Douglas County School District

Student Census

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: Select School

Use Dropdown to Select School

PLEASE PRINT **2021-2022**

Student Information

Legal Name from Birth Certificate

_____ Nickname _____

Last First Middle (full)

Grade _____ Gender M ☐ F ☐ Date of Birth _____ Phone **Cell** _____

Residence Address _____

City _____ State _____ Zip _____ Email _____

Interpreter Needed?

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 ☐

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 Phillippine 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 ☐

ELD

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** _____

Douglas County School District

Household Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: ______________ Last First Middle

School: __________ Grade: ______ Student ID #: __________

Teacher/Counselor: ______________ Room: ________

2021-2022

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 ☐ (Court Document) **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? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ (Court Document) **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? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ (Court Document) **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. 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** __________

Douglas County School District

Emergency Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2021-2022

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

Emergency Contact Info

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

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

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.

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last / First / Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2021-2022

Name: _____ **Birth Date:** _____

School: _____ **Grade:** _____

Early Childhood Health History

Were there any significant problems during the pregnancy, labor or delivery? Yes ☐ No ☐

If Yes, is this concern a current issue: Yes ☐ No ☐

If Yes, please explain? _____

_____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Dietary Needs - Comment required

Student has Special Dietary Needs

Allergies - Life Threatening - Comment required

- ☐ Life threatening allergy - Dairy — Comment: _____
- ☐ Life threatening allergy - Food — List Food(s): _____
- ☐ Life threatening allergy - Insect Sting — Comment: _____
- ☐ Life threatening allergy - Latex — Comment: _____
- ☐ Life threatening allergy - Peanut — Comment: _____
- ☐ Life threatening allergy - Tree Nuts — Comment: _____
- ☐ Life threatening allergy - Other — List: _____
- ☐ Life threatening allergy - Unknown — Comment: _____

Allergies - Comment required where indicated

- ☐ Animal
- ☐ Environmental / Seasonal
- ☐ Food — List Food(s): _____
- ☐ Insect Sting
- ☐ Latex
- ☐ Medication — List Food(s): _____
- ☐ Non-Specific

Other Conditions - Comment required where indicated

- ☐ ADD/ADHD — Name of medication: _____
- ☐ Alopecia
- ☐ Arthritis Juvenile
- ☐ Asthma — Comment: _____
- ☐ Autism Spectrum — Comment: _____
- ☐ Auto-Immune Condition — Comment: _____
- ☐ Blood Disorder — Comment: _____
- ☐ Cancer — Comment: _____
- ☐ Celiac Disease
- ☐ Cerebral Palsy
- ☐ Chromosomal Anomalies — Comment: _____
- ☐ Crohn's Disease
- ☐ Cystic Fibrosis
- ☐ Diabetes — Comment: _____
- ☐ Down Syndrome
- ☐ Emotional Condition — Comment: _____

Health Info

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information (Continued)

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____
Last First Middle

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2021-2022

Health Info

Other Conditions - Comment required where indicated (continued)

- ☐ Encopresis — Comment: _____
- ☐ Enuresis — Comment: _____
- ☐ Fetal Alcohol Syndrome
- ☐ Frequent Headaches — Comment: _____
- ☐ Gastrointestinal Disorder — Comment: _____
- ☐ Head Injury/Concussion — Comment: _____
- ☐ Hearing Impaired — Comment: _____
- ☐ Heart Condition - No Restriction — Comment: _____
- ☐ Heart Condition - Restrictions — Comment: _____
- ☐ Hepatitis B Carrier
- ☐ Hepatitis C Carrier
- ☐ History of Injuries — Comment: _____
- ☐ Hypoglycemia — Comment: _____
- ☐ Immune Compromised — Comment: _____
- ☐ Kidney Problem — Comment: _____
- ☐ Lactose Intolerant
- ☐ Long QT Syndrome
- ☐ Migraine Headaches
- ☐ Myalgia Myositis Fibromyalgia — Comment: _____
- ☐ Neurologic Disorder — Comment: _____
- ☐ Nosebleeds
- ☐ Orthopedic - Physical Limitation — Comment: _____
- ☐ Orthopedic - No Restrictions — Comment: _____
- ☐ Other — List: _____
- ☐ Quadriplegia
- ☐ Scoliosis
- ☐ Seizure Disorder — Comment: _____
- ☐ Shunt/Hydrocephalus — Comment: _____
- ☐ Skin Condition — Comment: _____
- ☐ Syncopal Episodes — Comment: _____
- ☐ Syndrome — Comment: _____
- ☐ Thyroid Condition
- ☐ Tourette Syndrome — Comment: _____
- ☐ Tracheostomy — Comment: _____
- ☐ Traumatic Brain Injury — Comment: _____
- ☐ Urinary Problem — Comment: _____
- ☐ Wears Glasses/Contacts
- ☐ Vision Impaired — Comment: _____
- ☐ Von Willebrand's Disease
- ☐ Wolff Parkinson White Syndrome

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information (Continued)

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2021-2022

Health Info

Additional Information

List any illness, hospitalization, surgery, accidents your student had in the the past year. None ☐

_____ Date: _____

_____ Date: _____

_____ Date: _____

List any emotional, social or other conditions that might affect your student's school performance.

