

Adams 12 Five Star Schools

Welcome to Adams 12 Five Star Schools!

We are glad that you are joining our growing family.

Enrollment in Adams 12 Five Star Schools is a simple process:

- **Step 1:** In-district families who wish to attend their boundary school can simply check their address on our boundary locator to determine which school their student will attend. Our locator is online at: http://www.adams12.org/boundary_locator.

In-district families who wish to attend a school other than their boundary school can apply for Choice during the specified timelines or directly with schools participating in the extended day kindergarten program or tuition based preschool program.

Out-of-district families who wish to attend a school in Adams 12 Five Star Schools can only apply for admissions via the Choice program or via extended day kindergarten programs. Applications for extended day kindergarten programs and are accepted directly at participating schools.

- **Step 2:** Pick up an enrollment packet at one of our school locations or download the forms from our website. You will need only one Household Information Packet and individual Student Information Packets for each student.
- **Step 3:** Complete your forms and gather the necessary documentation. Documentation includes: Parent/Guardian Photo ID; Child's Birth Certificate; One Proof of Residence; Immunization Records; and prior school records.
- **Step 4:** Take your completed enrollment forms and all required documentation to your student's school.

NOTE: Kindergarteners must be 5-years old and first graders must be 6 years old on or before October 1st. For exceptions, please see Superintendent Policy 5230.



*See reverse side for detailed information on
Required Documentation*

Required Documents

The following are documents required by Adams 12 Five Star Schools to enroll your child(ren):

1. PARENT/GUARDIAN PHOTO I.D.

A driver's license or any other photo I.D. is acceptable.

- The biological, foster or adoptive parent may enroll the student.
- **Guardians must have proper guardianship forms signed and notarized or a copy of court authorization.**
- **Custody documentation is required, if applicable.**

2. DOCUMENTATION OF CHILD'S DATE OF BIRTH

Please bring ONE of the following government issued proofs:

- Birth Certificate (full size certificate, showing parent's names as well as child's is preferred)
- Valid passport

3. PROOF OF RESIDENCE

To enroll, the student's parents or legal guardian and the student must be a full-time resident in the Adams 12 Five Star Schools attendance boundaries. Please use our Boundary Lookup tool on our web page at http://www.adams12.org/en/boundary_locator. (NOTE: Disconnect notices are not acceptable forms of proof of residence)

a. ***If you own your home***, please bring **ONE of the following** (only originals will be accepted):

- Warranty Deed, Deed of Trust, or Bill of Sale
- Purchase contract with possession date or closing date not more than 90 days out
- Current utility bill (i.e. Xcel Energy, water, cable, trash) or mortgage statement -- your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) -- last or current month; disconnect notices are **not** accepted
- Homeowner's insurance or property tax bill for current year (property/service address must match mailing address) -- Adams or Broomfield county

b. ***If you rent***, please bring **ONE of the following** (only originals will be accepted):

- Current Signed Lease or Rental Agreement
- Lease agreement with possession date not more than 60 days out
- Current utility bill (i.e. Xcel Energy, water, cable, trash)-- your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) -- last or current month; disconnect notices are **not** accepted
- Renter's insurance

c. ***If you are living with another family*** -- **ALL of the following are required:**

- Declaration of Residence must be completed and signed by the owner/renter of the residence with whom you live stating the length of time you will be staying in the presence of school or district personnel
- One proof of address from the **owner/renter of the residence**. (See required documents above)
- Current proof of your residence at that address that has been mailed to the home (i.e. bank statement, insurance statement, new Colorado drivers license receipt, US Postal Service official address change form, bills received including cell phone, etc. with your name and address clearly listed)

d. Families who have changed their address and currently have a student enrolled in Adams 12 Five Star Schools will need to verify their new address by providing the required documents for proof of residence listed above.

Note: Please notify us if you are unable to provide documentation because of loss of housing or economic hardship.

4. IMMUNIZATION RECORDS -- Required by state law

5. PREVIOUS SCHOOL INFORMATION

- Name, address, phone and fax number of previous school
- Withdrawal form from previous school
- Most recent report card
- Transcripts for students entering middle or high schools
- Attendance record and discipline report
- IEP and 504 information, if applicable.

Family and Household Information



Complete 1 set of forms per family

New Household Enrollment Form

For School Use Only	Date Received:	Received By:	School:
Residency: <input type="checkbox"/> Deed or Bill of Sale <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Home/Renters Insurance <input type="checkbox"/> Purchase Contract	<input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Declaration of Residence <input type="checkbox"/> McKinney-Vento (Title IX A) <input type="checkbox"/> Address Confidentiality Program	Guardianship: <input type="checkbox"/> Court Ordered <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster/Kinship Placement	Boundary School: <input type="checkbox"/> Elementary _____ <input type="checkbox"/> Middle _____ <input type="checkbox"/> High _____ <input type="checkbox"/> OD _____
Forms Sent: <input type="checkbox"/> Migrant Education <input type="checkbox"/> Student Records Access <input type="checkbox"/> Home Language <input type="checkbox"/> 506 Form			

PRIMARY HOUSEHOLD (where student(s) resides majority of the time)				
Residence Street Address				Apartment/Unit Number
City	State	Zip	County	Home Phone
Mailing Address (if using a P.O. Box)			WE PREFER OUR CORRESPONDENCE IN: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
City	State	Zip	County	
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Active Duty Armed Forces or Full-time National Guard
Work Phone	Cell Phone	Email Address		DOB
Parent/Guardian Last Name		Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Active Duty Armed Forces or Full-time National Guard
Work Phone	Cell Phone	Email Address		DOB

Adams 12 Five Star Students* RESIDING WITH PARENT/GUARDIAN IN THE ABOVE HOUSEHOLD *Include student(s) enrolling				
STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	GRADE	PARENT/GUARDIAN NAME (specify relationship to child below)	PARENT/GUARDIAN NAME (specify relationship to child below)
			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian

CURRENT RESIDENCE STATUS (where student(s) reside majority of the time)	
<i>Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act.</i>	
<input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex/Motel/Hotel <input type="checkbox"/> Motel/Hotel due to loss of housing or financial hardship <input type="checkbox"/> Campground/RV/Car due to loss of housing or financial hardship <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing Program <input type="checkbox"/> Are you living with friends/family due to loss of housing or financial hardship? <input type="checkbox"/> Are you a student not living with a parent or legal guardian due to loss of housing or family conflict? <input type="checkbox"/> Other, please describe _____

SECONDARY HOUSEHOLD
(Parent/Guardian that resides at another address)

Residence Street Address				Apartment/Unit Number	
City	State	Zip	County	Home Phone	
Mailing Address (if using a P.O. Box)				WE PREFER OUR CORRESPONDENCE IN: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
City	State	Zip	County		
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-time National Guard	
Work Phone	Cell Phone	Email Address		DOB	
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-time National Guard	
Work Phone	Cell Phone	Email Address		DOB	

Adams 12 Five Star Students* RESIDING WITH PARENT/GUARDIAN AT ANOTHER ADDRESS
***Include student(s) enrolling**

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	GRADE	PARENT/GUARDIAN NAME (specify relationship to child below)	PARENT/GUARDIAN NAME (specify relationship to child below)
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian
School Use Only: New Student #			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Guardian

NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION

The following persons are authorized to give consent for urgent health, dental, surgical procedures or hospital care of student(s) in the event of an emergency and District staff cannot reach an authorized parent/legal guardian.

PRIORITY	CONTACT NAME (Last Name, First Name)	GENDER	RELATIONSHIP TO STUDENT	HOME PHONE	CELL PHONE
1					
2					
3					
4					

1. Please note that federal law requires that educational records concerning a child be shared with a parent regardless of his/her custody status or decision making authority absent a court order limiting such disclosures. Please submit such court order if applicable.
2. By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.
3. Be aware that without prior notice or verification, students will not be released early during the day to anyone other than a parent/legal guardian.

