

Albuquerque Public Schools

District Forms • 2017



ALBUQUERQUE PUBLIC SCHOOLS

**AS OF 09/15/2015, THE MATERIALS MANAGEMENT WAREHOUSE
WILL NO LONGER PROVIDE THE FORMS LISTED BELOW, TO SCHOOLS.**

**APS GRAPHICS ENTERPRISE SERVICES IS THE DEPARTMENT NOW
HANDLING FORM ORDERING, PRINTING AND DELIVERY.**

CONTACT INFORMATION:

APS Graphics Enterprise Services
912A Oak Street SE 87106 | 505.842.3696 Fax 505.842.3552

The following forms are being printed and
delivered by APS Graphic Enterprise Services (GES):

NO COST: (ORDER LIMITED TO 5 PADS/PACKAGES PER PRODUCT, PER ORDER)				
Form Name	Form #	Quantity	Cost	Page
Request for Leave	AC-04	50 per package	None	1
Voucher Jacket	AC-13	100 per pad	None	2
Admit Slips	APS-40	100 per pad	None	3
Cumulative Folder	CG-02	50 per package	None	4
Academic Card	CG-03	50 per package	None	5
Request for Cumulative Folder	CG-04	25 per package	None	6
Comment Record Card	CG-09	50 per pad	None	7
Test Record Card	TG-55	50 per package	None	8
Mileage Location to Location	AD-94	50 per pad	None	9
Mileage Odometer	AD-95	50 per pad	None	10
NO COST: (ORDER NOT LIMITED)				
Form Name	Form #	Quantity	Cost	Page
Hall Passes	APS-36	50 per pad	None	11
Attendance Slips	APS-41	100 per pad	None	11
Permission to Participate (English)	APS-49	50 per pad	None	12
Permission to Participate (Spanish)	APS-49	50 per pad	None	13
COST:				
Form Name	Form #	Quantity	Cost	Page
Telephone Message Pads	AD-05	100 per pad	.61 per pad	14
AFPO Bundle (Includes 200 AFPOS and 200 Request Forms)	AFPO	200 each	\$18.00 per bundle	15-16


ALBUQUERQUE PUBLIC SCHOOLS

Request for Leave

Name: _____ Employee No. _____
(Please print)

Job Classification _____

Date: _____

Site _____ Location No. _____

I request _____ / _____ leave as follows
Days or Hours

Beginning date _____ and time _____

Ending date _____ and time _____

***IMPORTANT - PLEASE INDICATE TYPE OF LEAVE BEING REQUESTED**

- | | |
|--|--|
| ☐ 22 Emergency | ☐ 35 Union Leave |
| ☐ 31 Professional | ☐ 41 Annual Leave |
| ☐ 32 Legal Summons | ☐ 51 Leave Without Pay |
| ☐ 33 Bereavement Leave | ☐ 52 Personal Emergency |
| ☐ 34 Paid Absence Other | ☐ 54 Personal Leave |

Cost Account _____

Reason for Request & Destination: _____

(Signature of Employee)

Approved by: _____

(Principal or Department Head)

Approved by: _____

(Superintendent or Designee)

Distribution: White, Payroll - Yellow, employee

GES-Materials Management Form AC-04

CHECK/VOUCHER NO. _____

DATE _____

ACTIVITY FUND
PURCHASE ORDER NO. _____

SCHOOL

TO

Charge following funds

\$

I, or we, hereby certify that the articles covered by this voucher were received in good condition after due inspection thereof, or the services were rendered as stated, that they were necessary and proper and that the amounts claimed are just and reasonable and that no part thereof has been paid.

Principal or Authorized Representative

Title

Amount Paid \$



ADMIT SLIP

Name Date Issued

Dates of absences.....

Unexcused ☐ No privilege to make up work for creditExcused ☐ Must make up work for creditSpecial ☐ Must make up for credit

Reason for absence

Teacher.....

