

Denver Public Schools



Student ID# _____

Registration Form – Student Census/Enrollment Information
Page 1 of 6

Student Census/Enrollment Information Please print

Student's Full Legal Name: _____
Last First Middle

Grade: _____ Gender: M F Birth date: _____ State/Country of Birth: _____
Month Day Year

Please provide verification of birth date to the school
i.e. – birth certificate, baptismal record, hospital record showing birth, or copy of non-US passport

Race/Ethnicity

1	What is your child's ethnic background:	Is child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>You must answer question 1 and question 2. Question 1 is about ethnicity, not race. No matter what you selected in question 1, please continue to answer the following question by selecting one or more races.</i></p>		
2	Which of the following groups describes your child's race? (Select all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black or African American
<p><i>Failure to answer race and ethnicity questions will result in an observer identifying for you. This question below is similar to the ones you answered above. While it may seem repetitive, it is important that you respond to this question.</i></p>		
3	Which of the following describes your child's race or ethnicity? (Choose only one)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic

Previous School Information

Has the student attended another DPS School? Yes No School: _____ Grade: _____ School Year: _____

Last School Attended Outside the Denver Public Schools

School: _____ Grade: _____ School Year: _____ City: _____ State: _____

List the *first time* the student was enrolled in any school in the US (including preschool and kindergarten) _____
Month Year Grade (Preschool-12)

List the *most recent time* the student was enrolled in any school in the US (NOT including preschool and kindergarten) _____
Month Year Grade (1-12)

List the *most recent time* the student was enrolled in a Colorado public school (NOT including preschool and kindergarten) _____
Month Year Grade (1-12)

Is your child presently under an expulsion order from any other school district? Yes No

Is your child presently under consideration for expulsion? Yes No

Is your child presently involved in the Juvenile Justice system? Yes No

ELA Information

Please complete the Home Language Questionnaire included in this packet.
None IS NOT included, please contact the school secretary.

Parent/Guardian Signature: _____ Date: _____



Student Name: _____ Student ID#: _____

Special Services Information

Is your child receiving special education services? Yes No

Does your child have a current 504 plan? Yes No if yes, please indicate if related to: Academics Health

Was your child in any Gifted/Talented programs? Yes No if yes, please list _____

Does your child have any medical alerts? Yes No if yes, please explain on Registration Form page 4.

Household Information Please print

Please provide verification of address to the school
i.e. -current utility bill, current rental agreement, warranty deed, bill of sale, settlement statement from closing, current Denver County tax notice, or signed contract stating your name, closing date and property address

Phone Number to be used for Automated Messenger?
Check the Boxes that Apply

Household Telephone: _____ High Priority Attendance Behavior General

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Lives With: Please check one box

- Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother
Foster Parents Relatives _____ Other _____

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. Where the arrangement is less formal, the school will provide the necessary form(s) for the parent/guardian to complete.

Parent/Guardian Signature: _____ Date: _____



Student Name: _____ Student ID#: _____

Parent/Guardian Contact Information

Emergency Contact # 1 2 3 4 (check only one)

Gender: M F

Name: _____ Relationship to Student: _____

Legal Guardian
 Yes No

Residence Address: _____

Phone Numbers to be used for Automated Messenger
 Check the Boxes that Apply

Work Telephone: _____ Ext. _____

High Priority Attendance Behavior General

Cell Telephone: _____

High Priority Attendance Behavior General

Other Telephone: _____

High Priority Attendance Behavior General

Email: _____

High Priority Attendance Behavior General

Additional Information: _____

Parent/Guardian Contact Information

Emergency Contact # 1 2 3 4 (check only one)

Gender: M F

Name: _____ Relationship to Student: _____

Legal Guardian
 Yes No

Residence Address: _____

Phone Numbers to be used for Automated Messenger
 Check the Boxes that Apply

Work Telephone: _____ Ext. _____

High Priority Attendance Behavior General

Cell Telephone: _____

High Priority Attendance Behavior General

Other Telephone: _____

High Priority Attendance Behavior General

Email: _____

High Priority Attendance Behavior General

Additional Information: _____

Denver Public Schools Students Living in the Household

Last Name	First Name	Middle Name	Gender	Parent/Guardian Relation to Student		DPS School Attending
				Parent/Guardian #1	Parent/Guardian #2	

Parent/Guardian Signature: _____ Date: _____



Student Name: _____ Student ID#: _____

Other Emergency Contact Information

Emergency Contact # 1 2 3 4 (check only one)

Name: _____ Relationship to Student: _____

Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Emergency Contact # 1 2 3 4 (check only one)

Name: _____ Relationship to Student: _____

Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Directory Information

If you do not want your child's "directory information" released as provided by the Family Educational Rights and Privacy Act, please contact your school to submit an official request.

