

Student Enrollment Form

—Office Use Only—

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

| | | | | | | | |
|--|--|-----------------------------|--|---|--|---------------------------------|--|
| Legal first name | | Legal middle name (or none) | | Legal last name | | Date of Birth (mm/dd/yy) | |
| Gender M F | | Current Grade | | Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic? Yes No | | | |
| Race is based on your inherited physical characteristics (Check one or more) | | | | | | Student cell# | |
| American Indian/Alaskan Native | | Asian | | Black/African American | | Hawaiian/Pacific Islander White | |
| Is English the primary language spoken at home? Yes No | | | | Language to home | | | |
| Country of birth | | | | State of birth | | | |
| Main/Physical Address | | | | Mailing Address (if different than Main/Physical Address) | | | |
| Street Address | | | | Street Address or PO Box # | | | |
| City | | State | | Zip | | City | |
| | | | | | | | |

If your child will be attending this school as School Choice and you would like to **request** transportation, please request a *School of Choice Transportation Application* –or– if you would like to **request** transportation to or from a location other than your home, please request an *Alternative Transportation Application*. For these circumstances, transportation is not guaranteed and is dependent upon existing routes and space availability.

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

Do you have any court orders or legal documents you need added to your student's file (i.e. Custody, Parental Plans, etc.)? Yes No

Parent/Guardian #1

| | | | | | | | |
|--|--|------------------|--|--------------------------|--|---|--|
| Lives With | | Mailings Allowed | | Financial Responsibility | | Active Military Service (see definition of terms below) | |
| Relation Type | | Parent Guardian | | Step Parent | | Power of Attorney Self | |
| Last Name | | First Name | | Relationship to student | | Primary Email Address | |
| Physical Address | | | | | | Home Phone Cell Phone Work Phone | |
| City | | State | | Zip | | Phone Numbers > | |
| | | | | | | Primary (select one) | |
| | | | | | | SMS (text) | |
| Mailing Address Same as Physical? | | Yes No | | Attendance | | | |
| If you answered no to the above question, please enter mailing address below | | | | | | | |
| Street/PO# | | City | | State | | Zip | |

Parent/Guardian #2

| | | | | | | | |
|--|--|------------------|--|--------------------------|--|---|--|
| Lives With | | Mailings Allowed | | Financial Responsibility | | Active Military Service (see definition of terms below) | |
| Relation Type | | Parent Guardian | | Step Parent | | Power of Attorney Self | |
| Last Name | | First Name | | Relationship to student | | Primary Email Address | |
| Physical Address | | | | | | Home Phone Cell Phone Work Phone | |
| City | | State | | Zip | | Phone Numbers > | |
| | | | | | | Primary (select one) | |
| | | | | | | SMS (text) | |
| Mailing Address Same as Physical? | | Yes No | | Attendance | | | |
| If you answered no to the above question, please enter mailing address below | | | | | | | |
| Street/PO# | | City | | State | | Zip | |

Lives With: Student lives with this individual in their residence.

Mailings Allowed: Will receive physical mailings from the school and/or District.

Financial Responsibility: Elementary student profiles only – Individual is responsible for Kindergarten tuition payments.

Active Military Service: Individual is an active duty member of the Armed Forces or on full-time National Guard duty.

Individuals listed in the Parent/Guardian section will receive access to the ParentVUE online application which displays student information.

| Student first name | Student last name | Birth date |
|--------------------|-------------------|------------|
| | | |

-Office Use Only-

Student ID# _____

| Student's Siblings (Enter only siblings attending K-12 PSD schools) | | | | | |
|---|-------|------------------|--------------|-------|------------------|
| Sibling name | Grade | School Attending | Sibling name | Grade | School Attending |
| | | | | | |
| | | | | | |

| Enrollment History | | | | | |
|--|--------------------------|----------|---------------------|-------|------|
| Last school attended | | | City | State | Date |
| | | | | | |
| Has your child ever... (if applicable) | skipped a grade | | If so, which grade? | | |
| | been retained in a grade | | | | |
| Date your student first enrolled in a U.S. school* | | mm/dd/yy | | | |

* U.S. school (K-12 public, non-public or U.S. military base schools). Do NOT include home school or Pre-K.

