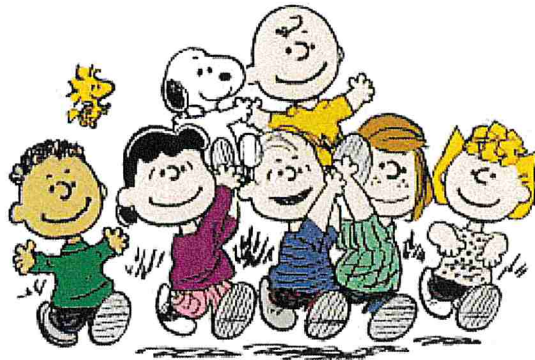


STUDENT NAME: \_\_\_\_\_

Pine Grove Enrollment  
**Required** Paperwork Checklist

- \_\_\_ Birth Certificate (Copy of the State Certificate)
- \_\_\_ Immunization Record
- \_\_\_ Proof of Residency (Warranty Deed, County Assessor or Lease)
- \_\_\_ 2023-24 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:  AM  PM Permit Code: \_\_\_\_\_ Bus #: \_\_\_\_\_

School: | Pine Grove Elementary



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

**2023-2024**

Student Information

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Last First Middle (full) Phone  
 Grade \_\_\_\_\_ Gender M  F  Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Interpreter Needed?

Would you like an interpreter for school meetings and events? In accordance with Federal law, DCSD provides parents/guardians interpretation and translation at no charge. 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)  
 Yes, Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
 No, not Hispanic/Latino

**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 Philippine 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

Home Language Survey

What is/was the student's first language? \_\_\_\_\_  
 Does the student speak a language(s) other than English? Y  N   
**This does not include a language learned in school courses or academic enrichment programs or American Sign Language (e.g., 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?  
 Learning Disabilities  Gifted & Talented  READ Plan  
 Speech/Language  Psychological  English Language Development/ESL  
 Physical Therapy  Behavioral Difficulties  504 Services  
 Occupational Therapy  Hearing Impaired  Other

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

Date \_\_\_\_\_



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

For Office use Only

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

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**2023-2024**

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 - <i>Names MUST be from Birth Certificate</i>							
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: _____	_____	_____	_____
	Last	First	Middle
School: _____	Grade: _____	Student ID #: _____	
Teacher/Counselor: _____		Room: _____	

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**2023-2024**

**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 22-23-104 and 2-23-107, 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 for 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 \_\_\_\_\_



Registration Form

For Office use Only

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

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2023-2024

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

- [ ] Life threatening allergy - Dairy Comment: \_\_\_\_\_
[ ] Life threatening allergy - Eggs Comment: \_\_\_\_\_
[ ] Life threatening allergy - Food List Food(s): \_\_\_\_\_
[ ] Life threatening allergy - Insect Sting Comment: \_\_\_\_\_
[ ] Life threatening allergy - Latex Comment: \_\_\_\_\_
[ ] Life threatening allergy - Medication Comment: \_\_\_\_\_
[ ] Life threatening allergy - Peanut Comment: \_\_\_\_\_
[ ] Life threatening allergy - Tree Nuts List: \_\_\_\_\_
[ ] Life threatening allergy - Other Comment: \_\_\_\_\_
[ ] Life threatening allergy - Unknown Comment: \_\_\_\_\_

Allergies - Comment required where indicated

- [ ] Animal Comment: \_\_\_\_\_
[ ] Environmental / Seasonal
[ ] Food List Food(s): \_\_\_\_\_
[ ] Insect Sting
[ ] Latex
[ ] Medication List Food(s): \_\_\_\_\_
[ ] Non-Specific

Other Conditions - Comment required where indicated

- [ ] ADD/ADHD Name of medication: \_\_\_\_\_
[ ] Adrenal Insufficiency
[ ] Alopecia
[ ] Arthritis Juvenile
[ ] Asthma Comment: \_\_\_\_\_
[ ] Autism Spectrum Comment: \_\_\_\_\_
[ ] Auto-Immune Condition Comment: \_\_\_\_\_
[ ] Blood Disorder Comment: \_\_\_\_\_
[ ] Cancer Comment: \_\_\_\_\_
[ ] Celiac Disease
[ ] Cerebral Palsy
[ ] Chiari Malformation
[ ] Chromosomal Anomalies Comment: \_\_\_\_\_
[ ] Cleft Lip/Palate

