

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 \*\*\*

2019-2020

Student Information
Interpreter Needed?

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

Do you need an interpreter for school meetings and events? This includes family events, parent-teacher conferences, formal plan meetings (IEP, 504, ALP, READ, ELLP), registration and enrollment, etc. Y [ ] N [ ]

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

Race/Ethnicity

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 is/was the student's first language? \_\_\_\_\_
Does the student speak a language(s) other than English? Y [ ] N [ ]
Not including language learned in school courses or academic enrichment programs (i.e., world language classes or clubs)
If yes, specify the language(s). \_\_\_\_\_
What language(s) is/are spoken in your home? \_\_\_\_\_

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 [ ] READ Plan
[ ] 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**

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

**2019-2020**

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? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
(Court Document)

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? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
(Court Document)

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? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
(Court Document)

**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. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.

**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: _____	Grade: _____	Student ID #: _____	_____
Teacher/Counselor: _____	Room: _____		

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**2019-2020**

**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 \_\_\_\_\_ Gender M  F

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

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

Additional Information \_\_\_\_\_ Gender M  F

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

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

Additional Information \_\_\_\_\_ Gender M  F

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

Doctor

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

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

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

Address \_\_\_\_\_

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

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

Date \_\_\_\_\_

Health Information
Registration Form

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

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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 "Provider Medication Authorization Form" 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.

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

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

Acknowledgment

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