

ENROLLMENT PACKET

Thank you for choosing the St. Vrain Valley School District. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

Have you ever had or do you currently have students that attend St. Vrain Valley School District?

- Yes No

STUDENT ENROLLMENT CHECKLIST

Step One: Complete Enrollment Packet

- Enrollment Packet (one copy needed for each school)
- Student Enrollment Form
- Request for Records
- Language Survey
- 48 Hour Hold Form
- McKinney-Vento Program (if applicable)
- Migrant Form (if applicable)

Step Two: Return to School with Completed Forms from Step 1 along with the following required items to complete enrollment of your child(ren)

- VERIFICATION OF ADDRESS –REQUIRED***
(any one of the following)
 - Utility Bill
 - Contract to build/purchase a house
 - Voter Registration Card
 - Emancipated Student Documentation
 - Homeless Student as verified by student services
 - Student Driver's License
- STUDENT'S LEGAL BIRTH CERTIFICATE –REQUIRED***
To enroll in Kindergarten, a student must be 5 years of age on or before October 1.
To enroll in First Grade, a student must be 6 years of age on or before October 1.
- STUDENT'S UP-TO-DATE IMMUNIZATION RECORD –REQUIRED***
(Parents with a religious, personal, or medical objection to immunizations may sign an exclusion statement included on the Colorado Certificate of Immunization.)
 - DTP/DTaP/DT/Td
 - Polio
 - MMR
 - Varicella
 - Hepatitis B
- CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)***
(any one of the following)
 - Notarized letter from other parent acknowledging student will be registered in a St. Vrain Valley School District school.
 - Court document stating you are the residential custodian
 - Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

*PLEASE NOTE: Your child(ren)'s enrollment will NOT be processed if any of the required documents are missing.



PRIMARY RESIDENCE

Telephone Number for the Primary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____

City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____

(if different)

City: _____ County _____ State: _____ Zip Code: _____

Is there an additional family living at this address? No Yes If yes, who? _____

If rented/leased, landlord's name _____ Contact Phone # _____

Adult #1 Last Name: _____ First Name: _____ Middle Initial _____

Living at PRIMARY

Address

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Adult #2 Last Name: _____ First Name: _____ Middle Initial _____

Living at PRIMARY

Address

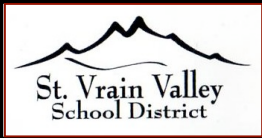
Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



SECONDARY RESIDENCE OF

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.

Mailings are sent to the primary residence listed for the student(s).

Do you want an additional mailing to go to this address? Yes No

Telephone Number for the Secondary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____
City: _____ County _____ State: _____ Zip Code: _____

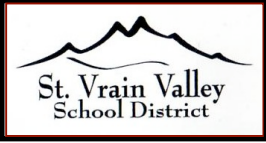
Mailing Address House #: _____ Street Name: _____ Unit #: _____
(if different) City: _____ County _____ State: _____ Zip Code: _____

Adult #3 Last Name: _____ First Name: _____ Middle Initial _____
Living at SECONDARY Address Nickname (if applicable) _____ Gender: Male Female
Cell Phone # _____ E-mail Address _____
Employer: _____ Work Phone # _____ Ext. _____

Adult #4 Last Name: _____ First Name: _____ Middle Initial _____
Living at SECONDARY Address Nickname (if applicable) _____ Gender: Male Female
Cell Phone # _____ E-mail Address _____
Employer: _____ Work Phone # _____ Ext. _____

Please list all children living at the SECONDARY Residence

First & Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



GENERAL INFORMATION AND POLICIES

Your signatures indicate that you have read and understand the information below.

CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley School District to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

Parent/Guardian Signature _____ Date _____

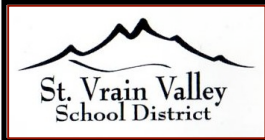
The St. Vrain Valley School District encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado Child Health Plan (CHP+) is a low cost health insurance plan for Colorado's uninsured children 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. To find out more about CHP+, call (800) 359-1991 or visit www.cchp.org.

