

# EDISON SCHOOL DISTRICT 54JT 2023/2024 SCHOOL YEAR STUDENT ENROLLMENT FORM\*

|  |             |   |         |        |
|--|-------------|---|---------|--------|
| Name (Last, First, Middle):  |             | Age:  | Gender: | Grade: |
| Date of Birth:   | Birthplace: | Kindergarten Entrance Date:   |         |        |
| Mailing Address:   |             | Physical Address (if different):  |         |        |
| City:  | State:      | Zip Code:   | County: |        |
| Home Phone (this will be the Emergency Notification primary contact #):  |             |   |         |        |
| Mother's Name: (Last, First, Middle)   |             | Email Address:  |         |        |
| Relation: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian <input type="checkbox"/> Other  |             | Cell Phone: <input type="checkbox"/> Add to Emergency Notification                    |         |        |
| Workplace:   |             | Work Phone:   |         |        |
| Father's Name: (Last, First, Middle)   |             | Email Address:  |         |        |
| Relation: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian <input type="checkbox"/> Other  |             | Cell Phone: <input type="checkbox"/> Add to Emergency Notification                    |         |        |
| Workplace:   |             | Work Phone:   |         |        |
| Parent or guardian is active duty military member or full-time National Guard <input type="checkbox"/> No <input type="checkbox"/> Yes   |             |   |         |        |
| Any special instructions related to custody or guardianship? <input type="checkbox"/> No <input type="checkbox"/> Yes (If 'yes', please <b>attach</b> explanation and copy of applicable legal documentation)  |             |   |         |        |
| <b>INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD from school in the event of an illness, injury, early release, emergency, or evacuation situation (if unable to contact parent(s)/guardian(s)).</b><br><b>Please list contacts that would be able to respond within <u>ONE</u> hour.</b>   |             |   |         |        |
| 1) _____   |             | Phone: _____  |         |        |
| 2) _____   |             | Phone: _____  |         |        |
| 3) _____   |             | Phone: _____  |         |        |
| Does student live within Edison School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', which district?   |             |   |         |        |
| Will student ride bus? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', <input type="checkbox"/> Parent/Guardian will provide transportation. <input type="checkbox"/> *Student will drive to school.   |             |   |         |        |
| *If the student is driving, then the following information must be provided to main office: <input type="checkbox"/> copy of driver's license, <input type="checkbox"/> copy of vehicle registration, <input type="checkbox"/> copy of proof of insurance as required by CO statutes, and <input type="checkbox"/> parental/guardian permission letter to drive to school.   |             |   |         |        |
| <b>In the event students do not ride the daily school bus OR are dismissed early on a school day due to inclement weather OR we are not able to meet the bus at our designated bus stop, my student is directed to:</b> <input type="checkbox"/> Ride the bus <b>directly</b> home upon dismissal<br><input type="checkbox"/> Other: Transportation other than school bus, (this includes driving students) <input type="checkbox"/> An authorized individual will pick up my student OR <input type="checkbox"/> Explain how you will pick up your student: |             |   |         |        |
| Attended School outside of USA: <input type="checkbox"/> no <input type="checkbox"/> yes If 'yes' please enter the date enrolled after return (MM/YY): _____   |             |   |         |        |
| Date(s) student has been homeschooled: <input type="checkbox"/> Yes, (MM/YY-MM/YY): _____ to _____ <input type="checkbox"/> N/A  |             |   |         |        |
| <b>Ethnicity:</b> Hispanic/Latino/Spanish Origin- a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. <input type="checkbox"/> Yes <input type="checkbox"/> No  |             |   |         |        |
| <b>Race:</b> YOU MUST CHOOSE AT LEAST ONE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White   |             |   |         |        |
| <b>THIS SECTION FOR NEW STUDENTS ONLY-</b> Withdrawal date from previous school: _____ Edison enrollment date: _____<br>Name of last school and dates attended: _____  |             |   |         |        |
| <b>FAILURE TO ACCURATELY REPORT THIS INFORMATION MAY INVALIDATE THE REGISTRATION</b> Is student enrolled in any special programs? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'yes', check which program(s) <input type="checkbox"/> IFS <input type="checkbox"/> 504 <input type="checkbox"/> Chapter <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech <input type="checkbox"/> ESL<br><input type="checkbox"/> Behavior <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____                           |             |   |         |        |
| Has student ever been suspended or expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes, due to _____  |             |   |         |        |
| Does student have any health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please check all that apply on page 2)  |             |   |         |        |
| Is student taking any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please see page 2)  |             |   |         |        |
| <b>Please check the box when you have completed the following forms:</b>   |             |   |         |        |
| Home Language Survey (New Student Only) <input type="checkbox"/>   |             | Request for Cumulative and Health Records (New Student Only) <input type="checkbox"/> |         |        |
| Free or Reduced Lunch Application: <input type="checkbox"/> N/A <input type="checkbox"/>   |             |   |         |        |
| Signature of Parent/Guardian:  |             |   |         | Date:  |

