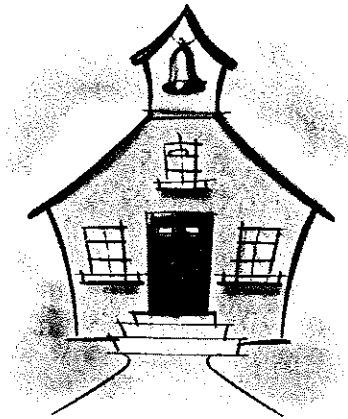


Family and Household Information



Complete 1 set of forms per family

Office Use Only	Date Received:	Date Processed:	Household Number:
Student Number(s):	School Assignment(s):	Student Number(s):	School Assignment(s):

The following documents must be submitted with this form:

- ✓ Parent/Guardian photo I.D. Guardians must have proper guardianship forms signed and notarized or copy of court authorization.
- ✓ If applicable, custody documents.
- ✓ Copy of student birth certificate.
- ✓ Up-to-date student immunization records or exemption.
- ✓ Two forms of proof of residency with the parent/guardian names and address on the paperwork (i.e., water, cable, power, gas or trash bill; lease or purchase agreement.
- ✓ Most recent student report card and/or transcript from previous school; attendance record and discipline report; copy of IEP or 504 (if applicable).

PARENT/GUARDIANS WHO RESIDE WITH STUDENT(S) (where student resides majority of the time)				
Residence Street Address				
City	State	Zip	County	Home Phone
Mailing Address (If different than above)				
City	State	Zip	County	
Parent/Guardian Last Name	Parent/Guardian First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Household Language:	We prefer our correspondence in:		DOB	
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		
Work Phone	Cell Phone	Email Address		
Parent/Guardian Last Name	Parent/Guardian First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Household Language:	We prefer our correspondence in:		DOB	
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		
Work Phone	Cell Phone	Email Address		

PARENT/GUARDIANS WHO RESIDE AT ANOTHER ADDRESS (different than above)				
Residence Street Address				
City	State	Zip	County	Home Phone
Mailing Address (If different than above)				
City	State	Zip	County	
Parent/Guardian Last Name	Parent/Guardian First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Household Language:	We prefer our correspondence in:		DOB	
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		
Work Phone	Cell Phone	Email Address		
Parent/Guardian Last Name	Parent/Guardian First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Household Language:	We prefer our correspondence in:		DOB	
	<input type="checkbox"/> English	<input type="checkbox"/> English		
Work Phone	Cell Phone	Email Address		

This questionnaire is intended to identify student/family eligibility under the McKinney-Vento Homeless Education Assistance Act (42 U.S.C. 11435)

1. Is your current address a temporary living arrangement? Yes ___ No ___
2. Is this temporary living arrangement due to loss of housing or economic hardship?
Yes ___ No ___

If you answered yes to the above questions, you may be eligible for certain services and/or assistance to be provided by the school district. If yes, please complete this form. (f no, you may stop here)

School _____ Student's name _____

Birth Date _____ Age _____ Student ID# _____

Where is the student currently living? Please check one:

- In a motel
- In a shelter
- With more than one family in a house, apartment or mobile home?
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or Campground
- Other, please describe _____

Parent/Guardian Name _____ Date _____

Address where you can be contacted or receive mail _____

City, zip code _____

Phone number (or numbers) where you can receive calls or messages _____

Please list names and ages of other children in your care - school age or younger:

Note: You will be contacted by a representative, or, you may directly contact our community partner Goals Inc. at 720-977-7796 to speak with a family advocate and determine appropriate assistance that will help assure school success for your child and/or other services that may be helpful to you. Use back of form to complete or provide additional information.

Student Information

**Complete 1 set of forms for
each student enrolling**

Office Use Only	Start Status Code :	School Assignment:	Student Number :
Grade:	Enrollment Start Date:	Boundary Code:	Teacher:
Student Legal Last Name		Legal First Name	Legal Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Ethnic Background Hispanic/Latino? (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Select one or more)	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island/Native Hawaiian	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native	

Parent/Guardian who resides with Student (must be member of household)

Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Spouse <input type="checkbox"/> Guardian	<input type="checkbox"/> Self
---	--	--	--	-------------------------------

This person is permitted to have access to all education records concerning student.

Parent/Guardian who resides with Student (must be member of household)

Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Spouse <input type="checkbox"/> Guardian	<input type="checkbox"/> Self
---	--	--	--	-------------------------------

This person is permitted to have access to all education records concerning student.

Parent/Guardian who resides at another address

Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Spouse <input type="checkbox"/> Guardian	<input type="checkbox"/> Self
---	--	--	--	-------------------------------

This person is permitted to have access to all education records concerning student.

Parent/Guardian who resides at another address

Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Spouse <input type="checkbox"/> Guardian	<input type="checkbox"/> Self
---	--	--	--	-------------------------------

This person is permitted to have access to all education records concerning student.

Non-household Emergency Contact Information

The following persons are authorized to give consent for urgent health, dental, surgical procedures or hospital care for my child in the event District staff cannot reach an authorized parent/legal guardian.

