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 Form
- State Certified Birth Certificate
- Proof of Residence (*warranty deed, deed of trust, current lease agreement or notarized letter*)
- Immunization Records

Student’s Name__________________________________________

Parent’s Name__________________________________________

Phone Number___________________________________________

Grade:

- [ ] Full-Day Kindergarten
- [ ] 1st
- [ ] 2nd
- [ ] 3rd
- [ ] 4th
- [ ] 5th

Douglas County School District requires a BOOK FEE to be paid at the time of registration.

- [ ] $10 Book Fee

*Office Use Only*

Date Received: ___________ Time: ___________ Received By: ___________
### Household Information Registration Form

**PLEASE PRINT**

#### 2020-2021

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<tr>
<th>Residence Address</th>
<th>State</th>
<th>Zip</th>
<th>Relationship to Student</th>
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<tr>
<th>Household Telephone</th>
<th>Unlisted?</th>
<th>Y □</th>
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### 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 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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### Parent/Guardian Signature ____________________________ Date ________
# Emergency Information Registration Form

**2020-2021**

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Gender</th>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
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<tr>
<th>Doctor’s (full) Name</th>
<th>Gender</th>
<th>Name of Practice / Group</th>
<th>Phone</th>
<th>Extension</th>
<th>Address</th>
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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.
**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>__________________</th>
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<td>First</td>
<td>Middle</td>
<td>Last</td>
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<tr>
<th>SCHOOL:</th>
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<th>BIRTH DATE:</th>
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<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

  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 Medication(s): 

- [ ] Non-Specific

**Other Conditions — Comment required where indicated**

- [ ] ADD/ADHD — Name of medication: 

  Comment: 

- [ ] Alopecia

- [ ] Arthritis Juvenile

- [ ] Asthma

  Comment: 

- [ ] Autism Spectrum

  Comment: 

- [ ] Auto-Immune Condition

  Comment: 

- [ ] Blood Disorder

  Comment: 

---

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

Revised 10/29/18
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

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HEALTH INFORMATION - (NEW students)

☐ Traumatic Brain Injury Comment:

☐ Urinary Problem Comment:

☐ Wears Glasses/Contacts Comment:

☐ Vision Impaired Comment:

☐ Von Willebrand's Disease

☐ 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:

School:

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, playbooks, 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).

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

___ 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 initializing here I have read and understand this Opt Out.

___ 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 of 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 initializing 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)

   □ Choices in Section B do not apply
   STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.

   □ 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
   □ 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 A - If Section A is checked, completion of form is not required. Signed form is returned to school personnel.

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: ____________________________
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>
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</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td></td>
<td>GRADE:</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, fertilization)
- 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>
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<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
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<td></td>
<td>ZIP:</td>
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<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td></td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>PREFERRED LANGUAGE:</td>
</tr>
</tbody>
</table>

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
14767 E 2nd Ave, Suite 180
Aurora, CO, 80011
P. 303-365-5817 F. 303-856-7294