_____ None ☐

Is your student currently taking any medication, including over-the-counter medication? Yes ☐ No ☐

_____ Date: _____

If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.

Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc.)? Yes ☐ No ☐

If yes, please explain: _____

Is there anything else you would like us to know about your student? Yes ☐ No ☐

_____

_____

_____

_____

Parent/Guardian Signature _____ **Date** _____

COLORADO
Department of Education

Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:	How many children under the age of 22 live with you in your household? _____	

1) In the past three years, has your family moved to another state, city, school district, and/or county?
   ☐ YES ☐ NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
   ☐ YES ☐ NO

CIRCLE all that apply below, even if the work was only for a short period of time.

Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)

Agriculture or Field Work (planting, picking, sorting crops, soil preparation, irrigation, fumigation)

Dairy & Cattle Raising (feeding, milking, rounding up)

Nursery or Greenhouse (planting, potting, pruning, watering, harvesting)

Forestry (soil preparation, planting, growing, cutting trees)

Fishing & Fish Processing (catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

This form and the data recorded within are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:

Metro Migrant Education Program
14707 E 2nd Ave, Suite 180
Aurora, CO, 80011
P. 303-365-5817 F. 303-856-7294

Douglas County School District
Learn today. Lead tomorrow.

School Use Only – *Administrator's determination of Section A circumstances*

_____

Student Residency Questionnaire

Douglas County School: _____

Student's Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: M ☐ F ☐

Parent(s) / Legal Guardian(s): _____ Phone/Pager: _____

Address: _____ City: _____ State / Zip Code: _____

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

Section A	Section B
☐ Choices in Section B **do not apply**	☐ With friends or family members due to the loss of housing or financial hardship ☐ In a motel, car or campsite ☐ In an Emergency Shelter ☐ A student not living with parent or legal guardian ☐ Other? Explain _____

2. The student lives with:

- ☐ 1 (one) parent
- ☐ 2 (two) parents
- ☐ 1 parent & another adult
- ☐ a relative, friend(s) or other adult(s)
- ☐ alone with NO adults
- ☐ an adult that IS NOT the parent or the legal guardian

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Notes:

Section B – If Section B is checked, this form **MUST** be completed and returned to school personnel.

School Contact who may know of the family's situation:

Name / Title: _____ Phone: _____

Board File: JRA/JRC-E-3

REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1

Please send all designated records to:

School Name: Timber Trail Elementary
Address: 690 Castle Pines Parkway
City, State, Zip Code: Castle Pines, CO 80108
School Phone #: 303-387-5700
FAX Phone #: 303-387-5701
Counseling Phone #: _____
Registrar Phone #: _____

Name of Student: _____ Date of Birth: _____ Grade: ___

I HEREBY AUTHORIZE:

Name of School: _____ Last Date Attended: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ FAX No.: _____

TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:

- ☐ Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)
- ☐ Scholastic/Achievement Record
- ☐ Intelligence and Aptitude Test Scores
- ☐ Standardized Test / ACT / SAT Data
- ☐ Discipline File, including record of Suspension / Expulsion
- ☐ Medical / Immunization Records
- ☐ Personality and Interest Test Scores
- ☐ Special Education / Section 504 / ILP Records
- ☐ Gifted & Talented
- ☐ Other _____

Has the above-mentioned student ever been suspended?
☐ **Yes** ☐ **No** **If Yes, please explain:** _____
Has the above-mentioned student ever been expelled or recommended for expulsion?
☐ **Yes** ☐ **No** **If Yes, please explain:** _____

Has this student received any previous testing, evaluations or services in any of the following areas?

- ☐ Individual Education Plan (IEP)
- ☐ Individual Literacy Plan (ILP)
- ☐ Counseling

Disability Area: _____

- ☐ Gifted and Talented
- ☐ 504 Services
- ☐ Psychological
- ☐ Other _____

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.

Authorized Signature: _____ Date" _____

Relationship to Student: ☐ Parent/Guardian ☐ Student (18 years and older) ☐ Registrar ☐ Other _____

According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

(Office Use Only)
Records Requested _____ By _____ Via FAX ☐ Via Mail ☐ Received Records _____