

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			
Main/Physical Address				Mailing Address (if different than Main/Physical Address)			
Street 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 *School of Choice Transportation Application* —or— if you would like to **request** transportation to or from a location other than your home, please request an *Alternative Transportation Application*. 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

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

Parent/Guardian #1

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Home Phone		Cell Phone	
				Work Phone			
				Phone Numbers ▶			
City		State		Zip		Primary (select one)	
						SMS (text)	
Mailing Address Same as Physical?				Yes No		Attendance	
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Parent/Guardian #2

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Home Phone		Cell Phone	
				Work Phone			
				Phone Numbers ▶			
City		State		Zip		Primary (select one)	
						SMS (text)	
Mailing Address Same as Physical?				Yes No		Attendance	
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Lives With: Student lives with this individual in their residence.

Mailings Allowed: Will receive physical mailings from the school and/or District.

Financial Responsibility: Elementary student profiles only – Individual is responsible for Kindergarten tuition payments.

Active Military Service: Individual is an active duty member of the Armed Forces or on full-time National Guard duty.

Individuals listed in the Parent/Guardian section will receive access to the ParentVUE online application which displays student information.

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Student's Siblings (Enter only siblings attending K-12 PSD schools)					
Sibling name	Grade	School Attending	Sibling name	Grade	School Attending

Enrollment History					
Last school attended			City	State	Date
Has your child ever... (if applicable)	skipped a grade		If so, which grade?		
	been retained in a grade				
Date your student first enrolled in a U.S. school*		mm/dd/yy			

* U.S. 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 currently enrolled in another Colorado school including distance or online school?				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?	
				Yes	No
Has your child had a specialized health care plan?		Yes	No	Has your child received Gifted Education services?	
				Yes	No

Emergency Contacts other than Parent/Guardian						
In cases where the parent/guardian cannot be reached, the student and pertinent data can be released to individuals listed as Emergency Contacts.						
Enter phone numbers 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						
Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	
Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	
Emergency Contact #3		Contact #3 last name		Contact #3 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	

<p>I verify that the information I have provided above is true and accurate.</p> <p align="right">_____</p> <p align="right"><i>Parent/Guardian Signature</i> <i>Date</i></p>
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Poudre School District will only disclose student education records and personally identifiable information contained therein in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

Student first name	Student last name	Birth date

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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 school's 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	Yes	No
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:						Headaches	Yes	No	Migraines	Yes	No
Allergies to food	Specify:			Yes	No	Orthopedic problems	Yes	No			
Reaction:						Explain:					
Other dietary needs	Specify:			Yes	No	Seizures	Specify:		Yes	No	
Explain:						Explain:					
Food intolerance	Specify:			Yes	No	Neurological problems	Specify:		Yes	No	
Explain:						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	Explain:					
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 medication 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 verify that the information I have provided above is true and accurate.

Parent/Guardian Signature

Date