

Student Enrollment Form

-Office Use Only-

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

| | | | | | | | |
|---|--|-----------------------------|--|---|--|---------------------------------|--|
| Legal first name | | Legal middle name (or none) | | Legal last name | | Date of Birth (mm/dd/yy) | |
| Gender | | Current Grade | | Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic? | | | |
| M F | | | | Yes No | | | |
| Race is based on your inherited physical characteristics (Check one or more) | | | | | | Student cell# | |
| American Indian/Alaskan Native | | Asian | | Black/African American | | Hawaiian/Pacific Islander White | |
| Is English the primary language spoken at home? | | | | Language to home | | | |
| Yes No | | | | | | | |
| Country of birth | | | | State of birth | | | |
| Do you have any court orders or legal documents you need added to your student's file (i.e. Custody, Parental Plans, etc.)? | | | | | | Yes No | |
| Last school attended | | City | | State | | | |
| | | | | | | | |
| Main/Physical Address | | | | Mailing Address (if different than Main/Physical Address) | | | |
| Streets Address | | | | Street Address or PO Box # | | | |
| | | | | | | | |
| City | | State | | Zip | | City | |
| | | | | | | | |
| If your child will be attending this school as School Choice and you would like to request transportation, please request a <i>School of Choice Transportation Application</i> –or– if you would like to request transportation to or from a location other than your home, please request an <i>Alternative Transportation Application</i> . For these circumstances, transportation is not guaranteed and is dependent upon existing routes and space availability. | | | | | | | |

The following section is for Parent Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

| | | | | | | | |
|--|--|-------------------------|--|--|--|-------------------------|--|
| Parent/Guardian Information #1 | | | | Parent/Guardian Information #2 | | | |
| Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Last Name | | First Name | | Last Name | | First Name | |
| | | | | | | | |
| | | Financially Responsible | | | | Financially Responsible | |
| | | Yes No | | | | Yes No | |
| Street Address | | | | Street Address | | | |
| | | | | | | | |
| City | | State | | City | | State | |
| | | | | | | | |
| Relationship to student | | | | Relationship to student | | | |
| Contact allowed?* | | Educational Rights?*** | | Contact allowed?* | | Educational Rights?*** | |
| Mailings? | | Release to? | | Mailings? | | Release to? | |
| Yes No | | Yes No | | Yes No | | Yes No | |
| Yes No | | Yes No | | Yes No | | Yes No | |
| Parent/Guardian #1 Contact Information | | | | Parent/Guardian #2 Contact Information | | | |
| Home Phone | | Cell Phone | | Home Phone | | Cell Phone | |
| Work Phone | | | | Work Phone | | | |
| Phone Numbers > | | | | Phone Numbers > | | | |
| Primary (select one) | | | | Primary (select one) | | | |
| SMS (text) | | | | SMS (text) | | | |
| Attendance | | | | Attendance | | | |
| Primary Email | | | | Primary Email | | | |
| Email #2 | | | | Email #2 | | | |

* **Contact Allowed:** Individual can be contacted by the school in non-emergency situations

** **Educational Rights:** Individual can make decisions and receive information about student's education. It also includes authorization to obtain access to ParentVUE, the online application which displays student information.

Student's Siblings (Enter only siblings attending K-12 PSD schools.)

| | | | | | | | |
|--------------|--|-------|------------------|--------------|--|-------|------------------|
| Sibling name | | Grade | School Attending | Sibling name | | Grade | School Attending |
| | | | | | | | |
| | | | | | | | |

| Student first name | Student last name | Birth date |
|--------------------|-------------------|------------|
| | | |

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Enrollment History

| | | | |
|--|--------------------------|---|--|
| Date your student first enrolled in a Colorado school* | | Date your student first enrolled in a U.S. school | |
| Date your student first re-enrolled into a Colorado school* after attending a school outside the state of Colorado | | Date your student re-enrolled into a U.S. school after attending a school outside of the U.S. | |
| Has your child ever... (if applicable) | skipped a grade | If so, which grade? | |
| | been retained in a grade | | |

* Colorado school (K-12 public, non-public or U.S. military base schools). Do NOT include home school or Pre-K.

