



## **Steamboast Springs School District Enrollment Application 2010- 2011**

Welcome to our schools!

This enrollment application must be completed and returned to the School Office prior to enrollment and class scheduling along with the following documents:

- \* Home Language Survey
- \* Copy of Birth Certificate or Passport
- \* Immunization Records
- \* Proof of Residency - copy of lease agreement, utility bill (showing service address), tax notice, warranty deed, bill of sale
- \* School Transcript & Computer Code (High School only)

Please complete all requested sections (fronts and backs) as blank information could cause delay in the enrollment process. Thank you.

NOTICE: Regular school notices, newsletter, periodic communication as well as confidential student information such as report cards, notice of failing grades and other teacher concerns are delivered electronically to the email address provided in this application

I. Personal Information

Student's full legal name: \_\_\_\_\_  
(Last) (First) (Middle)

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name student goes by: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

School entering:  Soda Creek Elementary  Strawberry Park Elementary  
 Steamboat Springs Middle School  Steamboat Springs High School

Birth Country: \_\_\_\_\_ Date entered the United States: \_\_/\_\_/\_\_

Student enrolled in a PUBLIC or NON-PUBLIC school in the United States since \_\_\_\_/\_\_\_\_/\_\_\_\_ (Kindergarten or later). Enter today's date if student has never attended in the US or the re-entry date if the student left the US at any time or was homeschooled. Schools on US military bases count as US schools.

Student first enrolled in a PUBLIC school in Colorado on \_\_\_\_/\_\_\_\_/\_\_\_\_ (1<sup>st</sup> grade or later). Enter today's date if student has never attended in Colorado or the re-entry date if the student left Colorado at any time or attended a non-public school.

II. Demographic Information

Do you consider student to be of Hispanic/Latino origin?  Yes  No

Which of the following groups describe the student's race? Check all that apply.

- 01) American Indian or Alaskan Native  03) Black or African American
- 02) Asian  05) Caucasian/White  06) Native Hawaiian or other Pacific Islander

III. Household Information

Student lives with:

- Both parents, same residence  Each parent, separate residences  Mother  Father  Mother/Stepfather
- Father/Stepmother  Legal guardian  Foster parent  Grandparent  Other: \_\_\_\_\_

Does this student have any custody alerts?  Yes  No - If yes, must provide court documentation.

Is Student:  Homeless  Migrant  Immigrant  Refugee (Definitions Available)  Temporary housing

Student lives within SSSD boundary  OR student is applying from out of district  OR this is an elementary school of choice

PRIMARY HOUSEHOLD INFORMATION – Where student resides the majority of the time during the school year

Household Phone Number: \_\_\_\_\_

Physical Address:

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from physical address):

P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTICE:** Regular school notices, newsletter, periodic communication as well as confidential student information such as report cards, notice of failing grades and other teacher concerns are delivered electronically to the email address provided in this application

Parent / Guardian #1 - LIVING AT THE PRIMARY ADDRESS

\_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Name Last Name

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent / Guardian #2 - LIVING AT THE PRIMARY ADDRESS

\_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Name Last Name

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you need translation/interpretation of school communications?  Yes  No If yes, language spoken: \_\_\_\_\_

Other Steamboat Springs School District students in household:

FIRST NAME:	MIDDLE NAME:	LAST NAME:	GRADE:	SCHOOL:	PRIMARY OR SECONDARY RESIDENCE? LIST

**SECONDARY HOUSEHOLD INFORMATION**

Mailings are sent to the primary residence. Do you want an additional mailing to go to secondary address?  Yes  No

Household Phone Number: \_\_\_\_\_

Physical Address:

\_\_\_\_\_ Street Apt #

\_\_\_\_\_ City County State Zip Code

Mailing Address (if different from physical address):

\_\_\_\_\_ P.O. Box

\_\_\_\_\_ City State Zip Code

Parent / Guardian #1 - LIVING AT THE SECONDARY ADDRESS

\_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Name Last Name

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent / Guardian #2 - LIVING AT THE SECONDARY ADDRESS

\_\_\_\_\_  
First Name Last Name

Relationship to Student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you need translation/interpretation of school communications  Yes  No If yes, language spoken: \_\_\_\_\_

**IV. Contact Information**

Local Emergency Contacts - We always call parents first. Please list local persons over 18 years old **other than parents** here.

