

## Registration Check List

All items must be completed and turned in before student is allowed to register for classes.

- \_\_\_\_\_ State-certified Birth Certificate
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ Proof of Residency (warranty deed, lease agreement, tax notice)
- \_\_\_\_\_ Transcript from previous school
- \_\_\_\_\_ DCSD Enrollment Form
- \_\_\_\_\_ Release of Records
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Technology Agreement & Media Waiver
- \_\_\_\_\_ Student Residency Questionnaire
- \_\_\_\_\_ Migrant Education Program



Registration Form

Date of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
 Teacher/Counselor: \_\_\_\_\_ Track/Team: \_\_\_\_\_  
 Session:  AM  PM Permit Code: \_\_\_\_\_ Bus #: \_\_\_\_\_

School: **Legend High**

\*\*\*PLEASE PRINT\*\*\*

**2009-2010**

Student Information

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Last First Middle (full)  
 Grade \_\_\_\_\_ Gender  M  F Date of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Date First Enrolled in US \_\_\_\_\_

Ethnicity (Pick One)

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
- Black (not Hispanic origin)** - A person having origins in any of the Black racial groups of Africa
- Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent
- Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race
- White (not of Hispanic origin)** - A person having origins in any of the original peoples of Europe, North Africa or the Middle East

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

Does the student speak a language other than English?  Y  N  
 What language(s) does the student speak / understand? \_\_\_\_\_  
 Is a language other than English regularly used by the student's parents/guardians?  Y  N  
 What language is primarily spoken in the home by the parent/guardian? \_\_\_\_\_  
**Home Language Survey needs to be completed for every new student enrolling in school.**

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  ILP  
 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 _____
Teacher/Counselor: _____	_____	Room: _____	_____

\*\*\*PLEASE PRINT\*\*\*

**2009-2010**

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

Student Resides With Legal Guardian  Y  N **\*\*Step-Parent**  Y  N

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

Student Resides With Legal Guardian  Y  N **\*\*Step-Parent**  Y  N

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

Student Resides With Legal Guardian  Y  N **\*\*Step-Parent**  Y  N

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.

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



**Emergency Information  
Registration Form**

\*\*\*PLEASE PRINT\*\*\*

Student Name: _____			
_____	_____	_____	_____
School: _____	Grade: _____	Student ID #: _____	_____
Teacher/Counselor: _____		Room: _____	

**2009-2010**

**Emergency Contacts are not the Parent/Guardian.**

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Authorization

I authorize, by my signature below that if the above people cannot be reached, school personnel are authorized to use their best judgement in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

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

Doctor

Doctor's (full) Name \_\_\_\_\_ Gender \_\_\_\_\_

Name of Practice / Group \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Address \_\_\_\_\_

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



Registration Form

Student Name: \_\_\_\_\_
School: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_
Teacher/Counselor: \_\_\_\_\_ Room: \_\_\_\_\_

\*\*\* PLEASE PRINT \*\*\*

2009-2010

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 "Student Medication Request Release Agreement" 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 - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

[ ] Seasonal Reaction: \_\_\_\_\_ [ ] Food \_\_\_\_\_ Reaction: \_\_\_\_\_
[ ] Insect Sting Reaction: \_\_\_\_\_ [ ] Other \_\_\_\_\_ Reaction: \_\_\_\_\_
[ ] Latex Reaction: \_\_\_\_\_ [ ] Other \_\_\_\_\_ Reaction: \_\_\_\_\_

Does your student (please check applicable boxes):

[ ] Wear glasses/contacts? [ ] Have heart problems? [ ] Hearing impaired?
[ ] Have asthma/respiratory ailments? [ ] Have convulsions/seizures? [ ] Have diabetes?
[ ] Had a head injury/significant bump to the head? [ ] 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 \_\_\_\_\_

Tylenol Release

\*\*\* Tylenol Release for ELEMENTARY SCHOOLS ONLY \*\*\*

I request and give permission to Douglas County School District Re. 1 to provide acetaminophen (Tylenol) to my student for the following health problems: headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, and fever over 100F. I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against Douglas County School District Re. 1 and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication. Y [ ] N [ ]

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 \_\_\_\_\_

Acknowledgement

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 7 & 17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

I acknowledge and give my permission for this information to be shared.

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.

