

RE-1 Valley School District  
**STUDENT ENROLLMENT FORM**

Office use- STATE ID \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_

Student (LEGAL) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_

GRADE \_\_\_\_\_ Gender:  Female  Male Date of Birth \_\_\_\_\_

Has your child attended school in Sterling, RE-1 Valley School District before?  NO  YES- Grade(s) \_\_\_\_\_

**Is students Ethnic Background Hispanic/Latino?** (Select One)  Yes  No

**Race** (Select one or more):  Caucasian / White  Black/African American  
 Asian  American Indian / Alaskan Native  
 Pacific Island / Native Hawaiian

Has your child ever attended school in a country other than the United States?  NO  YES-Location \_\_\_\_\_

If YES -Dates attended other country \_\_\_\_\_ Date reentered school in US \_\_\_\_\_

Is either parent or guardian an **active duty** member of the Armed Forces or on **full-time** National Guard duty?  NO  YES

**PRIMARY HOUSEHOLD:** (where student(s) resides majority of the time)

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Listed  Unlisted

Mailing address (if different from above): \_\_\_\_\_

Parent/Mother/Guardian Name \_\_\_\_\_  Mother  Step-Mother  Foster  Guardian

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

May we TEXT you general school messages at the CELL # above?  Yes  No

Parent/Father/Guardian Name \_\_\_\_\_  Father  Step-Father  Foster  Guardian

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

May we TEXT you general school messages at the cell # above?  Yes  No

**SECONDARY HOUSEHOLD:** (Parent/Guardian that resides at another address - Leave blank if not applicable)

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Listed  Unlisted

Parent/ /Guardian Name \_\_\_\_\_  Mother  Step-Mother  Foster  Guardian  
 Has joint equal custody  OK to pick up student from school  OK to receive mailings and have grade access

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

May we TEXT you general school messages at the CELL # above?  Yes  No

Parent/Guardian Name \_\_\_\_\_  Father  Step-Father  Foster  Guardian  
 Has joint equal custody  OK to pick up student from school  OK to receive mailings and have grade access

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

May we TEXT you general school messages at the cell # above?  Yes  No

## NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION

The following persons are authorized to pick up my child if necessary, give consent for urgent health, dental, surgical procedures or hospital care for my child(ren) in the event District staff cannot reach an authorized parent/legal guardian.

PRIORITY	Contact Name (First-Last)	Relationship to student	Home Phone	Cell Phone
<b>1</b>				
<b>2</b>				
<b>3</b>				

### Enrollment Placement

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.

What is this student's primary language?  English  Spanish Other-please list: \_\_\_\_\_

Will this student require (ELL) English as a Second Language Service?  Yes  No

Did your student receive any special services in the past?  CO Preschool Program  Head Start  NONE  
 Special Ed  Gifted/Talented  ELL  Title 1 Reading  Title 1 Math

Does your student have:  Current 504 Plan (ensures a qualified child with a disability has equal access to education)  
 Active IEP (Individualized Education Plan)  
 Inactive IEP

Is there any serious medical condition the school should be aware of?  No  Yes (please complete the School Health Screening Questionnaire enclosed in your enrollment packet)

**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 answering either "Yes" or "No" to each question. Based on your answers additional information may be requested.

1. 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?

NO If YES, school/district/state: \_\_\_\_\_

Reason for expulsion: \_\_\_\_\_

Date(s) of expulsion: \_\_\_\_\_

2. Have you provided the documentation regarding your student's immunizations?  NO  YES

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records until the child reaches the age of 18, 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** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Please note that federal law requires that educational records concerning a child be shared with a parent until the child reaches the age of 18 regardless of his/her custody status or decision making authority absent a court order limiting such disclosures. Please submit such court order if applicable.