

# 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: <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Code: _____ Bus #: _____

School: \_\_\_\_\_

Use Dropdown to Select School

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

2019-2020

Student Information  
Interpreter Needed?

Legal Name from Birth Certificate \_\_\_\_\_

Nickname \_\_\_\_\_

Grade \_\_\_\_\_ Last \_\_\_\_\_ Gender M ☐ F ☐ First \_\_\_\_\_ Middle (full) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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 ☐

**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

Race/Ethnicity

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?

- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Counseling              | <input type="checkbox"/> Gifted & Talented          | <input type="checkbox"/> READ Plan |
| <input type="checkbox"/> Speech/Language       | <input type="checkbox"/> Psychological           | <input type="checkbox"/> Remedial Reading (Title 1) |                                    |
| <input type="checkbox"/> Physical Therapy      | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> 504 Services               |                                    |
| <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Hearing/Visual Impaired | <input type="checkbox"/> Other                      |                                    |

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

Date \_\_\_\_\_

## Registration Form

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

For Office use Only

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

2019-2020

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 \_\_\_\_\_

## Registration Form

For Office use Only

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

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

2019-2020

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

Doctor

Doctor's (full) Name \_\_\_\_\_ Gender M ☐ F ☐

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

Phone \_\_\_\_\_ Extension \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Date \_\_\_\_\_

# Health Information Registration Form

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

For Office use Only

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

**2019-2020**

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](http://www.dcsdk12.org) - search "medication form."* (Contained in the Nursing 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 \_\_\_\_\_

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 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 \_\_\_\_\_

**HEALTH INFORMATION – (NEW 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:** \_\_\_\_\_  
First Middle Last  
**SCHOOL:** \_\_\_\_\_ **GRADE / TRACK:** \_\_\_\_\_

---

---

**EARLY CHILDHOOD HEALTH HISTORY**

Were there any significant problems during the pregnancy, labor or delivery? No ☐ Yes ☐

If yes, is this concern a current issue? No ☐ Yes ☐

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 **Comment:** \_\_\_\_\_

**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 Medication(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:** \_\_\_\_\_

## HEALTH INFORMATION – (NEW students)

<input type="checkbox"/> Cancer	Comment: _____
<input type="checkbox"/> Celiac Disease	
<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Chromosomal Anomalies	Comment: _____
<input type="checkbox"/> Crohn's Disease	
<input type="checkbox"/> Cystic Fibrosis	
<input type="checkbox"/> Diabetes	Comment: _____
<input type="checkbox"/> Down Syndrome	
<input type="checkbox"/> Emotional Condition	Comment: _____
<input type="checkbox"/> Encopresis	Comment: _____
<input type="checkbox"/> Enuresis	Comment: _____
<input type="checkbox"/> Fetal Alcohol Syndrome	
<input type="checkbox"/> Frequent Headaches	Comment: _____
<input type="checkbox"/> Gastrointestinal Disorder	Comment: _____
<input type="checkbox"/> Head Injury/Concussion	Comment: _____
<input type="checkbox"/> Hearing Impaired	Comment: _____
<input type="checkbox"/> Heart Condition – No Restriction	Comment: _____
<input type="checkbox"/> Heart Condition – Restrictions	Comment: _____
<input type="checkbox"/> Hepatitis B Carrier	
<input type="checkbox"/> Hepatitis C Carrier	
<input type="checkbox"/> History of Injuries	Comment: _____
<input type="checkbox"/> Hypoglycemia	Comment: _____
<input type="checkbox"/> Immune Compromised	Comment: _____
<input type="checkbox"/> Kidney Problem	Comment: _____
<input type="checkbox"/> Lactose Intolerant	
<input type="checkbox"/> Long QT Syndrome	
<input type="checkbox"/> Migraine Headaches	
<input type="checkbox"/> Myalgia Myositis Fibromyalgia	Comment: _____
<input type="checkbox"/> Neurologic Disorder	Comment: _____
<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> Orthopedic – Physical Limitation	Comment: _____
<input type="checkbox"/> Orthopedic – No Restrictions	Comment: _____
<input type="checkbox"/> Other	List: _____
<input type="checkbox"/> Paraplegia	
<input type="checkbox"/> Quadriplegia	
<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Seizure Disorder	Comment: _____
<input type="checkbox"/> Shunt/Hydrocephalus	Comment: _____
<input type="checkbox"/> Skin Condition	Comment: _____
<input type="checkbox"/> Syncopal Episodes	Comment: _____
<input type="checkbox"/> Syndrome	Comment: _____
<input type="checkbox"/> Thyroid Condition	
<input type="checkbox"/> Tourette Syndrome	Comment: _____
<input type="checkbox"/> Tracheostomy	Comment: _____