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



**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1**

**Please send records to:**

**Legend High School**  
22219 Hilltop Rd  
Parker, CO 80138  
School: 303-387-4500

FAX: 303-387-4501  
Counseling: 303-387-4531  
Registrar: 303-387-4533

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**I HEREBY AUTHORIZE:**

**Name of School:** \_\_\_\_\_ **Last Date Attended:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_  
School District: \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Last Date Attended:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_  
School District: \_\_\_\_\_

**TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:**

- Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)
- Scholastic/Achievement Record
- Intelligence and Aptitude Test Scores
- Standardized Test / ACT / SAT Data
- Discipline File
- Gifted & Talented
- Medical / Immunization Records
- Personality and Interest Test Scores
- Birth Certificate
- Record of Suspensions and/or Expulsions
- Other \_\_\_\_\_

**Has the above-mentioned student ever been suspended?**

Yes  No **If Yes, please explain:** \_\_\_\_\_

**Has the above-mentioned student ever been expelled or recommended for expulsion?**

Yes  No **If Yes, please explain:** \_\_\_\_\_

**Has your child received any previous testing, evaluations or services in any of the following areas?**

**SPECIAL EDUCATION**

**OTHER**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Psychological        | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Behavioral Disabilities         | <input type="checkbox"/> 504 Services         | <input type="checkbox"/> Counseling          |
| <input type="checkbox"/> Learning Disabilities           | <input type="checkbox"/> Speech/Language      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Multiple Disabilities           | <input type="checkbox"/> Vision               |  |
| <input type="checkbox"/> Physical Disabilities           | <input type="checkbox"/> Deaf/Hard of Hearing |  |

*If you checked any of those areas under SPECIAL EDUCATION, please get a Special Education Release Form from the Registrar / Counselor.*

**FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE YOUR STUDENT'S ENROLLMENT IN SCHOOL.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Relationship to Student:** (circle one) Parent/Guardian Student (18 years and older) Registrar Other \_\_\_\_\_  
*According to the Family Educational Rights and Privacy Act, a student's education records can be disclosed without parental consent to officials of another school or school system to which the student seeks to enroll. Please release to the Douglas County School District all records designated above for this student.*

**(Office Use Only)**

Records Requested \_\_\_\_\_ By \_\_\_\_\_ Via FAX  Via Mail  Received Records \_\_\_\_\_



DOUGLAS COUNTY SCHOOL DISTRICT  
HOME LANGUAGE SURVEY

Date: \_\_\_\_\_ Home School: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Same as Birth Certificate) first name middle name last name

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This is in accordance with the English Language Proficiency Act of Colorado and the Office for Civil Rights to assist schools in developing equal opportunities for any student whose dominant language is not English. Thank you for providing this information.**

1. What language or languages did your child use when he/she first began to talk? \_\_\_\_\_

2. What language is primarily spoken in the home by the parents/guardians? \_\_\_\_\_

3. Did your child attend school in another country? (Circle One) **NO** **YES**  
If YES : How many years? \_\_\_\_\_ Which country? \_\_\_\_\_

4. What language or languages does your child read? \_\_\_\_\_

5. What language or languages does your child write? \_\_\_\_\_

6. Has your child ever been in a bilingual or English as a Second Language Program? \_\_\_\_\_

7. What was the **last grade** in which he/she was enrolled in that program? \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION:** Give original to **ESL** teacher for your building. Please keep a copy in **each** student's cum file. Call 303/387-0193 for more information.

## Directory Information Notice Parent/Guardian Media Consent Form

Board Policy JRA/JRC, Disclosure of District Information, states that schools and the district may disclose directory information from a student's education record without written consent of the parent/guardian. Directory information may include the student's name, email address, photograph, gender, date and place of birth, grade level, participation in officially recognized sports and activities, height and weight of athletes, dates of attendance and degrees, awards, honors and other distinctions received. This includes publishing directory information on the school website. The parent/guardian has the option of denying the publication of a student's directory information by submitting a request, in writing, to the school principal or District registrar.

Although Board policy states student photographs may be disclosed as part of directory information, it is the practice of Douglas County School District not to publish student photographs, addresses or telephone numbers without the express written permission of a parent/guardian, except when necessary to law enforcement agents conducting an investigation of a student.

