

POUDRE SCHOOL DISTRICT Student Enrollment Form

	y
Student ID#	
Student Start Date	

(St	udent S	Start Date _				
School			School Yo	ear	Too	day's Date							
Student Infor	mation												
Legal first name			Legal middle name	e (or none)	Lega	al last name		Date of	f Birth (mm/d	d/yy)			
Gender	Current G	rade	Ethnicity is based	on your nationalit	y, religio	n and language. Do yo	u consider yo	urself H	lispanic?				
M F			Yes No										
Race is based on yo	our inherite	ed physica	al characteristics (C	Check one or more)					Student cell#				
American Indian	n/Alaskan Na	ntive	Asian Black/Afri	can American	Hawaiian	/Pacific Islander Wi	nite						
Is English the prin	mary langi	uage spo	ken at home?		Lan	guage to home							
Yes No													
Country of birth					Stat	te of birth							
Main/Physical Ad	dress				Mai	ling Address (if diffe	rent than Ma	in/Phy	sical Addres	s)			
Street Address					Stre	eet Address or PO Bo	x #						
City			State	Zip	City			State		Zip			
–or– if you would like	to request	transporta		tion other than your	home, ple	portation, please request ease request an <i>Alterna</i> ce availability.					1		
The following section	on is for Pa	arent/Gua	ırdian information o	only. Emergency con	ntact infor	mation is to be entered i	n the Emergen	cy Contac	cts section on p	age 2.			
Parent/Guard	lian Info	ormatio	on										
				need added to vo	our stud	ent's file (i.e. Custod	v. Parental I	Plans, et	tc.)?	Yes	No		
Parent/Guardian :		no or reg	ar accuments you	neca added to ye	Jul Stud	cite o me (ner cuotea	y/ Full Circuit	ians, c	coi):				
Lives With	" – Mailings A	llowed	Financial Respon	sibility Active	Military 9	Service <i>(see definition</i>	n of terms he	low)			ł		
Relation Type	Parer		•		r of Attor	•							
Last Name	1	First Na		Relationship to s		Primary Email Addr	ess						
						,							
Physical Address							Home Pho	one	Cell Phone	Work P	hone		
						Phone Numbers >							
City			State	Zip		Primary (select one)							
- City				P		SMS (text)							
Mailing Address Sam	e as Physica	al?		Yes N	lo.	Attendance							
			please enter mailing			Attendunce							
Street/PO#	o the above	question,	picase circe manning	City			State		Zip				
Street/FO#				City			State		Zip				
Parent/Guardian	#2												
Lives With	Mailings Al	lowed	Financial Respons	sibility Active I	Military S	ervice (see definition	of terms bel	ow)					
Relation Type	Parer	nt G	Guardian Step	Parent Power	r of Attor	ney Self							
Last Name		First Na	me	Relationship to s	student	Primary Email Addr	ess						
Physical Address							Home Ph	one	Cell Phone	Work P	hone		
						Phone Numbers >							
City			State	Zip		Primary (select one)							
						SMS (text)							
Mailing Address Same	e as Physica	al?		Yes N	lo	Attendance							
If you answered no t	to the above	question,	please enter mailing	address below									
Street/PO#				City			State		Zip				
Mailings Allowed Financial Respon	d: Will rece nsibility: E	eive physic Elementar		e school and/or D nly – Individual is	respons	sible for Kindergarten i or on full-time Natior							

