



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: [dropdown]

Use Dropdown to Select School

*** PLEASE PRINT ***

2020-2021

Student Information

Legal Name from Birth Certificate, Grade, Gender, Date of Birth, Nickname, 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 - Part A. Is this student Hispanic / Latino? Part B. Which of the following groups describe the student's race?

Previous School

Has the student attended another Douglas County School District school? Last school attended outside the Douglas County School District: Is your child presently under an expulsion order from any other school district?

ELD

What is/was the student's first language? Does the student speak a language(s) other than English? Not including language learned in school courses or academic enrichment programs (i.e., world language classes or clubs)

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Has your child received any previous testing, evaluations or services in any of the following areas?

Parent/Guardian Signature Date



Household Information Registration Form

For Office use Only

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

PLEASE PRINT

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 _____
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

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
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

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
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

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

Table with 8 columns: First Name, Middle Name (full), Last Name, Date of Birth, Gender, Relation to Student, School Attending, County. Contains 4 empty rows for data entry.

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: _____		

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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 _____