| Programs & Services | | | | | |
|---|----|--|----|--|----|
| Has student ever been expelled from a school? | | If Yes, enter name and address of school | | If Yes, enter expulsion date | |
| Yes | No | | | | |
| Has student ever been referred for a Risk Assessment? | | Was a Safety Plan developed as a condition for student's return to school? | | | |
| Yes | No | Yes | No | | |
| Is student currently enrolled in another Colorado school including distance or online school? | | | | Yes | No |
| If Yes, enter name and address of the school: | | | | | |
| Has your child received Special Education services? | | Yes | No | Has your child received Section 504 services? | |
| What year was IEP last reviewed? | | | | Yes | No |
| Has your child had a specialized health care plan? | | Yes | No | Has your child received Gifted Education services? | |
| | | | | Yes | No |

| Emergency Contacts other than Parent/Guardian | | | | | | |
|---|------|----------------------|------|-----------------------|------|-------------------------|
| In cases where the parent/guardian cannot be reached, the student and pertinent data can be released to individuals listed as Emergency Contacts. | | | | | | |
| Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other | | | | | | |
| Emergency Contact #1 | | Contact #1 last name | | Contact #1 first name | | Relationship to student |
| Phone | Type | Phone | Type | Phone | Type | |
| Emergency Contact #2 | | Contact #2 last name | | Contact #2 first name | | Relationship to student |
| Phone | Type | Phone | Type | Phone | Type | |
| Emergency Contact #3 | | Contact #3 last name | | Contact #3 first name | | Relationship to student |
| Phone | Type | Phone | Type | Phone | Type | |

| | |
|---|--|
| I verify that the information I have provided above is true and accurate. | <hr/> <i>Parent/Guardian Signature</i> |
| | <hr/> <i>Date</i> |

Poudre School District will only disclose student education records and personally identifiable information contained therein in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students



This box **MUST** be completed by school registrar before giving to site ELD and/or McKinney representative as appropriate.
 Intake School: _____ Intake Date: _____
 Enrolling School: _____ Date Enrolled: _____
 Student ID #: _____ Grade: _____

State and federal regulations require that schools determine eligibility for English Language Development, immigrant, migrant, refugee, or McKinney-Vento education services and supports. This information is used to ensure that the educational rights of each child are met. This **confidential information** is for school use only.

| | | |
|-------------------------------|---|-----------------------|
| Student's Last Name | Student's First Name | Student's Middle Name |
| Date of Birth | Place of Birth | Address |
| Date Student Entered Colorado | Date Student Entered US (if applicable) | |
| Parent/Guardian Name(s) | Phone Numbers | |

Home Language Survey

| | |
|---|--|
| Does your child understand a language other than English? If yes, what other languages does your child know? | |
| What language did your child first learn? | |
| What language do you most frequently speak with your child? | |
| What language does your child most frequently speak with you? | |
| Is your child able to read and write in this language? | |
| List any other languages used in the home. | |
| Which language do you prefer for communication to and from school? | |

Educational History

Please complete the following educational history as accurately as possible.

| Grade and Date(s) | School Name | School Location | Language of Instruction |
|-------------------|-------------|-----------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you came to the US from another country, did your child attend school in that country? Yes No

If yes, please complete the following:

| | |
|---|--|
| How many total years did your child attend school in another country? Which country? | |
| Did your child receive any specialized instruction (Gifted/Talented, Special Education, Interventions)? | |

Have you been given Refugee Status Paperwork? Yes No

Residency Information

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Your answers help to determine the support the student may be eligible for.

*This **confidential information** is for school use only.*

A. Please check which of the following situations the student resides in (you can choose more than one):

- Motel, car, campsite, or park
- Shelter (emergency, safehouse) or transitional housing program
- Living with extended family members, non-family members, or friends
- Inadequate housing (lacks proper kitchen, bathroom facilities, water or electricity, and/or infestations, mold, or other dangers)
- None of the above
- Other (Please Explain)

B. Please check all the following reasons that apply to the students living situation (you can choose more than one):

- Loss of housing
- Economic hardship
- Temporarily waiting for house or apartment
- Providing care for a family member
- Living with boyfriend/girlfriend/significant other/friend
- Loss of employment
- Parent/Guardian deployed
- None of the above
- Other (Please explain)

Yes No

C. I am a student living apart from my parents or guardians. Yes No

For students **without** a fixed, regular and adequate nighttime residence the following rights apply:

Educational Rights

1. Go to school no matter where they live or how long they have lived there
2. Choose between the local school where they are living, the school they attended before they lost their housing, or the school where they were last enrolled
3. Enroll in school without proof of residency, immunizations, school records, or other documents
4. Have access to extracurricular activities
5. Get transportation to their school of origin (if feasible and in their educational best interest)
6. Get all the school services they need (including free breakfast/lunch, fees waived)
7. Be free from harassment and isolation
8. Have disagreements with the schools settled quickly

Any questions about these rights can be directed to the local McKinney-Vento Program Specialist at 970-490-3242.