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

Student first name	9	Student la	st name		Ві	irth date					Use Only-	
									Stude	ent ID#		
Student's Siblings (Enter	only sibl	ings atte	nding K-	12 PSD s	chools)				,			
Sibling name		Grade	School	Attending	9	Sibling name			Grade	School A	Attending	
					,							
Enrollment History												
						City				Chaha	Data	
Last school attended						City				State	Date	
		skipped a grade										
Has your child ever (if applicable)				l in a grade		If so, which grade?						
Date your student first enre	olled in a	U.S. scho	ol*	mm/	'dd/yy							
* U.S. school (K-12 public, no	on-nublic	or IIS mi	litary hace			nclude home school	or Pre-K					
		0.5. 1111	iitai y Dase	scrioois).	DO NOT I	Ticidde Home School	or Fre-K.					
Programs & Services												
Has student ever been expelle	ed from a	school?		If Yes, er	nter name	and address of school	ol		If Yes, e	nter expul	sion date	
Yes No										_		
Has student ever been referre	ed for a Ri	isk Assessi	ment?			developed as a condi	ition for st	udent's re	turn to scl	hool?		
Yes No	:	Calauada	aabaal in	Yes		ulius saksal2				N.		
Is student currently enrolled			SCHOOL INC	cluaing als	tance or c	online school?			Yes	No No		
If Yes, enter name and address o			200	Yes	No	Has your child rece	aived Section	on EOA so	rvices?		Yes	No
Has your child received Speci What year was IEP last reviewed		ion service	251	165	140	Is the 504 health rela		011 304 Se	i vices :		Yes	No
Has your child had a specializ		care plan	?	Yes	No	Has your child rece		d Educatio	on service	s?	Yes	No
		Can C prant	-									
			- 10									
Emergency Contacts	other	than Pa	rent/G	uardiar	<u> </u>							
In cases where the parent/g	uardian c	annot be	reached, t	he studen	t and pert	inent data can be re	eleased to	ndividual	s listed as	Emergen	cy Contacts	5.
Enter phone numbers in the			d be calle - Other	d in case	of an eme	ergency. Under Type	e (of phon	e), enter	a letter:			
H - Hollie W - Work	<u> </u>	1				Control #1 first in			Dolotion	abia ta at		
Emergency Contact	#1	Contact	#1 last n	ame	,	Contact #1 first n	name		Relation	ship to st	uaent	
Phone	Туре	Phone			Туре	Phone		Туре				
Thone	Турс	I Hone			Турс	Thone		Турс				
Emergency Contact	#2	Contact	#2 last n	ame		Contact #2 first n	name		Relation	ship to st	udent	
					1							
Phone	Туре	Phone			Туре	Phone		Туре				
		Camba at	#2 la et e			Combact #2 Foot of			Dalation			
Emergency Contact	#3	Contact	#3 last n	ате		Contact #3 first n	ате		Relation	ship to st	udent	
Phone	Туре	Phone			Туре	Phone		Туре				
	-,,,,				-,,,,			- , , , ,				
I varify that the infer	rmation	I have :	provides	l abovo								
I verify that the inform is true and accurate.		ı ılave	provided	า ฉบบงศ								