### WEB/INTERNET PUBLISHING

#### 1. Image - make one selection only:

- |  |   |   |
|--|---|---|
| A. ____ I will allow my child's image (including photograph and video), <b>with</b> his/her name, to be published on the school and/or District website. | B. ____ I will allow my child's image (including photograph and video), <b>without</b> his/her name, to be published on the school and/or District website. | C. ____ I will <b>not allow</b> my child's image to be published on the school and/or District website. |
|--|---|---|

#### 2. Schoolwork - make one selection only:

- |  |   |  |
|--|---|--|
| A. ____ I will allow my child's schoolwork (including audio and video), <b>with</b> his/her name, to be published on the school and/or District website. | B. ____ I will allow my child's schoolwork (including audio and video), <b>without</b> his/her name, to be published on the school and/or District website. | C. ____ I will <b>not allow</b> my child's schoolwork to be published on the school and/or District website. |
|--|---|--|

### DISTRICT PUBLISHING (for use by the District)

#### 3. Make one selection only:

- |   |  |   |
|---|--|---|
| A. ____ I will allow my child's image (photo, audio and video), <b>with</b> his/her name, to be used by the District for promotional purposes. Photos may be published in the form of print, electronic presentations or video materials created for District use and/or community-wide distribution. | B. ____ I will allow my child's image (photo, audio and video), <b>without</b> his/her name, to be used by the District for promotional purposes. Photos may be published in the form of print, electronic presentations or video materials created for District use and/or community-wide distribution. | C. ____ I will <b>not allow</b> my child's image to be used by the District for promotional purposes. |
|---|--|---|

### MEDIA PUBLISHING (for use outside District)

4. Yes \_\_\_\_ No \_\_\_\_ I will allow my child to be interviewed or photographed by professional media representatives who are not employees of the district for possible publication in the form of interviews, video or photographs related to programs or events in which my child may be participating in schools.

*Please read, sign below and return to your child's school. Thank you.*

**I understand that, in the event the school or district uses photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form is applicable only for the duration of my child's enrollment at the school mentioned below and that I will be required to complete a new form to make changes or when my child enters a new school. I acknowledge by my signature below that I understand the above stated information.**

-----  
Student Name (please print)

-----  
School of Attendance and Grade Level

-----  
Parent/Guardian Signature

-----  
Date

## Student Acceptable Use of District Information Technology Agreement (AUA)

**Directions:** After carefully reviewing Douglas County School District Policy JICJ and Regulation JICJ-R, *Student Use of Information Technology*, and any other materials that are attached to this Agreement, please read and fill out the appropriate portions of this Agreement and return it to your school. *No student will be permitted to use any District information technology (such as computer access) until this form is properly filled out and turned in.*

-----

**Parent or Guardian** (If the student is less than 18 years old, then a parent or guardian must read and sign this Agreement)

As the parent or guardian of this student I have read and agree to follow the District's rules regarding appropriate use of its information technology ("IT"). I have discussed these rules with my child and believe he or she understands them. I also recognize that it is impossible for the District to completely control information that is available to students electronically and will not hold the school, the District, or any of its employees responsible for materials my child may acquire through District IT. I understand that neither I nor my child has any expectation of privacy in electronic communications made or received using District IT, and that the District has the right to inspect, retain, and, if appropriate, disclose any information sent or received through its IT system. I understand that this includes materials and records of use that have been "deleted." I also recognize that if my child uses District IT inappropriately, his or her access to such resources may be restricted or revoked, I may be required to reimburse the District for unauthorized charges or costs, and such inappropriate use may result in other disciplinary consequences for my student, up to and including expulsion and/or legal action. With this understanding, and in consideration of the benefits access to District's IT provides, I give permission for my child to use District IT in accordance with District policies and school or class rules.

---

Student Name (please print)

Date of Birth

School of Attendance and Grade Level

---

Parent or Guardian Name (please print)

Signature of Parent or Guardian

Date

-----

**Student (grade 7 and above)**

I have read and agree to follow the District's rules regarding appropriate use of District information technology ("IT"). I have discussed these rules with my parent or guardian, have asked a teacher or other school official any questions I might have about these rules, and understand these rules. Because of the benefits access to District IT provides, I agree to follow these rules and to limit my use of District IT to school-related communications (such as communicating about homework or class projects) and things directly related to further education (such as getting or learning about a job or community-service activities). I understand that if I do not follow the rules, I may lose the privilege of using these resources and may have other disciplinary action taken against me.

---

Student Name (please print)

Student Signature

Date



## MIGRANT EDUCATION PROGRAM

620 Wilcox St  
 phone: 303.387.0100      Castle Rock, CO 80104      fax: 303.387.0285

Your child(ren) might be eligible for Migrant Education Program. You could receive referral services such as:

- **Referrals** to GED and ESL classes, adult education, food banks, clothing banks, low cost medical services and other community agencies.
- **Referrals** to family literacy programs.
- Assistance with summer school enrollment.
- Transfer of student records to and from Mexico through the Binational Program.
- Youth guidance and education support.

