

# 2019-2020 REGISTRATION CHECK LIST

# 19-20

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

- Student Enrollment Form
- Health Information Form
- Student Residency Questionnaire
- Eligibility Survey for Free Services (*required by Colorado Dept. of Education, may mark as N/A*)
- 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 \_\_\_\_\_

### Kindergarten preference:

- ½ day (9:10 am – 12:10 pm) : \$0 Tuition fee per month
- ¾ day (9:10 am – 2:00 pm) : \$162.50 Tuition fee per month
- Full day (9:10 am – 4:00 pm) : \$325 Tuition fee per month

### Grade:

- 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:* \_\_\_\_\_

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: **Legacy Point Elementary**

Use Dropdown to Select School

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**2019-2020**

Student Information  
 Interpreter Needed?

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Grade \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle (full) \_\_\_\_\_ Gender M  F  Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Cell \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Race/Ethnicity

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 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 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

ESL

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

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**2019-2020**

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

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2019-2020

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 <input type="checkbox"/> F <input type="checkbox"/> |
| Phones Home _____            | Work _____ Cell _____  |

|                              |  |
|------------------------------|--|
| Name _____                   | Relationship to Student _____                                |
| Additional Information _____ | Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| Phones Home _____            | Work _____ Cell _____  |

|                              |  |
|------------------------------|--|
| Name _____                   | Relationship to Student _____                                |
| Additional Information _____ | Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| Phones Home _____            | Work _____ Cell _____  |

Doctor

|                                |  |
|--------------------------------|--|
| Doctor's (full) Name _____     | Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| Name of Practice / Group _____ |  |
| Phone _____                    | Extension _____  |
| Address _____                  |  |
| City _____                     | State _____ Zip Code _____                                   |

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

Date \_\_\_\_\_

Douglas County School District  
**Health Information**  
**Registration Form**

For Office use Only

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

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**2019-2020**

Health Info

**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](http://www.dcsdk12.org) - search "medication form."* (Contained in the Nursing Services web page.)

**Does your student have any known allergies?**

|   |                                      |                 |
|---|--------------------------------------|-----------------|
| <input type="checkbox"/> Seasonal Reaction: _____     | <input type="checkbox"/> Food _____  | Reaction: _____ |
| <input type="checkbox"/> Insect Sting Reaction: _____ | <input type="checkbox"/> Other _____ | Reaction: _____ |
| <input type="checkbox"/> Latex Reaction: _____        | <input type="checkbox"/> Other _____ | Reaction: _____ |

**Does your student (please check applicable boxes):**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Wear glasses/contacts?                          | <input type="checkbox"/> Have heart problems?                | <input type="checkbox"/> Hearing impaired? |
| <input type="checkbox"/> Have asthma/respiratory ailments?               | <input type="checkbox"/> Have convulsions/seizures?          | <input type="checkbox"/> Have diabetes?    |
| <input type="checkbox"/> Had a head injury/significant bump to the head? | <input type="checkbox"/> 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** \_\_\_\_\_

Medicaid

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** \_\_\_\_\_

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.

**THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





### HEALTH INFORMATION – (NEW students)

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



### HEALTH INFORMATION - (NEW students)

- Traumatic Brain Injury
- Urinary Problem
- Wears Glasses/Contacts
- Vision Impaired
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Comment: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Comment: \_\_\_\_\_

### 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 \_\_\_\_\_





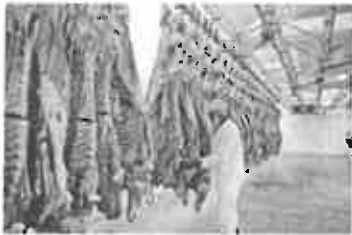
### Colorado MEP Occupational Survey

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



# 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<br><input type="checkbox"/> In a motel, car or campsite<br><input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship<br><input type="checkbox"/> A student not living with parent or legal guardian<br><input type="checkbox"/> Other? Explain: <input type="text"/> |

## 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 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: