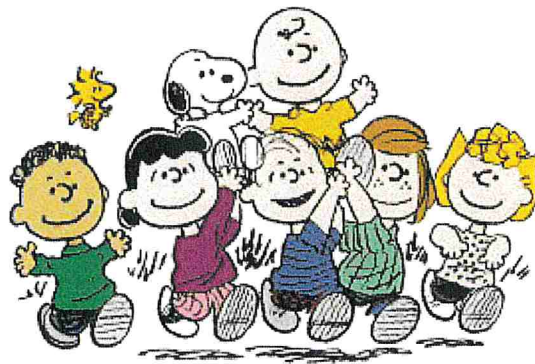


STUDENT NAME: \_\_\_\_\_

Pine Grove Enrollment  
**Required** Paperwork Checklist

- \_\_\_ Birth Certificate (Copy of the State Certificate)
- \_\_\_ Immunization Record
- \_\_\_ Proof of Residency (Warranty Deed, County Assessor or Lease)
- \_\_\_ 2022-23 Registration Form (6 pages)
- \_\_\_ Student Residency Questionnaire
- \_\_\_ DCSD Migrant Education Program
- \_\_\_ Release of Records (Grades 1-6 only)





# 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: **Pine Grove Elementary**

Use Dropdown to Select School

\*\*\* PLEASE PRINT \*\*\*

**2022-2023**

Student Information

Legal Name from Birth Certificate \_\_\_\_\_

Grade \_\_\_\_\_ Last \_\_\_\_\_ Gender M  F  First \_\_\_\_\_ Middle (full) \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Interpreter Needed?

Do you need an interpreter for school meetings and events? This includes family events, parent-teacher conferences, formal plan meetings (IEP, 504, ALP, READ, ELLP), registration and enrollment, etc. Y  N

If yes, what language? \_\_\_\_\_

Race/Ethnicity

**Notice to Parents and Students** - 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.

**The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.**

**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

ELD

What is/was the student's first language? \_\_\_\_\_

Does the student speak a language(s) other than English? Y  N

**Not including language learned in school courses or academic enrichment programs (i.e., world language classes or clubs)**

If yes, specify the language(s). \_\_\_\_\_

What language(s) is/are spoken in your home? \_\_\_\_\_

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"/> Gifted & Talented	<input type="checkbox"/> READ Plan
<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 Impaired	<input type="checkbox"/> Visual Impaired
		<input type="checkbox"/> Other

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Registration Form

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

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2022-2023

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   
 Does Student reside with? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
 (Court Document)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y  N   
 Does Student reside with? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
 (Court Document)

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   
 Does Student reside with? Parent Y  N  Legal Guardian Y  N  \*\*Step-Parent Y  N   
 (Court Document)

**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. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.

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

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**2022-2023**

**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 \_\_\_\_\_ Gender M  F

---

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

---

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

---

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Acknowledgment

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. State law requires immunization records be submitted at the time of registration.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Douglas County School District  
**Health Information**  
**Registration Form**

For Office use Only

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

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**2022-2023**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Early Childhood Health History**

Were there any significant problems during the pregnancy, labor or delivery? Yes  No   
 If Yes, is this concern a current issue: Yes  No   
 If Yes, please explain? \_\_\_\_\_

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

**Dietary Needs - Comment required**

Student has Special Dietary Needs

**Allergies - Life Threatening - Comment required**

<input type="checkbox"/> Life threatening allergy - Dairy	Comment: _____
<input type="checkbox"/> Life threatening allergy - Food	List Food(s): _____
<input type="checkbox"/> Life threatening allergy - Insect Sting	Comment: _____
<input type="checkbox"/> Life threatening allergy - Latex	Comment: _____
<input type="checkbox"/> Life threatening allergy - Peanut	Comment: _____
<input type="checkbox"/> Life threatening allergy - Tree Nuts	Comment: _____
<input type="checkbox"/> Life threatening allergy - Other	List: _____
<input type="checkbox"/> Life threatening allergy - Unknown	Comment: _____

**Allergies - Comment required where indicated**

<input type="checkbox"/> Animal	
<input type="checkbox"/> Environmental / Seasonal	
<input type="checkbox"/> Food	List Food(s): _____
<input type="checkbox"/> Insect Sting	
<input type="checkbox"/> Latex	
<input type="checkbox"/> Medication	List Food(s): _____
<input type="checkbox"/> Non-Specific	

