



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

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2022-2023

Student Information: Legal Name from Birth Certificate, Grade, Gender, Date of Birth, Nickname, Phone, Cell.
Race/Ethnicity: Notice to Parents and Students, Part A (Hispanic/Latino), Part B (Race groups).
Previous School: Has the student attended another Douglas County School District school?, Last school attended outside the Douglas County School District.
ELD: What is/was the student's first language?, Does the student speak a language(s) other than English?
Special Services: Is your child currently on an Individual Educational Plan for Special Services?, Has your child received any previous testing, evaluations or services in any of the following areas?

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

Date \_\_\_\_\_



Household Information
Registration Form

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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.

Note: \*\*Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

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



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

Acknowledgment

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: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
School: \_\_\_\_\_ 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

[ ] 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 \_\_\_\_\_



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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 \_\_\_\_\_



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

2022-2023

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 \_\_\_\_\_