

Student Enrollment Form

Student ID# _____

School _____

Revised 8/6/13

Student Information

Legal first name		Legal middle name (or none)		Legal last name		◇ Other names used	
Gender		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic?					
<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Yes <input type="radio"/> No					
Race is based on your inherited physical characteristics (Check one or more)							Date of Birth (mm/dd/yy)
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White							
Current Grade	First name student goes by (Nickname)			Last name student goes by if not legal name		Student cell#	
Has student ever been expelled from a school?	If Yes, enter name and address of school			If Yes, enter expulsion date			
<input type="radio"/> Yes <input type="radio"/> No							
Has student ever been referred for a Risk Assessment?			Was a Safety Plan developed as a condition for student's return to school?				
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No				
NOTE: Students may not be enrolled concurrently in more than one Colorado public school including distance and electronic schools.							
◇ Is student enrolled in another Colorado School including distance and electronic schools?						<input type="radio"/> Yes <input type="radio"/> No	
If Yes, enter name and address of the school							

Student Home Address

Main/Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address				Street Address or PO Box #			
City				State		Zip	
If your child will be attending this school as School Choice and you would like to request transportation, please request a <i>Space-Available Transportation Application</i> –or– if you would like to request transportation to or from a location other than your home, please request an <i>Alternative Transportation Application</i> . For these circumstances, transportation is not guaranteed and is dependent upon existing routes and space availability.							
Parent / Guardian #1				Parent / Guardian #2			
Street Address				Street Address			
City				State		Zip	
Last name		First name		Last name		First name	
Lives with?	Educational Rights?*	Mailings?	Release to?	Lives with?	Educational Rights?*	Mailings?	Release to?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Home phone	Work phone	Cell phone		Home phone	Work phone	Cell phone	
Email		Relationship to Student		Email		Relationship to Student	
Phone to call 1st in case of emergency		Phone for attendance calls					
Student's Siblings (Enter only siblings attending PSD schools, including Head Start and Early Childhood Education.)							
◇ Sibling name	Grade	School attending	◇ Sibling name	Grade	School attending		

Primary Language

Is English the primary language spoken at home?		Language to home	
<input type="radio"/> Yes <input type="radio"/> No			

* Educational rights also includes authorization to obtain access to ParentVUE, the online application which displays student information.

Student first name	Student last name	Birth date

--Office Use Only--

Student ID# _____

School and Birth Records				
Last school attended	Mailing address	City	State	Zip
Last PSD school attended, if different from above	Grade level	Last year attended		
Enter the date of your student's first enrollment in a Colorado school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
If your student has ever attended school outside the state of Colorado, enter date of his/her re-entry into a Colorado school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
If your student has ever attended school outside the United States, enter date of his/her re-entry into a United States school (pre-K [age 3], public, non-public, or U.S. military base schools; do not include home school).				mm/dd/yy
Country of birth		State of birth		

Program & Services			
◇ Has your child received Special Education services?	<input type="radio"/> Yes <input type="radio"/> No	◇ Has your child received Section 504 services?	<input type="radio"/> Yes <input type="radio"/> No
◇ Has your child had a specialized health care plan?	<input type="radio"/> Yes <input type="radio"/> No	◇ Has your child received Gifted Education services?	<input type="radio"/> Yes <input type="radio"/> No
For children entering Kindergarten			
In the past two years, what daytime care/early learning development did your child receive?	<input type="radio"/> Stayed at home with parent/caregiver <input type="radio"/> Attended a private home-based child care (please provide name) <input type="radio"/> Attended Preschool (please provide name) <input type="radio"/> Other (Please explain)		

Contact #1		Contact #1 first name	Contact #1 last name	Relationship to student		
Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other						
Phone #1	Type	Phone #2	Type	Phone #3	Type	Release to?
						<input type="radio"/> Yes <input type="radio"/> No

Contact #2		Contact #2 first name	Contact #2 last name	Relationship to student		
Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other						
Phone #1	Type	Phone #2	Type	Phone #3	Type	Release to?
						<input type="radio"/> Yes <input type="radio"/> No

Contact #3		Contact #3 first name	Contact #3 last name	Relationship to student		
Enter phone numbers for this contact in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other						
Phone #1	Type	Phone #2	Type	Phone #3	Type	Release to?
						<input type="radio"/> Yes <input type="radio"/> No

I voluntarily provide this health information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.		_____	
		Parent/Guardian Signature	Date