Denver Public Schools has designated the following information as "directory information": Name, date of birth, gender, participation in officially recognized activities, weight and height if an athlete, degrees and awards received, dates of attendance and photographs.

Parent/Guardian Signature: _____ Date: _____



Denver Public Schools
Parent Permission and Release Form

Student's Full Legal Name: _____
Last First Middle

Student ID#: _____

Parent Permission for Excursions:

On occasion, students will be given the opportunity to participate in field trips. On excursions, children take school buses, walk or use some other means of transportation.

If you sign in the space below, your child will be allowed to join in these field trips during the current school year. DPS will send information home before each excursion – by note, by PTA newsletter, by school's monthly calendar or by some other means – to provide information on the place to be visited and the date of the excursion. At that time, you may revoke your permission for your child to go on this specific excursion.

The District is not responsible for every student injury sustained on an excursion or field trip.

I have read the foregoing information and consent to my child's being taken on field trips or excursions during the school year.

Signature of Parent/Guardian: _____ Date: _____

Parent Permission for Media:

Permission for close-up photographs and interviews of students under 18 years of age can be granted to the media ONLY with parent approval. These photographs, written interview quotes and verbal interview statements will appear in information about DPS programs and people.

I understand that the DPS shall not be liable for royalties, commissions, or payments of any nature to me or my child(ren) in connection with such filming, graphing, and/or interviewing. DPS assumes no liability of any nature in connection with such filming and/or interviewing.

I hereby do _____ do not _____ give my permission to DPS to allow my child to be filmed/photographed and interviewed by the media.

Signature of Parent/Guardian: _____ Date: _____

Parent Permission for Internet Use:

Information: DPS Board Policy EGAEB outlines sanctioned internet uses as they pertain to both employees and students. If you would like to review policy EGAEB, please see the DPS website at <http://www.dpsk12.org/policies/>, or inquire with your school's secretary.

As the parent or guardian of a DPS student, I understand the contents of Policy EGAEB, and agree that my child will abide by it. I am fully aware that the school technology system is administered by the DPS and is intended for official DPS business and educational use only. Should my child commit any violation of Policy EGAEB, his/her access privileges may be revoked, and other disciplinary action may be taken.

I hereby give permission to issue Internet access for my child.

Signature of Parent/Guardian: _____ Date: _____

Parent Permission for Infinite Campus Parent/Guardian and Student Portal:

As the authorized parent or guardian of a DPS student I have read and signed the Parent Agreement policy for Infinite Campus Parent/Guardian and Student Portal. I am fully aware that access to student information from the Internet is a privilege not a right. I understand this system uses a secure internet site to enable access to only my student's information. I will practice proper and ethical use when accessing my student's data.

If I discover information that is not related to my student/s, I will notify the school immediately.

I hereby acknowledge that I have read and signed the Parent Agreement policy for Infinite Campus Parent/Guardian and it is on file at my student's school.

Signature of Parent/Guardian: _____ Date: _____



Room # _____
Session: AM PM

Student Name: _____ Student ID#: _____

Medical Alerts (Asthma, Allergies, etc).

Medical Alert 1: _____

Medical Alert 2: _____

Medication Information

Is your child taking any medication regularly? Yes No

If yes, please list the medication(s): _____

Is your child allergic to any medication(s)? Yes No

If yes, please list the medication(s): _____

Indicate allergic reaction: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Immunization Information

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

Doctor/Primary Care Provider

Name: _____

Telephone: _____ Extension: _____

Hospital: _____

In an emergency situation, the student will be transported to the nearest hospital and/or if the parents hospital of choice is on divert, the Emergency Personnel will select the alternative site.

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Denver Public Schools will in no case accept financial responsibility for care.

Parent/Guardian Signature: _____ Date: _____

This form will be given to the Nurse after registration



Student Name: _____ Student ID#: _____

Health Concerns Parents/Guardians are responsible for providing full details on any medical condition to the school nurse

Any problems during pregnancy or delivery? (Examples: Maternal health issues, C-section, Prematurity, etc.) Yes No

Any problems during infancy? (Examples: Feeding difficulties, sleep disturbances, colic, developmental delays, illnesses, etc.) Yes No

What age did your child first walk alone? _____ What age did your child first talk? (2 words together) _____

Does your child have a health problem?