0 3 6

1 4 7

2 5 8

GES-Materials Management Form APS-40

STUDENT NAME _____
 Last First Middle Date of Birth Student Number

ALBUQUERQUE
PUBLIC SCHOOLS

ACADEMIC RECORD

[illegible]

PUPIL'S NAME _____

REQUEST FOR PUPIL CUMULATIVE RECORD

TO _____ SCHOOL

PLEASE SEND THE CUMULATIVE RECORD FOLDER FOR THE PUPIL NAMED ABOVE WHO HAS

ENROLLED IN _____ SCHOOL

DATE OF REQUEST

TEACHER

(_____)

GRADE

DATE RECORD TRANSFERRED

PRINCIPAL

ALBUQUERQUE
PUBLIC SCHOOLS

GES-Materials Management Form CG-04

[illegible][illegible]



ALBUQUERQUE
PUBLIC SCHOOLS

TEST RECORD

Student Number _____

Student Name _____

ELEMENTARY

MIDDLE SCHOOL

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Other Test Scores

High School (otherside)

GED Materials Management Form TGS-13



ALBUQUERQUE
PUBLIC SCHOOLS

TEST RECORD
(High School)

Student Number _____

Student Name _____

HIGH SCHOOL

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Other Test Scores

Elementary & Middle School (otherside)

GED Materials Management Form TGS-13

**ALBUQUERQUE PUBLIC SCHOOLS
IN-DISTRICT MILEAGE REIMBURSEMENT**

FORM 2 (AD-95): ODOMETER READINGS
FORM MUST BE SUBMITTED BY REGULAR

Page _____ Of _____
Month/Year _____

Employee Name (PLEASE PRINT)

Employee Number

Location Number

Location Name

Phone Number _____

[illegible]

DATE	*LOCATION NUMBERS FROM	TO	ROUND TRIP ENTER "X"	REASON

*PLEASE USE ONLY LOCATION NUMBERS FOUND ON THE BACK OF THIS FORM
 *IF YOU CAN NOT FIND A LOCATION, THEN IT CHANGES

*PLEASE USE ONLY LOCATION NUMBERS FOUND ON THE BACK OF THIS FORM
*IF YOU CAN NOT FIND A LOCATION, THEN IT SHOULD BE AN ODOMETER READING

*OFFICE USE ONLY

DISTANCE

(S) DOLLAR AMOUNT

APPROVED: Principal/Supervisor
(Signature stamps are not allowed)

DATE _____

(1) I certify that the above information is correct and I am entitled to reimbursement. All the information should be submitted into the Payroll Office.

EMPLOYEE'S SIGNATURE
Signature stamp are not allowed

ES-Materials Management & Purchasing AD-99

Ernie Pyle Middle School
Garfield Middle School
Grant Middle School
Harrison Middle School
Hayes Middle School
Hewes Middle School
Jackson Middle School
James Monroe Middle School
Jefferson Middle School
Jimmy Carter Middle School
John Adams Middle School
Kennedy Middle School
L. B. Johnson Middle School
Madison Middle School
McKinley Middle School
Pilk Middle School
Roosevelt Middle School
Tall Middle School
Taylor Middle School
Tony Williams Middle School
Truman Middle School
Van Buren Middle School
Washington Middle School
Wilson Middle School

ELEMENTARY SCHOOLS

A. Morning Elementary School
 Accom Elementary School
 Adobe Acres Elementary School
 Alamogordo Elementary School
 Alamosa Elementary School
 Alvarado Elementary School
 Apache Elementary School

21	Kirkland Elementary School	21
22	Kita Carson Elementary School	22
23	Laurel Elementary School	23
24	La Mesa Elementary School	24
25	Lansdale Elementary School	25
26	Low Walker Elementary School	26
27	Longfellow Elementary School	27
28	Los Padillas Elementary School	28
29	Los Ranchos Elementary School	29
30	Lowell Elementary School	30
31	Maacke Elementary School	31
32	Maize Hughes Elementary School	32
33	Maize Twain Elementary School	33
34	Mayhew-Binkley Elementary School	34
35	Matheson Park Elementary School	35
36	Mancano-Mesa Elementary School	36
37	McCollum Elementary School	37
38	Mason Elementary School	38
39	Matthell Elementary School	39
40	Maize Vista Elementary School	40
41	Monterey Elementary School	41
42	Monterey Elementary School	42

321	North Star Elementary
204	Olathe Elementary School
206	Ozuna Elementary School
207	Painted Sky Elementary School
210	Pajaro Elementary School
213	Petroglyph Elementary School
214	Reginald Chavez Elementary School

