



STUDENT REGISTRATION FORM

Date: _____ School: _____ Grade: _____ Bus Rider _____

Student Name: _____
(legal name on birth certificate) (Last) (First) (Middle) (Suffix)

Gender: M F Birth Date: _____ Preferred Name: _____

Legal Alert _____ Medical Alert _____

Physical Address: _____
(Street) (City) (Zip)

Mailing Address (if different than physical address): _____

Primary Phone No. for Notification: (____)_____ Do you reside in the district? Yes No

PRIMARY HOUSEHOLD PARENT/GUARDIAN CONTACT

Name: _____ Mother Father Guardian _____

Home No: (____)_____ Cell Phone No: (____)_____

Work Phone No: (____)_____ Email: _____

Name: _____ Mother Father Guardian _____

Home No: (____)_____ Cell Phone No: (____)_____

Work Phone No: (____)_____ Email: _____

Who does the student live with? Both Parents Mother Father Other (*Power of Attorney needed*)

Student's Cell Phone: (____)_____ Student's Email: _____

NON-HOUSEHOLD PARENT/GUARDIAN CONTACT

If only living with one parent, provide second parent's name & address: _____

(PO Box or Street) (City) (Zip)

Phone No: (____)_____ Email: _____ *Receive Mailings*

ETHNICITY & RACE

(please circle only one) Hispanic / Latino not-Hispanic

If your answer was *not-Hispanic* please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White | |

Primary language spoken at home: _____ Birth Country: _____

How long has the student lived in the U.S. (*most recent time*)? _____ Date of arrival? _____

How long has the student lived in Colorado (*most recent time*)? _____ Date of arrival? _____



Home Language Questionnaire

Note: All students enrolled in our school district must complete this form. We value a student's ability to speak a language other than English and we encourage him/her to maintain these language skills. However, if a student has difficulty understanding, speaking, reading, or writing the English language, we want to help them improve their English language skills. Please answer a few questions about the languages spoken by your child and in your home.
Thank you!

School: _____ Student Name: _____ Grade: _____

Parent or Guardian's Name: _____ Phone: _____

1. Does this student speak a language **other** than **English**? Yes No

If you answered YES to question 1, please continue to fill out this form.

2. If your child speaks or understands a language other than English, what is the language? _____

3. How often is a language other than English used in your home? (Check only one)

- ___ a. Only the other language and no English.
- ___ b. Other language more often than English.
- ___ c. Other language and English equally.
- ___ d. English more often than the other language.
- ___ e. Only English.

4. 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.

5. 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.

6. What languages are spoken by:

- ___ a. Father/Guardian _____
- ___ b. Mother/Guardian _____
- ___ c. Sisters-Brothers _____

7. Do you need a translator? Yes No

Parent/Guardian Signature _____ Date _____

___ District (C. White)
___ ESL Teacher
___ Cum File



Request for Enrolling Student's Records

Date: _____

Enrolling Student: _____ DOB: _____ Grade: _____

To: _____ Exiting School

_____ Address

_____ City/State/Zip

_____ Phone/Fax

Please Send Us

All student information to include: Transcripts or Grade Report, Test Records, Health Records (including immunizations), Attendance, Discipline, copy of Birth Certificate, & all Special Education Records

To:

___ Knowledge Quest Academy
705 S. School House Dr
Milliken, CO 80543
Phone: 970-587-5742
Fax: 970-587-5750

___ Milliken Middle School
PO Box 339/266 North Irene Street
Milliken, CO 80543
Phone: 970-587-6300
Fax: 970-587-5749

___ Letford Elementary
2 North Jay Avenue
Johnstown, CO 80534
Phone: 970-587-6150
Fax: 970-587-0115

___ Milliken Elementary
100 Broad Street
Milliken, CO 80543
Phone: 970-587-6200
Fax: 970-587-2855

___ Pioneer Ridge Elementary
2300 Cinnamon Teal Avenue
Johnstown, CO 80534
Phone: 970-587-8100
Fax: 970-587-8169

Parent / Guardian Signature _____ Relationship _____ Date _____

The Family Education and Rights & Privacy Act (FERPA) allow educational units to transfer records without written consent to another school in which the student intends to enroll.

_____ 1st Request _____ 2nd Request



110 South Centennial Drive Suite A Milliken, CO 80543 970-587-6050

NOTICE

Dear Parents and Guardians;

State Law requires that you be notified that it is your obligation as a parent or guardian to insure that all children of compulsory attendance age (ages 6-17) attend school and that you acknowledge this obligation in writing to the school district and provide below a telephone number along with another means of contacting you during the school day.

Thank you.

I hereby acknowledge my obligation as a parent and or guardian to insure that my child of compulsory attendance age attends school.

I can be reached during the school day at _____, or by contacting _____ (print name) at _____ (phone number).

Student's Name _____

Parent/Guardian Signature _____

Program Eligibility Survey



Dear Parents,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing and returning this form will assist us to identify eligible students and for our district to receive supplemental funding. All information is confidential and will not be used for any other purpose. Thank you for completing and returning this form as soon as possible.

1. Have you lived in your present city or school district for less than 3 years? YES NO
2. Has either parent/guardian ever **intended to work in**, looked for employment, or worked in any of the following areas in the past 3 years? YES NO

If yes, please mark the appropriate employment areas with an X.

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Trucking/Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Christmas Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Fence Construction on Farms or Ranches |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Seed Packaging | <input type="checkbox"/> Feed Lots |

3. Parents/Guardians Names: _____ Date: _____

Address: _____ Apt # _____

City: _____ Zip Code: _____

Phone number () _____ Best time to call: _____

4. Please list all children in your home from birth to 22 years of age.

First and last Name	Date of Birth	School

ESL Teacher



Permission to Participate in Field Trips

Dear Parent(s)/Guardian(s):

This is to certify that _____ has my permission to attend field trips, athletic trips, or activities. As parent or guardian I accept my legal and reasonable responsibility for him/her during any trip. It is understood by the undersigned parent or guardian that rules pertaining to each trip must be complied with at all times. In the event of a violation of the rules, the student may become ineligible for future trips or face suspension or expulsion under the code of conduct.

For your child to participate in an activity or field trip which will take him/her from the regular school premises, please give consent by signing the permission statement below.

This permission will be valid for **ALL** field trips, athletic trips or activities during the school year unless otherwise notified.

Parent/Guardian Signature _____ Date _____

Weld RE5J Internet & Electronic Mail User Agreement and Parent Permission Form

Policies and Guidelines for All Members of the Weld Re5J School District Community

Weld Re5J School District provides a data and communications network to facilitate communication within the Weld Re5J community and between that community and the global community.

Ready access to information resources inside and outside the school provides academic support and promotes innovation. Resource sharing and communication both within the school and also with other educational institutions broadens and enriches the learning environment for students and staff.

The Internet

Millions of computers worldwide are connected via the Internet. Every person using these connected computers can communicate and share information. Over the past 20 years, the Internet has become a common repository for text-based data, audio, still images and video.

The World Wide Web, a tool for finding information on the Internet, has made use of the Internet easier. The Web has also made the Internet a new medium for publishing. Anyone with a computer, the appropriate software, and access to the Web can publish any information for worldwide consumption.

Guidelines for Using Weld Re5J Network and the Internet

Weld Re5J Network is provided for the benefit of students and staff for academic purposes. The following guidelines have been established so that it can be used freely, safely, and efficiently.

Sharing Network Resources

The same respect for each other and responsibility for the consequences of one's actions apply on Weld Re5J Network as anywhere else in the school. Like any other school resources, computer resources are shared, so priority should always be given to school assignments; and arrangements for sharing time on equipment should be negotiated fairly.

Do not interfere with other people's work. Do not waste shared resources. Do not use language that is not appropriate in the school community.

Because school computers interact with Weld Re5J Network in invisible but carefully designed ways, it is possible to make destructive changes without realizing it. No alterations should

Weld RE5J Internet & Electronic Mail User Agreement and Parent Permission Form

be made to the hard drives of any school computers: don't change settings, add or delete programs; and don't run programs from disks without permission of the school system administrator. It is improper and illegal to copy programs, to tamper with hardware, to alter files, or to enter certain areas of Weld Re5J Network without authorization.

Weld Re5J Network, both within and beyond the school, is a rich forum for debate. Its value lies in the meeting of many different minds. Harsh disagreement and personal attacks are not an acceptable use of Weld Re5J Network at any time.

Passwords

Respect the confidentiality of passwords. Do not attempt to log on as anyone else. Don't share your password with anyone, or ask for anyone else's password. Change your password when you think someone else may know it, and notify the school system administrator if you suspect passwords are being abused.

Email

The same rules of civility for speaking or writing apply to email. Language inappropriate in the school community is not permitted on Weld Re5J Network. Before you send an email message, read it over to be sure it communicates the content and tone you want the receiver to read. Don't send unnecessary email that wastes the receiver's time, and don't use up paper printing out your messages unless you need them for a class assignment.

Privacy

Privacy is valued and respected in the Weld Re5J community. However, Weld Re5J Network storage areas are like school lockers in that the school has the right to examine the contents of the file server and any email to maintain system integrity and ensure responsible use of the system.

In order to foster independent thought, creativity, and intellectual development, the school will only examine files when there is reason to suspect any activity or material that violates the school's code of conduct or the law. This includes criminal activity, material that is obscene, material that is violent or actively encourages violent behavior, plagiarism or violation of intellectual rights or copyright laws, activity that endangers, demeans, threatens, or libels a person or persons, and material that denigrates people based on gender, race, ethnicity, disability, religious beliefs, or sexual identity.

Weld RE5J Internet & Electronic Mail User Agreement and Parent Permission Form

Copyright and Plagiarism

Responsible users of information always acknowledge their sources, both in formal and informal communications. Use information from the Internet in the same way you use information from any other public, published source: tell users where the information came from to show that it's reliable.

Email messages are private, and may not be quoted or sent on to anyone else without the permission of the original sender. Using someone else's words or ideas as if they are your own is never acceptable and can be illegal.

Internet Access

Weld Re5J provides access to the resources on Weld Re5J Network and on the Internet. When used wisely these resources can enrich and transform learning experiences.

Freedom of access to the wealth of resources available on the Internet outweighs the risks of accessing material that is questionable or offensive. Each user of the Internet must recognize his or her responsibility in accepting this freedom of access.

Safety

Parents, students, staff, and administration should be aware that:

Weld Re5J has no control over the content of the information residing on other computers connected with the Internet, or control over the identity of individuals having access to the Internet. Parents, students, and the adult community are therefore advised that connected computers contain material that is illegal, defamatory, obscene, profane, inaccurate, abusive or threatening, racial or ethnically offensive, or otherwise objectionable.

The administration and staff of Weld Re5J do not condone or permit the use or viewing of such material, and persons are prohibited from bringing such material into the school environment.

Student and Parent/Guardian Responsibilities

All students using Weld Re5J Network or accessing the Internet through Weld Re5J Network must indicate that they and their parent or guardian understand the responsibilities of exercising this access, and that the failure to follow them may result in loss of their network privileges and possible further disciplinary action.

Weld RE5J Internet & Electronic Mail User Agreement and Parent Permission Form

As outlined in board policy and procedures on student rights and responsibilities, copies of which are available on the Weld RE-5J School District website or in the school offices, the following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Illegal solicitations or other illegal conduct
- Gambling
- Downloading computer software
- Damaging computers, computer systems, or computer networks
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work, or files
- Intentionally wasting limited resources such as ink & paper
- Access which does not directly further educational purpose or objectives

As a user of the RE-5J school's computer network, I hereby agree to comply with the board policies & procedures. **Violating may result in a loss of access as well as other disciplinary or legal actions.**

Student Name (please print)

Student Signature

Grade

As a parent or legal guardian of the minor student signing above, I grant permission for him/her to access networked computer services. I understand that individuals and families may be liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use-setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

Parent / Guardian Signature

Relationship

Date





ENROLLMENT HEALTH INFORMATION

Name _____ Date of Birth _____ Grade _____
Male _____ Female _____ Home Phone _____
Address: _____ Cell or Work Phone _____
Last school attended _____ City _____ State _____

Has student attended this school district before? _____ Which school/grade? _____

STUDENT'S CURRENT HEALTH STATUS

Allergies: No _____ Yes _____ If so, describe _____
(Food, medication, environmental) Reaction type _____
Chronic Condition: No _____ Yes _____ If so, describe _____
(ADHD, Asthma, Diabetes, Heart, Headaches, Seizures, Mental Health Concerns)
Taking Medication: No _____ Yes _____ If so, describe _____
Physical Handicap: No _____ Yes _____ If so, describe _____
Vision Problem: No _____ Yes _____ If so, describe _____
Hearing Problem: No _____ Yes _____ If so, describe _____
Speech Problem: No _____ Yes _____ If so, describe _____
Other: _____

MEDICAL HISTORY

Born prematurely: No _____ Yes _____ If so, how early? _____
Prenatal Problems: No _____ Yes _____ Describe _____
Birth Weight: Lbs _____ Oz _____ Hospitalized how long? _____
Birth Defects: No _____ Yes _____ If so, describe _____
Surgeries: No _____ Yes _____ If so, describe/age _____
Serious Illness: No _____ Yes _____ If so, describe/age _____
Head Injury: No _____ Yes _____ If so, describe/age _____
Serious Injury: No _____ Yes _____ If so, describe/age _____
Ear Infections: No _____ Yes _____ If so, describe/age _____
Bowel Concerns: No _____ Yes _____ If so, describe/age _____
Bladder Concerns: No _____ Yes _____ If so, describe/age _____
Stomach Reflux: No _____ Yes _____ If so, describe/age _____
Migraines: No _____ Yes _____ If so, describe/age _____
Chickenpox: No _____ Yes _____ If so, what age _____
Other: _____

Dr's name and phone number _____

Do you have concerns to discuss with the school nurse? Yes _____ No _____

I give my permission for this information to be shared with those individuals working with my child.

Signature _____ Date _____

____ SCHOOL NURSE

WELD COUNTY SCHOOL DISTRICT RE-5J
YEARLY HEALTH UPDATE AND 1ST AID PERMISSION FORM
SCHOOL YEAR 2011/2012

STUDENT NAME _____ GRADE _____

With the beginning of the new school year, health records need to be updated. The following will help us provide the best possible care for your child while at school.

1. Please list any current medical conditions, medications, recent significant accidents or illnesses, and any allergies (ie: foods, insect stings, etc) your child may have.

2. The following 1st aid supplies are available in the health office for your child's use-with your permission. Please mark either "yes" or "no", then sign and date below.

- Yes___ No___ A&D ointment (for skin scrapes, irritations)
Yes___ No___ Anbesol (for cold sores, toothaches, mouth pain)
Yes___ No___ Burn Gel (non-medicated for mild burns, sunburns)
Yes___ No___ Caladryl Lotion (for itchy rashes)
Yes___ No___ Antacid Tablets (for upset stomachs)
Yes___ No___ Cough drops (non-medicated for cough)
Yes___ No___ Sting-Eze (for bee or wasp stings)
Yes___ No___ Vaseline (for dry lips or skin)

Similar supplies, medications, and treatments as those identified more specifically in the list above may be used (ie: generic brands).

3. There may be chronic or short term illnesses which make it necessary for your child to take medication at school.

A separate permission form will be needed for medications such as Tylenol, Advil, asthma inhalers, or antibiotics and will only be given with written permission from the parent/guardian and the physician. These medications must be provided by the parent.

Parent/Guardian Signature _____ Date _____

****PLEASE RETURN THIS FORM PROMPTLY TO THE SCHOOL NURSE****