



# Student Enrollment Form

-Office Use Only-

Student ID# \_\_\_\_\_

School \_\_\_\_\_

## Student Information

Legal first name		Legal middle name (or none)		Legal last name		◇ Other names used	
Gender		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic?					
M	F	Yes		No			
Race is based on your inherited physical characteristics (Check one or more)							Date of Birth (mm/dd/yy)
American Indian/Alaskan Native    Asian    Black/African American    Hawaiian/Pacific Islander    White							
Current Grade	First name student goes by (Nickname)			Last name student goes by if not legal name		Soc. Security#	Student cell#
Has student ever been expelled from a school?				If Yes, enter name and address of school		If Yes, enter expulsion date	
Yes    No							
Has student ever been referred for a Risk Assessment?				Was a Safety Plan developed as a condition for student's return to school?			
Yes    No				Yes    No			
NOTE: Students <b>may not be enrolled concurrently</b> in more than one Colorado public school including distance and electronic schools.							
◇ Is student enrolled in another Colorado School including distance and electronic schools?						Yes    No	
If Yes, enter name and address of the school							

## Household Information

Main/Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address				Street Address or PO Box #			
City				State		Zip	
City				State		Zip	
If your child will be attending this school as School Choice and you would like to <b>request</b> transportation, please request a <i>Space-Available Transportation Application</i> –or– if you would like to <b>request</b> transportation to or from a location other than your home, please request an <i>Alternative Transportation Application</i> . For these circumstances, transportation is not guaranteed and is dependent upon existing routes and space availability.							
First Head of Household				Second Head of Household			
Last name		First name		Last name		First name	
◇ Is this person a legal guardian?		Relationship to student		◇ Is this person a legal guardian?		Relationship to student	
Yes    No				Yes    No			
Home phone	Work phone	Cell phone	Other	Home phone	Work phone	Cell phone	Other
Email				Email			
Phone to call 1st in case of emergency				Phone for attendance calls			
Student's Siblings (Enter only siblings attending PSD schools, including Head Start and Early Childhood Education.)							
◇ Sibling name		Grade	School attending	◇ Sibling name		Grade	School attending

## Program & Services

◇ Has your child received Special Education services?	Yes	No	◇ Has your child received Section 504 services?	Yes	No
◇ Has your child had a specialized health care plan?	Yes	No	◇ Has your child received Gifted Education services?	Yes	No

## Primary Language

Is English the primary language spoken at home?	Student's primary language	Father's primary language	Mother's primary language
Yes    No			

Student first name	Student last name	Birth date

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School and Birth Records				
Last school attended	Mailing address	City	State	Zip
Last PSD school attended, if different from above	Grade level	Last year attended		
Enter the date of your student's first enrollment in a Colorado school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
If your student has ever attended school outside the state of Colorado, enter date of his/her re-entry into a Colorado school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
If your student has ever attended school outside the United States, enter date of his/her re-entry into a United States school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
Country of birth		State of birth		

Contact Information – Do not list Heads of Household from page 1. (To enter additional contacts, see page 4.)									
Parent not living in household		Parent first name		Parent last name		Relationship to student			
Street address						City	State	Zip	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?		Release student to:	
						Yes	No	Yes	No
Doctor	Doctor's first name			Doctor's last name			Phone number		Name of practice
Contact #1		Contact #1 first name			Contact #1 last name			Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?		Release student to:	
						Yes	No	Yes	No
Contact #2		Contact #2 first name			Contact #2 last name			Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?		Release student to:	
						Yes	No	Yes	No

To enter additional contacts, see page 4

I verify that the information provided within this form is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of any changes.	
_____ Parent/Guardian Signature	_____ Date

<b>Student first name</b>	<b>Student last name</b>	<b>Birth date</b>

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### Health Information

◇ <b>Health Care Provider</b>	◇ <b>Dentist</b>

Student Health Conditions (Check Yes or No below and explain when necessary.)					
<b>ADD/ADHD</b>	<b>Yes</b>	<b>No</b>	<b>Diabetes</b>	<b>Yes</b>	<b>No</b>
<b>Allergies to animals (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>	<b>Eating disorder issues</b>	<b>Yes</b>	<b>No</b>
			<b>Headaches (not migraine)</b>	<b>Yes</b>	<b>No</b>
<b>Allergies to food (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>	<b>Head injury/concussion</b>	<b>Yes</b>	<b>No</b>
			<b>Heart problems (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Allergies to insects (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>			
			<b>Kidney/urinary problems (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Allergies to medication (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>			
			<b>Migraines</b>	<b>Yes</b>	<b>No</b>
<b>Allergies/environmental (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>	<b>Nutritional/growth issues (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Anxiety</b>	<b>Yes</b>	<b>No</b>	<b>Orthopedic problems (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Asthma</b>	<b>Yes</b>	<b>No</b>			
<b>Autism/Asperger's</b>	<b>Yes</b>	<b>No</b>	<b>Seizures/neurological problems (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Behavioral issues</b>	<b>Yes</b>	<b>No</b>			
<b>Bipolar</b>	<b>Yes</b>	<b>No</b>	<b>Stomach problems (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Cancer (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>			
			<b>Other (If Yes, explain)</b>	<b>Yes</b>	<b>No</b>
<b>Depression</b>	<b>Yes</b>	<b>No</b>			
<b>Developmental delay</b>	<b>Yes</b>	<b>No</b>			

Student Vision and Hearing Conditions					
<b>Does your child have vision problems?</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, are glasses/contacts worn for reading at close range?</b>	<b>Yes</b>	<b>No</b>
			<b>If Yes, are glasses/contacts worn for distance vision?</b>	<b>Yes</b>	<b>No</b>
<b>Does your child have hearing problems?</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, is a hearing aid worn?</b>	<b>Yes</b>	<b>No</b>
			<b>If Yes, is preferential seating needed?</b>	<b>Yes</b>	<b>No</b>

Student Emergency Steps	
<b>Could your child's health condition warrant special EMERGENCY steps that his/her bus operator should know?</b>	<b>Yes</b> <b>No</b>
<b>If Yes, please explain</b>	

Student Medications (List medications student is taking.)		
<b>For what condition?</b>	<b>Name of medication</b>	<b>Does this medication need to be given at school?</b>
		<b>Yes</b> <b>No</b>
<b>For what condition?</b>	<b>Name of medication</b>	<b>Does this medication need to be given at school?</b>
		<b>Yes</b> <b>No</b>
<b>For what condition?</b>	<b>Name of medication</b>	<b>Does this medication need to be given at school?</b>
		<b>Yes</b> <b>No</b>

I voluntarily provide this health information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.

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

Student first name	Student last name	Birth date

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**Complete this page only if you have additional contacts not listed on page 2.**

**Additional Contact Information – Complete only if you have more than 2 contacts (enter first 2 on page 2).**

Contact #3		Contact #3 first name		Contact #3 last name		Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other							
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?	Release student to:
						Yes    No	Yes    No

Contact #4		Contact #4 first name		Contact #4 last name		Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other							
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?	Release student to:
						Yes    No	Yes    No

Contact #5		Contact #5 first name		Contact #5 last name		Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other							
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?	Release student to:
						Yes    No	Yes    No

Contact #6		Contact #6 first name		Contact #6 last name		Relationship to student	
Enter phone numbers <u>for this contact</u> in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home    W – Work    C – Cell    O – Other							
Phone #1	Type	Phone #2	Type	Phone #3	Type	Contact for emergency?	Release student to:
						Yes    No	Yes    No