

Student Enrollment Form

Student ID# _____

School _____

Revised 8/13

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?							
M F		Yes No							
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			Student cell#	
Has student ever been expelled from a school?				If Yes, enter name and address of school			If Yes, enter expulsion date		
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 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?							Yes 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						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						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?	
Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes 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	
Yes 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?	Yes	No	◇ Has your child received Section 504 services?	Yes	No
◇ Has your child had a specialized health care plan?	Yes	No	◇ Has your child received Gifted Education services?	Yes	No
For children entering Kindergarten					
In the past two years, what daytime care/early learning development did your child receive?			Stayed at home with parent/caregiver Attended a private home-based child care (please provide name) Attended Preschool (please provide name) 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?
						Yes 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?
						Yes 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?
						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	

