

STUDENT ENROLLMENT FORM

School: _____ School Year: _____ Grade: _____

STUDENT:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Nickname: _____ Birthdate: _____ Gender: Male Female

Students' Cell Phone: _____ Students' Email: _____

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race?

American Indian Asian Black Native Hawaiian/Pacific Islander White

Primary Language Spoken at Home: English Spanish Other _____

Adult #1 – Relationship to Student: Mother Father Step-Mother Step-Father Other _____

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #2 – Relationship to Student: Mother Father Step-Mother Step-Father Other _____

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #3 – Relationship to Student: Mother Father Step-Mother Step-Father Other _____

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Adult #4 – Relationship to Student: Mother Father Step-Mother Step-Father Other _____

Which of the following designations and access should this person receive in regards to the student:

Guardian Receive Mailings Portal Access Messenger

Child lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR

Other (specify) _____

Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____

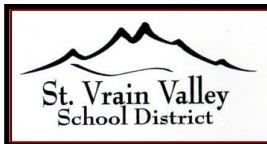
Has this student ever received special education services, such as speech, occupational therapy, etc.? No Yes

If yes, is this student currently receiving special education services? No Yes

Is this student on a current or pending expulsion? No Yes

If yes, from what school/district _____ Dates of Expulsion _____

Reason for expulsion _____



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ENROLLMENT HISTORY:

Has this student ever attended SVVSD? No Yes

Name of Previous School: _____

This student has continuously attended a public school in the USA since _____/_____/_____
(Enter today's date if student has never attended in the USA or the most recent date if the student left the USA at any time.)
Month Day Year

This student has continuously attended a public school in Colorado since _____/_____/_____
(Enter today's date if student has never attended in CO or the most recent date if the student left CO at any time.)
Month Day Year

PERMISSIONS

I give permission to have my child photographed for school pictures. No Yes

I give permission to have my child participate in news media coverage including honor roll publication. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites and school district publications. No Yes

FOR ALL HIGH SCHOOL STUDENTS: State law requires school district to release directory information for students to military recruiters. I give permission to have this information released. No Yes

EMERGENCY CONTACTS: (EMERGENCY CONTACTS ARE NOT THE PARENT/GUARDIAN).

Contact #1 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #2 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #3 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date