**Please answer the following questions and have your son/daughter return this form to school as soon as possible. All information you give us is confidential. Thank you.**

1. Has your family moved into your child(ren's) school district within the last 3 years?     Yes     No  
If the answer is no, you are done with this survey. Just complete number 4.
2. Have either parents/guardians looked for or gained employment in the following activities in the past 3 years?  
If yes, please mark the appropriate employment areas with an X.

<input type="checkbox"/> Canning	<input type="checkbox"/> Orchards
<input type="checkbox"/> Christmas Tree Processing / Forestry	<input type="checkbox"/> Planting / Harvesting Field Crops
<input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits	<input type="checkbox"/> Poultry
<input type="checkbox"/> Dairy	<input type="checkbox"/> Sod Farms
<input type="checkbox"/> Farming in the fields	<input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits
<input type="checkbox"/> Food Processing Plant	<input type="checkbox"/> Loading and Unloading Vegetables and/or Fruits in the fields
<input type="checkbox"/> Greenhouse / Nursery	<input type="checkbox"/> Meat Packing Plant
<input type="checkbox"/> Irrigation/Preparing fields for planting	<input type="checkbox"/> None of the above

3. Parents/Guardians Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

4. Please list all children in your home from birth to 21 years:

First and Last Name	Date of Birth	Age	Grade	School



**Schools please mail to: DCSD Student Records  
620 Wilcox, Castle Rock, CO 80104**





**School Use Only** - Administrator's determination of Section A circumstances:

\_\_\_\_\_

## 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"/> In a Shelter <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members (other than parent/guardian) <input type="checkbox"/> Sharing housing, unable to find or afford housing	<input type="checkbox"/> Choices in Section A do not apply  <b>STOP:</b> If you checked this section, you <b>do not</b> need to complete the remainder of this form. Submit to school personnel.

2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 (one) parent           | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 (two) parents          | <input type="checkbox"/> alone with NO adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> 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 A** - If Section A is checked, this form **MUST** be completed and returned to school personnel.

**Section B** - If Section B is checked, completion of form is not required. Signed form is 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: \_\_\_\_\_



HEALTH INFORMATION – 2009 – 2010 (all students)

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your student's school.

STUDENT NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE / TRACK: \_\_\_\_\_

EARLY CHILDHOOD HEALTH HISTORY (check all that apply)

- Checkboxes for: Mother was ill during pregnancy, Child had trouble starting to breathe at birth, Child was born early, Child was unable to leave the hospital with the mother, Child's birth weight was less than 5 pounds, Child developed at same rate as other children of same age

Comments: \_\_\_\_\_

HAS YOUR STUDENT EVER EXPERIENCED OR IS YOUR STUDENT CURRENTLY EXPERIENCING ANY OF THE FOLLOWING?

Table with 2 columns: Condition (check the ones that apply) and Comments. Lists various medical conditions like Allergies, Asthma, Autism, ADD, ADHD, Diabetes, etc.

MEDICATIONS

- List any illness, hospitalization, surgery, accidents your student had in the past year. \_\_\_\_\_



- List any emotional, social or other conditions that might affect your student’s school performance. \_\_\_\_\_
- Approximate number of days student has been absent from school last year: \_\_\_\_\_  
Reason for absence: \_\_\_\_\_
- Are there any restrictions of activity or physical limitations?      **No**     **Yes**   
If yes, please explain: \_\_\_\_\_
- Is your student **currently** taking any medications, including over-the-counter?    **No**     **Yes**   
If yes, provide medications/ dosage/frequency and any side effects your student experiences. \_\_\_\_\_
- **Please keep in mind that your student will need a Medication Release Form for each medication taken at school.**
- 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?** \_\_\_\_\_

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

Revised 05/19/09

# LEGEND HIGH SCHOOL NEW STUDENT INFORMATION

## STUDENT INFORMATION

Student Full Legal Name: \_\_\_\_\_

Name of Student Goes By (if different): \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Student Address: \_\_\_\_\_

Accommodations (please mark if you are receiving any additional services):

Special Education: Yes or No ----- Previously tested Yes or No  
504: Yes or No ----- Previously tested Yes or No

Have you (student) ever been suspended or expelled from school? Yes or No  
If yes, date: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you participated in any other special programs? (gifted and talented, enrichment courses, etc.): Yes or No  
If so, please list programs and grade levels. \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parents'/Guardians': \_\_\_\_\_

