



# Student Enrollment Form

-Office Use Only-

Student ID# \_\_\_\_\_

School \_\_\_\_\_

## 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 (Check one)						
M	F	American Indian/Alaskan Native		Asian	Black/African American	Hawaiian/Pacific Islander	Hispanic/Latino	White
Race is based on your inherited physical characteristics (Check one or more)							Date of Birth (mm/dd/yy)	
American Indian/Alaskan Native		Asian		Black/African American		Hawaiian/Pacific Islander		White
Current Grade	First name student goes by (Nickname)		Last name student goes by if not legal name			Social Security #	Student cell #	
Has student ever been expelled from a school?			If Yes, enter name and address of school			If Yes, enter date of expulsion		
Yes No								
Has student ever been referred for a Risk Assessment?			Was a Safety Plan developed as a condition for student's return to school?					
Yes No			Yes No					
NOTE: Students <b>may not be enrolled concurrently</b> in more than one Colorado public school including distance and electronic schools.								
◇ Is student enrolled in another Colorado School including distance and electronic schools?						Yes No		
If Yes, enter name and address of the school								

## Household Information

Main/Physical Address					Mailing Address (if different than Main/Physical Address)										
Street Address					Street Address or PO Box #										
City					State		Zip								
City					State		Zip								
<p>If your child will be attending this school as School Choice and you would like to <b>request</b> transportation, please request a <i>Space-Available Transportation Application</i> –or– if you would like to <b>request</b> 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.</p>															
First Head of Household					Second Head of Household										
Last name			First name		Last name			First name							
◇ Is this person a legal guardian?			Relationship to student		◇ Is this person a legal guardian?			Relationship to student							
Yes No					Yes No										
Home phone		Work phone		Cell phone		Other		Home phone		Work phone		Cell phone		Other	
Email		Pager				Email		Pager							
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		

## Program & Services

◇ Has your child received Special Education Services?		Yes No		◇ Has your child received Section 504 services?		Yes No	
◇ Has your child had a specialized health care plan?		Yes No					

## Primary Language

Is English the primary language spoken at home?		Student's primary language		Father's primary language		Mother's primary language	
Yes No							

Student first name	Student last name	Birth date

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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 (public, non-public, or U.S. military base schools, not including preschool or 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 (public, non-public, or U.S. military base schools, not including preschool or 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 (public, non-public, or U.S. military base schools, not including preschool or home school).				mm/dd/yy
Country of birth		State of birth		

Contact Information – Do not list Heads of Household from page 1. (To enter additional contacts, see page 4.)										
Doctor's first name	Doctor's last name			Phone number						
Name of practice	Street address			City			State	Zip		
#1 Contact's first name	Contact's last name			Relationship to student						
Street address				City			State	Zip		
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    P – Pager    O – Other										
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?		
								Yes    No		
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email		Mail attendance to?
Yes    No		Yes    No		Yes    No		Yes    No				Yes    No
#2 Contact's first name	Contact's last name			Relationship to student						
Street address				City			State	Zip		
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    P – Pager    O – Other										
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?		
								Yes    No		
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email		Mail attendance to?
Yes    No		Yes    No		Yes    No		Yes    No				Yes    No

To enter additional contacts, see page 4

I verify that the information provided within this form is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of any changes.	
_____ Parent/Guardian Signature	_____ Date

Student first name	Student last name	Birth date

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### Health Information

◇ Health Care Provider	◇ Dentist

Student Health Conditions (Check Yes or No below and explain when necessary.)					
ADD/ADHD	Yes	No	Diabetes	Yes	No
Allergies to animals (If Yes, explain)	Yes	No	Eating disorder issues	Yes	No
			Headaches (not migraine)	Yes	No
Allergies to food (If Yes, explain)	Yes	No	Head injury/concussion	Yes	No
			Heart problems (If Yes, explain)	Yes	No
Allergies to insects (If Yes, explain)	Yes	No			
			Kidney/urinary problems (If Yes, explain)	Yes	No
Allergies to medication (If Yes, explain)	Yes	No			
			Migraines	Yes	No
Allergies/environmental (If Yes, explain)	Yes	No	Nutritional/growth issues (If Yes, explain)	Yes	No
Anxiety	Yes	No	Orthopedic problems (If Yes, explain)	Yes	No
Asthma	Yes	No			
Autism/Asperger's	Yes	No	Seizures/neurological problems (If Yes, explain)	Yes	No
Behavioral issues	Yes	No			
Bipolar	Yes	No	Stomach problems (If Yes, explain)	Yes	No
Cancer (If Yes, explain)	Yes	No			
			Other (If Yes, explain)	Yes	No
Depression	Yes	No			
Developmental delay	Yes	No			

Student Vision and Hearing Conditions					
Does your child have vision problems?	Yes	No	If Yes, are glasses/contacts worn for reading at close range?	Yes	No
			If Yes, are glasses/contacts worn for distance vision?	Yes	No
Does your child have hearing problems?	Yes	No	If Yes, is a hearing aid worn?	Yes	No
			If Yes, is preferential seating needed?	Yes	No

Student Medications (List medications student is taking.)		
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes 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

Student first name	Student last name	Birth date

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**Complete this page only if you have additional contacts not listed on page 2.**

<b>Additional Contact Information – Complete only if you have more than 2 contacts (enter first 2 on page 2).</b>									
#3 Contact's first name		Contact's last name		Relationship to student					
Street address						City	State	Zip	
Enter phone numbers for <b>this contact</b> 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    P – Pager    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?	
								Yes    No	
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email	
Yes	No	Yes	No	Yes	No	Yes	No		
								Mail attendance to?	
								Yes    No	
#4 Contact's first name		Contact's last name		Relationship to student					
Street address						City	State	Zip	
Enter phone numbers for <b>this contact</b> 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    P – Pager    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?	
								Yes    No	
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email	
Yes	No	Yes	No	Yes	No	Yes	No		
								Mail attendance to?	
								Yes    No	
#5 Contact's first name		Contact's last name		Relationship to student					
Street address						City	State	Zip	
Enter phone numbers for <b>this contact</b> 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    P – Pager    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?	
								Yes    No	
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email	
Yes	No	Yes	No	Yes	No	Yes	No		
								Mail attendance to?	
								Yes    No	
#6 Contact's first name		Contact's last name		Relationship to student					
Street address						City	State	Zip	
Enter phone numbers for <b>this contact</b> 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    P – Pager    O – Other									
Phone #1	Type	Phone #2	Type	Phone #3	Type	Phone #4	Type	Same house as student?	
								Yes    No	
Contact for emergency?		Release student to?		Mail grades to?		Email grades to?		If Yes, Email	
Yes	No	Yes	No	Yes	No	Yes	No		
								Mail attendance to?	
								Yes    No	