



Douglas County School District
Student Census
Registration Form

For Office use Only

Date of Enrollment: _____	Start Date: _____
Student ID #: _____	Grade: _____ Room: _____
Teacher/Counselor: _____	Track/Team: _____
Session: <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Code: _____ Bus #: _____

School: North Star Academy Charter-WEST

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2010-2011

Student Information

Legal Name from Birth Certificate _____

Nickname _____ Grade _____

Gender M F Date of Birth _____ Country of Birth _____ Phone _____
Cell _____

Residence Address _____ City _____

State _____ Zip _____ Date First Enrolled in US _____ Email _____

Race/Ethnicity

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.

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

ESL

Does the student speak a language other than English? _____ Y N

What language(s) does the student speak / understand? _____

Is a language other than English regularly used by the student's parents/guardians? Y N

What language is primarily spoken in the home by the parent/guardian? _____

Home Language Survey needs to be completed for every new student enrolling in school.

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?

<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Counseling	<input type="checkbox"/> Gifted & Talented	ILP <input type="checkbox"/>
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Psychological	<input type="checkbox"/> Remedial Reading (Title 1)	
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Behavioral Difficulties	<input type="checkbox"/> 504 Services	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Hearing/Visual Impaired	<input type="checkbox"/> Other	

Parent/Guardian Signature _____

Date _____



Douglas County School District
 - Household Information
Registration Form

For Office use Only

Student Name: _____			
_____	_____	_____	_____
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 _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____
 Pager _____ Email _____ Receive Mailings Y N
 Student Resides With Legal Guardian Y N **Step-Parent Y N

Name _____ Relationship to Student _____
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____
 Pager _____ Email _____ Receive Mailings Y N
 Student Resides With Legal Guardian Y N **Step-Parent Y N

Name _____ Relationship to Student _____
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____
 Pager _____ Email _____ Receive Mailings Y N
 Student Resides With 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.

Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate							
First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature _____ Date _____



Douglas County School District
Emergency Information
Registration Form

For Office use Only

Student Name: _____			
_____	_____	_____	_____
School: _____	Grade: _____	Student ID #: _____	_____
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 _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Doctor

Doctor's (full) Name _____ Gender _____

Name of Practice / Group _____

Phone _____ Extension _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Signature _____

Date _____



Douglas County School District
Health Information
Registration Form

For Office use Only

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

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Health Info

Is your student taking any medications at home or at school? Y N List: _____

If your student needs to take medication at school, the "Student Medication Request Release Agreement" or "Permission to Carry" form is available at the school office. These forms must be completed for any medication a student will need to take during school hours. They are also available at www.dcsdk12.org - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

- Seasonal Reaction: _____ Food _____ Reaction: _____
- Insect Sting Reaction: _____ Other _____ Reaction: _____
- Latex Reaction: _____ Other _____ Reaction: _____

Does your student (please check applicable boxes):

- Wear glasses/contacts? Have heart problems? Hearing impaired?
- Have asthma/respiratory ailments? Have convulsions/seizures? Have diabetes?
- Had a head injury/significant bump to the head? Have physical activity limitations?

Please explain any conditions marked above: _____

Other medical conditions the school needs to be aware of: _____

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature _____ Date _____

Tylenol Release

*** Tylenol Release for ELEMENTARY SCHOOLS ONLY ***

I request and give permission to Douglas County School District Re. 1 to provide acetaminophen (Tylenol) to my student for the following health problems: headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, and fever over 100F). I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against Douglas County School District Re. 1 and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication.

Y N

Parent/Guardian Signature _____ Date _____

Medicaid

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, if/when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature _____ Date _____

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.

Parent/Guardian Signature _____ Date _____