**EDISON SCHOOL DISTRICT 54JT**  
**14550 Edison Road**  
**Yoder, CO 80864**  
**Phone 719-478-2125 Fax 719-478-3000**

**CONSENT FOR EMERGENCY TREATMENT OF MINOR CHILDREN IN THE ABSENCE OF PARENT(S)/GUARDIAN(S)\***

I authorize school staff to seek emergency care if and when necessary. All efforts will be made to contact parents or physician and then alternate emergency contacts. All emergency costs are at the expense of the family. ☐Yes ☐No

Due to my child's health condition and potential risk for an emergency, I authorize the school nurse/staff to share this information with local volunteer emergency services as a "heads up" to emergency responders. ☐Yes ☐No

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_ Insurance Company/Policy #: \_\_\_\_\_

Has student received any immunizations in the past year? ☐No ☐Yes Type/Date: \_\_\_\_\_

Has student had any serious injury/illness, or hospitalization in the past year? ☐No ☐Yes, describe: \_\_\_\_\_

Does student have circumstances limiting their physical activity in school? ☐No ☐Yes, describe: \_\_\_\_\_

Does student use any prosthetic devices in school? (hearing aids, crutches, wheelchair, knee brace, etc) ☐No ☐Yes, describe: \_\_\_\_\_

Does student wear glasses or contacts? ☐No ☐Yes, for:[check applicable box(es)] ☐distance ☐close work ☐Other

When was last eye exam? \_\_\_\_\_

Does student have any chronic health condition or concern? ☐Yes (please check all that apply below) ☐No

☐ADD/ADHD ☐asthma ☐autism ☐mood disorder ☐diabetes ☐seizure ☐hearing problems

☐if unlisted, specify condition: \_\_\_\_\_

**Does your child have allergies?** ☐no ☐yes [if yes, please check the appropriate box(es) **AND** Parent/Staff Allergy Response Plan on file☐

☐food [Please be advised that **CDE Form SD-1 (Medical Statement for Dietary Disability - School Meal Modification)** and **CDE SD-2 (Medical Statement to Request School Meal Modification)** are required for the school cafeteria to provide a substitute menu item]

(please list) \_\_\_\_\_

☐medication (please list) \_\_\_\_\_

☐insect (please list) \_\_\_\_\_

☐other (please list) \_\_\_\_\_

Is your child currently taking medication? ☐no

☐yes, child requires medication to be given at school (please list below) **AND** ☐Physician's Authorization for the Administration of Medication by School Personnel Form has been completed and returned to office.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

☐yes (child is taking medication at home only)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**\*PRIVACY STATEMENT:**

I understand that release of student records is prohibited except for educators. Directory information (ref. Student Records in handbook) may be released without parental/guardian consent. I have read and understand the Student Records section.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date