August 6, 2019

Welcome Back! We are incredibly excited to begin another successful year here at Trinidad Middle School! This promises to be a year filled with valuable opportunities for all of our students as we strive to find ways that we can be even better than we have before! We embark on this journey with a pledge to you, our students and parents, that this will be a year of engaging, meaningful and rigorous work in our classrooms, combined with special events and a plethora of extracurricular activities. Our athletic and co-curricular teams are certain to encourage our Miners to be involved and stay connected!

During the 2019-20 school year, we will continue to build upon and refine our proven foundation of good work, honored traditions, and continued excellence in education. Our mission remains...

Engage . . . Educate . . . Empower!

Our staff of highly qualified professional educators and support personnel is committed to providing our students many opportunities both inside and outside of the classroom. We invite and encourage students and parents to work in partnership with us to seize opportunities in all six facets of our Trinidad Middle School --- Academics, The Arts, Athletics, Activities, The Leader in Me, and The Kindness Initiative!

We look forward to a very positive and productive year together! We extend a special, yearlong invitation to our families to join us at school activities and events whenever possible. We want . . . we need . . . and we value your involvement and support in your child’s education! Your active participation is paramount to the success of your young Miner during his/her middle school years.

Please know that we highly value home/school communication here at Trinidad Middle School. It is vital and plays an integral role in each student’s success. We encourage you to contact us if/when the need arises, and to stay in the know about your child’s studies, assignments, assessments, and school activities, as well as other events and happenings.

Again, we welcome you to Trinidad Middle School and to our wonderful learning community . . . a place alive with much potential . . . dedication . . . enthusiasm . . . and a high standard of leadership! It is, indeed, a place where opportunities abound! Here’s to an AWESOME new school year as we work together to make our school a great place to work and learn each day!
The registration day is scheduled for Wednesday, August 18, 2021, at Trinidad Middle School. Please check the Final Schedule before and plan on attending during the current grade levels for your child (ren). We ask that you complete all enclosed forms and bring them with you to registration as this will streamline the process; and in this manner, we hope to alleviate some of the wait time associated with registration.

Please bring these forms to registration. You will also need to stop by the Food Service table and complete paperwork necessary to continue to offer our students free breakfast and lunch. Students who qualify for District Transportation will complete paperwork at the designated table on registration day.

The Grade Level Registration schedule is as follows:

6th Grade: 8:00 a.m. - 10:00 a.m.
7th Grade: 10:00 a.m. - 11:30 a.m.
8th Grade: 1:30 p.m. - 3:00 p.m.

If you have any questions or concerns, please call the office at (719)-846-4411.

Sincerely,

Deana Pachelli  Principal  deana.pachelli@trinidad.k12.co.us

Michael Guadagnoli  Assistant Principal  michael.guadagnoli@trinidad.k12.co.us
## Student Information

- **Legal Last Name:**
- **Legal First Name:**
- **Middle Name:**
- **Date of Birth:**
- **Gender:** Male [ ] Female [ ]
- **Mailing Address:**
  - Street:
  - City:
  - State:
  - Zip:
  - Mailing [ ] P.O. Box:
- **Student's Home Phone Number:**
- **Type of dwelling:** House [ ] Trailer House [ ] Mobile Home [ ] Shelter [ ] Hotel/Motel [ ] Other:

## Parent/Guardian Information

- **Father Last Name:**
- **Father First Name:**
- **Home Number (If different from home phone):**
- **Cell Number:**
- **Father's Employer:**
- **Custody:** Yes [ ] No [ ]
- **Guardianship:** Yes [ ] No [ ]
- **Student Lives with:** Yes [ ] No [ ]
- **Contact:** Yes [ ] No [ ]

- **Mother Last Name:**
- **Mother First Name:**
- **Home Number (If different from home phone):**
- **Cell Number:**
- **Mother's Employer:**
- **Custody:** Yes [ ] No [ ]
- **Guardianship:** Yes [ ] No [ ]
- **Student Lives with:** Yes [ ] No [ ]
- **Contact:** Yes [ ] No [ ]

- **Guardian Last Name:**
- **Guardian First Name:**
- **Home Number (If different from home phone):**
- **Cell Number:**
- **Custody:** Yes [ ] No [ ]
- **Guardianship:** Yes [ ] No [ ]
- **Student Lives with:** Yes [ ] No [ ]
- **Contact:** Yes [ ] No [ ]

## Emergency/Authorized Contacts other than Parents

The following adults are also allowed to pickup my child from school and/or the bus stop.

- **Primary Contact First Name:**
- **Last Name:**
- **Phone Number:**
- **Cell Number:**
- **Relation:**
  - Grandparent [ ]
  - Aunt/Uncle [ ]
  - Step Mom/Dad [ ]
  - Other [ ]

- **Secondary Contact First Name:**
- **Last Name:**
- **Phone Number:**
- **Cell Number:**
- **Relation:**
  - Grandparent [ ]
  - Aunt/Uncle [ ]
  - Step Mom/Dad [ ]
  - Other [ ]

- **Alternate Contact First Name:**
- **Last Name:**
- **Phone Number:**
- **Cell Number:**
- **Relation:**
  - Grandparent [ ]
  - Aunt/Uncle [ ]
  - Step Mom/Dad [ ]
  - Other [ ]

The following adults are also allowed to pickup my child from school and/or the bus stop.

1. 
2. 
3. 
4. 

Federal Ethnicity and Race Collection for Parent/Guardian

Part A. Is this student Hispanic/Latino? (choose only one)
☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child’s race to be.

Part B. Which of the following groups describe the student’s race? (choose one or more)

☐ American Indian or Alaska Native.
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian.
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American.
A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander.
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White.
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Home Language Survey (ESL/ELL Referral)

Schools are required under federal civil rights laws to identify all students whose home language is not English. Please complete this questionnaire.

What language did your child first learn to speak? ☐ English ☐ Spanish ☐ Other: _______________________

What language does he/she speak most often? ☐ English ☐ Spanish ☐ Other: _______________________

What language does he/she speak most often at home? ☐ English ☐ Spanish ☐ Other: _______________________

What language do you most often use when speaking with your child? ☐ English ☐ Spanish ☐ Other: _______________________

Signature: ___________________________ Date: _______________________

[Signature field and date field]
Previous Education

Has your child ever been enrolled in a school in the state of Colorado? Yes □ No □
Has your child been enrolled in Colorado for more than three (3) years Yes □ No □
Has your child ever been enrolled in the Trinidad School District? Yes □ No □
Has your child been expelled or suspended from school in the past 12 months Yes □ No □
Has your child ever received Special Ed Services? Yes □ No □ Are they currently receiving Special Ed Services Yes □ No □
Has your child ever been placed on a 504 Plan? Yes □ No □ Are they currently on a 504 Plan? Yes □ No □
Has your child received GT Services Yes □ No □
Is your child enrolled in an ESL Program Yes □ No □ Date Exited Program: ___/___/___

Name of Previous School: __________________________________________
Dates Enrolled: ______________________________________ Date Withdrawn: __________ Grade/s: __________
Name of Previous School: __________________________________________
Dates Enrolled: ______________________________________ Date Withdrawn: __________ Grade/s: __________
Name of Previous School: __________________________________________
Dates Enrolled: ______________________________________ Date Withdrawn: __________ Grade/s: __________

Siblings Enrolled in School

Please List all brothers and/or sisters that are enrolled in any school!

Name: ________________________________ School: ___________________ Grade: __________
Name: ________________________________ School: ___________________ Grade: __________
Name: ________________________________ School: ___________________ Grade: __________

Military Connected Family

Parent/Guardian Currently on Active Duty □

Signature: ____________________________ Date: ____________________

To be filled out by the School

School: Eck □ FPE □ TMS □ THS □ Birth Certificate □ Initial: __________ Date: __________
Forms: BOCES □ Homeless □
TRINIDAD SCHOOL DISTRICT NO.1
REUNIFICATION EMERGENCY CARD

STUDENT'S NAME: ___________________________ DOB: __________

STUDENT'S SCHOOL: ___________________________ GRADE: ________

PARENT/GUARDIAN NAME: ___________________________

ADDRESS: ___________________________________________ PHONE __________

In case of an emergency, the following people are allowed to pick up my child:
PHOTO ID WILL BE REQUIRED BEFORE CHILD WILL BE RELEASED

1. ___________________________ Relationship: __________________
   Emergency Numbers: ___________________________

2. ___________________________ Relationship: __________________
   Emergency Numbers: ___________________________

3. ___________________________ Relationship: __________________
   Emergency Numbers: ___________________________

4. ___________________________ Relationship: __________________
   Emergency Numbers: ___________________________
Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
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<th>SCHOOL:</th>
<th>GRADE:</th>
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<tr>
<th>PARENT/GUARDIAN NAME:</th>
<th>How many children under the age of 22 live with you in your household?</th>
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<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
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1) In the past three years, has your family moved to another state, city, school district, and/or county?
   ☐ YES  ☐ NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
   ☐ YES  ☐ NO

CIRCLE all that apply below, even if the work was only for a short period of time.

- Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)
- Agriculture or Field Work (planting, picking, sorting crops, soil preparation, irrigation, fumigation)
- Nursery or Greenhouse (planting, potting, pruning, watering, harvesting)
- Forestry (soil preparation, planting, growing, cutting trees)
- Dairy & Cattle Raising (feeding, milking, rounding up)
- Fishing & Fish Processing (catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY'S DATE:</th>
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<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
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<tr>
<th>TELEPHONE (WITH AREA CODE):</th>
<th>PREFERRED LANGUAGE:</th>
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<th>BEST DAY AND TIME TO CALL:</th>
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This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:

Southwest Regional MEP Office
24551 E. US Hwy 50
Pueblo, CO 81006

Cece Garcia – 719-696-2664, Gaby Salgado – 719-696-2658, Maria Granillo – 719-696-2660
**Encuesta Ocupacional del Colorado MEP**

Sus hijos pueden ser candidatos para recibir servicios suplementarios gratuitos, como tutoría, transporte y útiles escolares, además de otros servicios. Le agradeceríamos responder las siguientes preguntas para poder determinar su elegibilidad. Una vez contestada, envíela a la escuela o a la oficina regional de MEP que se detalla al pie de la página.

<table>
<thead>
<tr>
<th>NOMBRE DEL MENOR:</th>
<th>APELLIDO DEL MENOR:</th>
<th>FECHA DE NACIMIENTO:</th>
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<th>ESCUELA:</th>
<th>GRADO:</th>
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<tr>
<th>NOMBRE DEL PADRE/TUTOR:</th>
<th>¿Cuántas personas de menos de 22 años viven en su domicilio?</th>
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1) ¿Durante los últimos tres años, su familia se ha cambiado a otro estado, ciudad, escuela, y/o condado?  
☐ SI  ☐ NO

2) ¿Usted o alguien de su familia directa está trabajando o ha trabajado durante los últimos tres años, en alguna de las siguientes ocupaciones relacionadas con el trabajo agrícola o pesquero?  
☐ SI  ☐ NO

**CIRCULE** todo lo que corresponda, incluso si el trabajo fue por un período corto.

- Procesamiento & Empaquetado (frutas, vegetales, huevos, carne de pollo, cerdo, res, o cualquier otro tipo de ganado)
- Agricultura o Trabajo de Campo (cosecha, recolección y clasificación de cultivo, preparación del suelo, riego, fumigación)
- Lechería & Cria de Ganado (alimentar, ordeñar, acollar/arrear)
- Vivero o Invernadero (cultivar, plantar, podar, regar, cosechar)
- Silvicultura (preparación del suelo, cosecha y crecimiento, corte de árboles)
- Pesca & Procesamiento de Pescado (capturar, clasificar, empacar, transportar pescado)

*Si contestó “sí” a cualquier pregunta anterior, por favor continúe. De lo contrario, su encuesta está completa.*

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<th>DOMICILIO:</th>
<th>FECHA:</th>
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<tr>
<th>CIUDAD:</th>
<th>ESTADO:</th>
<th>CODIGO POSTAL:</th>
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<tr>
<th>TELEFONO (CON CODIGO DE AREA):</th>
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<th>DIA Y HORA PARA COMUNICARNOS CON USTED:</th>
<th>IDIOMA PREFERIDO:</th>
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</table>

Esta encuesta y los datos registrados en la misma están protegidos para mantener la confidencialidad de la familia y los menores.

Si tiene preguntas, comuníquese a:
Southeast Regional MEP Office  
24951 E. US Hwy 50  
Pueblo, CO 81006  

Cece Garcia – 719-696-2664, Marcos De Mateo – 719-696-2657, Maria Granillo – 719-696-2660
Anti-Bullying Pledge—Parents

We the parents of Trinidad Middle School agree to join together to stamp out bullying at our school.

