ want my child's photographs posted on social media and can be used by any school staff. Photographs may be used on Twitter, Facebook or Instagram, et cetera.

I do not \_\_\_\_\_ want my child's photographs posted on social media nor can they be used by any school staff. Photographs MAY NOT be used on Twitter, Facebook or Instagram, et cetera.

My son/daughter does \_\_\_\_\_ have my permission to be interviewed, photographed and/or videotaped at any time during the school.

My son/daughter does not \_\_\_\_\_ have my permission to be interviewed, photographed and/or videotaped at any time during the school year.

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

# SAN FELIPE PUEBLO ELEMENTARY SCHOOL

## School Checkout Authorization

Please UPDATE your child's information IMMEDIATELY as changes occur throughout the school year.

Grade	Last Name	First Name	M.I.	Date of Birth		
Mailing Address: PO Box, Street and/or Rural Address			Zip Code	Home/Cell Contact #:		
Father's Information	Last Name	First Name	M.I.	Lives With?	Legal Guardian?	Home/Cell #:
	Street Address or Rural Address				Zip Code	Work Contact #
	Place of Employment					
Mother's Information	Last Name	First Name	M.I.	Lives With?	Legal Guardian?	Home/Cell #:
	Street Address or Rural Address				Zip Code	Work Contact #
	Place of Employment					
Person w/whom Student Lives (IF other than Father or Mother)	Last Name	First Name	M.I.	Legal Guardian?		Home Contact #
	Street Address or Rural Address			Zip Code		Work Contact #
	Relationship to Student	Place of Employment				
Emergency Contact Name		Relationship to Student		Employment: Department/Extension		
Family Physician		Phone #		Is Student Covered Under Medicaid?		
Does your child have any medical conditions? If yes, please list.				Is your child taking any kind of medication? If yes, please list.		

Who is authorized to check-out/pick-up your child from school?

Today's Date: \_\_\_\_\_

(For the safety of your child, office personnel may ask for a picture I.D. when checking out your child.)

SAN FELIPE PUEBLO ELEMENTARY SCHOOL  
STUDENT BEHAVIOR CONTRACT  
GRADES K-5

Name of Student (Please print): \_\_\_\_\_ Grade: \_\_\_\_\_

I know that I have a right to:

- Be in a safe school, free from discrimination, harassment, and bigotry;
- Know what is correct behavior and what behaviors may result in disciplinary actions;
- Counseling by staff about my behavior and how it affects my education and welfare in school;
- Due process in law when I violate school regulations for which I may be suspended or removed from class.

I agree to:

- Come to school on time with the assistance of my parents, prepared to work
- Use courteous and polite language;
- Participation in class/community/ meetings to acknowledge a person's thoughtfulness, assistance or courtesy;
- Resolve conflicts peacefully and express my feelings in words;
- Dress in a clean, neat and safe manner;
- Take care of my personal belongings and respect other people's belongings;
- Tell my parents what I learned in school each day;
- Complete my homework every day and show it to my parent(s)/guardian(s);
- Refrain from bringing personal possessions that are disruptive (e.g., cell phone, iPod, MP3, etc.) in school;
- Follow all rules in the Student Handbook (Pages 4-9).

I have discussed this with my parents and I will follow this agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**PARENT SECTION**-----

I have received a copy of the Student Handbook and understand the behavior that is required of my child. I understand that my participation in my child's education will help him/her be successful in school. I have read this agreement and will carry out the following responsibilities to the best of my ability.

Encourage my child to be a respectful and peaceful member of the school community.

Discuss the Discipline Policy and the Student Handbook with my child.

Participate in parent conferences, class programs and other activities in which our child is involved.

Assure that my child will arrive at school on time every day.

Provide a quiet place for my child to do his/her homework.

Spend at least 15 minutes per day reading with my child.

Listen to my child retelling of his/her school day experiences.

Provide the school with current telephone numbers and emergency contact information.

Alert the school if there are any significant changes in your child's health or well-being that affects his/her ability to perform in school.

