

*Dear Parent/Guardian:*

*Please fill out the attached new enrollment form. You will be asked to provide additional information from previous forms.*

*The federal government, which requires all states to collect information, and the U.S. Department of Education have developed new guidelines regarding the collection of data for race and ethnicity of public school students. New categories have been developed to provide a more accurate picture of the nation's ethnic and racial diversity. Student data with the new ethnicity and race categories will be used in the same manner that such information is currently used. For example, the federal government and the state of Colorado use racial and ethnic data in reporting and analyzing aggregated test results and student outcomes information such as graduation or drop out rates. These reports help track changes in student enrollments, performance and outcomes and ensure that all students receive the educational programs and services to which they are entitled. The data will be used to ensure students receive educational services to which they are entitled, analyze needs of students within the school community and to obtain more funding for educational services as appropriate. The information will not be used to discriminate against anyone, determine immigration status, or to penalize students, parents or staff in any way. The school district is required to provide an answer regarding the student's race/ethnicity on your behalf if you choose not to provide this information. Schools may fill in racial and ethnic data using a variety of information including your family's home country, your family customs, the languages(s) spoken in your home or your tribal affiliations.*

*Definitions of race and ethnicity:*

*Race: A distinct human type based on inherited physical characteristics.*

*Ethnic group: Socially distinguishable from other groups and has developed its own subculture, which can include nationality, religion, and language.*

*American Indian or Alaska 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.*

*Asian: A person having origins in 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.*

*Black or African American: A person having origins in any of the black racial groups of Africa.*

*Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

*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.*

*Federal and state regulations also require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. On the enrollment form on the line titled "Language(s) Spoken", please include language(s) spoken in the home or that the student might speak, understand or has the ability to write or read.*

*If you have questions or need further information to complete the enrollment form, please call the school at 303-648-3030.*

*Thank you.*

**Elbert School District 200**  
**SCHOOL ENROLLMENT FORM**

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

Student's **LEGAL** Full Name: \_\_\_\_\_  
Last First Middle (Suffix)

Name student prefers: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male  Female   
Mo Day Year

Birthplace: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Street Name PO Box

\_\_\_\_\_ City State Zip Student's Cell Phone Student's Email Address

Last school attended if not Elbert School: \_\_\_\_\_  
Name Address

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

District of Residence: \_\_\_\_\_

Continuously enrolled in a school in the United States? Yes  No  If no, date most recently enrolled: \_\_\_\_\_

Continuously enrolled 3 years in Colorado public school? Yes  No  If no, please explain: \_\_\_\_\_

**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  
 Black or African-American  
 Native Hawaiian/Other Pacific Islander  
 White

Language(s) Spoken: \_\_\_\_\_  
What language(s) does your child speak with you at home?

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

**Father/Guardian** \_\_\_\_\_  
Last Name First Name

Address (if different than student's) \_\_\_\_\_  
\_\_\_\_\_ email address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_  
Last Name First Name

Address (if different than student's) \_\_\_\_\_  
\_\_\_\_\_ email address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than parent) Name/Address

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Name: \_\_\_\_\_ 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 Military, indicate 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: \_\_\_\_\_ Permission to administer first aid? Yes  No

Conditions limiting physical activity at school: \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_

Prosthetic devices needed: \_\_\_\_\_ Wears glasses/contacts: \_\_\_\_\_

Immunizations in the past year: \_\_\_\_\_ Has had Chicken Pox: Yes  No  Chicken Pox Vaccine: Yes  No   
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: \_\_\_\_\_

I grant permission for the District to use photo/videos of my child on the District's Web Site: Yes  No

I grant permission for my child to participate in school field trips, community outings, fundraisers, assemblies, etc., sponsored by the District: Yes  No

All blanks and check boxes must be completed prior to signature. Enrollment of any student is contingent upon verification of the 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 \_\_\_\_\_