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

Parent/Guardian Signature _____ Date _____



STUDENT ENROLLMENT FORM

School: _____ School Year: _____ Grade: _____

STUDENT:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Nickname: _____ Birthdate: _____ Gender: Male Female

Students' Cell Phone: _____ Students' Email: _____

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race?)*

American Indian Asian Black Native Hawaiian/Pacific Islander White

Primary Language Spoken at Home: English Spanish Other _____

Adult #1 – Relationship to Student: Mother Father Step-Mother Step-Father Other

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #2 – Relationship to Student: Mother Father Step-Mother Step-Father Other

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #3 – Relationship to Student: Mother Father Step-Mother Step-Father Other

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #4 – Relationship to Student: Mother Father Step-Mother Step-Father Other

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Child lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR

Other (specify) _____

Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____

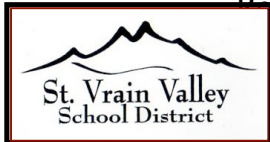
Has this student ever received special education services, such as speech, occupational therapy, etc.?
 No Yes

If yes, is this student currently receiving special education services?
 No Yes

Is this student on a current or pending expulsion? No Yes

If yes, from what school/district _____ Dates of Expulsion _____

Reason for expulsion _____



STUDENT ENROLLMENT FORM

ENROLLMENT HISTORY:

Has this student ever attended SVVSD? No Yes

Name of Previous School: _____

This student has continuously attended a public school in the USA since _____/_____/_____
(Enter today's date if student has never attended in the USA or the most recent date if the student left the USA at any time.)
Month Day Year

This student has continuously attended a public school in Colorado since _____/_____/_____
(Enter today's date if student has never attended in CO or the most recent date if the student left CO at any time.)
Month Day Year

PERMISSIONS

I give permission to have my child photographed for school pictures. No Yes

I give permission to have my child participate in news media coverage including honor roll publication. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites and school district publications. No Yes

FOR ALL HIGH SCHOOL STUDENTS: State law requires school district to release directory information for students to military recruiters. I give permission to have this information released. No Yes

EMERGENCY CONTACTS: (EMERGENCY CONTACTS ARE NOT THE PARENT/GUARDIAN).

Contact #1 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #2 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

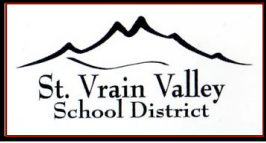
Contact #3 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date



HEALTH INFORMATION

To better meet the needs of your student, we ask you to please provide health information about any significant or ongoing health conditions that your child may have. Having this health information in advance will enable our School Nurse and our Health Clerk to provide you with any necessary paper work that *may* be needed.

Student's Name: _____ **Birthdate:** _____

HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH THE CLASSROOM TEACHER AND ANY OTHER STAFF MEMBERS THAT HAVE A NEED TO KNOW.
NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE PHYSICIAN REGARDING DOSAGE, FREQUENCY OF DOSAGE AND PARENT SIGNATURE.

HEALTH INFORMATION: List any significant or on-going health condition

Examples: severe allergies / epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to school or athletics.

MEDICATIONS – Taken by Student

AT SCHOOL _____

AT HOME _____

ALLERGIC TO: _____

I, the undersigned, do hereby authorize officials of the St. Vrain Valley School District to contact directly my emergency contacts, and do authorize the treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, my emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district liable for the emergency care given. If school personnel are unable to contact parents or my emergency contacts to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs.

ALL COSTS WILL BE ASSUMED BY PARENT(S).