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

SAN FELIPE PUEBLO ELEMENTARY SCHOOL  
STUDENT BEHAVIORAL CONTRACT  
GRADES 6-8

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

I know that I have a right to:

- Be in a safe and supportive learning environment, free from discrimination, harassment, and bigotry;
- Know what is correct behavior and what behaviors may result in disciplinary actions;
- Counseling by staff about my behavior and how it affects my education and welfare in school;
- Due process by law when I violate school regulations for which I may be suspended or removed from class.

I agree to:

- Come to school on time and ready to begin work;
- Be prepared with appropriate materials and assignments for all classes;
- Show respect to all members of the learning community;
- Resolve conflicts peacefully and avoid fighting inside or outside of the school or at program sites;
- Behave respectfully, without arguing and cooperate when a staff member gives direction or makes a request. I understand that I will be given an opportunity to voice my concerns at an appropriate time if I do not agree with the request;
- Take responsibility of my personal belongings and respect other people's belongings;
- Dress appropriately and do not wear any suggestive clothing including skinny tank-tops, midriiffs, short-shorts, or mini-skirts;
- Refrain from wearing clothes which have any signs of gang affiliation (e.g., scarves, bandanas, wearing completely red clothing) and refrain from using gang signs, calls, chants, movements, handshakes;
- Refrain from beginning personal possessions that are disruptive (e.g., cell phone, IPod, MP3, etc.) in school;
- Share information with school administration that might affect the health, safety or welfare of the school;
- Keep my parents informed about school related matters and make sure I give them any information sent home;
- Behave responsibly as described in the student handbook;
- Follow all rules in the Student Handbook (pages 4-9).

I have received a copy of the Student Handbook and I understand this contract. I agree to follow the rules of behavior.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----PARENT SECTION-----

I have received a copy of the STUDENT HANDBOOK and understand the behavior that is required of my child. I agree to help my child follow this agreement by:

- Encouraging my child to be respectful and peaceful member of the school community.
- Discussing the Discipline Policy and the Student Handbook with my child.
- Participating in any discussions and decisions concerning my child's education.
- Attending scheduled appointments with school staff.
- Providing the school with current telephone numbers and emergency contact information.
- Alerting the school if there are any significant changes in your child's health or well-being that affects his/her ability to perform in school.

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

- One-to-one, or small group instruction with a classroom teacher, EL or bilingual teacher, and/or an educational aide.

Instruction may be in an inclusive or stand-alone setting and may include use of your home language. These programs are designed to help students learn English and academic content and promote academic success in school.

Your child will take the ACCESS for ELLs® test once per year until they are fully English proficient. This test gives teachers information about your child's English language skills and is used to help teach your child English.

This information is confidential. Participation in English Learner services does not exclude your child from participating in other programs. Your child is eligible for the same opportunities as other students, including engaging with their peers, extracurricular activities, gifted programming, and/or special education services.

If you have any questions, please contact: Ms. Arlene Atencio, 505-867-3364



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## English Language Learner Parent Continuation Letter 2024-25 Academic Year

### CONTINUING ENROLLMENT

Date: \_\_\_/\_\_\_/\_\_\_

Dear Parent or Legal Guardian of \_\_\_\_\_.

This letter is to notify you that your child continues to be eligible for English language support services.

Your child will take the ACCESS test every year to measure their English language proficiency level and English language support needs. Your child's Composite Score on the SY 2023 ACCESS for ELLs® test was \_\_\_\_\_. Our school provides language support services to students whose primary language in the home is not English and who may benefit from extra English language and academic support.

These language services for your child are based on their English language proficiency and current school experiences. Your child will receive the following services or supports:

- personalized instructions in English or your child's home language
- testing supports
- first-language support
- one-to-one, or small group instruction with a classroom teacher, EL or bilingual teacher and/or an educational aide

Instruction may be in an inclusive or stand-alone setting and may include home language support. These programs are designed to help students learn English and academic content and promote academic success in school.

Your child has a right to these services by law. You may request changes to your child's English learner services at any time by contacting the school in writing with your request. You may decide not to have your child participate in direct English language services. If so, any English language support will be provided through the general instructional program.

Participation in EL services does not exclude your child from participating in other programs and educational opportunities your child may be eligible for, including engaging with peers, extracurricular activities, gifted programming, and/or special education services.

If you have any questions contact Mrs. Arlene Atencio, Principal at 505-867-3364.

Sincerely,

Sign the form in the back of this page



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## English Language Learner Parent Continuation Letter 2024-25 Academic Year

### Permission for English Language services:

Check your choice:

\_\_\_\_\_ I understand the English language services that are being offered and I agree to the services described in this letter.

\_\_\_\_\_ I understand the English language services that are being offered and I do not agree to the services described in this letter.

\_\_\_\_\_ I would like more information about these English language services before I make a decision for my child.

---

Parent Signature

---

Date



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## Home Language Survey 2024-25 Academic Year

Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_

### Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

### Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1<sup>st</sup>-12<sup>th</sup> WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact: Mrs. Arlene Atencio,  
Principal at 505-867-3364.

### Student Languages / Please check Yes or No

1. Was English the first language used by this student?  
 Yes: Go to Question 2  
 No: Go to Question 3
2. When at home, does this student hear or use a language other than English more than half of the time?  
 Yes: Go to Question 3  
 No: Student is not eligible for English Language Proficiency (ELP) Screening. HIS is complete.
3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?  
 Yes: Administer ELP screener. Record other language(s). HIS is complete

---

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: \_\_\_\_\_

\*Place HLS in student's school folder



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SY 2024-2025  
SCHOOL BUS REGISTRATION

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PARENT(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT:  
#1 \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT:  
#2: \_\_\_\_\_ PHONE: \_\_\_\_\_

INFORMATION COMPLETED BY: \_\_\_\_\_ (print name)

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

TO BE COMPLETED BY BUS DRIVER:

School Bus Pickup Site: \_\_\_\_\_

School Bus Drop Off Site: \_\_\_\_\_

Assigned Bus Driver: \_\_\_\_\_



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**San Felipe Pueblo Elementary School**  
2024-2025 School Year

### English Language Learner Parent Notification Letter

#### New Enrollment

Date: \_\_\_/\_\_\_/\_\_\_

Dear Parent or Legal Guardian of \_\_\_\_\_:

Your child is eligible for English language services. Your child has qualified based on the results of our English language screener.

Your child's English language proficiency was assessed with a WIDA English Language Proficiency screener and their overall screener score was: \_\_\_\_\_.

Our school provides language support services to students whose primary language in the home is not English and who may benefit from English language programming and academic support.

These language services for your child are based on their English language proficiency and current school experiences. Your child will receive the following services or supports:

Examples (please list services your school provides EL students)

- personalized instructional materials in English or your child's home language
- testing supports
- specialized classes
- first-language support
- one-to-one, or small group instruction with a classroom teacher, EL or bilingual teacher, and/or an educational aide

Instruction may be in an inclusive or stand-alone setting and may include use of your home language. These programs are designed to help students learn English and academic content and promote academic success in school.

Your child will take the ACCESS for ELLs® test once per year until they are fully English proficient. This test gives teachers information about your child's English language skills and is used to help teach your child English.



This information is confidential. Participation in English Learner services does not exclude your child from participating in other programs. Your child is eligible for the same opportunities as other students, including engaging with their peers, extracurricular activities, gifted programming, and/or special education services.

If you have any questions, please contact:  
Arlene Atencio, Principal  
San Felipe Pueblo Elementary School  
Phone: 505-867-3364

### Permission for English language services

Check the circle for your choice:

- I **understand** the English language services that are being offered and I **agree** to the services described in this letter.
- I **understand** the English language services that are being offered and I **do not agree** to the services described in this letter.
- I **would like more information** about these English language services before I make a decision for my child.

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

\_\_\_\_\_  
Date



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## San Felipe Pueblo Elementary School 2024-2025 School Year Home Language Survey

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

*"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."*

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

### BIE Mission Statement:

*"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."*

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk?
2. Which language does your child most frequently speak at home?



3. Which language do you (the parents/guardians) use more often when speaking with your child?
  
4. Which language is spoken more often by other adults in the home?
  
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

**Additional Information (Optional)**

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

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

Date \_\_\_\_\_

School Official Verification \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

**\*\*\* Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

BIE Form HLS, Updated April 2023