1 APS Nutrition Center
12 Arctic ISP
85 Chaparral ISP
88 Juvenile Detention Center
173 Lowell Transition Service
191 Vision Quest
197 @ Harrison
336 @ Hayes
@ Robert Adams

EDUCATION TIC CENTERS

APS Autism Center	471
Artec ISP	609
Chaparral ISP	234
Juvenile Detention Center	068
Lowell Transition Services	792
Verizon District @ Harrison	\$40
@ Hayes	\$40
@ Hughes & Lanes	\$60

CHARTER SCHOOLS

21st Century Public Academy
AUS Charter Academy
Albuquerque Talent
Development Academy
Alice King Community
Belcan Military Academy
Christine Duncan Heritage Academy
Corales International School
Digital Arts and Technology Academy
El Camino Real Academy
Gordon-Bernell
La Academia de Esperanza
Los Puente
Montessori of the Rio Grande
Montana Montway
New American Community Academy
Norwest Talents
Public Academy for Performing Arts

*Use only location numbers on this form.

CPS, Standards Management Form AO-95

HALL PASS



PASS TO...(Check One Only)

- ☐ Class
 ☐ Counselor
 ☐ Main Office
☐ Library
 ☐ Nurse
 ☐ Restroom
☐ Principal
 ☐ Attendance Office

Student _____

By _____ Date _____

Time Left _____ Time **ARRIVED** _____

Time Left _____ Time **RETURNED** _____

Teacher _____

Hall Guard _____

GES-Materials Management Form APS-36

ATTENDANCE



Date _____

STUDENT NAME	Period	Absent	Tardy

Teacher _____

GES-Materials Management Form APS-41



ALBUQUERQUE PUBLIC SCHOOLS PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES

This form is to be filled out completely and returned to the activities leader (SPONSOR) before the student is allowed to practice, compete, perform, and/or participate in extra-curricular or co-curricular activities.

The parent/guardian of _____, who attends _____ SCHOOL NAME
STUDENT NAME
gives permission, indicated by signature at the bottom of this page, for this subject to participate in the activity described below.

BRIEF DESCRIPTION OF ACTIVITY

DATE OF ACTIVITY

TRANSPORTATION BY: BUS, PERSONAL AUTOMOBILE, OR OTHER/ EST. TIME OF DEPARTURE/ EST. TIME RETURN

The parent/guardian recognizes that activities and/or trips involve some degree of risk and that the school district can not guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **IF YOUR CHILD HAS SPECIAL MEDICAL NEEDS OR ROUTINELY MUST TAKE MEDICATION YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.** A copy of this permission form will accompany the activity sponsor.

Students and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness and responsibility. These are the six pillars of "Character Counts!" All students who are participating in extra-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra-curricular activities is a privilege offered to, and earned by, students. Students engaged in these activities are serving as representatives of their school and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the Albuquerque Public Schools Student Behavior Handbook and the conduct code of their individual school.

Students who will require a prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the school nurse's office. Special arrangements for the transporting of student medications may be required.

EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY

STUDENT HOME ADDRESS

PARENT WORK PHONE NUMBER

PARENT HOME PHONE NUMBER

RELATIONSHIP

PHONE NUMBER

NAME OF OTHER EMERGENCY CONTACT

KNOWN ALLERGIES TO MEDICATION OR FOODS

MEDICATION(S) STUDENT IS TAKING

We agree to the statements above.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

SPONSOR SIGNATURE

APS-49 REV. 01-17
DO NOT DUPLICATE



RE: MEDICAL SERVICES FOR TAKE MEDICATIONS OR WHILE PARTICIPATING

Dear parent/guardian of _____ (Name)

Albuquerque Public Schools wishes to ensure that if your child becomes ill or injured during school sponsored activity, it is necessary that you consent in case an emergency occurs. **You must**

In the event of illness or injury, a reasonable effort will be made to notify the parent/guardian if practicable. By acting in your behalf based on written

Selection of a doctor or hospital will be made if unknown, the student will be taken to the nearest medical facility.