**HEALTH INFORMATION – (NEW students)**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Traumatic Brain Injury         | Comment: _____ |
| <input type="checkbox"/> Urinary Problem                | Comment: _____ |
| <input type="checkbox"/> Wears Glasses/Contacts         |                |
| <input type="checkbox"/> Vision Impaired                | Comment: _____ |
| <input type="checkbox"/> Von Willebrand's Disease       |                |
| <input type="checkbox"/> Wolff Parkinson White Syndrome |                |
- 

**ADDITIONAL INFORMATION**

- List any illness, hospitalization, surgery, accidents your student had in 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? **No** ☐ **Yes** ☐  
\_\_\_\_\_
- 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)? **No** ☐ **Yes** ☐  
If yes, please explain: \_\_\_\_\_
- Is there anything else you would like us to know about your student? **No** ☐ **Yes** ☐  
\_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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

☐ Choices in Section B  
do not apply

#### Section B

☐ In an Emergency Shelter

☐ In a motel, car or campsite

☐ With friends or family members due to the loss of housing or financial hardship

☐ A student not living with parent or legal guardian

☐ Other? Explain:

### 2. The student lives with:

☐ 1 (one) parent

☐ 2 (two) parents

☐ 1 parent & another adult

☐ a relative, friend(s) or other adult(s)

☐ alone with NO adults

☐ 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.

\*\*\*\* Completed form is kept in the student's cum file. \*\*\*\*

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

Name / Title:

Phone:



## 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 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? _____	

- 1) In the past three years, has your family moved to another state, city, school district, and/or county?  
☐ YES                      ☐ NO
- 2) 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

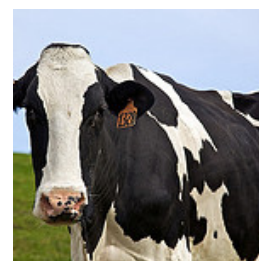
**CIRCLE** all that apply below, even if the work was only for a short period of time.



**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)

*If you answered "yes" to either question 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 are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:*

**Metro Migrant Education Program**  
14707 E 2<sup>nd</sup> Ave, Suite 180  
Aurora, CO, 80011  
P. 303-365-5817 F. 303-856-7294

# Parent/Guardian Media Consent Form

Student:

Student #:

School:

Grade:

The Douglas County School District (DCSD) is committed to the safety of our students, as well as respecting the privacy of their families. We also know the importance of celebrating our students' achievements and providing them with engaging learning opportunities, which today often means connecting with the world outside our classroom walls.

Under Board Policy JRA/JRC and the Family Educational Rights and Privacy Act (FERPA):

- DCSD schools and our District may disclose information that is generally not considered harmful or an invasion of privacy without written consent of the parent/guardian, if the primary purpose is to allow the District to include this type of information in certain school publications, such as yearbooks, newsletters, websites, social media, playbills, team rosters or honor rolls.

Additionally, unless indicated below, students may:

- Publish digital or social media online as part of their lessons.
- Participate in interviews, photography, audio or video recording by our schools, District or news media.

**Check items below ONLY if you wish to opt out your student.**

\_\_\_\_\_ **MEDIA BLACKOUT:** Do not publish information about my student, including basic information (student's name, their school, grade and accomplishments).

**MEDIA BLACKOUT** - All information, including basics.

This Opt Out restricts our schools and the District from releasing any personally identifiable information about a student, including basic details like their name, school, grade and their school photo.

