

Student Information



**Complete 1 set of forms for
each student enrolling**

NEW STUDENT ENROLLMENT FORM

Office Use Only:	Enrollment Start Date:	Student Number:	Grade:	Teacher:
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STUDENT INFORMATION					
Student Legal Last Name:		Student Legal First Name:		Student Legal Middle Name:	
Male	Female	Date of Birth:		Ethnic Background Hispanic/Latino? (Select One) Yes No	
Race (select one or more):		Caucasian / White Asian Pacific Island / Native Hawaiian		Black/African American American Indian / Alaskan Native* *please complete the attached 506 form	

PARENT/GUARDIAN IN PRIMARY HOUSEHOLD (parent(s) who reside with the student)				
Parent/Guardian Name:				
Relationship to Student:	Mother Father	Step-Mother Step-Father	Court-Appointed Guardian Foster Parent	Power of Attorney
Parent/Guardian Name:				
Relationship to Student:	Mother Father	Step-Mother Step-Father	Court-Appointed Guardian Foster Parent	Power of Attorney

PARENT/GUARDIAN IN SECONDARY HOUSEHOLD (parent(s) who reside at another address)				
Parent/Guardian Name:				
Relationship to Student:	Mother Father	Step-Mother Step-Father	Court-Appointed Guardian Foster Parent	Power of Attorney
Parent/Guardian Name:				
Relationship to Student:	Mother Father	Step-Mother Step-Father	Court-Appointed Guardian Foster Parent	Power of Attorney

By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records unless the District is provided a court order specifically prohibiting them from doing so.

I hereby attest that all information I have submitted is accurate and complete to the best of my knowledge. I understand that falsifying any information may be grounds for expulsion.

Parent/Guardian Signature _____

PRINT Parent/Guardian Name _____

Date: _____

Continuous Enrollment Information

Continuous enrollment refers to the student being enrolled in a Colorado Public or United States Public school without a break in enrollment for more than 10 days.

- Student has been continuously enrolled in a Colorado Public School since: (month) _____ (year) _____
- Student has been continuously enrolled in a United States Public School since: (month) _____ (year) _____

School History

- Has this student ever applied to or been enrolled in Pre-School?
If yes, school attended: _____
Did this student use a different name? Please provide previous legal name: _____
- Has this student previously attended an Adams 12 Five Star School?
If yes, school attended: _____ Date Withdrawn: _____
Did this student use a different name? Please provide previous legal name: _____

Please list the last 3 schools attended, starting with most recent (if applicable):

School Name	Phone	
Address	City/State	
Date withdrawn	Grade	Type
		<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other

School Name	Phone	
Address	City/State	
Date withdrawn	Grade	Type
		<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other

School Name	Phone	
Address	City/State	
Date withdrawn	Grade	Type
		<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other

New Student Enrollment Form

Student Legal Last Name	Legal First Name	Legal Middle Name
Student Services Received		
<p>In order to provide your student with the appropriate academic setting, it is necessary to identify any special services they may have received at their prior school. This student has received services for:</p>		
<input type="checkbox"/> Special Education	Grade _____ School _____	Year _____
<input type="checkbox"/> English as a Second Language	Grade _____ School _____	Year _____
<input type="checkbox"/> Gifted/Talented	Grade _____ School _____	Year _____
<input type="checkbox"/> 504 Plan	Grade _____ School _____	Year _____
<input type="checkbox"/> Literacy Plan	Grade _____ School _____	Year _____
<input type="checkbox"/> Early Childhood Education	Grade _____ School _____	Year _____
<input type="checkbox"/> Homeschooling	Grade _____ School _____	Year _____
<input type="checkbox"/> Summer School	Grade _____ School _____	Year _____
<input type="checkbox"/> Retained	Grade _____ School _____	Year _____
<input type="checkbox"/> Intervention	Grade _____ School _____	Year _____
<input type="checkbox"/> Title I	Grade _____ School _____	Year _____
<input type="checkbox"/> Title IX	Grade _____ School _____	Year _____
<input type="checkbox"/> Migrant	Grade _____ School _____	Year _____

I verify that the information provided is true to the best of my knowledge.

