

Student Census

Registration Form

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 \*\*\*

2014-2015

Student Information

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

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 \_\_\_\_\_

Registration Form

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

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

2014-2015

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 \_\_\_\_\_

Registration Form

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

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

2014-2015

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

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

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

2014-2015

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.

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.

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.

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.

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.

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.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.

Parent/Guardian Signature Date