We believe that everybody should enjoy our school equally, and feel safe, secure, and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion, and nationality.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justifiable or excusable as “kids being kids,” “just teasing,” or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, I/We the parent/parents promise to:
1. Keep ourselves and our children informed and aware of school bullying policies.
2. Work in partnership with the school to encourage positive behavior, valuing differences, and promoting sensitivity to others.
3. Discuss regularly with our children their feelings about school work, friendships and relationships.
4. Inform faculty of changes in our children’s behavior or circumstances at home that may change a child’s behavior at school.
5. Alert faculty if any bullying has occurred.
6. Be aware that the most effective strategy in dealing with bullying comes from cooperation between the school and I/us. (The only way to ensure the school knows of a particular situation is if I/we make certain that they are aware of the same facts.)

Signed By: ______________________________________

Print Name: _____________________________________

Date: ____________________________________________
Anti-Bullying Pledge—Students

We the students of Trinidad Middle School agree to join together to stamp out bullying at our school.

We believe that everybody should enjoy our school equally, and feel safe, secure, and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion, and nationality.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justifiable or excusable as “kids being kids,” “just teasing,” or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, we the students promise to:
1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or be a bully.
3. Be aware of the school’s policies and support system with regard to bullying.
4. Report honestly and immediately all incidents of bullying to a faculty member.
5. Be alert in places around the school where there is less adult supervision such as bathrooms, corridors, and stairwells.
6. Support students who have been or are subjected to bullying.
7. Talk to teachers and parents about concerns and issues regarding bullying.
8. Work with other students and faculty to help the school deal with bullying effectively.
9. Encourage teachers to discuss bullying issues in the classroom.
10. Provide a good role model for younger students and support them if bullying occurs.
11. Participate fully and contribute to assemblies dealing with bullying.

I acknowledge that whether I am being a bully or see someone being bullied, if I don’t report or stop the bullying, I am just as guilty.

Signed By __________________________________________

Print Name: ________________________________________

Date: ______________________________________________
ACCEPTABLE USE POLICY

Network technology provides ways of accessing, communicating and transferring information. This form of communication will affect instruction and student learning. Trinidad Middle School offers faculty, staff, and students access to the information highway via the Internet.

Included with such access to computers, computer networks and people around the world comes the availability of materials that may not be considered appropriate for an educational environment. Since the Internet is essentially a network of networks, it is impossible to control all materials. Ultimately, the school staff, parents, and guardians of minors are responsible for establishing and communicating standards students should follow when using media and information sources. Trinidad Middle School supports and respects each family’s right to decide whether or not to allow their child access to the Internet.

RULES AND RESPONSIBILITIES

Students are expected to maintain good behavior on school networks just as they are in classrooms, hallways or any other location on school grounds. Since network communications are often public in nature, the general school rules for behavior and communication apply. The Internet is a service for educational research and communications. Access to the network is a privilege given to students who agree to act in a considerate and responsible manner. Parent/guardian permission is required. Inappropriate use will be assessed by the system administrators based upon the acceptable use guidelines outlined herein, and all decisions are final. The system administrators have the right to revoke privileges at any time. The administration, faculty, and staff of Trinidad Middle School may deny, revoke, or suspend specific user privileges. Individual users of the Internet are responsible for their use of the network. Use of the network must be in support of education and research and must be in accordance with academic expectations of Trinidad Middle School. Use of other networks or computing resources by Internet users must comply with the rules established by that network. Transmission of any material in violation of U.S. or State regulations including copyrighted, threatening, or obscene materials is prohibited. Use of commercial activities by not-for-profit organizations, products, promotions, political lobbying, or illegal activities are strictly prohibited.

Internet users are expected to follow the following network rules of etiquette:

1. Be polite. Do not write or send abusive messages.
2. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
3. Transmission of obscene materials is prohibited. Sending or receiving offensive messages, images, video or audio files to/from any source will result in immediate suspension of access privileges.
4. Do not reveal the personal address or phone number of yourself or other individuals.
5. Do not communicate any credit card number, bank account number, or any 
other financial information.
6. Electronic mail is not private. People who operate the system have access to 
all mail. Inappropriate messages can result in suspension of access privileges.
7. Do not use the network in any way that would disrupt the use of the network 
by other users.
8. Vandalism—any malicious attempt to harm or destroy computer equipment, 
software or data belonging to another user will not be tolerated.
9. Any questionable action can result in the suspension of access privileges.

Violation of any of the above mentioned rules and responsibilities can result in the 
suspension of access privileges as well as other disciplinary or legal actions.