AUTHORIZATION

I, the parent/guardian of _____ (Name)

hereby designate the sponsor of the field or activity trip. I authorize the sponsor to take any action she may authorize such hospitalization, medical attention, or transportation for my child while participating in the activity. I accept responsibility for hospitalization, medical attention, and transportation.

1 List medical concerns (including allergies) which may affect participation in the activity.

2 Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extracurricular or co-curricular activities.

3 Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency.

(Parent Signature)

(Student Signature)

(Date)

(Date)

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

IF PARTICIPATION IN FIELD TRIP OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP. THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS.

APS-49 REV. 01-17
DO NOT DUPLICATE



ESCUELAS PÚBLICAS DE ALBUQUERQUE **PERMISO PARA PARTICIPAR/AUTORIZACIÓN PARA QUE SE PRESTEN SERVICIOS MÉDICOS**

Este formulario se deberá llenar completamente y se le devolverá a la persona encargada de organizar las actividades (SPONSOR), antes que al estudiante se le permita practicar, competir, tomar parte en representaciones o participar en actividades extraescolares o complementarias.

El padre/tutor de _____ quien estudia en la escuela _____
 mediante su firma al final de esta página, otorga permiso para que el estudiante participe en la siguiente actividad:

DESCRIPCIÓN BREVE DE LA ACTIVIDAD	FECHA DE LA ACTIVIDAD
MEDIO DE TRANSPORTE: AUTOBÚS, AUTO PARTICULAR, OTRO	HORA APROXIMADA DE PARTIDA
	HORA APROXIMADA DE REGRESO

El padre o tutor legal reconoce que en toda actividad o excursión hay cierto grado de riesgo y que el Distrito escolar no puede garantizar la seguridad de los participantes. Con conocimiento de dicho riesgo, el padre o tutor otorga permiso para que el estudiante participe.

En caso de que ocurra un accidente que requiera atención urgente, si fuese factible, se hará un esfuerzo prudencial para notificarle al padre o tutor legal. Mediante la firma que aparece abajo, el padre o tutor legal autoriza el tratamiento médico de urgencia o la hospitalización que considere necesario el personal de socorro o el personal médico. SI SU HIJO(A) TUVIESE ALGUNA CONDICIÓN MÉDICA ESPECIAL, O DEBA TOMAR UN MEDICAMENTO REGULARMENTE, USTED DEBERÁ LLENAR EL REVERSO DE ESTA HOJA. La persona encargada de la actividad llevará consigo una copia de este permiso.

Se espera que tanto los estudiantes como el personal escolar den muestra de los principios morales en los que se funda el programa **CHARACTER COUNTS**: respeto, civismo, consideración, honradez, justicia y responsabilidad. Se espera que todos los estudiantes que participen en actividades extraescolares o en viajes de estudio se comporten de ese modo dentro y fuera de la escuela. La participación en actividades extraescolares es un privilegio que se le concede al estudiante y del cual debe hacerse merecedor. Al participar en esas actividades el estudiante estará representando a su escuela y a su comunidad y se espera que en todo momento observe las más altas normas de conducta. Se espera que los estudiantes observen todas las normas prescritas en el Manual de Comportamiento para los Estudiantes de APS, así como el código de conducta de la escuela a la que asisten.

El estudiante que durante un viaje de estudios requiera tomar un medicamento por prescripción médica, de antemano deberá advertirle eso a la persona encargada de la actividad. Se guardará una copia de la receta médica en los archivos de la enfermería de la escuela. Tal vez sea necesario hacer arreglos especiales para transportar el medicamento que deba tomar el estudiante.

CONTACTO EN CASO DE URGENCIA - FAVOR DE ESCRIBIR EN LETRA DE IMPRENTA

DOMICILIO DEL ESTUDIANTE

NÚMERO DE TELÉFONO EN LA CASA (PADRE/MADRE) NÚMERO DE TELÉFONO EN EL TRABAJO (PADRE/MADRE)

