

Registration Form

For Office use Only

Date of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_
Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_
Teacher/Counselor: \_\_\_\_\_ Track/Team: \_\_\_\_\_
Session: [ ] AM [ ] PM Permit Code: \_\_\_\_\_ Bus #: \_\_\_\_\_

School: \_\_\_\_\_

Use Dropdown to Select School

\*\*\* PLEASE PRINT \*\*\*

2015-2016

Student Information

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_
Last First Middle (full) Phone
Grade \_\_\_\_\_ Gender M [ ] F [ ] Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_
Residence Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)

- [ ] No. NOT Hispanic
[ ] 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 Alaskan 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.
[ ] Black or African American - A person having origins in any of the black racial groups of Africa.
[ ] Asian - A person having origins of 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 Phillipine Islands, Thailand, and Vietnam.
[ ] 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

Previous School

Has the student attended another Douglas County School District school? Y [ ] N [ ]
If Yes, School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_
Last school attended outside the Douglas County School District:
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_
Is your child presently under an expulsion order from any other school district? Y [ ] N [ ]
Is your child presently under consideration for expulsion? Y [ ] N [ ]
Is your child presently involved in the Juvenile Justice system? Y [ ] N [ ]

ESL

What language did the student use when he/she first began to talk? \_\_\_\_\_
What language(s) does the student speak / understand? \_\_\_\_\_
Is a language other than English regularly used by the student's parents/guardians? Y [ ] N [ ]
If Yes, please specify language: \_\_\_\_\_
What language is primarily spoken in the home by the parent/guardian? \_\_\_\_\_
Date most recently enrolled in US? \_\_\_\_\_ (This question is used only to determine if your child may be exempt from one administration of the reading/language arts State assessment and is not used for any other purpose.)

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y [ ] N [ ]
Has your child received any previous testing, evaluations or services in any of the following areas?
[ ] Learning Disabilities [ ] Counseling [ ] Gifted & Talented [ ] ILP
[ ] Speech/Language [ ] Psychological [ ] Remedial Reading (Title 1)
[ ] Physical Therapy [ ] Behavioral Difficulties [ ] 504 Services
[ ] Occupational Therapy [ ] Hearing/Visual Impaired [ ] Other

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Household Information**  
**Registration Form**

\*\*\*PLEASE PRINT\*\*\*

Student Name: _____			
School: _____	Last _____	Grade: _____	First _____ Middle _____
Teacher/Counselor: _____		Student ID #: _____	
Room: _____			

**2015-2016**

Household Info

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Telephone \_\_\_\_\_ Unlisted? Y  N

Parent / Guardian Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y  N

Does Student reside with? Legal Guardian  Y  N  \*\*Step-Parent Y  N

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y  N

Does Student reside with? Legal Guardian  Y  N  \*\*Step-Parent Y  N

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y  N

Does Student reside with? Legal Guardian  Y  N  \*\*Step-Parent Y  N

**Note:** When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

**Note:** \*\*Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

**Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate**

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Information**  
**Registration Form**

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First _____ Middle _____
Teacher/Counselor: _____	_____	Room: _____	_____

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**2015-2016**

**Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident**

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Doctor

Doctor's (full) Name \_\_\_\_\_ Gender \_\_\_\_\_

Name of Practice / Group \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Health Information
Registration Form

\*\*\*PLEASE PRINT\*\*\*

For Office use Only

Student Name: \_\_\_\_\_
School: \_\_\_\_\_ Last \_\_\_\_\_ Grade: \_\_\_\_\_ First \_\_\_\_\_ Student ID #: \_\_\_\_\_ Middle \_\_\_\_\_
Teacher/Counselor: \_\_\_\_\_ Room: \_\_\_\_\_

2015-2016

Health Info

Is your student taking any medications at home or at school? Y [ ] N [ ] List: \_\_\_\_\_

If your student needs to take medication at school, the "Student Medication Request Release Agreement" or "Permission to Carry" form is available at the school office. These forms must be completed for any medication a student will need to take during school hours. They are also available at www.dcsdk12.org - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

[ ] Seasonal Reaction: \_\_\_\_\_ [ ] Food \_\_\_\_\_ Reaction: \_\_\_\_\_
[ ] Insect Sting Reaction: \_\_\_\_\_ [ ] Other \_\_\_\_\_ Reaction: \_\_\_\_\_
[ ] Latex Reaction: \_\_\_\_\_ [ ] Other \_\_\_\_\_ Reaction: \_\_\_\_\_

Does your student (please check applicable boxes):

[ ] Wear glasses/contacts? [ ] Have heart problems? [ ] Hearing impaired?
[ ] Have asthma/respiratory ailments? [ ] Have convulsions/seizures? [ ] Have diabetes?
[ ] Had a head injury/significant bump to the head? [ ] Have physical activity limitations?

Please explain any conditions marked above: \_\_\_\_\_

Other medical conditions the school needs to be aware of: \_\_\_\_\_

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Tylenol Release

\*\*\* Tylenol Release for ELEMENTARY SCHOOLS ONLY \*\*\*

I request and give permission to Douglas County School District Re. 1 to provide acetaminophen (Tylenol) to my student for the following health problems: headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, and fever over 100F. I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against Douglas County School District Re. 1 and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication.

Y [ ] N [ ]

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medicaid

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, if/when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgement

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Notice

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked. State law requires immunization records be submitted at the time of registration.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_