Supervisory Measures:

1. Parent/Guardian notification and permission. Student Orientation Program: Fall 
   Orientation will cover acceptable use policy. Transfer students will be oriented 
   by Advisory Teachers or Class Sponsors.
2. Electronic Supervision for the Internet: District “Firewall.”
3. Staff Supervision: Users are not to access the computer facilities without a 
   Trinidad Middle School staff member present.

Internet Access Form

Please review the above Trinidad Middle School Acceptable Use Policy. The 
signatures of both student and parent/guardian are required before access privileges to 
the Internet will be granted. This permission form, which incorporates the Trinidad 
Middle School Acceptable Use Policy, reflects the entire agreement and 
understanding of all parties.

Student Printed Name: ______________________

Student Signature: ______________________

Date: ______________________
As parent/guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and agree to the policies stated in the Trinidad Middle School Acceptable Use Policy, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to her/him appropriate standards for selecting, sharing and/or exploring information and media.

Parent/Guardian Printed Name: ________________________________

Parent/Guardian Signature: ________________________________

Address: ________________________________________________

Home Telephone: __________________________________________

Date: ____________________________________________________

********************************************************************

Student Handbook Form

I have received a copy of the STUDENT HANDBOOK, and I know that it is my responsibility to read and understand its contents. If there is something that I do not understand, I know that I may contact the Trinidad Middle School’s administration for further clarification.

Parent Signature: _________________________________________

Student Signature: _________________________________________

Date: _____________________________________________________
LETTER TO HOUSEHOLDS
SY 2019-2020

Community Eligibility Provision

Dear Parent/Guardian: Trinidad School District 1 is participating in a Universal Lunch and School Breakfast Program for the current school year 2019-2020. If your children attend Trinidad School District 1, breakfast and lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast and lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Breakfast and Lunch Programs cannot succeed without your support; please encourage your children to participate in the school meal programs.

Meals will be served to all students at no charge regardless of the eligibility status.

If you have any questions about the program please feel free to contact us at 719-845-2051.

Sincerely,

Kathy Vigil
Food Service Director

Non-discrimination Statement:
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.
Family Economic Data Survey Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program), TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDPIR

**STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip.

**STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.

If you are applying based on income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip this part.

**STEP 3:**

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students’ listed in Step 1 in your household in the box marked “Student income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to “Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked “Names of Other Household Members.” Do not include people who live with you but are not supported by your household’s income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report Gross Income (total income before taxes and deductions) for each Household Member:**
- **Earnings from work:** example: See “Earnings from Work” below. If you are paid $500.00 bi-weekly, please record $500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.
- **Income from Public Assistance/Child Support/Alimony:** See “Public Assistance/Child Support/Alimony” below. List the total amount each person received from any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony. For example: if you receive $500.00 monthly for child support, please record $500.00 in the income blank and mark the monthly check box.
- **Pensions/Retirement/All Other Income:** See “Pensions/Retirement/All Other Income” below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal all names listed on the survey.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.
Please fill out all information and sign.
Student Housing Questionnaire
Determination of Services under the McKinney-Vento Act

Your answers help determine the free services the student(s) may be eligible to receive, such as free breakfast & lunch, school supplies, community resource information, basic needs, an advocate, etc. **All information will be kept confidential!**

Student’s Name: ____________________________ Grade: __________

Contact number: ______________ How many family members live in this household? ____

Present Housing Situation: (Please check the box(es) that apply)

☐ In owned or rented housing

☐ My current address is a temporary living arrangement – explain situation --

☐ Living with friends or extended family members due to lack of housing or hardship

☐ In a motel, a camper, bus, car, park or campsite

☐ Moving from place to place

☐ Living with a family member: grandparents, aunts or uncles, other relative

☐ Inadequate housing (lacks kitchen, bathroom facilities, no heat or electricity, in need of extensive repairs, not enough space)

☐ Unaccompanied youth (not in the physical custody of parent or guardian) who are in crises or unstable housing

☐ Awaiting foster care placement

☐ In a shelter, ie. La Puente, Tu Casa

Check all that apply:

_____ student stays with friends or away from home over 50% of the time

_____ school-aged mothers or pregnant girls staying with friends

_____ runaway or youth without adult supervision

_____ families staying in safehouses because returning to their permanent homes would mean returning to a situation involving domestic violence

What (if any) services/assistance could you benefit from if the student qualifies?

