



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: <input type="checkbox"/> AM <input type="checkbox"/> PM | Permit Code: _____ Bus #: _____ |

School: _____

Use Dropdown to Select School

*** PLEASE PRINT ***

2020-2021

Student Information
Interpreter Needed?

Legal Name from Birth Certificate _____

Grade _____ Last _____ Gender M ☐ F ☐ First _____ Middle (full) _____ Date of Birth _____ Nickname _____

Residence Address _____ Phone _____ Cell _____

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 ☐

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?

| | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Counseling | <input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> READ Plan |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Psychological | <input type="checkbox"/> Remedial Reading (Title 1) | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> 504 Services | |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Hearing/Visual Impaired | <input type="checkbox"/> Other | |

Parent/Guardian Signature _____

Date _____



Douglas County School District

Household Information Registration Form

PLEASE PRINT

For Office use Only

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

2020-2021

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 _____



Douglas County School District
Emergency Information
Registration Form

For Office use Only

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

PLEASE PRINT

2020-2021

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 ☐

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** _____

Doctor

Doctor's (full) Name _____ Gender M ☐ F ☐
Name of Practice / Group _____
Phone _____ Extension _____
Address _____
City _____ State _____ Zip Code _____

Parent/Guardian Signature _____

Date _____



Douglas County School District
Health Information
Registration Form

PLEASE PRINT

For Office use Only

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

2020-2021

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. They are also available at www.dcsdk12.org - search "medication form."* (Contained in the Nursing 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 _____

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 _____

Acknowledge-
ment

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 _____

**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: _____
Address: _____
City, State, Zip Code: _____
School Phone #: _____

FAX Phone #: _____
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:

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | Disability Area: _____ | |
| <input type="checkbox"/> Individual Literacy Plan (ILP) | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> 504 Services | <input type="checkbox"/> Other _____ |

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

Authorized Signature: _____ Date: _____

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

According to the Family Educational Rights and Privacy 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 _____



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



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

☐ Choices in Section B
do not apply

Section B

☐ In an Emergency Shelter

☐ In a motel, car or campsite

☐ With friends or family members due to the loss of housing or financial hardship

☐ A student not living with parent or legal guardian

☐ Other? Explain: _____

2. The student lives with:

☐ 1 (one) parent

☐ a relative, friend(s) or other adult(s)

☐ 2 (two) parents

☐ alone with NO adults

☐ 1 parent & another adult

☐ 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.

****** Completed form is kept in the student's cum file. ******

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

Name / Title: _____

Phone: _____