



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: _____

Use Dropdown to Select School

*** PLEASE PRINT ***

2022-2023

Student Information
Interpreter Needed?

Legal Name from Birth Certificate _____ Nickname _____
Grade _____ Last _____ Gender M [] F [] Date of Birth _____ Middle (full) _____ 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 []
If yes, what language? _____

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 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

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 [] Gifted & Talented [] READ Plan
[] Speech/Language [] Psychological [] Remedial Reading (Title 1)
[] Physical Therapy [] Behavioral Difficulties [] 504 Services
[] Occupational Therapy [] Hearing Impaired [] Visual Impaired [] Other

Parent/Guardian Signature _____

Date _____



Household Information Registration Form

For Office use Only

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

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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 _____
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

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
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

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
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

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.

Table with 8 columns: First Name, Middle Name (full), Last Name, Date of Birth, Gender, Relation to Student, School Attending, County. Title: Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

Parent/Guardian Signature _____

Date _____



Douglas County School District
Emergency Information
Registration Form

For Office use Only

| | | | |
|--------------------------|------------|--------------|--------------------------|
| Student Name: _____ | _____ | _____ | _____ |
| School: _____ | Last _____ | Grade: _____ | First _____ Middle _____ |
| Teacher/Counselor: _____ | _____ | Room: _____ | _____ |

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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 _____



Registration Form

| | | | |
|--------------------------|------------|---------------------|--------------|
| Student Name: _____ | | | |
| School: _____ | Last _____ | First _____ | Middle _____ |
| Grade: _____ | | Student ID #: _____ | |
| Teacher/Counselor: _____ | | Room: _____ | |

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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

| | |
|--|---------------------|
| <input type="checkbox"/> Life threatening allergy - Dairy | Comment: _____ |
| <input type="checkbox"/> Life threatening allergy - Food | List Food(s): _____ |
| <input type="checkbox"/> Life threatening allergy - Insect Sting | Comment: _____ |
| <input type="checkbox"/> Life threatening allergy - Latex | Comment: _____ |
| <input type="checkbox"/> Life threatening allergy - Peanut | Comment: _____ |
| <input type="checkbox"/> Life threatening allergy - Tree Nuts | Comment: _____ |
| <input type="checkbox"/> Life threatening allergy - Other | List: _____ |
| <input type="checkbox"/> Life threatening allergy - Unknown | Comment: _____ |

Allergies - Comment required where indicated

| | |
|---|---------------------|
| <input type="checkbox"/> Animal | |
| <input type="checkbox"/> Environmental / Seasonal | |
| <input type="checkbox"/> Food | List Food(s): _____ |
| <input type="checkbox"/> Insect Sting | |
| <input type="checkbox"/> Latex | |
| <input type="checkbox"/> Medication | List Food(s): _____ |
| <input type="checkbox"/> Non-Specific | |

Other Conditions - Comment required where indicated

| | |
|--|---------------------------|
| <input type="checkbox"/> ADD/ADHD | Name of medication: _____ |
| <input type="checkbox"/> Alopecia | |
| <input type="checkbox"/> Arthritis Juvenile | |
| <input type="checkbox"/> Asthma | Comment: _____ |
| <input type="checkbox"/> Autism Spectrum | Comment: _____ |
| <input type="checkbox"/> Auto-Immune Condition | Comment: _____ |
| <input type="checkbox"/> Blood Disorder | Comment: _____ |
| <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: _____ |

Health Info

Parent/Guardian Signature _____

Date _____



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

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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: _____
Syncope Episodes Comment: _____
Syndrome Comment: _____
Thyroid Condition
Tourette Syndrome Comment: _____
Tracheostomy Comment: _____
Traumatic Brain Injury Comment: _____
Urinary Problem Comment: _____
Wears Glasses/Contacts
Von Willebrand's Disease
Wolff Parkinson White Syndrome

Health Info

Parent/Guardian Signature _____

Date _____



Registration Form

PLEASE PRINT

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| | | | |
|--------------------------|------------|--------------|----------------------------------|
| Student Name: _____ | | | |
| School: _____ | Last _____ | Grade: _____ | First Middle Student ID #: _____ |
| Teacher/Counselor: _____ | | Room: _____ | |

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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

Health Info

Parent/Guardian Signature _____

Date _____