**Other Conditions - Comment required where indicated**

<input type="checkbox"/> ADD/ADHD	Name of medication: _____
<input type="checkbox"/> Alopecia	
<input type="checkbox"/> Arthritis Juvenile	
<input type="checkbox"/> Asthma	Comment: _____
<input type="checkbox"/> Autism Spectrum	Comment: _____
<input type="checkbox"/> Auto-Immune Condition	Comment: _____
<input type="checkbox"/> Blood Disorder	Comment: _____
<input type="checkbox"/> Cancer	Comment: _____
<input type="checkbox"/> Celiac Disease	
<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Chromosomal Anomalies	Comment: _____
<input type="checkbox"/> Crohn's Disease	
<input type="checkbox"/> Cystic Fibrosis	
<input type="checkbox"/> Diabetes	Comment: _____
<input type="checkbox"/> Down Syndrome	
<input type="checkbox"/> Emotional Condition	Comment: _____

Health Info

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Douglas County School District  
**Health Information (Continued)**  
**Registration Form**

For Office use Only

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

\*\*\*PLEASE PRINT\*\*\*

**2022-2023**

Health Info

**Other Conditions - Comment required where indicated (continued)**

- Encopresis Comment: \_\_\_\_\_
- Enuresis Comment: \_\_\_\_\_
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: \_\_\_\_\_
- Gastrointestinal Disorder Comment: \_\_\_\_\_
- Head Injury/Concussion Comment: \_\_\_\_\_
- Hearing Impaired Comment: \_\_\_\_\_
- Heart Condition - No Restriction Comment: \_\_\_\_\_
- Heart Condition - Restrictions Comment: \_\_\_\_\_
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: \_\_\_\_\_
- Hypoglycemia Comment: \_\_\_\_\_
- Immune Compromised Comment: \_\_\_\_\_
- Kidney Problem Comment: \_\_\_\_\_
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia Comment: \_\_\_\_\_
- Neurologic Disorder Comment: \_\_\_\_\_
- Nosebleeds
- Orthopedic - Physical Limitation Comment: \_\_\_\_\_
- Orthopedic - No Restrictions Comment: \_\_\_\_\_
- Other List: \_\_\_\_\_
- Quadriplegia
- Scoliosis
- Seizure Disorder Comment: \_\_\_\_\_
- Shunt/Hydrocephalus Comment: \_\_\_\_\_
- Skin Condition Comment: \_\_\_\_\_
- Syncopal Episodes Comment: \_\_\_\_\_
- Syndrome Comment: \_\_\_\_\_
- Thyroid Condition
- Tourette Syndrome Comment: \_\_\_\_\_
- Tracheostomy Comment: \_\_\_\_\_
- Traumatic Brain Injury Comment: \_\_\_\_\_
- Urinary Problem Comment: \_\_\_\_\_
- Wears Glasses/Contacts
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Registration Form

\*\*\*PLEASE PRINT\*\*\*

For Office use Only

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

2022-2023

Additional Information

List any illness, hospitalization, surgery, accidents your student had in the the past year. None

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

List any emotional, social or other conditions that might affect your student's school performance. None

\_\_\_\_\_

Is your student currently taking any medication, including over-the-counter medication? Yes  No

\_\_\_\_\_ Date: \_\_\_\_\_

If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.

Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc.)? Yes  No

If yes, please explain: \_\_\_\_\_

Is there anything else you would like us to know about your student? Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Info

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Student Residency Questionnaire

Douglas County School: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M  F

Parent(s) / Legal Guardian(s): \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Zip Code: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

**1. Presently, where is the student living? (check one box)**

Section A	Section B
<input type="checkbox"/> Choices in Section B do not apply	<input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> A student not living with parent or legal guardian <input type="checkbox"/> Other? Explain _____ _____

**2. The student lives with:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 (one) parent           | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 (two) parents          | <input type="checkbox"/> alone with NO adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that IS NOT the parent or the legal guardian |

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

**Section B** – If Section B is checked, this form **MUST** be completed and returned to school personnel.

**School Contact who may know of the family's situation:**

Name / Title: \_\_\_\_\_ Phone: \_\_\_\_\_





### 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 at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		How many children under the age of 22 live with you in your household? _____

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

**CIRCLE** all that apply below, even if the work was only for a short period of time.



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



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



**Dairy & Cattle Raising**  
(feeding, milking, rounding up)



**Nursery or Greenhouse**  
(planting, potting, pruning, watering, harvesting)



**Forestry**  
(soil preparation, planting, growing, cutting trees)



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

*If you answered "yes" to either question 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. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:*

**Metro Migrant Education Program**  
14707 E 2<sup>nd</sup> Ave, Suite 180  
Aurora, CO, 80011  
P. 303-365-5817 F. 303-856-7294