Emergency Contact 1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**V. Enrollment History**

Is student returning to the Steamboat Springs School District?  Yes  No

If yes, what was the school and grade last attended SSSD? \_\_\_\_\_

If no, most recent school attended: \_\_\_\_\_

Location (city, state): \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

Please list any additional schools attended in the last three years

Previous school attended: \_\_\_\_\_

Location (city, state): \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Location (city, state): \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Location (city, state): \_\_\_\_\_ Grade(s) attended \_\_\_\_\_

**VI. Special Services Information**

Was your child receiving any special services at his/her previous school? *(Please check all that apply)*

Special Education  504 Plan  Gifted/Talented  ESL  Title 1  ILP (Literacy Plan)

**VII. Permissions**

Please **initial** those to which you agree and sign below:

\_\_\_\_\_ **Permission to go on field trips:** My child has my permission to leave the school during the school day and take part in organized school field trips under the supervision of teachers. I give my permission for my child to walk or be transported by school bus during these trips.

\_\_\_\_\_ **Permission to publish name and phone number:** I give my permission for my name, my child's name, and primary residence phone number to be published in the Student Directory, for circulation to parents only, available at the school office.

\_\_\_\_\_ **Discipline and activity/athletic policy sign-off (For high school only):** I have read and understand the 2010-2011 student handbook and Aug/Sept parent newsletter (copies sent separately) outlining the discipline policy, attendance policy, athletic policy, and student consequences for violation of school rules.

**Notice:** General photos of students/groups of students may appear at times in school publications such as the school newsletter, community newspaper, or district website. A student’s picture and name may also appear in a school publication for recognition of an honor, award, sports event, etc. Parents who DO NOT wish to have their student’s picture or name published in this manner must inform the school in writing at the beginning of the school year (excludes yearbook and extra-curricular programs).

The school is not responsible for pictures taken by the local newspaper or other media groups. If you DO NOT want your student to be photographed or videotaped for news media or school publicity purposes, you must complete an “Opt-out Media Form.” The form is available at the school office or on the District Website. It is Administrative Policy – Students S-37: Media Waiver/Internet Publishing.

**VIII. Behavior Information**

Does student have any prior or pending criminal charges?  Yes  No

If yes, provide the charge(s), court(s) of jurisdiction and probation officer’s name (if any): \_\_\_\_\_

Has student ever been suspended from school?  Yes  No

If yes, please explain: \_\_\_\_\_

Has student ever been suspended for truancy or faced truancy court proceedings?  Yes  No

Is student on a current or pending expulsion?  Yes  No

If yes, provide school and district, dates and reason for expulsion: \_\_\_\_\_

**Middle /High School Only:** Has student been up for expulsion, expelled or completed a negotiated withdraw from any school district during the preceding twelve months; or have been charged with carrying, bringing, using, or possessing a dangerous weapon without the authorization of the school or the school district; sale of a drug or controlled substance as defined in section 12-22-303, C.R.S.; or the commission of an act which if committed by an adult would be robbery pursuant to part 3 of article 4 of title 18, C.R.S.; or assault pursuant to part 2 of article 3 of title 18, C.R.S., other than the commission of an act that would be third degree assault under section 18-3-204, C.R.S.; if committed by an adult?  Yes  No

If yes, please explain: \_\_\_\_\_

Student: I, \_\_\_\_\_, have answered the above questions in Section **VIII (Behavior Information)** to the best of my knowledge. I understand that I will be withdrawn from the Steamboat Springs School District if I intentionally misrepresented any of the information asked for in Section VIII.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I attest under penalty of perjury that all the information provided in this enrollment application is true to the best of my knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IX. Health Information** This section will be given immediately to the Nurse upon registration and will be stored only in their files.

