

# Legacy POINT

12736 Red Rosa Circle  
Parker, CO 80134  
303-387-8725

Welcome to the neighborhood!

It is with great pleasure I personally welcome you and have an opportunity to share with you a few key identities of Legacy Point Elementary, your neighborhood school. I am Kristin Drury and I am the Principal of LPE. This is my 28th year in education and I'm proud to state they have all been in Douglas County. I spent time as an elementary teacher in various grades, an Instructional Coach, for Legacy Point when it opened, a district Professional Development Coordinator, and a high school Assistant Principal. I've had two kids graduate from the Douglas County school system and are now in college. These various roles have given me a unique perspective about education and the role the elementary years play into the larger picture.

Legacy Point is a Leader in Me school which means we teach Stephen Covey's 7 Habits for Highly Effective People, to kids. This is no small task as it often takes adults years to develop these if they are ever able to master them. Our staff is highly trained to implement this in a variety of ways.

The first way this process is special is because it develops leadership skills in ALL students. We believe everyone has genius and it is our job to cultivate this in our students. They have roles they serve in our school as opposed to "jobs." Students have opportunities to serve in classroom and schoolwide leadership positions to develop this skill.

Secondly, the Leader in Me framework places a strong emphasis on grades and academic achievement. Students set goals, learn how to identify key measures for these goals, and monitor their progress toward these goals. Additionally we have accountability partners to hold each other accountable. Placing this self directedness and ownership in the hands of our students has lifelong impact as our kids learn how to be in charge of themselves and their direction; in and out of school.

Lastly, we are able to offer a strong social emotional program to our students through the Leader in Me. We teach kids great life skills such as being proactive, controlling their own emotions, and having the power to choose responses in the moment. This social emotional emphasis helps us cultivate strong students and empowers them for their lives.

We are proud of the model we can offer to our students. Our staff has received extensive training in learning how to empower the learners in their classrooms and we invite you to come visit us to find out more. Tours are available upon request and I am always happy to meet with you to determine how LPE might fit with your student. Please feel free to call or stop by and I'm looking forward to meeting you!

Sincerely,

*Kristin R. Drury*

Kristin Drury  
[Kristin.Drury@desdk12.org](mailto:Kristin.Drury@desdk12.org)



## Start Strong in Kindergarten

- In the same way that every child learns to walk at a different age, different children develop academic and social skills at different rates.
- **This is not a checklist.** Instead, this is a way for you reflect upon your child's strengths and growth areas as you prepare your child for Kindergarten.
  - If your child has some of the skills listed in each area, your child's skills are in line with the expectations for kindergarten readiness.
  - If your child has not yet acquired many of the skills in each area, it may indicate that your child could benefit from more experience in a structured learning environment or exposure to similar-aged peers prior to embarking on kindergarten.

<p style="text-align: center;"><b>Language</b></p> <ul style="list-style-type: none"> <li>• Recognizes own name and names of familiar people and things</li> <li>• Speaks in complete sentences</li> <li>• Tells a story about a past experience</li> <li>• Engages in conversations with others</li> <li>• Uses words to express needs</li> <li>• Understands and follows 2 step directions</li> <li>• Listens when someone is talking</li> </ul>	<p style="text-align: center;"><b>Social Emotional</b></p> <ul style="list-style-type: none"> <li>• Puts his or her belongings away</li> <li>• Uses materials appropriately (art materials, toys)</li> <li>• Uses the bathroom and washes hands independently</li> <li>• Asks an adult for help when needed</li> <li>• Identifies emotions (happy, sad, mad)</li> <li>• Shows concern for others</li> <li>• Plays positively with 2-3 other children</li> <li>• Takes turns with toys and on the playground</li> <li>• Separates from parent/guardian and recovers quickly</li> </ul>	<p style="text-align: center;"><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• Works cooperatively with a friend to play a game or complete a puzzle</li> <li>• Sustains an activity for more than 5 minutes</li> <li>• Tries different solutions to solve a problem.</li> <li>• Ask questions about something to learn new information</li> <li>• Uses imagination and props to engage in pretend play</li> <li>• Makes connections when reading a book</li> </ul>
<p style="text-align: center;"><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Runs and walks</li> <li>• Alternates feet on stairs</li> <li>• Climbs playground equipment</li> <li>• Jumps on two feet</li> <li>• Throws and kicks a ball</li> <li>• Cuts with scissors</li> <li>• Pours liquids from one container to another</li> <li>• Uses fork and spoon to eat</li> <li>• Buttons/zips own clothing with support</li> <li>• Opens and closes doors</li> <li>• Holds a pencil, crayon or marker correctly</li> </ul>	<p style="text-align: center;"><b>Literacy</b></p> <ul style="list-style-type: none"> <li>• Recognizes that some words begin with the same sound</li> <li>• Knows most letters in the alphabet</li> <li>• Recognizes when two words rhyme</li> <li>• Draws a picture and tells about it</li> <li>• Recognizes and can write own first name</li> <li>• Pretends to read a book (knows how to hold book and where to start reading)</li> <li>• Pretends to read a familiar story using language similar to the text</li> <li>• Asks and answers questions about a book</li> <li>• Retells familiar stories</li> </ul>	<p style="text-align: center;"><b>Math</b></p> <ul style="list-style-type: none"> <li>• Recognizes numerals to 5 or 10</li> <li>• Counts 5 to 10 objects</li> <li>• Understands positional words (next to, under, on top of, over, between)</li> <li>• Compares objects: smaller/larger, heavier/lighter, more/less</li> <li>• Sorts objects by color, size, or shape</li> <li>• Builds a tower or structure with blocks</li> </ul>