_____ school supplies; _____ clothing; _____ glasses/emergency medical/dental

_____ food; _____ other: ___________________________________________
Cuestionario de Vivienda de los Estudiantes
Escuelas De Center
Determinación de los Servicios de conformidad con la Ley McKinney-Vento

Sus respuestas ayudarán a determinar los servicios gratis que los estudiante (s) pueden ser elegibles de recibir, como el desayuno y almuerzo, útiles escolares, información de recursos de la comunidad, las necesidades básicas, un defensor, etc. ** Toda la información se mantendrá confidencial!

Nombre del estudiante: ____________________________ Grado: ____________________________
Teléfono de contacto: ____________________________ Cuántos miembros viven en la casa? ___________

Situación Presente de Vivienda: (Por favor marque los cuadro(s) que les correspondan)

☐ En la casa propia o alquilada

☐ Mi dirección presente es un arreglo de vivienda temporal

☐ Vivo con amigos o miembros de la familia debido a la falta de vivienda o dificultades

☐ En un motel, una camper, autobús, carro, parque o lugar de campamiento

☐ Ando de un lugar a otro

☐ Vivo con un miembro de la familia: abuelos, tíos o tíos, otros parientes

☐ Vivienda inadecuada (falta de cocina, baño, no tiene calor o electricidad, en necesidad de arreglo, no hay suficiente espacio)

☐ Jóvenes no acompañados (no en la custodia física del padre o tutor) que están en crisis o inestabilidad de vivienda

☐ En espera de la colocación de cuidado de crianza

☐ En un refugio, es decir. La Puente, Tu Casa

Marque las que correspondan:

☐ estudiante se queda con amigos o fuera de casa más de 50% del tiempo

☐ madres en edad escolar o adolescentes embarazadas viviendo con unos amigos

☐ joven que se fugo de la casa o sin supervisión de un adulto

☐ familias permanecen en casas de seguridad, porque regresar a sus hogares permanentes significaría volver a una situación de violencia doméstica

Cuales (en caso) servicios y asistencia podría beneficiarse de, si el alumno califica?

☐ Útiles escolares; ☐ ropa, ☐ anteojos / emergencia médica, dental,

☐ comida; ☐ otros: ____________________________
T.M.S. Dress Code

2019-2020

Examples of items NOT ALLOWED by Trinidad Middle School and Trinidad School District No. 1 include:

1. Clothing that exposes the midriff area or that is low cut. No skin shown inappropriately at any time.
2. Sheer and/or see-through garments (without another shirt worn underneath; and only, if the shirt would pass code itself).
3. Altered clothing.
4. Hats or head coverings, such as bandannas/handkerchiefs.
5. Offensive or indecent decals/pictures/words on clothing or accessories.
6. Excessively baggy or tight clothing, sagging or the wearing of pants below the waist and/or in a manner that allows underwear or bare skin to show.

7. Spaghetti strap, tube tops, racer backs, camis, tank tops, and/or narrow strapped tops or dresses that do not cover undergarments.
8. Muscle shirts that have largely cut arm openings unless worn with a sleeved shirt underneath it.
9. Clothes that advertise alcohol, tobacco, marijuana, drugs, sexual innuendoes, criminal violence, or profanity.
10. Gang paraphernalia or any gang-related items. Such as, but not limited to: belts or chains hanging from the waist, only the top of a shirt buttoned, 8 ball, roman numeral 13, roman numeral 14, playerz/s 69, Old English lettering, Joker, head to toe in one color, any gang affiliated attire, or as determined by school administration or law enforcement.
11. Tattoos must not be visible at any time.
12. Undergarments may not be visible at any time.
13. Jackets are not to be worn any time other than outside before school, lunch, and after school.
14. Skirt length must be mid-thigh or longer. Slits are not to be shorter than mid-thigh.
15. Pajamas, slippers or sleepwear of any kind.
16. Shorts can be worn during the months of September and May and must be mid-thigh.
17. As determined by Administration.
Individual teachers may require additional supplies once school has begun.

