

STUDENT INFORMATION

Please complete **ONE** form for **EACH STUDENT** enrolling
(new students only)

Salida School District – The Education Community

Student Information

Last Name	First Name	Middle Name
Nickname (prefers to be called)	Date of Birth (mm/dd/yyyy)	Gender Male Female
Grade level completed last school year	Country of Birth	Student Home Phone # ____ - ____ - _____

Demographic Information

Student lives primarily with: <i>(check only ONE)</i>	
<input type="checkbox"/> Both Parents in Same Household	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only
<input type="checkbox"/> 50% Mother / 50% Father – Separate Households	<input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather
<input type="checkbox"/> Guardians/Relative	<input type="checkbox"/> Foster Parents
<input type="checkbox"/> Other _____	
Student is: <i>(check all that apply)</i> migrant immigrant refugee homeless	Is the student Hispanic or Latino? YES NO
Student Race – Choose all that apply: (required for all students <u>including</u> Hispanics)	
<input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

Previously Enrollment Information

Has this student been enrolled in any Salida school previously? YES NO	Grade	Date
Since ____ / ____ my student has been continuously enrolled in any United States School (mo. Yr) (NOT including preschool or Kindergarten)		
Since ____ / ____ my student has been continuously enrolled in a Colorado Public School (mo. Yr) (Include preschool through 12 th grade)		
Name of school attended prior to enrolling in Salida	Grade	Phone #
Mailing address	City, State Zip	Fax #
School Type (select one) Public Private Home School	Is this an online school? YES NO	

Student Full Name:

(Please print clearly)

Behavior/Discipline

Has this student ever:

Dropped out of school?	YES	NO
Been expelled or been in the process of being expelled?	YES	NO
Withdrawn from school rather than be expelled?	YES	NO

Explain in detail on the reverse of this page any "yes" answers above. Please provide any pertinent documents.

Legal Matters

Please make every effort to keep school offices informed of life situations that affect this student.

Are there any restrictions or legal issues of which Salida School District should be aware? YES NO

(i.e. restraining order, sole custody, etc) If there are any persons who have restraining orders or are otherwise legally bound to have no contact with this student, make sure you have given the school office a copy of any and all legal documentation regarding such.

In cases of divorce or separation, please make sure a copy of any and all legal documentation regarding custody of this student is given to the school office.

Failure to inform the school of these matters could result in disciplinary procedures.

Learning Needs

The information provided in this section is confidential and will be used to best meet the student's needs.

Does the student have a current IEP?	YES	NO
Has the Student ever received help through a Special Ed Program?	YES	NO
Does the student have a current 504 plan?	YES	NO
Has the student been identified for a Gifted/Talented program?	YES	NO
<i>If yes, in what area(s)?</i> <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Visual/Spatial <input type="checkbox"/> Other _____		
Has your student ever been a part of the Response to Intervention (RtI) process?	YES	NO
<i>If yes, was it for academic OR behavior reasons?</i>		

Student Full Name:

(Please print clearly)

Media Release

This release will remain in effect during the entire time my child attends Salida School District, unless it is revoked by me or another parent/legal guardian, in writing.

- I hereby give permission for my child to be photographed and I release the use of his/her name, photograph and/or school work in: Yearbook and/or school district publications; to mass media, such as newspapers, radios, television; and/or the Salida School District Website or any video publications by Salida School District.
- I do not give permission for the release of information as stated above.

(Please sign here _____)

Completion of this form does not guarantee enrollment.

Each school reserves the right to refuse enrollment pending receipt of official transcripts, immunization records, special education records, disciplinary records, and other pertinent information from prior school(s).

Parent/Guardian #1 Printed Name:

Parent/Guardian #1 Signature:

Date: _____

Parent/Guardian #2 Printed Name:

Parent/Guardian #2 Signature:

Date: _____

School use only:

Completed Documentation: Birth Certificate Immunization Record Official Transcript/Grade Report

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(Parents living in separate households, with custodial rights, must fill out separate forms)

