



School personnel only

Start Date ____/____/____ Records Requested Yes ____ No ____ Bus # ____ Preschool days ____
Birth Certificate Yes ____ No ____ Immunization Yes ____ No ____ Proof of Residence Yes ____ No ____
Custody Information Yes ____ No ____ SASID ____ (Exemption for Students in Homeless Situations)

Please Print (use black/blue ink) **PLATTE CANYON SCHOOL DISTRICT 2010-2011**

School _____
STUDENT INFORMATION

STUDENT'S LEGAL NAME

Last Name _____ First Name _____ Middle Name _____

Nickname _____ Grade _____ Gender _____ Birthdate ____/____/____ Student's Email _____

Home Phone _____ Student's cell phone _____ Student's SS# _____

Primary Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

(If different than above)

Country of Student's Birth _____ If not born in U.S., date of entry into U.S. _____

Race/Ethnicity

Current Residence Status

1. Do you consider yourself to be of Hispanic/Latino origin (choose only one)?

No, not Hispanic/Latino

Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

2. Which of the following groups describe your race? (choose one or more)

American Indian or Alaska 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.

Asian. A person having origins in 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 Philippine Islands, Thailand, and Vietnam

Black or African American. A person having origins in any of the black racial groups of Africa.

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.

**Residency is important as it directly relates to Educational Rights under the McKinney-Vento Act*

House/Apt/Condo/Duplex Hotel/Motel

Transitional Housing Program Relatives/Friends

Campground/RV/Car

Emergency Shelter

Other _____

Student Lives With: Please check one box

Both Parents Mother Only Father Only

Mother/Stepfather Father/Stepmother Foster Parents

Relatives _____

Other _____

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. Where the arrangement is less formal the school will provide the necessary form(s) for the parent/guardian to complete.

Since ____/____ my student has been **continuously** enrolled in any **United States school**
(mo. yr) **NOT** including preschool or Kindergarten)

Since ____/____ my student has been **continuously** enrolled in a **Colorado public school**
(mo. yr) **NOT** including preschool or Kindergarten)

EDUCATIONAL HISTORY

Has your child been enrolled in Special Education Services and/or have a current Individual Education Plan (IEP)?

Yes ___ if so what grade _____ No ___

Has a 504 Plan been developed for your student? Yes ___ if so what grade _____ No ___

Would you like to request services for a disability with accommodations (504 Plan)? Yes ___ No ___

Has your child ever been expelled from public school? Yes ___ No ___

If yes explain _____

Has your child ever been suspended from public school? Yes ___ No ___

If yes explain _____

Is your child presently involved in the Juvenile Justice system? Yes ___ No ___

If yes Explain _____

Has your child ever been retained? Yes ___ No ___ Grade ___ Explain _____

Student new to PCSD? Yes ___ No ___

Reason for leaving previous school? _____

Previous School District _____

Last School Attended _____

School Mailing address _____

Street

City

State

Zip

Phone Number of School _____ Withdraw Date _____ Grade _____

By signing below I attest that the above is accurate educational information.

Parent/Guardian Signature _____ Date _____

HOUSEHOLD INFORMATION

Parents/Guardians Who Reside With Student

Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Home Phone _____ **Work** _____
Cell _____ Guardian Y N
Email _____
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Home Phone _____ **Work** _____
Cell _____ Guardian Y N
Email _____
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Parents/Guardians Who Reside at Another Address

Parenting Responsibility Shared ____ *Not Shared* ____
(If shared, the school will create a secondary household)
Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Primary Address _____
City _____ State _____ Zip _____
Mailing Address _____
(If different than above)
City _____ State _____ Zip _____
Home Phone _____ **Work** _____
Cell _____
Email _____
Is there a court order restricting this parent/guardian's access to the student? Yes ____ No ____ (If yes, a copy of the court order must be provided)
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Parenting Responsibility Shared ____ *Not Shared* ____
(If shared, the school will create a secondary household)
Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Primary Address _____
City _____ State _____ Zip _____
Mailing Address _____
(If different than above)
City _____ State _____ Zip _____
Home Phone _____ **Work** _____
Cell _____
Email _____
Is there a court order restricting this parent/guardian's access to the student? Yes ____ No ____ (If yes, a copy of the court order must be provided)
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Additional Emergency Contact Information (Other than Parent/Guardian)

Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Home Phone _____ **Work** _____
Cell _____
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Last Name _____
First Name _____ MI _____
Gender ____ Relationship to Student _____
Home Phone _____ **Work** _____
Cell _____
Emergency Contact # 1 2 3 4 5 6
(order of contact for emergency) (check only one)

Federal and State laws require schools to determine the languages spoken and understood by each student. The information you provide will help decide whether your child is given the Colorado English Language Assessment (CELA) in reading, writing, listening, and speaking. This information is necessary for schools to provide appropriate instruction for your child.

Does the student speak/understand a language other than English? YES ____ NO ____ (if YES, please complete this section)

What language other than English does the student speak/understand? _____ (Student's Language Background)

Check one of the following to describe the student's **current** language skills:

- (1) __ No English spoken/understood (3) __ English /another language spoken/understood
(2) __ Some English spoken/understood (4) __ Mostly English spoken/understood

Which language did the student learn when he/she first began to talk? _____
(Student's First Language)

What language is used most often between parent/guardian and child? _____

Has the student attended school in another country? Yes __ No __ If yes, which country? _____ How Long? _____

Has the student been enrolled in: (1) English as a Second Language Program? Yes __ No __

(2) Bilingual program? Yes __ No __

Students new to the district shall be enrolled conditionally until records, including birth certificate, immunization records, attendance, and discipline records, from the school 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.

The school will attempt to reach one of the people listed on this form, but if none of these people can be reached the school personnel have my permission to use discretion in securing medical aid in an emergency **IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSES INCURRED.** To the best of my knowledge the above information is correct. I agree and approve all information.

I, the undersigned, authorize officials of Platte Canyon School District No. 1 to contact directly the persons named on this form.

Parent/Guardian Signature _____ Date _____

The District complies with non-discrimination statutes and constitutional provisions. No otherwise qualified student, employee, applicant for employment or member of the public shall be excluded from participation in, be denied the benefits of or be subjected to unlawful discrimination in any District program or activity on the basis of race, creed, color, sex (which includes marital status), sexual orientation, national origin, religion, ancestry, disability or need for special education services. Discrimination against employees and applicants for employment based on age is also prohibited in accordance with state and federal law. Superintendent, James W. Walpole, Platte Canyon School District, P.O. Box 295, Bailey, Colorado 80421, phone: 303-838-7666, extension 1000 is the individual designated to coordinate Title IX, Section 504, and ADA compliance activities.