

# 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 (leave blank if none)		Legal last name		Date of Birth (mm/dd/yy)	
Gender M F Non-Binary Agender Genderqueer Gender-fluid Intersex				Current Grade		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic? Yes No	
Nickname			Pronouns		Does your student wish to complete a gender support plan? Yes No		
Race is based on your inherited physical characteristics (Check one or more)							Student cell#
White		Black/African American		Hawaiian/Pacific Islander		American Indian/Alaskan Native (Tribal Community _____) Enrollment as a member of Tribal Community? Yes No	
Is English the primary language you speak at home? Yes No				Preferred language to home			
Country of birth			State of birth				
Primary Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address			Apartment #		Street Address or PO Box #		
City		State	Zip	City		State	Zip

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 I am a PSD employee ID# \_\_\_\_\_ Active Military Service (see definition of terms below)

Relation Type Parent Guardian Step Parent Power of Attorney Self

Is English the primary language you speak at home? Preferred language  
Yes No

Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Apartment #		Primary Number Secondary/Work Number	
City		State	Zip	Phone Numbers ▶		Attendance	SMS (text)
Mailing Address Same as Physical?				Yes No			

If you answered no to the above question, please enter mailing address below

Street/PO#		City		State		Zip	
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### Parent/Guardian #2

Lives With Mailings Allowed I am a PSD employee ID# \_\_\_\_\_ Active Military Service (see definition of terms below)

Relation Type Parent Guardian Step Parent Power of Attorney Self

Is English the primary language you speak at home? Preferred language  
Yes No

Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Apartment #		Primary Number Secondary/Work Number	
City		State	Zip	Phone Numbers ▶		Attendance	SMS (text)
Mailing Address Same as Physical?				Yes No			

If you answered no to the above question, please enter mailing address below

Street/PO#		City		State		Zip	
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**Lives With:** Student lives with this individual in their residence.  
**Mailings Allowed:** Will receive physical mailings from the school and/or District.  
**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's Siblings (Enter only siblings attending K-12 PSD schools)

Sibling Name	Grade	School Attending	Sibling Name	Grade	School Attending

Student first name	Student last name	Birth date

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Student ID# \_\_\_\_\_

### Enrollment History

Last school attended		City		State	Date
Has your child ever... (if applicable)	skipped a grade	If so, which grade?		Is your child a refugee?	Yes    No
	been retained in a grade				
Date your student first enrolled in a U.S. school*			Date your student first enrolled in a CO school*		

\* U.S. and/or CO 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?		Yes	No
What year was IEP last reviewed?				Is the 504 health related?		Yes	No
Has your child had a specialized health care plan?		Yes	No	Has your child received Gifted Education/ALP 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.	Parents listed on page one are only contact
	None (no 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		

<p>I verify that the information I have provided above is true and accurate.</p> <p align="right">           _____  <i>Parent/Guardian Signature</i>                      <i>Date</i> </p>
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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



# Student Enrollment Form

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Student ID# \_\_\_\_\_

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Student first name	Student last name	Birth date

Health Information				
Doctor	First Name:	Last Name:	Phone Number:	Name of Practice:
Specialist	First Name:	Last Name:	Phone Number:	Name of Practice:
Specialist	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/ADHD	Yes	No	Medications	Yes	No	Developmental delay: Explain				Yes	No		
Allergies to animals	Explain:		Yes	No	Diabetes: Type I	Yes	No	CGM Type?	Pump Type?				
Reaction:			Head injury/concussion			Yes	No						
Allergies to insects	Explain:		Yes	No	Date(s)?	Current Symptoms?							
Reaction:			Emergency Meds?	Yes	No	Heart problems	Explain:		Yes	No			
Allergies to medication	Explain:		Yes	No	Restrictions:								
Reaction:			Kidney/urinary problems			Yes	No						
Allergies/environmental	Explain:		Yes	No	Explain:								
Reaction:			Emergency Meds?	Yes	No	Headaches	Daily Medications? As Needed?	Yes	No	Migraines	Daily Medications? As Needed?	Yes	No
Allergies to food	Explain:		Yes	No	Orthopedic problems				Yes	No			
Reaction:			Emergency Meds?	Yes	No	Explain:							
Other dietary needs	Explain:		Yes	No	Seizures	Yes	No	Emergency Medications?	Yes	No	Date of last seizure?		
Explain:					Describe Seizures:								
Anxiety	Depression		Bipolar		Neurological problems				Yes	No			
Yes	No	Yes	No	Yes	No	Explain:							
Asthma	Yes	No	Rescue Inhaler	Yes	No	Other				Yes	No		
Autism Spectrum	Yes	No	Explain:										
Cancer	Yes	No	Current Treatment?	Yes	No								
Explain:													

Student Vision and Hearing Conditions											
Does your child have vision impairment?				Yes	No	Are glasses or contacts worn?				Yes	No
Does your child have hearing impairment?				Yes	No	If Yes, What type of device?					
BAHA		Yes	No	Hearing Aid	Yes	No	Cochlear Implant	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 <https://www.psdschools.org/programs-services/medications-health-action-plans>

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
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



## HOME LANGUAGE AND RESIDENCY (HOUSING) FORM

This box must be completed by the registrar

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 first enrolled in school in Colorado	Date student first enrolled in school in the U.S.	
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 <b>speak</b> with you?	
Is your child able to <b>read</b> and <b>write</b> 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

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## Housing Information/ McKinney-Vento

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. The act's services include children and youth from birth to 21 years of age that lack a fixed, regular and adequate night time residence. *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):

- Living with extended family members, non-family members, or friends
- Motel, car, campsite, or park
- Shelter (emergency, safehouse) or transitional housing program
- 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)

**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

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In a temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school  
Attend school in his/her school of origin or in the school in the attendance area where the family or youth is currently residing

Receive transportation to his/her school of origin

Receive services comparable to those received by housed schoolmates, including transportation and supplemental educational services.

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.

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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:	

*This form and the data recorded within protected to maintain family and child confidentiality. If you have any questions, please contact:*

**Centennial BOCES**  
2020 Clubhouse Dr.  
Greeley, CO 80634  
970-352-7404 Ext 1116