

RE-1 Valley School District
STUDENT ENROLLMENT FORM

Office use- STATE ID _____
Date of Enrollment _____

Student (LEGAL) Last Name _____ First Name _____ Full Middle Name _____

GRADE _____ Gender: ☐ Female ☐ Male Date of Birth _____

Has your child attended school in Sterling, RE-1 Valley School District before? ☐ NO ☐ YES- Grade(s) _____

Is students Ethnic Background Hispanic/Latino? (Select One) ☐ Yes ☐ No

Race (Select one or more): ☐ Caucasian / White ☐ Black/African American
☐ Asian ☐ American Indian / Alaskan Native
☐ Pacific Island / Native Hawaiian

Has your child ever attended school in a country other than the United States? ☐ NO ☐ YES-Location _____

If YES -Dates attended other country _____ Date reentered school in US _____

Is either parent or guardian an active duty member of the Armed Forces or on full-time National Guard duty? ☐ NO ☐ YES

PRIMARY HOUSEHOLD: (where student(s) resides majority of the time)

Residence Street Address _____ City _____ State _____ Zip _____ Home Phone: _____
☐ Listed ☐ Unlisted

Mailing address (if different from above): _____

Parent/Mother/Guardian Name _____ ☐ Mother ☐ Step-Mother ☐ Foster ☐ Guardian

Cell#: _____ Work#: _____ Email: _____

May we TEXT you general school messages at the CELL # above? ☐ Yes ☐ No

Parent/Father/Guardian Name _____ ☐ Father ☐ Step-Father ☐ Foster ☐ Guardian

Cell#: _____ Work#: _____ Email: _____

May we TEXT you general school messages at the cell # above? ☐ Yes ☐ No

SECONDARY HOUSEHOLD: (Parent/Guardian that resides at another address - Leave blank if not applicable)

Residence Street Address _____ City _____ State _____ Zip _____ Home Phone: _____
☐ Listed ☐ Unlisted

Parent/ /Guardian Name _____ ☐ Mother ☐ Step-Mother ☐ Foster ☐ Guardian
☐ Has joint equal custody ☐ OK to pick up student from school ☐ OK to receive mailings and have grade access

Cell#: _____ Work#: _____ Email: _____

May we TEXT you general school messages at the CELL # above? ☐ Yes ☐ No

Parent/Guardian Name _____ ☐ Father ☐ Step-Father ☐ Foster ☐ Guardian
☐ Has joint equal custody ☐ OK to pick up student from school ☐ OK to receive mailings and have grade access

Cell#: _____ Work#: _____ Email: _____

May we TEXT you general school messages at the cell # above? ☐ Yes ☐ No

NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION

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

PRIORITY	Contact Name (First-Last)	Relationship to student	Home Phone	Cell Phone
1				
2				
3				

Enrollment Placement

Staff will contact each student's prior school(s) to verify accuracy of the information you provide. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked (terminated) at a later time.

What is this student's primary language? ☐ English ☐ Spanish Other-please list: _____

Will this student require (ELL) English as a Second Language Service? ☐ Yes ☐ No

Did your student receive any special services in the past? ☐ CO Preschool Program ☐ Head Start ☐ NONE
☐ Special Ed ☐ Gifted/Talented ☐ ELL ☐ Title I Reading ☐ Title I Math

Does your student have: ☐ Current 504 Plan (ensures a qualified child with a disability has equal access to education)
☐ Active IEP (Individualized Education Plan)
☐ Inactive IEP

Is there any serious medical condition the school should be aware of? ☐ No ☐ Yes (please complete the School Health Screening Questionnaire enclosed in your enrollment packet)

Authority to Deny Admission Colorado law (C.R.S. 22-33-106.3) authorizes school districts to deny admission to students seeking enrollment under specific conditions.

Declaration of Eligibility Please answer the following questions by answering either "Yes" or "No" to each question. Based on your answers additional information may be requested.

1. Has your student been expelled, considered for expulsion or otherwise asked to withdraw from any school and/or district due to discipline, attendance, illegal behavior, or safety issues during the past 12 months?

☐ NO If YES, school/district/state: _____

Reason for expulsion: _____

Date(s) of expulsion: _____

2. Have you provided the documentation regarding your student's immunizations? ☐ NO ☐ YES

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records until the child reaches the age of 18, unless the District is provided a court order specifically prohibiting them from doing so.

I hereby attest that all information I have submitted is accurate and complete to the best of my knowledge. I understand that falsifying any information may be grounds for expulsion.

Parent/Guardian Signature _____ Date: _____

- Please note that federal law requires that educational records concerning a child be shared with a parent until the child reaches the age of 18 regardless of his/her custody status or decision making authority absent a court order limiting such disclosures. Please submit such court order if applicable.



RE-1 VALLEY SCHOOL DISTRICT
Logan County, Colorado

PARENT CHECKLIST

-Required for First Year Students Only-

(MAINTAIN FOR AUDITING PURPOSES ONLY – DO NOT SUBMIT TO CDE)

Student's Name: _____ Grade: _____

School: _____

Parent's or Guardian's Name: _____

Address: _____

1. Did your child learn to speak a language other than English before he/she learned English? (**Check one**): Yes _____ No _____
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. Speaks 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

Parent or Guardian's Signature

Date