**As a result, the student will NOT be included in:**

- The yearbook portrait section (this includes their name and school photo)
- Official class (group) photos
- Any type of celebratory posts by a school, i.e., the list of students who received an award

***This is the most restrictive option and therefore results in the automatic opt out of ALL MEDIA LEVELS.***

\_\_\_\_\_ By initialing here I have read and understand this Opt Out.

\_\_\_\_\_ **INSTRUCTIONAL MEDIA:** Do not allow my student to publish digital and/or social media online as part of their lessons.

**INSTRUCTIONAL MEDIA** - Digital and/or social media online during lessons.

Great learning opportunities often encourage our students to create work that has a real-world impact outside of their schools. We, however, understand that when these projects involve digital or social media\*, there may be accompanying concerns about privacy.

This Opt Out restricts a student from participating in learning opportunities that result in the school or District publishing of a student's basic information (like their name, school, grade and their school photo) and class work (writing, drawings, paintings, photography, etc.).

**As a result, the student will NOT be included in classroom activities which involve publishing of digital/social media online, including:**

- Publicly visible or archived videos, web chats or live streams
- Podcasts
- Publishing of scientific/scholarly reports by outside organizations

This Opt Out, however, still **ALLOWS** students to work in secured digital environments\*\*, like Google Sites, where a student's work is protected from the outside world.

*\*Digital media includes photos, video, audio recordings and documents placed on a computer or the Internet.*

*\*\*Secured digital environments are when a password is required to view these items outside of the school.*

\_\_\_\_\_ By initialing here I have read and understand this Opt Out.

\_\_\_\_\_ **MEDIA COVERAGE:** Do not allow my student to be interviewed, photographed or recorded by school staff, our District or news media for coverage of school events or achievements.

**MEDIA COVERAGE** - Interviews, photographs or recordings by our schools, District or news media.

On a daily basis we celebrate the accomplishments of our students and schools. We want to share this news with our community, including on our schools' websites or social media accounts.

This Opt Out restricts schools, DCSD and outside media organizations from taking photos or videos of the student or allowing the student to participate in interviews during academic activities.

**As a result, the student will NOT be included in media coverage, including:**

- **Photos or videos taken in the student's academic environment**
- **Interviews (audio or video) with representatives from the school, DCSD or outside media**

*Please note: There is no expectation of privacy during school assemblies or other large school gatherings, sporting events, off-campus field trips or extra-curricular activities. Privacy cannot be guaranteed in public locations.*

\_\_\_\_\_ By initialing here I have read and understand this Opt Out.

### **Please Read and Sign Below**

*I understand that unless I have made a selection above, my school, our District and/or outside media may use information, images or video of my child. In the event the school or District uses those 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 will apply for the duration of my child's enrollment in DCSD. I acknowledge by my signature below that I understand the above-stated information.*

**Signature:**

**Date:**

**REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION  
TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1**

**Please send all designated records to:**

**School Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**School Phone #:** \_\_\_\_\_

**FAX Phone #:** \_\_\_\_\_

**Counseling Phone #:** \_\_\_\_\_

**Registrar Phone #:** \_\_\_\_\_

**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.:** \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline) |  |
| <input type="checkbox"/> Scholastic/Achievement Record   | <input type="checkbox"/> Medical / Immunization Records                |
| <input type="checkbox"/> Intelligence and Aptitude Test Scores   | <input type="checkbox"/> Personality and Interest Test Scores          |
| <input type="checkbox"/> Standardized Test / ACT / SAT Data  | <input type="checkbox"/> Special Education / Section 504 / ILP Records |
| <input type="checkbox"/> Discipline File, including record of Suspension / Expulsion   | <input type="checkbox"/> Gifted & Talented                             |
|  | <input type="checkbox"/> 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 this student received any previous testing, evaluations or services in any of the following areas?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <b>Disability Area:</b> _____                |  |
| <input type="checkbox"/> Individual Literacy Plan (ILP)  | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> 504 Services        | <input type="checkbox"/> Other _____   |

**FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE 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 Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.*

Douglas County School District Re. 1, Castle Rock, Colorado

©DCSD 9/2009

**(Office Use Only)**

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