



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: **Cherry Valley Elementary** ▼
 Use Dropdown to Select School

*** PLEASE PRINT *** **2022-2023**

Student Information
 Interpreter Needed?

Legal Name from Birth Certificate _____ Nickname _____
 Last _____ First _____ Middle (full) _____ Phone _____
 Grade _____ Gender M F Date of Birth _____ Cell _____
 Residence Address _____
 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
 If yes, what language? _____

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 of 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

ELD

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 Gifted & Talented READ Plan
 Speech/Language Psychological Remedial Reading (Title 1)
 Physical Therapy Behavioral Difficulties 504 Services
 Occupational Therapy Hearing Impaired Visual Impaired Other

Parent/Guardian Signature _____ Date _____



Household Information
Registration Form

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

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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
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

Name Relationship to Student
Residence Address City State Zip
Mailing Address City State Zip
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

Name Relationship to Student
Residence Address City State Zip
Mailing Address City State Zip
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

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.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Table with 8 columns: First Name, Middle Name (full), Last Name, Date of Birth, Gender, Relation to Student, School Attending, County. Title: Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

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: _____	_____	Room: _____	_____

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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 F

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M F

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M F

Phones **Home** _____ **Work** _____ **Cell** _____

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.

Parent/Guardian Signature _____

Date _____



Registration Form

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

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Name: _____ Birth Date: _____
 School: _____ Grade: _____

Early Childhood Health History

Were there any significant problems during the pregnancy, labor or delivery? Yes No
 If Yes, is this concern a current issue: Yes No
 If Yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Dietary Needs - Comment required

Student has Special Dietary Needs

Allergies - Life Threatening - Comment required

Life threatening allergy - Dairy Comment: _____
 Life threatening allergy - Food List Food(s): _____
 Life threatening allergy - Insect Sting Comment: _____
 Life threatening allergy - Latex Comment: _____
 Life threatening allergy - Peanut Comment: _____
 Life threatening allergy - Tree Nuts Comment: _____
 Life threatening allergy - Other List: _____
 Life threatening allergy - Unknown Comment: _____

Allergies - Comment required where indicated

Animal
 Environmental / Seasonal
 Food List Food(s): _____
 Insect Sting
 Latex
 Medication List Food(s): _____
 Non-Specific

Other Conditions - Comment required where indicated

ADD/ADHD Name of medication: _____
 Alopecia
 Arthritis Juvenile
 Asthma Comment: _____
 Autism Spectrum Comment: _____
 Auto-Immune Condition Comment: _____
 Blood Disorder Comment: _____
 Cancer Comment: _____
 Celiac Disease
 Cerebral Palsy
 Chromosomal Anomalies Comment: _____
 Crohn's Disease
 Cystic Fibrosis
 Diabetes Comment: _____
 Down Syndrome
 Emotional Condition Comment: _____

Health Info

Parent/Guardian Signature _____

Date _____



Douglas County School District
Health Information (Continued)
Registration Form

For Office use Only

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

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Other Conditions - Comment required where indicated (continued)

- Encopresis Comment: _____
- Enuresis Comment: _____
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: _____
- Gastrointestinal Disorder Comment: _____
- Head Injury/Concussion Comment: _____
- Hearing Impaired Comment: _____
- Heart Condition - No Restriction Comment: _____
- Heart Condition - Restrictions Comment: _____
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: _____
- Hypoglycemia Comment: _____
- Immune Compromised Comment: _____
- Kidney Problem Comment: _____
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia Comment: _____
- Neurologic Disorder Comment: _____
- Nosebleeds
- Orthopedic - Physical Limitation Comment: _____
- Orthopedic - No Restrictions Comment: _____
- Other List: _____
- Quadriplegia
- Scoliosis
- Seizure Disorder Comment: _____
- Shunt/Hydrocephalus Comment: _____
- Skin Condition Comment: _____
- Syncopal Episodes Comment: _____
- Syndrome Comment: _____
- Thyroid Condition
- Tourette Syndrome Comment: _____
- Tracheostomy Comment: _____
- Traumatic Brain Injury Comment: _____
- Urinary Problem Comment: _____
- Wears Glasses/Contacts
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Health Info

Parent/Guardian Signature _____

Date _____



Registration Form

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

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Additional Information

List any illness, hospitalization, surgery, accidents your student had in the 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? Yes No

_____ Date: _____

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.)? Yes No

If yes, please explain: _____

Is there anything else you would like us to know about your student? Yes No

Health Info

Parent/Guardian Signature _____

Date _____



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

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 B – If Section B is checked, this form **MUST** be completed and returned to school personnel.

School Contact who may know of the family's situation:

Name / Title: _____ Phone: _____



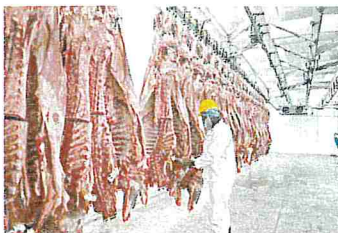
Colorado MEP Occupational Survey

Your child 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 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?		
HOME ADDRESS:			TODAY'S DATE:		
CITY:		STATE:		ZIP CODE:	
TELEPHONE (WITH AREA CODE):					
BEST DAY AND TIME TO CALL:			PREFERRED LANGUAGE:		

- 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)

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

Metro Migrant Education Program

14261 E 4TH AVE STE 125 BLDG 6

AURORA, CO 80011-8474

P: 303.365.5817

F: 303.856.7294