General Supplies—All Grade Levels
1 Pencil Bag
4 Boxes Kleenex
8 Dry Erase Markers
2 Containers Disinfecting Wipes
2 Highlighters
1 Box Colored Pencils
1 Ruler
1-12 Count Package of Red Pens or Pencils
2 Packages of #2 Pencils or Mechanical Pencils
4 Packages of Loose Leaf Paper (College Rule)
1 Large Bottle Hand Sanitizer
2 Glue Sticks
1 Protractor
4 Book Covers

6th Grade Supplies
5 Spiral Notebooks (2 for Social Studies, 1 for Science, 2 for Language Arts)
1 Composition Notebook
2 Folders

7th Grade Supplies
2 Spiral Notebooks (1 for Social Studies, 1 for Science)
1 Compass
2 Pocket Folders
2 Composition Notebooks
1-1” 3 Ring Binder
1-2” 3 Ring Binder

8th Grade Supplies
2 Spiral Notebooks (1 for Social Studies, 1 for Science)
2 Pocket Folders
3 Book Covers
2 Composition Notebooks
1 Compass
1-1” 3 Ring Binder
1-2” 3 Ring Binder

Physical Education
Pencils
T-shirt, Shorts or Sweatpants
Athletic Shoes (that tie properly)
Composition Notebook

Art
Collected/recycled, shallow glass jars w/lids (4-8)
Big Paint Shirt or Apron
1-2 Rolls Masking Tape (wide)
Composition Notebook
Big Bag of White Flour
Large Eraser
Trinidad Middle School  
2019-2020 School Year Agreement and Release Form

Further, We/I, ______________________________________, parent/guardian of  
______________________________________, student at Trinidad Middle School, hereby agree,  
release, and discharge Trinidad School District #1 and its employees from any claims or  
demands for any injuries incurred by your student while he or she participates in the  
following courses of activities: Any and all Field Trips or Travel Activities during the 2019-  
2020 School Year.

Student Signature _______________________________ Date ________

Parent/Guardian Signature _______________________________ Date ________

Trinidad Middle School  
2019-2020 School Year Photo Release Form

I hereby authorize any media agencies authorized by Trinidad Middle School and/or  
Trinidad School District #1 to publish the photographs or video taken of my child, and  
his/her name, for use in printed publications, videos, and on authorized Web sites during  
the 2019-2020 school year.

I acknowledge that since my child’s participation in media produced by the authorized  
agencies of Trinidad Middle School or Trinidad School District #1 is voluntary, we will  
receive no financial compensation. I further agree that my child’s participation in any  
media produced by authorized agencies confers no rights of ownership whatsoever to  
me or my child. I release authorized agencies of Trinidad Middle School, Trinidad School  
District #1 and their employees/contractors from liability for any claims by me or any third  
party in connection with his/her participation.

Student Signature _______________________________ Date ________

Parent/Guardian Signature _______________________________ Date ________
Dear Parent/Guardian:

Trinidad Middle School has been selected by the Colorado Department of Education to receive a grant to prevent bullying and educate students and parents about our efforts. This exciting opportunity means that Trinidad Middle School will receive monetary support to purchase an evidence-based bullying prevention program, hire a coach to help implement the program, and educate students and parents about bullying.

As part of this opportunity, students will be given the chance to complete a brief survey about their experiences at school. The questions on the survey relate to peer relationships, how safe students feel at school, and the quality of student/teacher relationships. All questions are voluntary. Teachers will be completing a teacher version of the survey and parents will be given the chance to complete the parent version of the survey, as well.

No personally identifiable information will be collected. All data will be compiled to provide averages. This means that no answers provided by a specific student will be able to be accessed.

Risks: There is a minimal risk in participating in the survey however; some students may feel uncomfortable answering questions about peer and teacher relationships. To minimize this discomfort, the survey is completely anonymous and all questions are voluntary.

Benefits: Participation in the survey will help inform a more collective bullying prevention program and thus improve the safety, social and emotional skills, and wellbeing for all students. For example, students may report that teasing happens most frequently in a certain area of the school. Staff can use that information to provide additional school monitors in those areas.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS SHEET TO THE MAIN OFFICE. THANK YOU FOR YOUR COOPERATION.

Student’s Name________________________________________

Parent/Guardian Name____________________________________

_____ I give my permission to allow my child(ren) to participate in the student impression survey.

_____ I do not give my permission to allow my child(ren) to participate in the student impression survey.

Parent/Guardian Signature: ____________________________ Date: ____________________________
Home Language Questionnaire

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Name of child: ____________________________

Last First Middle Grade Age

1. Which language did your child first learn to speak?

2. What language does your child use most often at home?

4. In what country was your child born?

5. If your child was not born in the USA, what date did they enter the USA?

______________________________

Signature of Parent or Guardian Date