Information obtained on the Health History is solely used by the district health staff to ensure that sound decisions are made to meet the health needs of your student. Health information will ONLY be shared with school staff on a "need-to-know" basis and parents/guardians will be included in this process. Health information will not be shared with any other outside health providers without the expressed written permission of the parent/guardian. If you have any questions or concerns, please contact your student's school nurse.

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Medical Alerts / Significant Health Concerns (Asthma, Serious Allergies, Seizures, etc).**

Medical Alert 1: \_\_\_\_\_

Medical Alert 2: \_\_\_\_\_

**Medication Information**

Is your child taking any medication regularly?  Yes  No

If yes, please list the medication(s): \_\_\_\_\_

Is your child allergic to any medication(s)?  Yes  No

If yes, please list the medication(s): \_\_\_\_\_

Indicate allergic reaction: \_\_\_\_\_

***Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.***

**Immunization Information**

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

**Doctor/Primary Care Provider**

Name: \_\_\_\_\_

Telephone & extension: \_\_\_\_\_

**Emergency Information**

*In an emergency situation, the student will be transported to the nearest hospital. If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Steamboat Springs Schools will in no case accept financial responsibility for care.*

**Please complete 1, 2, and 3 only if you are new to the district:**

1. Any problems during pregnancy or delivery? (Examples: Maternal health issues, C-section, Prematurity, etc.)  Yes  No

Explain: \_\_\_\_\_

2. Any problems during infancy? (Examples: Feeding difficulties, sleep disturbances, colic, developmental delays, illnesses, etc.)

Yes  No Explain: \_\_\_\_\_

3. What age did your child first walk alone? \_\_\_\_\_ What age did your child first talk? (2 words together) \_\_\_\_\_

**Current Health Concerns**

Does your child have **any** health concerns? Include any **new** concerns in the past 12 months and provide updates to **existing** conditions that may already be in our files:

Check and...	explain treatment where appropriate	Medication (s)	Medication Given at Home?		Medication Given at School?	
			Yes	No	Yes	No
<input type="checkbox"/> Allergies						
<input type="checkbox"/> Asthma						
<input type="checkbox"/> Attention Deficit Disorder						
<input type="checkbox"/> Bowel/Bladder						
<input type="checkbox"/> Diabetes						
<input type="checkbox"/> Emotional/Behavioral						
<input type="checkbox"/> Fractures/Joint Muscle Problems						
<input type="checkbox"/> Physical Limitations/Restrictions						
<input type="checkbox"/> Head Injury or Loss of Consciousness						
<input type="checkbox"/> Hearing						
<input type="checkbox"/> Headaches						
<input type="checkbox"/> Heart						
<input type="checkbox"/> Hyperactivity						
<input type="checkbox"/> Seizures or Fainting						
<input type="checkbox"/> Skin Conditions						
<input type="checkbox"/> Speech						
<input type="checkbox"/> Surgeries/Hospitalizations						
<input type="checkbox"/> Varicella (Chickenpox)	Date of Diseases:					
<input type="checkbox"/> Vision						
<input type="checkbox"/> Other						

Student has **NO** health concerns

**Please check all that apply:**

- Glasses     Contacts     Hearing Aids     Prosthesis or Physical Aids (please list) \_\_\_\_\_
- Other (explain) \_\_\_\_\_

**Please initial** to give permission to dispense Acetaminophen (Tylenol) at school:

\_\_\_\_\_ I give my permission for my child to receive one regular(325 mg) Acetaminophen at the elementary level / or two or three regular (325 mg) Acetaminophen at the secondary level. Please note: 3 regular Acetaminophen are the equivalent of two extra-strength Acetaminophen. No other non-prescription (over-the-counter) medications can be dispensed by school personnel without a physician’s written order!

**Optional:** Do your children have health insurance?     Yes     No

If no, may a representative of the Visiting Nurses Association contact you regarding no-cost or low-cost health insurance?

Yes     No

Parents/Guardians are responsible for providing full and updated details on any medical condition to the district health personnel. **All information on this Health Information form is, to the best of my knowledge, current and complete.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_