Parents/Guardians Who Reside With Student		
	Parent/Guardian #1	Parent/Guardian #2
Last Name		
First Name		
Relationship to Student		
Cell Phone #		
Work Phone #		
“ALERT NOW” Phone #		
E-Mail Address	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No
Please circle all that apply	<u>Legal Guardian</u> <u>Receives Mailings</u>	<u>Legal Guardian</u> <u>Receives Mailings</u>
	Emergency Priority # <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Emergency Priority # <u>1</u> <u>2</u> <u>3</u> <u>4</u>
Message Types ² (Circle all that apply)	<u>High Priority</u> <u>Attendance</u>	<u>High Priority</u> <u>Attendance</u>
	<u>Behavior</u> <u>General</u> <u>Teacher</u>	<u>Behavior</u> <u>General</u> <u>Teacher</u>

Physical Address - Required	
Home Phone #	
Street Address	
City, State	
Zip Code & County	
School district of residence	
Please circle all that apply	<u>Primary Res</u> <u>Secondary Res</u> <u>Foster Home</u> <u>Temporary</u> ³ Other: _____

Mailing Address (Complete only if different from Physical Address)	
Mailing Address	
City, State	
Zip Code & County	

List all students in this household who attend school in Salida R-32-J			
Student Full Name	Grade	Student Full Name	Grade

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Parents/Guardians Who Reside at Another Address		
Parenting Responsibility (Circle One)	<u>Shared</u> <u>Not Shared</u> (If shared, school will create a secondary household)	<u>Shared</u> <u>Not Shared</u> (If shared, school will create a secondary household)
Last Name		
First Name		
Relationship to Student		
Cell Phone #		
Work Phone #		
“ALERT NOW” Phone #		
E-Mail Address	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No
Please circle all that apply	<u>Legal Guardian</u> <u>Receives Mailings</u> Emergency Priority # <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>Legal Guardian</u> <u>Receives Mailings</u> Emergency Priority # <u>1</u> <u>2</u> <u>3</u> <u>4</u>
Message Types ² (Circle all that apply)	<u>High Priority</u> <u>Attendance</u> <u>Behavior</u> <u>General</u> <u>Teacher</u>	<u>High Priority</u> <u>Attendance</u> <u>Behavior</u> <u>General</u> <u>Teacher</u>

Physical Address	
Home Phone #	
Street Address	
City, State	
Zip Code & County	
School district of residence	
Please circle all that apply	<u>Primary Res</u> <u>Secondary Res</u> <u>Foster Home</u> <u>Temporary</u> ³ <u>Other</u> _____

Mailing Address (Complete only if different from Physical Address)	
Mailing Address	
City, State	
Zip Code & County	

List all students to whom this secondary household information applies:			
Student Full Name	Grade	Student Full Name	Grade

Please complete **ONE** form per **Household**

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In emergencies we will contact the person(s) per your directions on page 1 & 2. If we are unable to successfully contact the person(s), please list below emergency contacts that will most likely be within a short drive time to the school, and would be willing and able to care for your child, and/or locate either parent/guardian.

	Emergency Contact 3	Emergency Contact 4
Last Name		
First Name		
Relationship to Student		
Emergency Contact Designation (3, 4, etc.)		
Primary Phone #		
Cell Phone #		
Work Phone #		

The emergency contacts above are authorized to give consent for urgent health, dental, surgical procedures or hospital care for my student in the event that the authorized Parent/Guardian is not reachable. Every attempt will be made to contact the Parent/Guardian first.

Are the above emergency contacts for ALL students enrolling?

Yes

No If NO, please complete another Emergency Contact sheet for each student.

Parent / Guardian Signature Date

¹Portal Access may be obtained by completing the Parent Agreement Form. Upon completion, you will be sent an activation code via email, along with a guide to accessing the portal.

²Messages may be sent via phone, U.S. postal service and/or email. Currently, notifications or announcements (such as snow days, delayed starts) will be sent via email, in addition to announcements broadcast via local radio stations.