Parent/Guardian Signature _____

PRINT Parent/Guardian Name _____ Date _____



Colorado MEP Occupational Survey



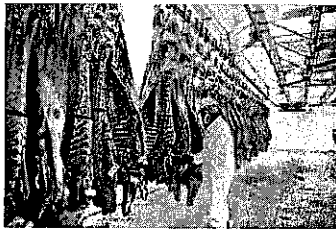
Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed below.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:	Do you have more than one child? <input type="checkbox"/> YES <input type="checkbox"/> NO	

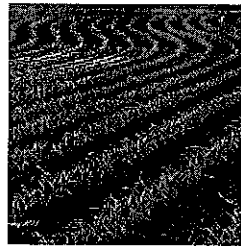
1) In the past three years, has your family moved to another state, city, school district, and/or county?
 YES NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?

Mark **YES** and **CIRCLE** all that apply even if the work was only for a short period of time.
 YES NO



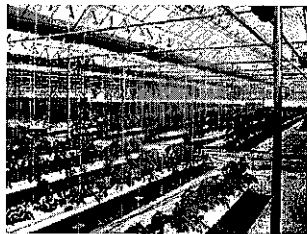
Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock, etc.)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation, etc.)



Dairy & Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



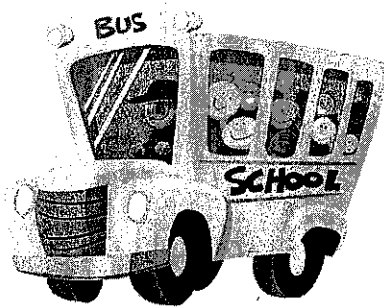
Fishing & Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue below. Otherwise, your form is complete.

HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:
Adams 12 Five Star Schools Office of Federal Programs
 1500 E. 128th Ave
 Thornton, CO
 720-972-4140

Student Information



**Complete 1 set of forms for
each student enrolling**

NEW STUDENT ENROLLMENT FORM

Office Use Only:	Enrollment Start Date:	Student Number:	Grade:	Teacher:
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STUDENT INFORMATION				
Student Legal Last Name:		Student Legal First Name:		Student Legal Middle Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	Birth Country:	
Race (Please select one or more)	<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island / Native Hawaiian	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian / Alaskan Native* <small>*please complete the attached 506 form</small>	Ethnic Background Hispanic/Latino?	(Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No
First Date of Enrollment in US Public School (Grades K-12):				

PARENT/GUARDIAN IN PRIMARY HOUSEHOLD (parent(s) who reside with the student)				
Parent/Guardian Name:				
Relationship to Student:				
	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Power of Attorney
	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Foster Parent	
Parent/Guardian Name:				
Relationship to Student:				
	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Power of Attorney
	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Foster Parent	

PARENT/GUARDIAN IN SECONDARY HOUSEHOLD (parent(s) who reside at another address)				
Parent/Guardian Name:				
Relationship to Student:				
	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Court-Appointed Guardian	
	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Power of Attorney	
Parent/Guardian Name:				
Relationship to Student:				
	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Court-Appointed Guardian	
	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Power of Attorney	

By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records unless the District is provided a court order specifically prohibiting them from doing so.

I hereby attest that all information I have submitted is accurate and complete to the best of my knowledge. I understand that falsifying any information may be grounds for expulsion.

Parent/Guardian Signature _____

PRINT Parent/Guardian Name _____

Date: _____

School History

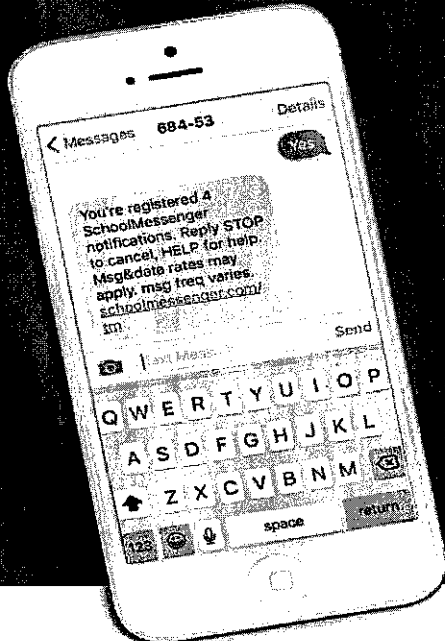
Has this student ever applied to or been enrolled in Pre-School?

