2020-2021 REGISTRATION CHECK LIST

Please note that ALL of the items listed below must be returned to Legacy Point Elementary prior to us accepting registration and enrolling your student in a class.

☐ Student Enrollment Packet
☐ State Certified Birth Certificate
☐ Immunization Records
☐ Proof of Residence (warranty deed, deed of trust, current lease agreement or notarized letter)

Student’s Name__________________________________________________________

Parent’s Name__________________________________________________________

Phone Number__________________________________________________________

Kindergarten preference:

☐ ¾ day (9:05 am - 2:00 pm)
☐ Full day (9:05 am - 3:55 pm)

Grade:

☐ 1st
☐ 2nd
☐ 3rd
☐ 4th
☐ 5th

☐ On wait list for another school

Douglas County School District requires a BOOK FEE to be paid at Express Check In

Office Use Only

Date Received: _____________ Time: _____________ Received By: __________________________
Legal Name from Birth Certificate

Last
First
Middle (full)
Nickname
Date of Birth
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 Philippines, 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

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 □

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?

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 I)
☐ Physical Therapy ☐ Behavioral Difficulties ☐ 504 Services
☐ Occupational Therapy ☐ Hearing/Visual Impaired ☐ Other

Parent/Guardian Signature ___________________________ Date ___________________
Residence Address
City __________________________ State ______ Zip ______

Household Telephone __________________________ Unlisted? 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 (Court Document) 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 (Court Document) 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 (Court Document) 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>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name (If)</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relation to Student</th>
<th>School Attending</th>
<th>County</th>
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</table>

Parent/Guardian Signature __________________________ Date ______________________

2021DCSD Reg Form 101019
Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

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 ___________

Doctor's (full) Name ___________________________ Gender M □ F □

Name of Practice / Group ___________________________

Phone ___________________________ Extension ___________

Address ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________
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 ______________________

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 ______________________

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 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 ______________________
HEALTH INFORMATION – (NEW students)

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your student’s school.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>BIRTH DATE:</th>
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<tr>
<th>SCHOOL:</th>
<th>GRADE / TRACK:</th>
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EARLY CHILDHOOD HEALTH HISTORY

Were there any significant problems during the pregnancy, labor or delivery?  No ☐ Yes ☐
If yes, is this concern a current issue?  No ☐ Yes ☐
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  Comment:

**Allergies – Life Threatening – Comment required**

☐ Life threatening allergy – Dairy  Comment:
☐ Life threatening allergy – Food  Comment:
☐ 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:

**Allergies – Comment required where indicated**

☐ Animal
☐ Environmental/Seasonal
☐ Food  List Food(s):
☐ Insect Sting
☐ Latex
☐ Medication  List Medication(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:
HEALTH INFORMATION – (NEW students)

☐ Cancer
☐ Celiac Disease
☐ Cerebral Palsy
☐ Chromosomal Anomalies
☐ Crohn’s Disease
☐ Cystic Fibrosis
☐ Diabetes
☐ Down Syndrome
☐ Emotional Condition
☐ Encopresis
☐ Enuresis
☐ Fetal Alcohol Syndrome
☐ Frequent Headaches
☐ Gastrointestinal Disorder
☐ Head Injury/Concussion
☐ Hearing Impaired
☐ Heart Condition – No Restriction
☐ Heart Condition – Restrictions
☐ Hepatitis B Carrier
☐ Hepatitis C Carrier
☐ History of Injuries
☐ Hypoglycemia
☐ Immune Compromised
☐ Kidney Problem
☐ Lactose Intolerant
☐ Long QT Syndrome
☐ Migraine Headaches
☐ Myalgia Myositis Fibromyalgia
☐ Neurologic Disorder
☐ Nosebleeds
☐ Orthopedic – Physical Limitation
☐ Orthopedic – No Restrictions
☐ Other
☐ Paraplegia
☐ Quadriplegia
☐ Scoliosis
☐ Seizure Disorder
☐ Shunt/Hydrocephalus
☐ Skin Condition
☐ Syncopal Episodes
☐ Syndrome
☐ Thyroid Condition
☐ Tourette Syndrome
☐ Tracheostomy

Comment: ________________________________
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620 Wilcox Street  Castle Rock, Colorado 80104  303-387-0100

Revised 10/29/18
HEALTH INFORMATION – (NEW students)

☐ Traumatic Brain Injury  
Comment: ____________________________

☐ Urinary Problem  
Comment: ____________________________

☐ Wears Glasses/Contacts  
Comment: ____________________________

☐ Vision Impaired  
Comment: ____________________________

☐ Von Willebrand’s Disease  
Comment: ____________________________

☐ Wolff Parkinson White Syndrome

ADDITIONAL INFORMATION

• List any illness, hospitalization, surgery, accidents your student had in 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?  No  Yes  

• 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)?  No  Yes  
  If yes, please explain: ____________________________

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

Parent/Guardian Name (please print)__________________________________________________________

Parent/Guardian Signature_____________________________  Date ______________________________
Parent/Guardian Media Consent Form

Student: ___________________________  Student #: ___________________________

School: ___________________________  Grade: ___________________________

The Douglas County School District (DCSD) is committed to the safety of our students, as well as respecting the privacy of their families. We also know the importance of celebrating our students’ achievements and providing them with engaging learning opportunities, which today often means connecting with the world outside our classroom walls.