Signature of parent or guardian

Date



2011/2012

STUDENT LANGUAGE SURVEY

School Use Only		
NORTHRIDGE ELEMENTARY		
Student ID	Grade	Date Enrolled

SCHOOLS: Please send FULLY completed original form to the ELA Office if a language other than English is indicated. File copy in student cum. folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate a valid English language proficiency assessment will be administered within 30 days to determine the most appropriate Language Instructional Educational Program (LIEP) for your child.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth: / /	
Did your child attend school in another country?		Yes _____ No _____	
_____ Which country?	_____ How many years?	_____ Language(s) of instruction	
Has your child previously attended St. Vrain Valley School District?		Yes _____ No _____	
_____ Which pre school?	_____ Which school(s)?	_____ Language(s) of instruction	

- Is English the primary language of the home? Yes _____ No _____
- What language(s) did your child use when he/she first began to talk? _____
- What language(s) does your child speak at home? _____
- In what language(s) does your child read and write? read _____ write _____
- What language(s) do adults in home use when they speak? _____

_____ parent/guardian signature

School Use Only					
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students	_____	_____	_____	_____	_____
	school initials			Bilingual	ESL

Student Residency Questionnaire for McKinney-Vento Program
St. Vrain Valley School District

The McKinney-Vento Assistance Act protects the educational rights of students who do not currently have permanent housing. Your answers help determine the services this student may be eligible to receive at no cost and will be kept confidential. Please complete one form per child.

Present Housing Situation:
Please check the box(es) that apply

- in a shelter (emergency or safehouse)**
- in a motel, car or campsite**
- living with friends or extended family members due to your family's economic hardship**
- in transitional housing program**
- awaiting foster care placement**
- highly mobile, moving every few nights**
- inadequate housing (lacks kitchen or bathroom facilities)**

Is this student an unaccompanied youth (not in the physical custody of parent/guardian)?
Yes or No

If you checked any of the choices above, PLEASE CONTINUE BELOW

Child's Full Name _____

Date of Birth _____

School _____

Grade _____

Address _____

How long have you lived at this address? _____

Phone Number _____

FOR OFFICE USE ONLY

Please send to Crystal Adams at Student Services ASAP.

Phone: 303-702-7809 Fax: 303-651-3066

Available Language Instruction Educational Programs (LIEPs)

If the student language survey indicates a language other than English is used in the home, then the **CELA** (Colorado English Language Assessment) Placement Test will be administered within 30 days of registration.

Parents will receive a notification letter of CELA Placement Test results within one month of registration. Students with CELA placement test results of NP (Not Proficient) or AP (Approaching Proficient) are placed in the most appropriate LIEP: Bilingual, English As A Second Language (ESL) or Newcomer. All students placed into an LIEP will take the annual Colorado English Language Assessment (CELA Pro). Students with CELA placement test results of “P” (Proficient) are placed in a regular classroom and will not take the CELA Pro.

When parents receive the notification letter of their child’s CELA Place results and the program he/she is in, they will have an opportunity to meet with school staff to discuss the placement.

Bilingual Program: Grades K-5 in Designated Bilingual Schools

- Upon registering a student whose primary language is Spanish, parents/guardians have the option to select either Bilingual Education with English as a Second Language classes **or** English instruction with English as a Second Language classes, regardless of the student’s home school
- Academic subjects are initially taught in Spanish in grades K-3, with a transition to all English instruction by grade 4
- English Language Acquisition through English as a Second Language (ESL) methods are used as part of the bilingual instructional programming
- Students are eligible for district transportation to a regional bilingual program, if not available at home school

English as a Second Language Program (ESL): Grades K-12 in all schools

- Intensive reading, writing, listening, and speaking skills in English are developed through ESL methods, using selected ELD curriculum and can occur in:
 - Pull-out session with a qualified ESL teacher for 30 to 45 minutes/day
 - Regularly scheduled ESL classes at the secondary level (grades 6-12)
 - Tutoring session with small group or individual instruction on a consultation basis
 - Newcomer classes at high schools with high numbers of newly arrived students

Newcomer Program: Grades 6-8 at Heritage Middle School

- Students new to the United States are instructed in English as a Second Language (ESL) and receive English language support in their content area classes
- Students are eligible for the Newcomer Program for up to one year
- Students will be able to acclimate to the U.S. school system and culture
- Students are eligible for district transportation to Heritage Middle School

Adult Education School: For Youth 17 and Older and Adults

- Instruction using ESL and Adult High School diploma
- Support in U.S. culture and customs
- Support in acquiring employment skills