Check and explain where appropriate	Medication(s)	Medication Given At Home		Medication Given At School	
		YES	NO	YES	NO
<input type="checkbox"/> Allergies					
<input type="checkbox"/> Asthma					
<input type="checkbox"/> Attention Deficit Disorder					
<input type="checkbox"/> Bowel/Bladder					
<input type="checkbox"/> Diabetes					
<input type="checkbox"/> Emotional/Behavioral					
<input type="checkbox"/> Fractures					
<input type="checkbox"/> Head Injury					
<input type="checkbox"/> Hearing					
<input type="checkbox"/> Headaches					
<input type="checkbox"/> Heart					
<input type="checkbox"/> Hyperactivity					
<input type="checkbox"/> Seizures or Fainting					
<input type="checkbox"/> Skin Conditions					
<input type="checkbox"/> Sleep Apnea					
<input type="checkbox"/> Speech					
<input type="checkbox"/> Surgeries / Hospitalizations					
<input type="checkbox"/> Tuberculosis					
<input type="checkbox"/> Varicella (Chickenpox)					
<input type="checkbox"/> Vision					
<input type="checkbox"/> Other					

Student has NO health concerns

Please Check all that apply

- Glasses Contacts Hearing Aids
 Prosthesis or Physical Aids (please list) _____
 Other _____

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will only be shared with school staff on a "needs to know basis" and parents/guardians will be included in this process. Health information will not be shared with other outside health providers without the expressed written permission of the parent/guardian. If you have any questions or concerns please contact your student's school nurse.

Parent/Guardian Signature: _____ Date: _____

This form will be given to the Nurse after registration



Request for Student Records

The student listed below has enrolled in _____, Denver Public Schools.

Please send all educational, special education, medical, social and/or psychological information which is part of the school records regarding the student listed below, including but not limited to the following: (1) Scholastic and student progress data; (2) Standardized test results; (3) Health data; (4) Proficiency test results; (5) Special Education /IEP information; (6) Discipline records; (7) English Language Learner Data; (8) Psychological records; and (9) Cumulative Academic Records.

Student Information

Date of Request: _____

Student's Full Legal Name: _____
Last First Middle

Birth date: _____ Grade: _____

Name of Parent/Guardian: _____
Please Print

Previous School Information

Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Requesting Denver Public School Principal or Records Secretary

PLEASE MAIL TO: Denver Public Schools

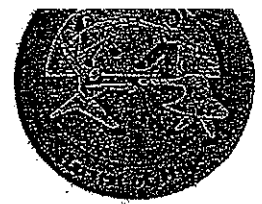
Telephone: _____ Fax Number: _____

99.31 Family Educational Rights and Privacy Act of 1974 states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll. Subject to the requirements set forth in 99.34.

Confidentiality Notice: This release, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. If you have received this communication in error, please immediately notify the sender. In addition, if you have received this in error, please do not review, distribute, or copy the document. Thank you for your cooperation.



Denver Public Schools Migrant Education Program



Attention Parents!

You and your children can be eligible to receive more benefits if you *have intended or have worked some type of agricultural jobs, and have migrated to this area because of this type of work, within the last three years*. Some of the direct benefits for the families are: financial support for dental services, summer school, interpreters, books, community resources information, among others. At the same time, schools can receive additional funding to provide more benefits for the students at their school such as free lunch, bilingual staff, academic materials, translation services, and more.

- Therefore, we ask that you mark all of the jobs that you or your husband or wife have intended to work, have looked for work in, or are currently working. All of your responses will be confidential.
Thank you!

- Planting or harvesting (for example beans, corn, etc.)
- Farm (or ranch) irrigation, etc.
- Orchards
- Packing of eggs, fruits, vegetables, etc.

- Dairies
- Animal Farming/Ranching
- Meat packing plants, slaughter house or transport of animals
- Plant nurseries/sod farms.
- Other _____

- No one in my immediate family has worked, *or intended to work*, in any of these areas in the last three years.

- Has your family moved from home (city, state, or country) within the last 3 years?
 No Yes, From _____ to _____
(where) (where)

Name of Parents: _____
 Street address: _____
 City: _____ State: _____ Zip Code: _____
 Best Phone Number: _____ Today's date: _____

Full Name of All Children	Name of School Your Child Attends	Date of Birth	Grade

Schools, please send survey in the RED folder with HLO's and PPF's
Migrant Education Program 720-423-8234