If yes, school attended: _____

Please list the last 2 schools attended, starting with most recent (if applicable):

School Name _____		Phone _____	
Address _____		City/State _____	
Date withdrawn _____	Grade _____	Type _____	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other

School Name _____		Phone _____	
Address _____		City/State _____	
Date withdrawn _____	Grade _____	Type _____	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other

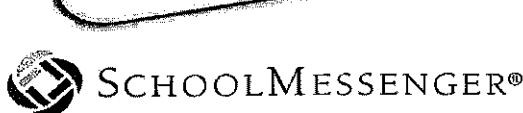


**Be the first to know.
Receive priority alerts
on your cell phone.**

Text "YES" to 68453*

With this free service**, you will receive text messages notifying you of safety alerts, or other important information impacting the Adams 12 Five Star Schools system.

You can opt-out from alerts at any time. Reply with HELP if you need assistance.



New Student Enrollment Form

Student Legal Last Name	Legal First Name	Legal Middle Name
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Student Services Received

In order to provide your student with the appropriate academic setting, it is necessary to identify any special services they may have received at their prior school. This student has received services for:

- Special Education Grade _____ School _____ Year _____
- English as a Second Language Grade _____ School _____ Year _____
- Gifted/Talented Grade _____ School _____ Year _____
- 504 Plan Grade _____ School _____ Year _____
- Literacy Plan Grade _____ School _____ Year _____
- Early Childhood Education Grade _____ School _____ Year _____
- Homeschooling Grade _____ School _____ Year _____
- Summer School Grade _____ School _____ Year _____
- Retained Grade _____ School _____ Year _____
- Intervention Grade _____ School _____ Year _____
- Title I Grade _____ School _____ Year _____
- Title IX Grade _____ School _____ Year _____
- Migrant Grade _____ School _____ Year _____

I verify that the information provided is true to the best of my knowledge.

Print Parent/Guardian Name (please print) _____

Parent/Guardian Signature (person completing form) _____ **Date** _____

Safe Schools Enrollment Form

Student Name (please print)

Grade

Date of Birth

Enrollment Eligibility

Please complete the Safe Schools Enrollment Form for each student you are seeking to enroll. This information assists staff in verifying each student's eligibility to enroll. Staff will contact each student's prior school(s) to verify accuracy of the information you provide. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked (terminated) at a later time.

Authority to Deny Admission

Colorado law (C.R.S. 22-33-106.3) authorizes school districts to deny admission to students seeking enrollment under specific conditions.

Declaration of Eligibility

Please answer the following questions by circling either "Yes" or "No" to each question. Based on your answers additional information may be requested.

- Yes No 1. Has your student graduated from school, completed 12th grade, or received any other certificate of completion such as a general equivalency diploma (G.E.D.) of a secondary education program?
If "yes", please consult with enrollment staff.
- Yes No 2. Is your student between the ages of 5 and 20 (not applicable for preschool programs)?
If "no", please consult with enrollment staff.
- Yes No 3. Has your student been expelled, considered for expulsion or otherwise asked to withdraw from any school and/or district due to discipline, attendance, illegal behavior, or safety issues during the past 12 months?
If yes, school/district/state: _____
Reason for expulsion: _____
Date(s) of expulsion: _____
If "yes", please consult with enrollment staff.
- Yes No 4. Is your student a resident of Adams 12 School District or has your student otherwise been formally granted a choice or transfer placement in writing?
If "no", please consult with enrollment staff.
- Yes No 5. Have you provided the documentation that has been requested regarding your student's immunizations?
If "no", please consult with enrollment staff.

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Parent or Guardian _____

(please print)

Signature _____

Date _____

Student First Name _____

Student Last Name(s) _____

Date of Birth (MM/DD/YYYY) _____

Name of school where student is enrolling _____

Dear Parent(s)/Guardian(s):

Please answer the questions below accurately and completely. Registration is not processed until a completed Home Language Survey is received. This information is required by state and federal regulations and is used to assist in planning appropriate programs of instruction to meet the needs of the students. Please answer each question, sign and date the form, and submit with other registration forms.