Health Info

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

Date \_\_\_\_\_



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

For Office use Only

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

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**2023-2024**

Health Info

**Other Conditions - Comment required where indicated**

- Color Blind
- Colitis
- Crohn's Disease
- Cystic Fibrosis
- Diabetes Comment: \_\_\_\_\_
- Diabetes Insipidus
- Dietary Restrictions
- Down Syndrome
- Ear, Nose, Throat Condition
- Emotional Condition Comment: \_\_\_\_\_
- Encopresis Comment: \_\_\_\_\_
- Endocrine Condition
- Enuresis Comment: \_\_\_\_\_
- Eye Issues Comment: \_\_\_\_\_
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: \_\_\_\_\_
- Gastric Tube/Feeding Tube
- Gastrointestinal Disorder Comment: \_\_\_\_\_
- Gluten Intolerance
- Growth Hormone
- 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: \_\_\_\_\_
- Hospitalized within the last year Comment: \_\_\_\_\_
- Hypoglycemia Comment: \_\_\_\_\_
- Immune Compromised Comment: \_\_\_\_\_
- Kidney Problem Comment: \_\_\_\_\_
- Lactose Intolerant
- Liver Condition
- Long COVID
- Long QT Syndrome
- Major Accident within the last year Comment: \_\_\_\_\_
- Major Illness within the last year Comment: \_\_\_\_\_
- Migraine Headaches
- "Multiple" Head Injury/Concussion
- Myalgia Myositis Fibromyalgia Comment: \_\_\_\_\_
- Neurologic Disorder Comment: \_\_\_\_\_
- Nosebleeds
- OBGYN Conditions
- Orthopedic - No Restrictions Comment: \_\_\_\_\_
- Other List: \_\_\_\_\_
- Paramedic Info

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

**Date** \_\_\_\_\_



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

For Office use Only

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

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**2023-2024**

**Other Conditions - Comment required where indicated**

- Paraplegia
- Post-Traumatic Stress Disorder
- Quadriplegia
- Respiratory Condition
- Scoliosis
- Seizure Disorder
- Shunt/Hydrocephalus
- Skin Condition
- Spina Bifida
- Syncopal Episodes
- Syndrome
- Temperature Control Disorder
- Thyroid Condition
- Tourette Syndrome
- Tracheostomy
- Traumatic Brain Injury
- Urinary Problem
- Wears Glasses/Contacts
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Comment: \_\_\_\_\_

Health Info

**Additional Information**

List any illness, hospitalization, surgery, accidents your student had in 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 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 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?	
HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP CODE:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

- 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)

*This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:*

**Metro Migrant Education Program**

14261 E 4TH AVE STE 125 BLDG 6

AURORA, CO 80011-8474

P: 303.365.5817

F: 303.856.7294

REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1

Please send all designated records to:

School Name: Pine Grove Elementary
Address: 10450 Stonegate Parkway
City, State, Zip Code: Parker, CO 80134
School Phone #: 303-387-8075

FAX Phone #: 303-387-8076
Counseling Phone #:
Registrar Phone #: 303-387-8084

Name of Student: Date of Birth: Grade:

I HEREBY AUTHORIZE:

Name of School: Last Date Attended:
Address:
City: State: Zip Code:
Phone No.: FAX No.:

TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:

- Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)
Scholastic/Achievement Record
Intelligence and Aptitude Test Scores
Standardized Test / ACT / SAT Data
Discipline File, including record of Suspension / Expulsion
Medical / Immunization Records
Personality and Interest Test Scores
Special Education / Section 504 / ILP Records
Gifted & Talented
Other

Has the above-mentioned student ever been suspended?

Yes No If Yes, please explain:

Has the above-mentioned student ever been expelled or recommended for expulsion?

Yes No If Yes, please explain:

Has this student received any previous testing, evaluations or services in any of the following areas?

- Individual Education Plan (IEP) Disability Area:
Individual Literacy Plan (ILP) Gifted and Talented Psychological
Counseling 504 Services Other

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.

Authorized Signature: Date:
Relationship to Student: Parent/Guardian Student (18 years and older) Registrar Other
According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

(Office Use Only)
Records Requested By Via FAX Via Mail Received Records