

**ROARING FORK SCHOOL DISTRICT
STUDENT ENROLLMENT 2015-2016**

Date: _____ Grade: _____ School: _____

Student Full Legal Name (AS YOUR NAME APPEARS ON YOUR BIRTH CERTIFICATE)

(Last Name) _____ (First Name) _____

(Full Middle Name): _____ (Nickname) _____

Birth Date: _____ Gender M F Birthplace: _____

Student Cell Phone #: _____ Student Email address: _____

Mailing Address: _____ Apt # _____

Mailing City: _____ Mailing State: _____ Mailing Zip Code: _____

Physical Address: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ County of Residence: _____

Date student entered school in: RFSD _____ Colorado _____ US _____

For example Kindergarten through 8th grade student attended ABC School in _____

Please list other siblings living at home:

Name _____ Date of Birth _____ Gender _____ School _____

Parent/Legal Guardian Information (address information if different from student):

Name: _____ **Employer:** _____

Relationship to student: Father Mother Stepfather Stepmother Grandfather Grandmother

other _____ (please specify) _____ Custodial Parent: Yes No

Mailing Address: _____ City & State _____ Zip Code _____

Physical Address: _____ Student resides here: Yes No

Home Phone #: _____ Email Address: _____

Work Phone #: _____ Ext. _____ Cell Phone #: _____

Name: _____ **Employer:** _____

Relationship to student: Father Mother Stepfather Stepmother Grandfather Grandmother

Other _____ (please specify) _____ Custodial Parent: Yes No

Mailing Address: _____ City & State _____ Zip Code _____

Physical Address: _____ Student resides here: Yes No

Home Phone #: _____ Email Address: _____

Work Phone #: _____ Ext. _____ Cell Phone #: _____

Would you like to receive some correspondence via text messages: Yes No If yes, please list all applicable numbers: _____ . Any charges are incurred by you.

We prefer to receive correspondence in: English Spanish

Field Trip Permission: Student has my permission to participate in regularly scheduled class field trips during the school day with transportation by bus, walking or other District approved form of transportation. Yes No

Parent/Legal Guardian Signature _____

Date _____

EMERGENCY AND HEALTH INFORMATION and TYLENOL PERMISSION

Please note: A copy of this form is provided for the Health Office. Please complete entirely.

Name of Student: _____ Grade: _____

Emergency Contacts:

Please list two LOCAL people (other than you) we can contact in case of emergency:

First Contact Name: _____ Home Phone#: _____

Work Phone #: _____ Cell Phone #: _____

Relationship to student: _____

Second Contact Name: _____ Home Phone#: _____

Work Phone #: _____ Cell Phone #: _____

Relationship to student: _____

Doctor: _____ Phone # _____ Last exam date: _____

Dentist: _____ Phone # _____ Last exam date: _____

Eye Dr.: _____ Phone # _____ Last exam date: _____

In the event that you cannot be reached, do you consent to have your child treated by a local physician or at a hospital emergency room? Yes No Please list any special conditions the physician should know before treating your child: _____

Please list any health concerns, allergies, illnesses, injuries, operations, chronic health conditions, disabilities or limitations: _____

Is your child receiving treatment for any conditions? _____

Does your child need to take medications at school? Yes No

If yes, please ask for a medication permission form, fill it out and return to the nurse's office. No medications are given by teachers nor are they to be self-administered by students unless cleared through the nurse's office first.