1. What languages other than English are spoken at home?	None: <input type="checkbox"/>	Language(s): _____
2. What language(s) did your child speak when s/he began to talk?	_____	
3. What language(s) does your child speak other than English? <i>Please do not include "foreign languages" learned in school, on vacations, or from media.</i>	None: <input type="checkbox"/>	Language(s): _____
4. What language(s) does your child understand other than English? <i>Please do not include "foreign languages" learned in school, on vacations, or from media.</i>	None: <input type="checkbox"/>	Language(s): _____
5. Did your child attend school in another country?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/> What country? How many years? Language(s) used in instruction: _____
6. What is your preferred language of communication from the school?	English: <input type="checkbox"/> Spanish: <input type="checkbox"/> Other: _____	
Any additional comments regarding the language(s) of your student or anyone else in the home: 		

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date (MM/DD/YYYY) _____

**To ensure an equitable identification process for all students, all students must follow the same process. This includes, but is not limited to, international exchange, migrant, refugee, home school, online, charter, and adopted students.*

Health Services

* All questions are voluntary and optional. Information provided through this form will be used to assess any health needs your child may have during the school day. School staff may contact parent(s)/guardian(s) for further clarification of relevant health information. Please notify school when there are significant changes to your child's health or medical needs.

Child Name: _____ Date of Birth: _____ Age: _____ Gender: _____
 Grade: _____ Previous School / District Attended: _____
 Medical Insurance: Private Insurance CHP+ Medicaid Uninsured
 Form completed by: _____
Name (Print) Relationship to child Date
 Home phone: _____ Work phone: _____ Cell: _____

MEDICAL DIAGNOSES:

Healthy Child – No concerns

Check ALL that apply:	Diagnosed by:	Diagnosis date:
<input type="checkbox"/> AD/HD Type: _____	Provider: _____	Date: _____
<input type="checkbox"/> Allergies: Type: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe If yes, to what:	Provider: _____	Date: _____
<input type="checkbox"/> Asthma/Respiratory	Provider: _____	Date: _____
<input type="checkbox"/> Autism	Provider: _____	Date: _____
<input type="checkbox"/> Communicable Diseases: <i>If yes please list</i>	Provider: _____	Date: _____
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II	Provider: _____	Date: _____
<input type="checkbox"/> Enuresis (Bedwetting)/ Urinary Disorder	Provider: _____	Date: _____
<input type="checkbox"/> Epilepsy/Seizure Disorder	Provider: _____	Date: _____
<input type="checkbox"/> Headaches / Migraines	Provider: _____	Date: _____
<input type="checkbox"/> Hearing Loss/Ear infections	Provider: _____	Date: _____
<input type="checkbox"/> Heart Condition	Provider: _____	Date: _____
<input type="checkbox"/> Immune System Disorder	Provider: _____	Date: _____
<input type="checkbox"/> Mental Disorder	Provider: _____	Date: _____
<input type="checkbox"/> Neuro/Muscular Disorder	Provider: _____	Date: _____
<input type="checkbox"/> Skin Conditions	Provider: _____	Date: _____
<input type="checkbox"/> Stomach/Bowel Disorder / Encopresis (Soiling)	Provider: _____	Date: _____
<input type="checkbox"/> Syndromes: <i>If yes please list</i>	Provider: _____	Date: _____
<input type="checkbox"/> Traumatic Brain Injury	Provider: _____	Date: _____
<input type="checkbox"/> Other:	Provider: _____	Date: _____

Health Services

MEDICATIONS: list home and school

No Medications

Drug Name	Dosage	Time(s)	Reason

MEDICAL CARE REQUIRED AT SCHOOL:

No Medical Care Required

Medical Care Required:	Comments:
<input type="checkbox"/> Medication	
<input type="checkbox"/> Nebulizer Treatment	
<input type="checkbox"/> G-Tube Feedings	
<input type="checkbox"/> Catheterization	
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Oral Suction	
<input type="checkbox"/> Assist with Feeding	
<input type="checkbox"/> Toileting/Diapering	
<input type="checkbox"/> Other	

Any additional health related concerns or comments you wish to share about your child:

**All medications administered at school require both a written physician order and written parent permission.*

***It is the responsibility of the Parent/Guardian to contact the Transportation Department at (720) 972-4299 to inform them of any health conditions if your child rides the bus.*

Parent/Guardian Signature: _____

Date: _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

District Technology and the Internet Responsible Use Agreement

The District supports the use of technology and the Internet by students. Accordingly the District may provide access to students through a variety of means, including without limitation making District technology available for student use, issues network and email accounts to students, and providing Internet access through public or guest WiFi that may be used by personal devices. Additionally, the District may utilize third parties to provide resources and services to students, and those third parties may collect information that is subject to the Children's Online Privacy Protection Act. By signing below you authorize the District to provide consent to those third parties under COPPA. Information provided to third parties will be limited to a student's name, District-provided email address, and birthdate.