# The 7 Habits of Happy Kids



## Habit 1-Be Proactive: **Your're In Charge**

I am a responsible person.

I take initiative.

I choose my actions, attitudes, and moods.

I do not blame others for my wrong actions.

I do the right thing without being asked, even when no one is looking.

## Habit 2-Begin with the End in Mind: **Have a Plan**

I plan ahead and set goals.

I do things that have meaning and make a difference.

I am an important part of my classroom and school.



## Habit 3-Put First Things First: **Work First, Then Play**

I spend my time on things that are most important.

I say no to things I know I should not do.

I set priorities, make a schedule, and follow my plan.

I am self-disciplined and organized.

## Habit 4-Think Win-Win: **Everyone Can Win**

I want everyone to be a success.

I don't have to put others down to get what I want.

When a conflict happens, I look for a third solution.

I believe that we all can win!



## Habit 5-Seek First to Understand Then to be Understood: **Listen Before You Talk**

I listen to other people's ideas and feelings.

I try to see things from their viewpoints.

I listen to others without interrupting.

I share my opinions and ideas.



## Habit 6-Synergize: **Together Is Better**

I know that everyone is good at something.

Everyone needs to get better at something.

We can all learn something from each other.

Working in groups helps to create better ideas than what one person can do alone.



## Habit 7-Sharpen the Saw: **Balance Feels Best**

I take care of my body by eating right, exercising and getting sleep.

I learn in a lot of ways and a lot of places, not just at school.

I take time to help others.

2020-2021 REGISTRATION CHECK LIST

**21-22**

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 \_\_\_\_\_

**Grade:**

- K
- 1st
- 2nd
- 3rd
- 4th
- 5th

*Office Use Only*

*Date Received:* \_\_\_\_\_ *Time:* \_\_\_\_\_ *Received By:* \_\_\_\_\_



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:

Use Dropdown to Select School

\*\*\* PLEASE PRINT \*\*\*

2021-2022

Student Information

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Grade \_\_\_\_\_ Last \_\_\_\_\_ Gender: M  F  First \_\_\_\_\_ Middle (full) \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ 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 Phillipine 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**

For Office use Only

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

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**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  \*\*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: _____		

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**2021-2022**

**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

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Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

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Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

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Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Acknowledgment

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 \_\_\_\_\_



Registration Form

For Office use Only

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

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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: \_\_\_\_\_
[ ] Cellac Disease
[ ] Cerebral Palsy
[ ] Chromosomal Anomalies Comment: \_\_\_\_\_
[ ] Crohn's Disease
[ ] Cystic Fibrosis
[ ] Diabetes Comment: \_\_\_\_\_
[ ] Down Syndrome
[ ] Emotional Condition Comment: \_\_\_\_\_

Health Info





Douglas County School District  
**Health Information (Continued)**  
**Registration Form**

For Office use Only

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

\*\*\*PLEASE PRINT\*\*\*

**2021-2022**

**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

Health Info

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Registration Form

\*\*\*PLEASE PRINT\*\*\*

For Office use Only

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

## 2021-2022

### 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Info

Parent/Guardian 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)

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

### 2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 (one) parent           | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 (two) parents          | <input type="checkbox"/> alone with NO adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> 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: \_\_\_\_\_



### 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? _____

- In the past three years, has your family moved to another state, city, school district, and/or county?  
 YES                       NO
- 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 2<sup>nd</sup> Ave, Suite 180  
Aurora, CO, 80011  
P. 303-365-5817 F. 303-856-7294

# 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 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 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:**