Print Parent/Guardian Name (please print) _____

Parent/Guardian Signature (person completing form) _____ **Date** _____

Safe Schools Enrollment Form

Student Name (please print)

Grade

Date of Birth

Enrollment Eligibility

Please complete the Safe Schools Enrollment Form for each student you are seeking to enroll. This information assists staff in verifying each student's eligibility to enroll. Staff will contact each student's prior school(s) to verify accuracy of the information you provide. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked (terminated) at a later time.

Authority to Deny Admission

Colorado law (C.R.S. 22-33-106.3) authorizes school districts to deny admission to students seeking enrollment under specific conditions.

Declaration of Eligibility

Please answer the following questions by circling either "Yes" or "No" to each question. Based on your answers additional information may be requested.

Yes No

1. Has your student graduated from school, completed 12th grade, or received any other certificate of completion such as a general equivalency diploma (G.E.D.) of a secondary education program?
If "yes", please consult with enrollment staff.

Yes No

2. Is your student between the ages of 5 and 20 (not applicable for preschool programs)?
If "no", please consult with enrollment staff.

Yes No

3. Has your student been expelled, considered for expulsion or otherwise asked to withdraw from any school and/or district due to discipline, attendance, illegal behavior, or safety issues during the past 12 months?
If yes, school/district/state: _____
Reason for expulsion: _____
Date(s) of expulsion: _____
If "yes", please consult with enrollment staff.

Yes No

4. Is your student a resident of Adams 12 School District or has your student otherwise been formally granted a choice or transfer placement in writing?
If "no", please consult with enrollment staff.

Yes No

5. Have you provided the documentation that has been requested regarding your student's immunizations?
If "no", please consult with enrollment staff.

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Parent or Guardian _____

(please print)

Signature _____

Date _____

SCHOOL USE ONLY/PARA SER USADO POR LA ESCUELA SOLAMENTE

Adams 12 Staff Member: This form must be completed in its entirety for ALL students registering in Adams 12. Please email the completed form **AS SOON AS POSSIBLE** to lass.department@adams12.org

Student Number: _____

Home Language Survey

For What School Year? _____

To be completed by parent/guardian

Student First Name

Student Last Name

Date of Birth (MM/DD/YYYY)

Name of school where student is enrolling

Dear Parent(s)/Guardian(s):

Please answer the questions below accurately and completely. Registration is not processed until a completed Home Language Survey is received. This information is required by state and federal regulations and is used to assist in planning appropriate programs of instruction to meet the needs of the students. Please answer each question, sign and date the form, and submit with other registration forms.

1. What languages other than English are spoken at home?	None: <input type="checkbox"/>	Language(s):
2. What language(s) did your child speak when s/he began to talk?		
3. What language(s) does your child speak other than English? <i>Please do not include world languages learned in school.</i>	None: <input type="checkbox"/>	Language(s):
4. What language(s) does your child understand other than English?	None: <input type="checkbox"/>	Language(s):
5. Did your child attend school in another country?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/> What country? How many years? Language(s) used in instruction:
6. What is your preferred language of communication from the school?	English: <input type="checkbox"/> Spanish: <input type="checkbox"/> Other: _____	

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date (MM/DD/YYYY)

**To ensure an equitable identification process for all students, all students must follow the same process. This includes, but is not limited to, international exchange, migrant, refugee, home school, online, charter, and adopted students.*

Health Services

** All questions are voluntary and optional. Information provided through this form will be used to assess any health needs your child may have during the school day. School staff may contact parent(s)/guardian(s) for further clarification of relevant health information. Please notify school when there are significant changes to your child's health or medical needs.*