Parents'/Guardians' Address: \_\_\_\_\_

Student Lives With: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_

If Other, Relationship to Student: \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_

Legal Guardian(s) Address: \_\_\_\_\_

## LAST SCHOOL ATTENDED

Name: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

School Address: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Attendance of Previous School: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

Previous Counselor Name: \_\_\_\_\_ Date of Last Attendance: \_\_\_\_\_

## ADDITIONAL INFORMATION

Extracurricular Activities: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REGISTRAR SIGNATURE

\_\_\_\_\_  
COUNSELOR SIGNATURE

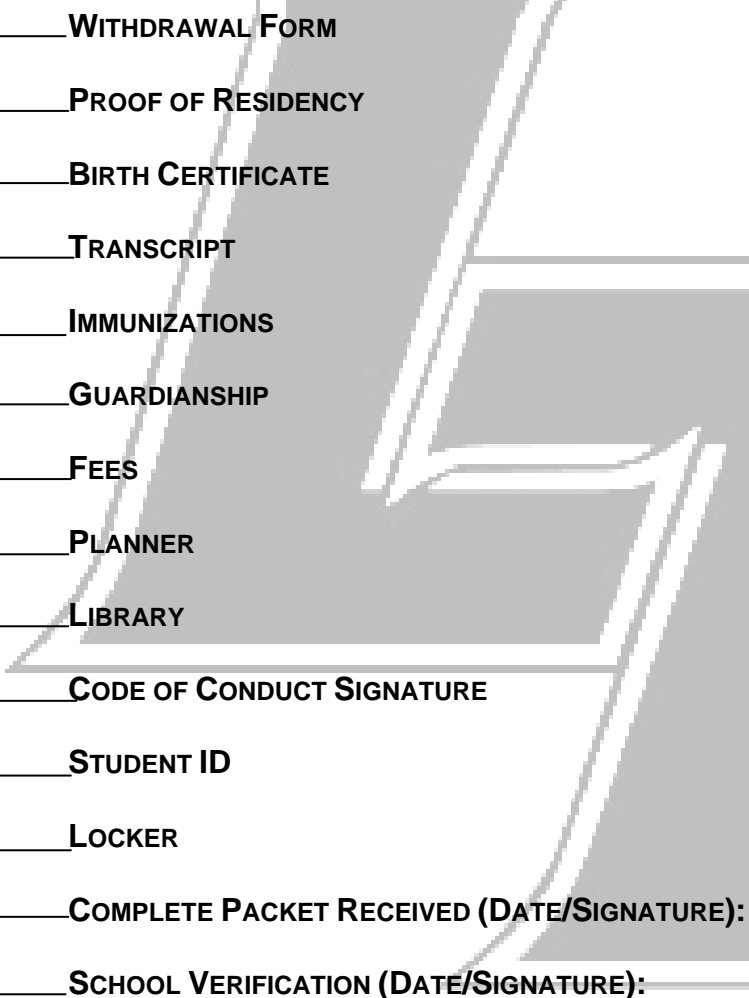
# LEGEND HIGH SCHOOL NEW STUDENT INFORMATION

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## REQUIRED DOCUMENTS – CHECK LIST (FOR SCHOOL USE ONLY)

APPOINTMENT WITH: \_\_\_\_\_

DATE: \_\_\_\_\_

- 
- \_\_\_\_\_ WITHDRAWAL FORM
  - \_\_\_\_\_ PROOF OF RESIDENCY
  - \_\_\_\_\_ BIRTH CERTIFICATE
  - \_\_\_\_\_ TRANSCRIPT
  - \_\_\_\_\_ IMMUNIZATIONS
  - \_\_\_\_\_ GUARDIANSHIP
  - \_\_\_\_\_ FEES
  - \_\_\_\_\_ PLANNER
  - \_\_\_\_\_ LIBRARY
  - \_\_\_\_\_ CODE OF CONDUCT SIGNATURE
  - \_\_\_\_\_ STUDENT ID
  - \_\_\_\_\_ LOCKER
  - \_\_\_\_\_ COMPLETE PACKET RECEIVED (DATE/SIGNATURE):
  - \_\_\_\_\_ SCHOOL VERIFICATION (DATE/SIGNATURE):
  - \_\_\_\_\_ APPOINTMENT WITH COUNSELOR: (DATE):
  - \_\_\_\_\_ INFINITE CAMPUS
  - \_\_\_\_\_ EMAIL

## REQUIRED DOCUMENTS – CHECK LIST (FOR SCHOOL USE ONLY)

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