By signing below, I acknowledge that I have read and understand the above rights.

Signature of either parent, guardian, or unaccompanied youth

Date



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 below.

| | | |
|-----------------------|---|------------|
| CHILD'S FIRST NAME: | CHILD'S LAST NAME: | BIRTHDATE: |
| SCHOOL: | | GRADE: |
| PARENT/GUARDIAN NAME: | Do you have more than one child? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

- 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?

Mark **YES** and **CIRCLE** all that apply even if the work was only for a short period of time.

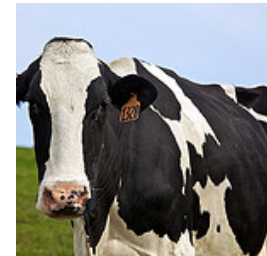
- YES NO



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock, etc.)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation, etc.)



Dairy & Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing & Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions 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: | |



Media Opt-Out Form

This form is for parents who wish to designate that their child **SHOULD NOT** be in photos/video or articles published by PSD and/or its schools.

If this form is not completed and returned to the school by September 1 each year, PSD will assume that parent(s)/guardian(s) have given permission to publish their student’s photo, video and/or name as specified below.

Please note: This form does not apply to students participating in public events, like academic competitions, performances and athletic events. Student photos and names from these events may be published by news media.

Photos, Articles and Videos Featuring Students Published in Print and Electronic Media

Poudre School District staff often photograph, film and interview PSD students at events and school activities for promotional and publicity purposes.

This information is typically posted on the PSD website and featured on PSD social media channels including Facebook, Twitter, YouTube, Instagram and Snapchat.

Confidential student information is not shared, but information and photos may be published on websites, in social media and publications as follows:

- As a general rule, students are not identified in photos used on District website pages.
- Students’ first and last names may be included in news items on the District website when it relates to participation in curricular and school activities.
- School websites may identify students in photos and/or news items (it is a site-based decision).
- Articles about individual students may include a photo identifying the student.

Special Considerations

- This form does not cover publication of student photos or names in the news media.
- This form does not apply to yearbooks, student newspapers or other student publications.

If you DO NOT want your child to be interviewed, photographed or filmed, complete and sign the form and return it to your child’s school.

- Do not include my child in any articles, photographs, or videos published on the PSD/school websites or in district/school publications.

Student Name _____ School _____

Grade _____ Student ID# _____

Parent or Guardian Signature

Date

MILITARY OPT-OUT FORM

**Opt-Out Form
Regarding Military Recruiter
Requests for Secondary Student
Names, Addresses and Home Telephone Numbers**

Under 20 U.S.C. § 7908(a), C.R.S. § 24-72-204(3)(d) and District Policy JRA/JRC, the names, addresses and home telephone numbers of secondary school students must be released to military recruiters within 90 days of being asked for, except when a student or his/her parent requests in writing that such information not be released.

If you do **not** want this information released to military recruiters, please fill out the form below and return to **Fossil Ridge High School**. The form must be completed and submitted by the **student, parent, or both** to the student's school **each year** for which nondisclosure is requested. In order to ensure that the form is received before the District is required to release the student information to military recruiters, it must be submitted to the student's school no later than the third Monday in September.

BY SIGNING BELOW, I/WE ARE REQUESTING THAT THE NAME, ADDRESS AND/OR HOME TELEPHONE NUMBER OF THE STUDENT IDENTIFIED BELOW **NOT** BE RELEASED TO ANY UNITED STATES MILITARY RECRUITERS:

Student name
(Please print)

Grade

ID Number

Parent/Guardian Signature

Date

And/Or

Student Signature

Date

Signing this form does not preclude the student from eligibility for scholarships or financial aid.

| | | |
|---------------------------|--------------------------|-------------------|
| Student first name | Student last name | Birth date |
| | | |

-Office Use Only-

Student ID# _____

Health Information

| | | | | |
|---------------|--------------------|-------------------|----------------------|--------------------------|
| Doctor | First Name: | Last Name: | Phone Number: | Name of Practice: |
| | | | | |

