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: Timber Trail Elem

Use Dropdown to Select School

PLEASE PRINT **2020-2021**

Student Information

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

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 ☐

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 Phillippine 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 ☐ 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** _____

Douglas County School District

Household Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2020-2021

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** _____

Douglas County School District

Emergency Information

Registration Form

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

PLEASE PRINT

2020-2021

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** _____

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.

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last / First / Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2020-2021

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

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2020-2021

Health Info

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
- ☐ Vision Impaired — Comment: _____
- ☐ Von Willebrand's Disease
- ☐ Wolff Parkinson White Syndrome

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information (Continued)

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last / First / Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2020-2021

Health Info

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 ☐

_____

_____

_____

_____

Parent/Guardian Signature _____ **Date** _____

Douglas County School District
Learn today. Lead tomorrow.

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
☐ Choices in Section B **do not apply**	☐ With friends or family members due to the loss of housing or financial hardship ☐ In a motel, car or campsite ☐ In an Emergency Shelter ☐ 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.

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

Name / Title: _____ Phone: _____

COLORADO
Department of Education

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 2nd 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 recordsisngs 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:**

Board File: JRA/JRC-E-3

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: Timber Trail Elementary
Address: 690 Castle Pines Parkway
City, State, Zip Code: Castle Pines, CO 80108
School Phone #: 303-387-5700

FAX Phone #: 303-387-5701
Counseling Phone #: _____
Registrar Phone #: 303-587-5708
*or email to syuhas@dcsdk12.org

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:

- ☐ 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, including record of Suspension / Expulsion
- ☐ Medical / Immunization Records
- ☐ Personality and Interest Test Scores
- ☐ Special Education / Section 504 / ILP Records
- ☐ Gifted & Talented
- ☐ 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?

- ☐ Individual Education Plan (IEP)
- ☐ Individual Literacy Plan (ILP)
- ☐ Counseling

Disability Area: _____
- ☐ Gifted and Talented
- ☐ 504 Services
- ☐ Psychological
- ☐ Other _____

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

Authorized Signature: _____ Date" _____

Relationship to Student: ☐ 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.

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(Office Use Only)
Records Requested _____ By _____ Via FAX ☐ Via Mail ☐ Received Records _____