Priority	Contact Name	Gender	Relationship	Home Phone	Cell Phone
1					
2					
3					

Student Services Received

This student has received services in:

<input type="checkbox"/> Special Education	<input type="checkbox"/> International Baccalaureate Programs	<input type="checkbox"/> Title I
<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Intervention Type: _____	<input type="checkbox"/> Migrant
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Immigrant
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Homeschooling	<input type="checkbox"/> Retained:
<input type="checkbox"/> Literacy Plan	<input type="checkbox"/> Legacy 2000	Grade Level(s): _____
		<input type="checkbox"/> Summer School

CUSTODY / DECISION – MAKING INSTRUCTIONS

Name student uses _____
Last First Middle

Grade _____

Name as shown on birth certificate _____
Last First Middle

***Note: The district's official records must be maintained in the student's legal name.**

Who has legal custody and major decision-making responsibility for educational decisions? *Please attach most current court documents*

Mother _____ Father _____ Joint _____
(Please list both parents)

Mother's Name _____
Address _____

Employer _____ Address _____ Phone # _____

Father's Name _____
Address _____

Employer _____ Address _____ Phone # _____

Please indicate those persons to whom school personnel are authorized to release your child. *Please attach additional names, addresses and phone numbers as necessary.

Name Address Phone

Name Address Phone

Attendance, grades, and other student records may be released to the following persons, if requested:

Name Relationship to Student

Name Relationship to Student

Who may attend teacher conferences?

Name Relationship to Student

Name Relationship to Student

If both parents share decision-making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school may make a decision based on information contained in the official custody orders, the student's most recent registration form or based on the best interest of the child.

Under Federal and Colorado State laws, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the district has received a Colorado Court Restraining Order specifically prohibiting release of student records to the requesting parent. If you have such an order, please attach.

PLEASE NOTE: The District requests that both parents sign this statement indicating agreement with the above information. If there is only one signature, the District requires an explanation as to why there is only one signature. A parent's unreasonable refusal to execute this form will not prevent disclosure of information to the other parent.

Parent Signature Date Parent Signature Date

If only one signature, please explain why: _____

Schools must develop equal opportunities for any student whose dominant language is not English. In order to do this, Federal and State regulations require schools to determine the language(s) spoken and understood by each student.

Student Name (please print) _____ Parent or Guardian Name (please print) _____

Home Address (street) _____ (city) _____ (state) _____ (zip code) _____

Birthdate _____
Month _____ Day _____ Year _____

1. What language or languages did your child speak when he/she first began to talk?

2. Please describe the language spoken by your child. (Check only one)

- _____ a. Speaks only the other language and no English.
- _____ b. Speaks mostly the other language and some English.
- _____ c. Speaks the other language and English equally.
- _____ d. Speaks mostly English and some of the other language.
- _____ e. Speaks only English.

3. Please describe the language understood by your child. (Check only one)

- _____ a. Understands only the other language and no English.
- _____ b. Understands mostly the other language and some English.
- _____ c. Understands the other language and English equally.
- _____ d. Understands mostly English and some of the other language.
- _____ e. Understands only English.

4. Do the adults in your home (parents, guardians, grandparents or any other adults) speak to each other in a language other than English daily?
 Yes No

If yes, what language or languages? _____

Does your child **understand** the conversations?
 Yes No

Does your child **participate** in the conversations?
 Yes No

5. What language or languages does your child read?

6. What language or languages does your child write?

7. Did your child attend school in another country?
 Yes No

If yes, how many years? _____

Which country? _____

Language or languages used in instruction:

Parent/Guardian Signature _____

Date _____

TO BE COMPLETED BY LANGUAGE ACQUISITION SUPPORT SERVICES

Please print student's full name: _____ Male Female

SASID # _____ Grade Level: _____

Teacher (Secondary: English Teacher) _____

TO BE COMPLETED BY SCHOOL

Current School: _____ Student ID # _____

STUDENT HEALTH INVENTORY

This form is confidential and will only be shared with Adams 12 Five Star School's staff on a need to know basis for the safety and/or educational progress of your student. **Please complete front and back.**
**** It is the responsibility of the Parent/Guardian to contact the Transportation Department at (720) 972-4299 to inform them of any health conditions if your student rides the bus.**

STUDENT NAME: _____		School: _____	
Grade: _____	Birthday ___/___/___	Age _____	<input type="checkbox"/> M / <input type="checkbox"/> F Lives with: _____
Parent(s)/Guardian(s) Names: _____			
Previous District / School Attended: _____			
Medical Insurance: (Circle) Private Insurance CCHP Medicaid ID# _____ None			
Medical Diagnosis/Conditions: _____			
Diagnosed by Physician: (Name/Date) _____			
Person completing form: _____			
	Name	Signature	Date
Relationship to child: _____		Home phone: _____ Work phone: _____	
E-mail address: _____			

MEDICAL HISTORY

ADD <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Limitations: _____
Allergies/Reactions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what? _____ Type of Reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Immune System Disorder (Lupus, Transplants) <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Date: _____
Asthma / Respiratory Conditions (pneumonia, bronchitis) <input type="checkbox"/> Yes <input type="checkbox"/> No Types/Dates _____	Kidney Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Bone Disease / Deformity <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Special Equipment: _____	Mental Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Cancer / Blood Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Date: _____	Neuro/Muscular Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Communicable Diseases (measles, TB, hepatitis) <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Date _____	Skin Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Burns <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Diabetes Type _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Glucose monitoring @ school <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin required while @ school <input type="checkbox"/> Yes <input type="checkbox"/> No Snacks/diet monitoring @ school <input type="checkbox"/> Yes <input type="checkbox"/> No	Stomach/Bowel Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Ear Infections <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery (tubes placed) <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____	Surgeries/Hospitalizations <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reason _____ Date _____ Reason _____ Date _____ Reason _____
Enuresis (bedwetting) <input type="checkbox"/> Yes <input type="checkbox"/> No Encopresis (soiling) <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency/Age: _____	Syndromes <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____ Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Epilepsy/Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Frequency: _____ Limitation: _____ Date of last seizure: _____	Traumatic Brain Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Cause: _____ Extent / Outcome: _____