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

Parent/Guardian Signature

Date

Student fire													
Student III	st name		Stude	nt last	name			Birth date				Use Only-	
											Student ID# _		
Health I	Informati	ion											
	First Name:			Last N	ame:		_	Phone Number:		Name o	f Practice:	_	_
Doctor	i ii se i taille.	1		Last IV	aine.			r none Number:		ivaine o	i Fractice.		
					ow and			cessary.) Please cont		iool's Hea	th Office to provide add		
ADD		Yes No	ADH	D		Yes	No	Developmental de			I	Yes	No
Allergies to	o animals	Specif	:			Yes	No	Diabetes: Type I	Yes	No	Diabetes: Type II	Yes	No
Reaction:						1		Head injury/concu	ussion			Yes	No
Allergies to	o insects	Specif	:			Yes	No	When?		1			
Reaction:						ı		Heart problems		Specify:		Yes	No
	o medication	Specif	:			Yes	No	Restrictions:					
Reaction:						1		Kidney/urinary pr	oblems			Yes	No
	environment	Specif	:			Yes	No	Explain:					
Reaction:								Headaches	Yes	No	Migraines	Yes	No
Allergies to	o food	Specif	:			Yes	No	Orthopedic proble	ms			Yes	No
Reaction:								Explain:					
Other dieta	ary needs	Specif	:			Yes	No	Seizures		Specify:		Yes	No
Explain:								Explain:					
Food intole	erance	Specif	:			Yes	No	Neurological prob	lems	Specify:		Yes	No
Explain:								Explain:					
Anxiety		Depression	1		Bipo	olar		Stomach problems	s			Yes	No
Yes	No	Yes	No			Yes No	1	Explain:					
Asthma		Yes No	Resc	ue Inh	aler	Yes	No	Other				Yes	No
Autism		Yes No	Aspe	rger's		Yes	No	Explain:					
Cancer						Yes	No						
Explain:													
Lxpiaii i.													
•	sion and He	aring Condi	tions										
Student Vis						If Yes, are	e glass	es/contacts worn for	r reading	at close	range?	Yes	No
Student Vis	child have v			Yes	No			es/contacts worn for			range?	Yes Yes	No No
Student Vis Does your oproblems?	child have v	ision	,			If Yes, are	glass				range?		
Student Vis Does your oproblems?	child have v	ision	,	Yes Yes	No No	If Yes, are	glass a hear	es/contacts worn for	r distance		range?	Yes	No
Does your oproblems? Does your oproblems?	child have v	ision	,			If Yes, are	glass a hear	es/contacts worn for ing aid worn?	r distance		range?	Yes Yes	No No
Does your oproblems? Does your oproblems? Student En	child have v child have h	ision earing eps	,	Yes	No	If Yes, are If Yes, is a If Yes, is p	e glass a hear prefere	es/contacts worn for ing aid worn? ential seating needed	r distance	vision?		Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your	child have v child have h nergency St child's heal	ision earing eps	,	Yes	No	If Yes, are If Yes, is a If Yes, is p	e glass a hear prefere	es/contacts worn for ing aid worn?	r distance	vision?		Yes Yes	No No
Does your oproblems? Does your oproblems? Student En	child have v child have h nergency St child's heal	ision earing eps	,	Yes	No	If Yes, are If Yes, is a If Yes, is p	e glass a hear prefere	es/contacts worn for ing aid worn? ential seating needed	r distance	vision?		Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your	child have v child have h nergency St child's heal	ision earing eps	,	Yes	No	If Yes, are If Yes, is a If Yes, is p	e glass a hear prefere	es/contacts worn for ing aid worn? ential seating needed	r distance	vision?		Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have v child have h mergency St child's heal ase explain	earing eps th conditio	ı warrar	Yes	No cial EME	If Yes, are If Yes, is a If Yes, is p	e glass a hear preference teps ti	es/contacts worn for ing aid worn? ential seating needed	r distance	vision?		Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have v child have h mergency St child's heal ase explain separate writt	earing eps th conditio	n warrar	Yes nt spec	No cial EME	If Yes, are If Yes, is a If Yes, is p RGENCY se	e glass a hear preference teps ti	res/contacts worn for ing aid worn? ential seating needed nat his/her bus opera	r distance	vision?		Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have v child have h mergency St child's heal ase explain separate writted	earing eps th conditio	n warran ation ar	Yes nt spec nd Rele	No cial EME ease mu	If Yes, are If Yes, is a If Yes, is a ERGENCY se	e glass a hear preference teps ti	res/contacts worn for ing aid worn? ential seating needed that his/her bus operated the school year for each	r distance	d know?	ministered to a student	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have v child have h mergency St child's heal ase explain separate writted	earing eps th conditio	n warran ation ar	Yes nt spec nd Rele	No cial EME	If Yes, are If Yes, is a If Yes, is a ERGENCY se	e glass a hear preference teps ti	es/contacts worn for ing aid worn? ential seating needed hat his/her bus operated the school year for each	r distance	d know?	ministered to a student	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have vechild have have gency Start child's head ase explain separate writtedications (fondition?	earing eps th conditio	ation ar	Yes nt spec nd Rele ndent is	No cial EME ease mu s taking edicati	If Yes, are If Yes, is a If Yes, is a ERGENCY set st be submit	e glass a hear preference teps ti	ing aid worn? ential seating needed that his/her bus operate the school year for each Does this medicat Yes No	r distance 1? ator shoul medication ion need	d know?	ministered to a student	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have vechild have have gency Start child's head ase explain separate writtedications (fondition?	earing eps th conditio	ation ar	Yes nt spec nd Rele ndent is	No cial EME ease mu	If Yes, are If Yes, is a If Yes, is a ERGENCY set st be submit	e glass a hear preferent teps ti	pes/contacts worn for ing aid worn? ential seating needed that his/her bus operated the school year for each Does this medicat Yes No Does this medicat	r distance 1? ator shoul medication ion need	d know?	ministered to a student	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have verified the child have he mergency Start child's heal ase explain separate writing edications (fondition?	earing eps th conditio	ation arions stu	Yes It spectaded Release of management is a special release of management is a specia	No cial EME case mu s taking edicati	If Yes, are If Yes, is a If Yes	e glass a hear preferent teps ti	ch school year for each Does this medicat Yes No Does this medicat Yes No	r distance ? ator shoul medication ion need	id know? In to be adult to be given	ministered to a student en at school? en at school?	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have verified the child have he mergency Start child's heal ase explain separate writing edications (fondition?	earing eps th conditio	ation arions stu	Yes It spectaded Release of management is a special release of management is a specia	No cial EME ease mu s taking edicati	If Yes, are If Yes, is a If Yes	e glass a hear preferent teps ti	pes/contacts worn for ing aid worn? ential seating needed that his/her bus operated that his/her	r distance ? ator shoul medication ion need	id know? In to be adult to be given	ministered to a student en at school? en at school?	Yes Yes Yes	No No No
Does your oproblems? Does your oproblems? Student En Could your If Yes, plea	child have vechild have have child have have child's heal ase explain separate writtedications (leondition?	earing eps th conditio	ation ar	Yes nt spec nd Rele dent is e of me	No cial EME case mu s taking edicati	If Yes, are If Yes, is a	e glass a hear preferent teps ti	ch school year for each Does this medicat Yes No Does this medicat Yes No	r distance i? ator shoul medication ion need ion need	d know? In to be give to be give	ministered to a student en at school? en at school?	Yes Yes Yes	No No No

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

I verify that the information I have provided above

is true and accurate.

Revised 1/18 Student Enrollment Form Poudre School District Page 3 of 3

Parent/Guardian Signature

Date