



The MASTERS Program
Early College Charter High School

The Masters Program

Student Registration Form SY 2011-2012

For Official Use ONLY:

Student ID # _____

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

10th Grade

11th Grade

12th Grade

First Name: _____ Middle: _____ Last: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student E-mail address: _____

Student Cell Phone: _____

Student's Date of Birth: (mm/dd/yyyy)

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?

Student Language Information

What is the student's primary language spoken? ENGLISH SPANISH OTHER _____

What other language(s) does the student speak? ENGLISH SPANISH OTHER _____

What is the primary language used at home? ENGLISH SPANISH OTHER _____

Previous School Services

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.)

Does the student currently have a 504 Plan? Yes_____ No_____

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

Previous School Attended

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

School Name: _____ School City: _____

School 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: _____

Emergency Contact Information #1: (Do NOT list the parent /guardian above)

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 (check one only) **Cell Work Home**

Emergency Contact Information #2: (Do NOT list the parent /guardian above)

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 (check 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: _____