

Please print neatly and complete all blanks. Use N/A if not applicable.

Date received in office _____

Student's LEGAL Full Name: _____
Last First Middle (Suffix)
Gender: Male Female

Birthdate: ____/____/____
Mo Day Year

Birthplace: _____ Grade Entering: _____ Home Phone # _____

Address: _____
Street # Street Name PO Box

_____ City State Zip Student's Cell Phone

Last school attended: _____
Name Address

_____ City State Zip

District of Residence: _____

Date Most Recent Entry into a Colorado school _____ Date First Entry into a Colorado school _____

Date Most Recent Entry into a US school _____ Date First Entry into a US school _____

Has student ever been enrolled in Elbert School District #200? Yes No If yes, when? _____

Ethnicity (Check one)

Is this student Hispanic/Latino?
No not Hispanic/Latino
Yes student is Hispanic/Latino

Race (Check one or more)

American Indian or Alaska Native Asian
Native Hawaiian/Other Pacific Islander White
Black or African-American

Notice: UNLESS OTHERWISE INDICATED IN WRITING BY THE INDIVIDUAL COMPLETING THIS FORM, THE FATHER, MOTHER, GUARDIAN, DAYCARE PROVIDER, AND EMERGENCY CONTACTS LISTED ON THIS FORM ARE AUTHORIZED TO REMOVE THE STUDENT FROM SCHOOL DURING THE SCHOOL DAY.

Student living with (circle one): Both Father Mother Father/Stepmother Mother/Stepfather Guardian Foster Other: _____

Adult 1 _____
Last Name First Name

Email address _____ Cell Phone _____

Work Phone: _____ Employer _____

Work Address: _____ Occupation _____

Adult 2 _____
Last Name First Name

Email address: _____ Cell Phone _____

Work Phone: _____ Employer _____

Work Address: _____ Occupation _____

Daycare Provider Name/Address _____ Phone: _____

Please list adults other than individuals listed above as parent/guardian

Emergency Contact #1 _____ Relationship _____ Phone: _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Emergency Contact #3 _____ Relationship _____ Phone _____

2024-2025 SCHOOL YEAR

Alternate Parent/Co-guardian (any other adult having custodial rights who may request copies of student records and/or school materials):

Name: _____ Address: _____

Phone Number(s): _____

Email address: _____

Instructions regarding co-guardian:

Brothers/Sisters living at home? Please list names, date of birth, and school attending if applicable:

Name: _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

Student requires special support (SpEd, G&T, ILP, 504, etc.) _____ Active IEP: Yes No

Has student ever been retained? Yes No what grade? _____ Has this student ever been expelled or suspended? Yes No

Is the student currently under expulsion? Yes No If yes, from where? _____

Was any school considering disciplinary action because of this student's behavior? Yes No If Yes, where? _____

Does the student have a criminal background? Yes No If Yes, please explain: _____

If either parent/guardian is active duty military, which branch? Army Air Force Marines Navy Other _____

Physician: _____ Phone # _____

Hospital Preference: _____ Health Insurance: _____ Policy # _____

Does this child have Medicaid? Yes No if yes, Medicaid Number: _____ Effective Date: _____

Expiration Date: _____ County Number: _____

Conditions limiting physical activity at school? _____

Medications _____ Allergies: _____

Dietary restrictions _____ Prosthetic devices needed: _____

Wears glasses/contacts: _____ Immunizations in the past year (Please List Type and Date): _____

Emergency Closing – In the event of an emergency closing, school may be dismissed earlier than normal. No child may remain at school after an emergency closing. The district will attempt to contact all parents/guardians through its automated system. This system has limits and is only as good as the phone numbers provided to the district. Therefore, it is critical the district knows where your child should go.

I want my child to: Go home on their regular bus route Is allowed to drive him/herself & siblings home if applicable.

Alternate instructions: _____

A ll blanks and check boxes must be completed prior to signature. Enrollment of any student is contingent upon verification of t he above information.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

I authorize school staff to seek emergency care for my child if and when necessary. All efforts will be made to contact parents or physician and emergency contacts. All emergency costs are at the expense of the family. I authorize the school to share this information with emergency services.

Parent/Guardian Signature _____ Date _____

Home Language Questionnaire

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

1. What language(s) did your child use when he/she first began to talk? _____
2. What language(s) does your child speak with you at home? _____
3. What language(s) do you (parents/guardians) use when you speak to your child? _____
4. Do the adults in your home (parents, guardians, grandparents or any other adults) speak to each other in a language other than English daily? Yes No

If "No" please stop here and sign below. If "Yes" please continue:

5. What language(s) do the adults in your home speak? _____
6. Does your child participate in the conversation even if he/she might use English? Yes No
7. Does your child read a language(s) other than English? Yes No
If yes, please specify: _____
8. Does your child write a language(s) other than English? Yes No
If yes, please specify: _____
9. Did your child attend school in another country? Yes No
If yes: How many years? _____ Which Country(s)? _____
Language(s) used for instruction: _____

Parent/Guardian Signature _____ Date _____

REQUIRED ATTACHMENTS TO ENROLLMENT FORM

- BIRTH CERTIFICATE
- IMMUNIZATION RECORDS