



Estancia Municipal School District

900 N. 9th St. / P.O. Box 68, Estancia, NM 87016
505-384-2000 (Tel) – 505-384-2015 (Fax) – www.emsbears.us

Returning Students Annual Update

_____ I have read, “From the Nurse’s Office” letter.

_____ I have read, “Student Dental Examination Verification Form” and,

_____ I Confirm Dental Examination

_____ I Request A Wavier

_____ I have read the, “Estancia Municipal School District Handbook” and, my child and I will abide by the Estancia Student Handbook.

_____ Yes _____ No

Do you need an Estancia Municipal School District Student Handbook?

_____ Yes _____ No

I give permission to share my child’s directory information when requested?

_____ Yes _____ No

_____ I have read, “Permission to Email School Documents” and, give my permission to receive emailed documents from the district.

_____ Yes _____ No

_____ I have read the, “Estancia Municipal School District School Attendance for Success Act” letter.

_____ Yes _____ No

_____ I have read, “Google Workspace for Education” and, give permission for my child to use/access Google Workspace.

_____ Yes _____ No

_____ I have read, “Adobe for Education” and, give my permission for my child to use/access Adobe for Education.

_____ Yes _____ No

_____ I have read the Estancia Municipal School District Waiver and Consent” letter, and will:

Allow my child’s name to be included in and published in the Honor Roll.

_____ Yes _____ No



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Allow my child's name to be included in other honors publicly bestowed.

_____ Yes _____ No

Allow my child's artwork and other school-related material to be publicly displayed.

_____ Yes _____ No

Allow my child to be recommended orally or in writing by an employee of the District.

_____ Yes _____ No

Allow my child's picture and name to be printed, broadcasted, filmed, videoed, or posted on web-based media.

_____ Yes _____ No

I also understand that this granting permission shall only be revoked in writing delivered to the principal.

_____ I have read, "In-Town/Walking Field Trip Permission" and, give permission for my child to participate walking field trips including the emergency medical release.

_____ Yes _____ No

_____ I have read "Permission to Walk Home Alone" and, give permission for my child to walk home alone.

_____ Yes _____ No

_____ I have read and accept the District's Technology "Acceptable Use Agreement".

_____ Yes _____ No

Student Name: _____

Student Grade: _____

Student Teacher: _____

Parent Printed Name: _____

Parent Signature: _____

Date: _____