Child Name: _____ Date of Birth: _____ Age: _____ Gender: M F
 Grade: _____ Previous School / District Attended: _____
 Medical Insurance: Private Insurance CHP+ Medicaid Uninsured
 Form completed by: _____
Name (Print) Relationship to child Date
 Home phone: _____ Work phone: _____ Cell: _____

MEDICAL DIAGNOSES:

Healthy Child – No concerns

Check ALL that apply:	<i>Diagnosed by:</i>	<i>Diagnosis date:</i>
AD/HD <i>Type:</i> _____	Provider:	Date:
Allergies: <i>Type: Mild Moderate Severe</i> <i>If yes, to what:</i> _____	Provider:	Date:
Asthma/Respiratory	Provider:	Date:
Autism	Provider:	Date:
Communicable Diseases: <i>If yes please list</i>	Provider:	Date:
Diabetes <i>Type I Type II</i>	Provider:	Date:
Enuresis (Bedwetting)/ Urinary Disorder	Provider:	Date:
Epilepsy/Seizure Disorder	Provider:	Date:
Headaches / Migraines	Provider:	Date:
Hearing Loss/Ear infections	Provider:	Date:
Heart Condition	Provider:	Date:
Immune System Disorder	Provider:	Date:
Mental Disorder	Provider:	Date:
Neuro/Muscular Disorder	Provider:	Date:
Skin Conditions	Provider:	Date:
Stomach/Bowel Disorder / Encopresis (Soiling)	Provider:	Date:
Syndromes: <i>If yes please list</i>	Provider:	Date:
Traumatic Brain Injury	Provider:	Date:
Other:	Provider:	Date:

Health Services

MEDICATIONS: list home and school

No Medications

Drug Name	Dosage	Time(s)	Reason

MEDICAL CARE REQUIRED AT SCHOOL:

No Medical Care Required

Medical Care Required:	Comments:
Medication	
Nebulizer Treatment	
G-Tube Feedings	
Catheterization	
Oxygen	
Oral Suction	
Assist with Feeding	
Toileting/Diapering	
Other	

Any additional health related concerns or comments you wish to share about your child:

**All medications administered at school require both a written physician order and written parent permission.*

***It is the responsibility of the Parent/Guardian to contact the Transportation Department at (720) 972-4299 to inform them of any health conditions if your child rides the bus.*

Parent/Guardian Signature: _____

Date: _____

District Technology and the Internet Responsible Use Agreement

The District supports the use of technology and the Internet by students. Accordingly the District may provide access to students through a variety of means, including without limitation making District technology available for student use, issues network and email accounts to students, and providing Internet access through public or guest WiFi that may be used by personal devices. Additionally, the District may utilize third parties to provide resources and services to students, and those third parties may collect information that is subject to the Children's Online Privacy Protection Act. By signing below you authorize the District to provide consent to those third parties under COPPA. Information provided to third parties will be limited to a student's name, District-provided email address, and birthdate.

Content filtering tools are not completely fail-safe and while at school, direct supervision by school personnel of each student using District technology or the Internet is not possible.

Students should have no expectation of privacy when utilizing District Technology, even outside of school. All use of Technology is subject to Superintendent Policy, as well as state and federal laws.

Students are responsible for using District technology and the Internet in a responsible and appropriate manner. Student use is a privilege that may be limited or revoked at any time for any reason without notice. Misuse of District Technology whether on or off-campus, during or outside of the school day, may result in the loss of Technology privileges and/or disciplinary action.

By signing below, I acknowledge that I have read, understand and will abide by Superintendent Policy 5035.

Student Signature

Date

By signing below, I hereby give my permission for the District to issue my child email and network account, to allow my child to use District technology, and to consent on my behalf to the collection of COPPA information by third parties.

Parent Signature

Date

Student Name

School

THIS AGREEMENT IS ONLY VALID FOR THE CURRENT SCHOOL YEAR