Do you permit the above health information to be shared with necessary staff? Yes No

Do you allow your child to be given Tylenol (acetaminophen) if deemed necessary by school health personnel? Yes No

Do you give permission to discuss health concerns/medications with child's physician? Yes No

Signature of parent or guardian: _____

Please do not write below – for office use only

Date										
Time										
Purpose										
Dose										
Initial										

Date										
Time										
Purpose										
Dose										
Initial										

Previous School Name: _____

Previous School Phone #: _____

Previous School Address: _____

My student was previously enrolled in the Roaring Fork School District: Yes No Date: _____

Was student ever enrolled in the Colorado Preschool Program? Yes No Date: _____

Years of formal schooling student has completed: _____

Additional part-time education (*explain*) _____

Has your family ever been to the Roaring Fork Family Resource Center? Yes No

Visitor/Pick up restrictions if any: _____

Documentation for contact restrictions: Yes, attached No

Student will use school bus transportation: Yes No (*not available for preschool*)

Has student been expelled from prior school of attendance? Yes No

If yes, explain _____

My student is currently receiving or has received services in the following areas:

Yes No Special Education

Yes No Gifted and Talented

Yes No English Language Learner

Yes No Has a current 504 plan

Yes No Has a current ILP

Comments or concerns that would be helpful to the teacher/school: _____

NEW STUDENT INFORMATION CONTINUED

Race and Ethnicity Questionnaire

Questions about race and ethnicity are optional. If you choose not to select or participate, an observer will make the selection for you and note that the selection was determined by the observer.

1. Do you consider yourself to be of Hispanic/Latino origin? (choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. Select one or more races from the following five racial groups:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

I choose not to select or participate

Definitions:

Ethnic group: Socially distinguished from other groups and has developed its own subculture – which can include nationality, religion, and language – and has a shared feeling of community.

Race: A distinct human type based on inherited physical characteristics

American Indian/Alaskan Native: Persons having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: Persons having origins in any of the Black racial groups of Africa

Native Hawaiian or Other Pacific Islands: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: Persons having origins in any of the original peoples of Europe the Middle East, or North Africa.

Roaring Fork School District
**Home Language and
 Residency Form**

This box must be completed by school Registrar before sending to Student ELL Facilitator and Director of Student Data.

School: _____
 Grade: _____ Local Student ID# _____
 Date Enrolled: _____ Student is part of
 international exchange program ___Y___N

State and federal regulations require that schools identify and report the language(s) spoken and heard by each child in the home, and determine eligibility for English Language Acquisition, immigrant, migrant, refugee or McKinney education services. This information is used to ensure that the educational rights of each child are met. Please take a few minutes to complete this questionnaire. This confidential information is for school use only.

_____	_____	_____
Student's Last Name	Student's First Name	Student's Middle Name
_____	_____	Address: _____
Date of Birth	Country of Birth	_____
_____	_____	_____
Date Student Entered Colorado	Date Student Entered USA	_____
_____	_____	_____
Home Phone #	Work Phone #	_____
Parent or Guardian Name(s) _____		

Home Language Information:

Was the first language spoken by the student a language other than English? ___No___ Yes Language _____

Does the student speak a language other than English? ___No___ Yes Language _____

Is a language other than English used in the home? ___No___ Yes Language _____

Will you need an interpreter for conferences, phone calls and other verbal communication? ___No___ Yes ___

Residency Information: Where does your child stay at night?

- | | |
|---|---|
| ___ regular housing (apartment, house, mobile home, etc.) | ___ in a car |
| ___ in a shelter | ___ at a campsite |
| ___ in a motel/hotel | ___ temporarily with more than one family in an apartment, mobile home, house because of economic hardship |
| ___ in another location that is not intended for people (an abandoned building, storage shed, etc.) | ___ other (in an arrangement that is not fixed, regular, and adequate and not described by the other choices) |

___ Yes ___ No Did you move to Colorado with the intent of working in agriculture, farming or fishing?

___ Yes ___ No Do you work in agriculture, farming or fishing?

___ Yes ___ No Have you been given "Refugee Status" paperwork?

___ Yes ___ No Has your child attended another school in the United States OR in another country?

If yes, please complete page 2

 Parent/Guardian Signature Date

Please complete the following educational history as accurately as possible beginning with the earliest grade. This information will be used to help educators determine how to best meet your student's educational needs.

**Grade and dates School Name Location Language/s
(City/State/ used for instruction
Province/Country)**