NOMBRE DE OTRA PERSONA PARA LLAMAR EN CASO DE URGENCIA / PARENTESCO / TELÉFONO

MEDICAMENTOS QUE ESTÉ TOMANDO EL ESTUDIANTE ALERGIAS A MEDICAMENTOS O ALIMENTOS

Estamos de acuerdo con lo que se indica arriba

FIRMA DEL PADRE/MADRE/TUTOR

FIRMA DEL ESTUDIANTE

FECHA

FIRMA DEL PATROCINADOR

APS-49 REV. 01-17
NO DUPLICAR

SI SU HIJO(A) SUFRIERE LESIONES, O SERVICIOS MÉDICOS QUE REQUIERAN HOSPITALIZACIÓN, O DE ESTUDIO PATROCINADOS

Se le avisará a los médicos para los estudiantes que puedan ser de un estudiante que participe en una actividad extraescolar, para que reciba atención médica crítica. Si no da su consentimiento, usted

de antemano de su consentimiento, la persona a cargo de la actividad debe en la autorización por escrito que usted otorga.

Se le avisará a la persona encargada de la actividad si se supiese. Si ésta no se conociese, se llevará al conocimiento de la persona encargada y los

SERVICIOS MÉDICOS

Se le avisará a la persona encargada de la actividad si se supiese. Si ésta no se conociese, se llevará al conocimiento de la persona encargada y los

Se le avisará a la persona encargada de la actividad si se supiese. Si ésta no se conociese, se llevará al conocimiento de la persona encargada y los

2. Los medicamentos que el estudiante deba tomar o se le deban administrar durante un viaje de estudios o cuando participe en una actividad extraescolar complementaria, para lo cual se ha llenado un formulario donde se autoriza que lo(s) tome en la escuela.

3. Medicamento(s) por prescripción médica que el estudiante deba tomar o se le deba(n) administrar en caso de urgencia, para lo cual se ha llenado un formulario donde se autoriza que lo(s) tome en la escuela.

(Firma del padre / tutor)

(Fecha)

(Firma del estudiante)

(Fecha)

SE AUTORIZA LA PRESTACIÓN LIMITADA DE SERVICIOS MÉDICOS O NINGUNA PRESTACIÓN DE SERVICIOS MÉDICOS

SI USTED HA AUTORIZADO LA PARTICIPACIÓN DE SU HIJO(A) EN UNA ACTIVIDAD O EN UN VIAJE DE ESTUDIO PERO NO AUTORIZA QUE SE LE PRESTEN SERVICIOS MÉDICOS, SÍRVASE COMUNICAR POR ESCRITO Y ADJUNTAR A ESTE FORMULARIO LOS PROCEDIMIENTOS QUE HAN DE SEGUIRSE SI SU HIJO(A) SUFRIERE ALGUNA LESIÓN O SE ENFERMARA DURANTE LA EXCURSIÓN.

LA PERSONA A CARGO DE LA ACTIVIDAD DEBERÁ TENER CONSIGO ESTE FORMULARIO EN TODO MOMENTO DURANTE TODAS LAS EXCURSIONES.

APS-49 REV. 01-17
NO DUPLICAR

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M.
P.M.

WHILE YOU WERE AWAY

M _____

OF _____

PHONE NO. _____ Cell. # _____

RETURNED YOUR CALL		PLEASE CALL	
REQUEST A MEETING		URGENT	

MESSAGE

GES-Materials Management Form AD-05



Activity Fund Purchase Order

Vendor: _____

Ship to: _____

Quantity	AF Acct.	Description	Unit Price	Total Price
----------	----------	-------------	------------	-------------

 Sponsor or Department Head Signature

 Principal's Signature

 Account to Charge

 Received By

 Date

See APS general terms and conditions located in the APS Procurement website.

Navigate to:

www.aps.edu/procurement

Go to the left side of the page to click on the link.

PO Total _____



**ALBUQUERQUE
PUBLIC SCHOOLS**

Request for Activity Fund Purchase Order

(this is NOT a Purchase Order)

Date: _____

Requestor Name: _____

Vendor Name and Number: _____

Vendor Address: _____

Description: _____

(Please attach order form or quote if applicable. If PO is for a service, the Vendor Number must be on this form.)

Total Amount Not to Exceed: \$ _____

Activity Fund to be charged: _____

Sponsor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

(Please allow a minimum of 24 hours for processing)

GES-Materials Management Form AFPOR

DISTRICT FORMS PENDING MANDATE PRINTING APPROVAL



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ALBUQUERQUE PUBLIC SCHOOLS

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