

OFFICIAL USE ONLY – DO NOT FILL OUT										
Grade:	7	8		9	10		11	12		
Status:	□ Day □ Dorm □ 5-Day □ 7-Day SLA									
Athlete/S	Sport: (High	School Only)								
Public Transportation   Yes   No										
Tribe:				Da	ay Bus:					

		J	.,	i ribe:						Day Bu	S:		
STUDEN	T INFORM	MATION				Εl	MERG	SENC'	Y CONTA	ACT & AU	THORIZED CH	HECK OUT	
Student											Guardian ONLY		
Age Mobile	DOB SSN					<ul> <li>Adults must be 21 years old or older. Must have I.D.</li> <li>Please limit to six (6) names.</li> <li>No nicknames please.</li> <li>Mark appropriate box for In Case of Emergency (ICE)</li> </ul>							
PARENT	/ GIIARD	IAN INFORM	ATION				•	Mark	k appropria	ate box for I	n Case of Emero	gency (ICE)	
Name	/ GUAND		Relatio	nship to student	Guardian?		Name				Phone Number	Relationship to student	ICE?
Home		Work	Mo	bbile		1.	Traine				- Hone Hamber	Telationship to student	T
Name		<u> </u>	Relatio	nship to student	Guardian?	2.							-
Home		Work	Mo	bbile									
Name			Relatio	nship to student	Guardian?	3.							
Home	Home Work		Mo	bbile		4.							
Docume		urt approved Chil			ust be	5.							
ADDDE		itted to the Office	of Admissi	<mark>ons.</mark>									
ADDRES Mailing Address	SES					6.							
Physical Address						-							
City			Sta	te Zip			JBLIC ELEA		NSPOR	TATION C	ONSENT AND	LIABILITY	
MEDICAL	L RELEAS	SF.				Pι	ublic T	ranspo				Blue Bus, Taos	
In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian. By signing, the parent/legal guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.  I/WE acknowledge that the following is information about the student that the School Board of Trustees, Superintendent, activities sponsor, teachers,						Express, Po'Pay Messenger, NM Park & Ride, Santa Fe City bus  Santa Fe Indian School does not condone the use of public transportation as a means to commute to and from school. However, in the event that you choose to permit your child to ride the rail runner you understand that SFIS cannot impose any regulations regarding other passengers or student safety on public transportation. Therefore, the purpose of this form is to release Santa Fe Indian School of any liability of any harm, incidents, or injuries while an unsupervised student is using public transportation to							
chaperones, service providers and authorized representatives need to know for purposes of providing care (medical - including but not limited to medication needs, allergies, or medical conditions - physical, emotional or otherwise).						and from school.  I hereby release SFIS Inc. and any school staff members from any liability should my (son/daughter) commute via public transportation. Furthermore,							
Physician Name:						I understand that SFIS Inc. WILL NOT assume any liability for the students' actions, incidents or injuries as they ride, walk to or wait at public							
Health Ins									ns, incider s loading a		s as they ride, w	alk to or walt at p	JUDIIC
Medications:						YES My son/daughter is allowed to use public transportation such as Rail runner, NCRTD Blue Bus, Taos Express,							
Known Allergies: Medical Concerns:							NO					Santa Fe City bus	١.
						Pa	arent (	Signa	ture:				
Parent Sig		VITY CONCE	NIT.			S	GNA	TUR	ES				
My child ha	as my permis	VITY CONSE ssion to participa ecreational active ear.	ite in schoo							dent		Date	
	oers may tran ed school veh	nsport students o nicles.	nly on scho	ol-sponsored	activities								
Parent Signature:								ļ	Parent/Leg	al Guardia	<mark>1</mark>	Date	