Programs & Services

| | | |
|---|--|--|
| Has student ever been expelled from a school? | If Yes, enter name and address of school | If Yes, enter expulsion date |
| Yes No | | |
| Has student ever been referred for a Risk Assessment? | Was a Safety Plan developed as a condition for student's return to school? | |
| Yes No | Yes No | |
| Is student enrolled in another Colorado School including distance and online schools? | | Yes No |
| If Yes, enter name and address of the school: | | |
| Has your child received Special Education services? | Yes No | Has your child received Section 504 services? |
| What year was IEP last reviewed? | | Is the 504 health related? |
| Has your child had a specialized health care plan? | Yes No | Has your child received Gifted Education services? |
| | | Yes No |

For Children Entering Kindergarten

| | |
|---|--|
| In the past two years, what daytime care/early learning development did your child receive? | Stayed at home with parent/caregiver |
| | Attended a private home-based child care (please provide name) Attended Preschool (please provide name) Other (Please explain) |

Emergency Contacts

In cases where the parent/guardian cannot be reached, the student can be released to individuals listed as Emergency Contacts.

| | | | |
|---|----------------------|-----------------------|-------------------------|
| Contact #1 | Contact #1 last name | Contact #1 first name | Relationship to student |
| | | | |
| Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other | | | |
| Phone #1 | Type | Phone #2 | Type |
| | | | |
| | | | Release to? |
| | | | Yes No |

| | | | |
|---|----------------------|-----------------------|-------------------------|
| Contact #2 | Contact #2 last name | Contact #2 first name | Relationship to student |
| | | | |
| Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other | | | |
| Phone #1 | Type | Phone #2 | Type |
| | | | |
| | | | Release to? |
| | | | Yes No |

| | | | |
|---|----------------------|-----------------------|-------------------------|
| Contact #3 | Contact #3 last name | Contact #3 first name | Relationship to student |
| | | | |
| Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other | | | |
| Phone #1 | Type | Phone #2 | Type |
| | | | |
| | | | Release to? |
| | | | Yes No |

I voluntarily provide this information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.

Parent/Guardian Signature

Date

| | | |
|---------------------------|--------------------------|-------------------|
| Student first name | Student last name | Birth date |
| | | |

-Office Use Only-

Student ID# _____

Health Information

| | | | | |
|---------------|--------------------|-------------------|----------------------|--------------------------|
| Doctor | First Name: | Last Name: | Phone Number: | Name of Practice: |
| | | | | |

| Student Health Conditions (Check Yes or No below and explain when necessary.) Please contact the Health Office to provide additional comments | | | | | | | | | | |
|--|-------------------|------------|-----------------------|------------|-------------------------|--------------------------------|------------|-----------|--------------------------|-----------|
| ADD | Yes | No | ADHD | Yes | No | Developmental delay | Yes | No | | |
| Allergies to animals | Specify: | | | Yes | No | Diabetes: Type I | Yes | No | Diabetes: Type II | |
| Reaction: | | | | | | Head injury/concussion | Yes | No | | |
| Allergies to insects | Specify: | | | Yes | No | When? | | | | |
| Reaction: | | | | | | Heart problems | Specify: | | Yes | No |
| Allergies to medication | Specify: | | | Yes | No | Restrictions: | | | | |
| Reaction: | | | | | | Kidney/urinary problems | Yes | No | | |
| Allergies/environmental | Specify: | | | Yes | No | Explain: | | | | |
| Reaction: | | | | | | Headache | Yes | No | Migraine | |
| Allergies to food | Specify: | | | Yes | No | Orthopedic problems | Yes | No | | |
| Reaction: | | | | | | Explain: | | | | |
| Other dietary needs | Specify: | | | Yes | No | Seizures | Specify: | | Yes | No |
| Notes: | | | | | | Explain: | | | | |
| Food intolerance | Specify: | | | Yes | No | Neurological problems | Specify: | | Yes | No |
| Notes: | | | | | | Explain: | | | | |
| Anxiety | Depression | | Bipolar | | Stomach problems | | Yes | No | | |
| Yes | No | Yes | No | Yes | No | Explain: | | | | |
| Asthma | Yes | No | Rescue Inhaler | Yes | No | Other | Yes | No | | |
| Autism | Yes | No | Asperger's | Yes | No | | | | | |
| Cancer | | | | Yes | No | | | | | |
| Explain: | | | | | | | | | | |

| Student Vision and Hearing Conditions | | | | | | | | | | |
|---|------------|-----------|--|--|--|--|------------|------------|-----------|--|
| Does your child have vision problems? | Yes | No | If Yes, are glasses/contacts worn for reading at close range? | | | | Yes | No | | |
| | | | If Yes, are glasses/contacts worn for distance vision? | | | | Yes | No | | |
| Does your child have hearing problems? | Yes | No | If Yes, is a hearing aid worn? | | | | Yes | No | | |
| | | | If Yes, is preferential seating needed? | | | | Yes | No | | |
| Student Emergency Steps | | | | | | | | | | |
| Could your child's health condition warrant special EMERGENCY steps that his/her bus operator should know? | | | | | | | | Yes | No | |
| If Yes, please explain | | | | | | | | | | |

A separate written **Authorization and Release** must be submitted each school year for each medicine to be administered to a student at school

| Student Medications (List medications student is taking.) | | |
|--|---------------------------|---|
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |

I voluntarily provide this health information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.

Parent/Guardian Signature

Date