Student Health Conditions (Check Yes or No below and explain when necessary.) Please contact the school's Health Office to provide additional comments

| | | | | | | | | | | |
|--------------------------------|-------------------|------------|-----------------------|------------|--------------------------------|----------------------------|------------|--------------------------|------------|-----------|
| ADD | Yes | No | ADHD | Yes | No | Developmental delay | Yes | No | | |
| Allergies to animals | Specify: | | Yes | No | Diabetes: Type I | Yes | No | Diabetes: Type II | Yes | No |
| Reaction: | | | | | Head injury/concussion | | | Yes | No | |
| Allergies to insects | Specify: | | Yes | No | When? | | | | | |
| Reaction: | | | | | Heart problems | Specify: | | | Yes | No |
| Allergies to medication | Specify: | | Yes | No | Restrictions: | | | | | |
| Reaction: | | | | | Kidney/urinary problems | | | Yes | No | |
| Allergies/environmental | Specify: | | Yes | No | Explain: | | | | | |
| Reaction: | | | | | Headaches | Yes | No | Migraines | Yes | No |
| Allergies to food | Specify: | | Yes | No | Orthopedic problems | | | Yes | No | |
| Reaction: | | | | | Explain: | | | | | |
| Other dietary needs | Specify: | | Yes | No | Seizures | Specify: | | | Yes | No |
| Explain: | | | | | Explain: | | | | | |
| Food intolerance | Specify: | | Yes | No | Neurological problems | Specify: | | | Yes | No |
| Explain: | | | | | Explain: | | | | | |
| Anxiety | Depression | | Bipolar | | Stomach problems | | | Yes | No | |
| Yes | No | Yes | No | Yes | No | Explain: | | | | |
| Asthma | Yes | No | Rescue Inhaler | Yes | No | Other | | | Yes | No |
| Autism | Yes | No | Asperger's | Yes | No | Explain: | | | | |
| Cancer | | | Yes | No | | | | | | |
| Explain: | | | | | | | | | | |

Student Vision and Hearing Conditions

| | | | | | | | |
|---|------------|-----------|--|--|--|------------|-----------|
| Does your child have vision problems? | Yes | No | If Yes, are glasses/contacts worn for reading at close range? | | | Yes | No |
| | | | If Yes, are glasses/contacts worn for distance vision? | | | Yes | No |
| Does your child have hearing problems? | Yes | No | If Yes, is a hearing aid worn? | | | Yes | No |
| | | | If Yes, is preferential seating needed? | | | Yes | No |

Student Emergency Steps

| | | |
|---|------------|-----------|
| Could your child's health condition warrant special EMERGENCY steps that his/her bus operator should know? | Yes | No |
| If Yes, please explain | | |

A separate written **Authorization and Release** must be submitted each school year for each medication to be administered to a student at school

Student Medications (List medications student is taking.)

| | | |
|----------------------------|---------------------------|---|
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |
| For what condition? | Name of medication | Does this medication need to be given at school? |
| | | Yes No |

I verify that the information I have provided above is true and accurate.

Parent/Guardian Signature

Date

Request to Secure Student Education Records & Confirm Enrollment and Attendance*

Use this form to request records from a school outside of Poudre School District for a student who intends to enroll, or has enrolled, in a PSD School.

Student Info

Student Name: _____ Grade _____

Date of Birth: _____ Colorado ID# (SASID) _____ PSD ID _____

Current PSD School Information

Remit Records VIA:

- Email
- US Mail
- FAX



TO: FOSSIL RIDGE HIGH SCHOOL

ATT: Sandi Emanuel, Registrar
5400 Ziegler Road
Fort Collins, CO 80528

PHONE: 970-488-6265

FAX: 970-488-6263

EMAIL: semanuel@psdschools.org

Previous School

School _____

City/State/Zip _____

Telephone _____ Fax Number _____

Email _____

Requested Information

Please send the following records. Thank you.

- | | |
|--|---|
| <input type="checkbox"/> All Academic Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Transcript or Report Card | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Withdrawal Grades/Courses at time of Withdrawal | <input type="checkbox"/> Advanced Learning Plan/GT Data |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Response to Intervention Data and/or Read Plan |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Legal/Court Orders |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Other: _____ | |

IEP/Special Education records are processed through the PSD Records Center only and require a separate release form -- psdrecords@psdschools.org

Confirmation of Enrollment and Attendance

(The previous school should keep a copy of this form for verification of transfer.)

The Student listed above enrolled in our school on _____ (date).

The Student began attending classes on _____ (date).

The Student is pre-registered in our school with a tentative start date of _____ (date).

Signature of the School/District Representative providing this information:

School/District Signature
Title
Date

*FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) as revised, states an educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll. Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students