³Temporary housing situations may qualify student(s) for services under the McKinney-Vento Act (please contact the Central Administration Office for further information)

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Name of Previous School or Agency

Street Address

City, State Zip Code

Student's Information

Last Name	First Name	Middle Name
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Birth Date	Colorado ID# (SASID)
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Grade Level	Last date of attendance (approx)
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Signature of Parent/Guardian (if available): _____

For Office Use

The following records are hereby requested

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (ILP) if applicable | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative

Signature

Title

Date

PLEASE FAX TO:
719-539-5072

PLEASE MAIL TO:
Longfellow Elementary School
425 W 7th Street
Salida, CO 81201

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Student's Name: _____ Grade: _____

Chronic Health Conditions					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (Describe):			Diabetes		
Allergy: Bee			Dental		
Asthma			Developmental		
ADHD			Head or Spinal Cord		
Behavioral			Hearing Concerns		
Bladder or Kidney			Heart		
Bleeding			Muscle		
Bowel			Seizures		
Cerebral Palsy			Vision		
Cystic Fibrosis			Other:		

Please list any hospitalizations and/or surgeries your student has had: _____

Describe any other important health-related information about your child (for example: feeding tube, oxygen, hearing aide, glasses, etc): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

* Children who will be taking medications at school need to have written permission from a doctor and guardian on file. See the school office or nurse for a medication permission form.

Health Providers			
	Name	Phone	Date of Last Appointment
Doctor			
Dentist			
Specialist			

Child's Health Insurance: None Medicaid CHP+ Privately Purchased/Commercial/Employer Sponsored

Treatment of Minor Injuries & Illnesses

I give permission for my child, _____, to receive first aid and/or assessment for illness as needed while at school by Salida School District staff that are trained in first aid. I understand that health information may need to be shared with staff and my child's health care provider as needed for my child's safety and protection while at school.

Parent/Guardian Signature

Date

I, the parent/guardian of _____ for whom I am legally responsible, give Salida School District consent to give or receive immunization records from _____ (medical office/agency)

Parent/Guardian Signature: _____ Date: _____

Please contact the school nurse directly if you would like to discuss any of the above information that you feel is confidential.

Missy Tanner RN, Longfellow: 530-5264
Cari Beasley RN, SMS and SHS: 530-5408

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The school nurse has stock medications for minor first aid treatment. I give my permission for my child to receive (please mark all you want provided):

_____ Bacitracin ointment: to prevent infection in minor cuts and scrapes

_____ Oragel: to relieve minor tooth pain

_____ Cherry/eucalyptus cough drops: for minor sore throat or coughs

_____ Hydrocortisone 1% cream: for minor rashes

_____ Acetaminophen: for minor complaints of pain

_____ Sunscreen with SPF 50: For use in unforeseen circumstances. Please apply sunscreen prior to coming to school.

Children are not allowed to bring any medication (prescription and **over-the-counter**) without written permission from a doctor and child’s guardian. This includes cough drops and vitamins. If your child will need to take any medications not listed above, please contact the school office for permission forms.

Student’s Name

Date

Print Guardian Name

Signature of Guardian

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Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

Student Language Information

Last Name

First Name

Middle Name

Grade Level

Age

What language did your child first learn to speak? _____

Please describe the language spoken by your child (check only one)

- Speaks only English
- Speaks mostly English and some of the other language
- Speaks the other language and English equally
- Speaks mostly the other language
- Speaks only the other language and no English

In what language(s) does your child write? _____

Please describe the language understood by your child (check only one)

- Understands only English
- Understands mostly English and some of the other language
- Understands the other language and English equally
- Understands mostly the other language
- Understands only the other language and no English

What language(s) does your child read? _____

Home Language

Please check ONE to indicate the PRIMARY language spoken at home

- English
- Spanish
- Other _____

Do the adults in your home speak to each other in a language other than English daily?

- Yes
- No If so, what is the language? _____

X _____
Signature of Parent and/or Guardian

Date

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This form is intended to address the McKinney-Vento Act which provides additional services to students if their **Residence is not Fixed, Regular and Adequate.**

Presently, where is/are the student(s) living? *(Please check only ONE)*

- In an Emergency or Transitional Shelter
- Doubled Up with Family or Friends due to Loss of Housing or Economic Hardship
- In a Motel*, Car or Campsite
- Awaiting Foster Care Placement
- Other _____

*Do not check if the parent(s) / Guardian(s) are managers or owners of the motel and living quarters are attached to motel.

The student/students: *(Check ONE)*

- Is/are in the physical custody of a parent or guardian
- Is/are NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not your legal guardian, living with other people)

List all students to whom this housing information applies

Student Full Name	Grade	Student Full Name	Grade

Parent/Legal Guardian Information

Parent(s)/Legal Guardian(s)			
Street Address			
City, State, Zip			
Home Phone		Cell Phone	

How long have you lived at this address or place?

Form Completed By

Name _____	Date _____
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