Content filtering tools are not completely fail-safe and while at school, direct supervision by school personnel of each student using District technology or the Internet is not possible.

Students should have no expectation of privacy when utilizing District Technology, even outside of school. All use of Technology is subject to Superintendent Policy, as well as state and federal laws.

Students are responsible for using District technology and the Internet in a responsible and appropriate manner. Student use is a privilege that may be limited or revoked at any time for any reason without notice. Misuse of District Technology whether on or off-campus, during or outside of the school day, may result in the loss of Technology privileges and/or disciplinary action.

By signing below, I acknowledge that I have read, understand and will abide by Superintendent Policy 5035.

Student Signature

Date

By signing below, I hereby give my permission for the District to issue my child email and network account, to allow my child to use District technology, and to consent on my behalf to the collection of COPPA information by third parties.

Parent Signature

Date

Student Name

School

THIS AGREEMENT IS ONLY VALID FOR THE CURRENT SCHOOL YEAR



Student Pick-Up Authorization – Notice

Notice: Without prior authorization from a parent/legal guardian, students will not be released before the end of the school day to anyone other than a parent or legal guardian. By default, a parent who resides with the student and a parent who resides at another address will be allowed to pick up the student.

To avoid the need to grant permission each time the situation arises, parents/legal guardians may consent in writing in advance to allow other individuals, including but not limited to step-parents, older siblings and grandparents, to pick up their child(ren) prior to the end of the school day. If you would like to authorize other people to pick up your child(ren), please request a *Student Pick-Up Authorization* form from each child's school, fill it out, and return it to the school.

According to District Policy 5700, school personnel may excuse a pupil before the end of the school day upon request of the parent or legal guardian for reasons which include, but are not limited to, the following: doctor appointments, home crises, and prior approved lunch passes.

11/21/2017

Student Records Access – Notice

Under federal law, parents are entitled to access their child(ren)'s education records unless the District is provided a court order specifically prohibiting them or other individuals from doing so. If you have such an order, please provide a copy to your child(ren)'s school(s). In the absence of such an order, both custodial and non-custodial parents have the right to access their child(ren)'s education records, the right to seek to have the records amended and the right to consent to disclosure of personally identifiable information from the records to third parties.

Parents may also consent in writing to allow other individuals to access their child(ren)'s education records. If you would like to grant other people access to your child(ren)'s education records, please request a *Student Records Access* form from your child(ren)'s school(s), fill it out, and return it to your child(ren)'s school(s).

11/21/2017

Adams 12 Five Star Schools

Media/Publicity/Internet Publishing Waiver

There may be times during the school year when your child is photographed, recorded or videotaped for District or media purposes. Different media groups (newspapers, television, radio, university, school production classes, district public relations and marketing, etc.) or outside organizations that support the District's educational mission cover activities at our schools with articles, video or still photography that may be published in print media, aired on television or radio, or published on the Internet. Furthermore, students may be involved in school or classroom activities or projects that are posted to District, school or outside websites.

If parents DO NOT want their child(ren) to be photographed or videotaped for news media or school publicity purposes, please request an "opt-out media form" from your child's school. Simply complete the form and return it to your school's front office so the school has a record of your request that your child(ren) are not to be photographed or videotaped by news media or for school district publicity.

District photographers will make every reasonable effort to identify the primary subjects in photographs and to not publish photos containing students on the opt-out list.

A signed Opt-Out form will be good for the current school year.

This policy relates to classroom activities or school events that are not already open to the public. Public events such as sporting events, theater productions, etc. are considered open to the public and photographers and videographers who attend those events are not included in this policy. This policy also does not apply to yearbook photos.

02/2016