



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: Ranch View Middle

Use Dropdown to Select School

*** PLEASE PRINT ***

2018-2019

Student Information

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

Race/Ethnicity

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 []

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 _____



Registration Form

Student Name: _____			
School: _____	Last _____	Grade: _____	First _____ Middle _____
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 _____
(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 _____



Student Name: _____

School: _____ Last _____ Grade: _____ First _____ Student ID #: _____ 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 _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Doctor

Doctor's (full) Name _____ Gender _____

Name of Practice / Group _____

Phone _____ Extension _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Signature _____

Date _____



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

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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 - 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 _____

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 _____

Interpreter Needed?

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 []

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 _____