Under Board Policy JRA/JRC and the Family Educational Rights and Privacy Act (FERPA):
- DCSD schools and our District may disclose information that is generally not considered harmful or an invasion of privacy without written consent of the parent/guardian, if the primary purpose is to allow the District to include this type of information in certain school publications, such as yearbooks, newsletters, websites, social media, playbills, team rosters or honor rolls.

Additionally, unless indicated below, students may:
- Publish digital or social media online as part of their lessons.
- Participate in interviews, photography, audio or video recording by our schools, District or news media.

Check items below ONLY if you wish to opt out your student.

________ MEDIA BLACKOUT: Do not publish information about my student, including basic information (student’s name, their school, grade and accomplishments).

**MEDIA BLACKOUT - All information, including basics.

This Opt Out restricts our schools and the District from releasing any personally identifiable information about a student, including basic details like their name, school, grade and their school photo.

As a result, the student will NOT be included in:
- The yearbook portrait section (this includes their name and school photo)
- Official class (group) photos
- Any type of celebratory posts by a school, i.e., the list of students who received an award

*This is the most restrictive option and therefore results in the automatic opt out of ALL MEDIA LEVELS.*

______ By initialing here I have read and understand this Opt Out.

________ INSTRUCTIONAL MEDIA: Do not allow my student to publish digital and/or social media online as part of their lessons.

**INSTRUCTIONAL MEDIA - Digital and/or social media online during lessons.

Great learning opportunities often encourage our students to create work that has a real-world impact outside of their schools. We, however, understand that when these projects involve digital or social media*, there may be accompanying concerns about privacy.

This Opt Out restricts a student from participating in learning opportunities that result in the school or District publishing a student’s basic information (like their name, school, grade and their school photo) and class work (writing, drawings, paintings, photography, etc.).

As a result, the student will NOT be included in classroom activities which involve publishing of digital/social media online, including:
- Publicly visible or archived videos, web chats or live streams
- Podcasts
- Publishing of scientific/scholarly reports by outside organizations

This Opt Out, however, still ALLOWS students to work in secured digital environments**, like Google Sites, where a student’s work is protected from the outside world.

*Digital media includes photos, video, audio recordings and documents placed on a computer or the Internet.
**Secured digital environments are when a password is required to view these items outside of the school.

______ By initialing here I have read and understand this Opt Out.
**MEDIA COVERAGE**: Do not allow my student to be interviewed, photographed or recorded by school staff, our District or news media for coverage of school events or achievements.

**MEDIA COVERAGE** - Interviews, photographs or recordings by our schools, District or news media.

On a daily basis we celebrate the accomplishments of our students and schools. We want to share this news with our community, including on our schools’ websites or social media accounts.

This Opt Out restricts schools, DCSD and outside media organizations from taking photos or videos of the student or allowing the student to participate in interviews during academic activities.

**As a result, the student will NOT be included in media coverage, including:**
- Photos or videos taken in the student's academic environment
- Interviews (audio or video) with representatives from the school, DCSD or outside media

*Please note: There is no expectation of privacy during school assemblies or other large school gatherings, sporting events, off-campus field trips or extra-curricular activities. Privacy cannot be guaranteed in public locations.*

By initialing here I have read and understand this Opt Out.

---

**Please Read and Sign Below**

_I understand that unless I have made a selection above, my school, our District and/or outside media may use information, images or video of my child. In the event the school or District uses those photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form will apply for the duration of my child's enrollment in DCSD. I acknowledge by my signature below that I understand the above-stated information._

Signature: ____________________________ Date: ____________________________
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)

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Choices in Section B do not apply</td>
<td>□ In an Emergency Shelter</td>
</tr>
<tr>
<td>□ In a motel, car or campsite</td>
<td>□ With friends or family members due to the loss of housing or financial hardship</td>
</tr>
<tr>
<td>□ A student not living with parent or legal guardian</td>
<td>□ Other? Explain ____________________________</td>
</tr>
</tbody>
</table>

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: ____________________________

homelessliaison@dcasdk12.org  fStudentResidency04182018.pdf sdis
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.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td>GRADE:</td>
<td></td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household?</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY'S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
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<tr>
<td>ZIP:</td>
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</tbody>
</table>

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. 303-656-7294