Welcome to Pine Lane Elementary

Pine Lane Empowers Excellence in Character, Achievement, & Contribution to a Better World!

21-22

Registration Packet

Kindergarten

The following items MUST be returned with your enrollment forms to be registered.

- State Issued Birth Certificate
- Proof of Residence
  (Warranty Deed; Lease Agreement; Property Tax Statement; Deed of Trust)
- Immunization Record
Legal Name from Birth Certificate

Last Name
First Name
Middle (full)

Gender M □ F □

Date of Birth ________

Residence Address

City __________________________ State _______ Zip ________ Email ___________________

Do you need an interpreter for school meetings and events? This includes family events, parent-teacher conferences, formal plan meetings (IEP, 504, ALP, READ, ELLP), registration and enrollment, etc.

Y □ N □

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)

□ No. NOT Hispanic
□ Yes. Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (choose one or more)

□ American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
□ Black or African American - A person having origins in any of the black racial groups of Africa.
□ Asian - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
□ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
□ White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Has the student attended another Douglas County School District school?

If Yes, School __________________________ Grade _____ School Year _________

Last school attended outside the Douglas County School District:

School __________________________ City __________________________ State _____ Grade _____

Is your child presently under an expulsion order from any other school district?

Y □ N □

Is your child presently under consideration for expulsion?

Y □ N □

Is your child presently involved in the Juvenile Justice system?

Y □ N □

What is/was the student's first language?

______________________________

Does the student speak a language(s) other than English?

□ Not including language learned in school courses or academic enrichment programs (i.e., world language classes or clubs)

Y □ N □

If yes, specify the language(s).

______________________________

What language(s) is/are spoken in your home?

______________________________

Is your child currently on an Individual Educational Plan for Special Services?

Y □ N □

Has your child received any previous testing, evaluations or services in any of the following areas?

□ Learning Disabilities □ Counseling □ Gifted & Talented □ READ Plan
□ Speech/Language □ Psychological □ Remedial Reading (Title 1)
□ Physical Therapy □ Behavioral Difficulties □ 504 Services
□ Occupational Therapy □ Hearing/Visual Impaired □ Other
### Household Information Registration Form

**2021-2022**

**Residence Address**

City ___________________ State _____ Zip ______

**Household Telephone**

Unlisted? Y □ N □

---

**Name**

Relationship to Student __________________________

**Residence Address**

City ___________________ State _____ Zip ______

**Mailing Address** (if different from above)

City ___________________ State _____ Zip ______

**Phones:** Home ___________________ Work ___________________ Cell ___________________

Pager ___________________ Email ___________________

Receive Mailings Y □ N □

Does Student reside with? Parent Y □ N □ Legal Guardian Y □ N □ **Step-Parent** Y □ N □

---

**Name**

Relationship to Student __________________________

**Residence Address**

City ___________________ State _____ Zip ______

**Mailing Address** (if different from above)

City ___________________ State _____ Zip ______

**Phones:** Home ___________________ Work ___________________ Cell ___________________

Pager ___________________ Email ___________________

Receive Mailings Y □ N □

Does Student reside with? Parent Y □ N □ Legal Guardian Y □ N □ **Step-Parent** Y □ N □

---

**Name**

Relationship to Student __________________________

**Residence Address**

City ___________________ State _____ Zip ______

**Mailing Address** (if different from above)

City ___________________ State _____ Zip ______

**Phones:** Home ___________________ Work ___________________ Cell ___________________

Pager ___________________ Email ___________________

Receive Mailings Y □ N □

Does Student reside with? Parent Y □ N □ Legal Guardian Y □ N □ **Step-Parent** Y □ N □

---

**Note:** When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

**Note:** **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.**

### Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name (full)</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relation to Student</th>
<th>School Attending</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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Parent/Guardian Signature ___________________________ Date ___________
Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

Please provide at least one (1) local emergency contact.

Name ___________________________ Relationship to Student ___________________________

Additional Information ___________________________ Gender M ☐ F ☐

Phones Home __________ Work __________ Cell __________

Name ___________________________ Relationship to Student ___________________________

Additional Information ___________________________ Gender M ☐ F ☐

Phones Home __________ Work __________ Cell __________

Name ___________________________ Relationship to Student ___________________________

Additional Information ___________________________ Gender M ☐ F ☐

Phones Home __________ Work __________ Cell __________

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked. State law requires immunization records be submitted at the time of registration.

Parent/Guardian Signature ___________________________ Date __________
Name: ___________________________ Birth Date: ___________________________
School: ___________________________ Grade: ___________________________

Early Childhood Health History
Were there any significant problems during the pregnancy, labor or delivery? Yes □ No □
If Yes, is this concern a current issue? Yes □ No □
If Yes, please explain: ___________________________

Dietary Needs - Comment required
Student has Special Dietary Needs

Allergies - Life Threatening - Comment required
☐ Life threatening allergy - Dairy Comment:
☐ Life threatening allergy - Food List Food(s):
☐ Life threatening allergy - Insect Sting Comment:
☐ Life threatening allergy - Latex Comment:
☐ Life threatening allergy - Peanut Comment:
☐ Life threatening allergy - Tree Nuts Comment:
☐ Life threatening allergy - Other List:
☐ Life threatening allergy - Unknown Comment:

Allergies - Comment required where indicated
☐ Animal
☐ Environmental / Seasonal List Food(s):
☐ Food
☐ Insect Sting
☐ Latex
☐ Medication List Food(s):
☐ Non-Specific

Other Conditions - Comment required where indicated
☐ ADD/ADHD Name of medication:
☐ Alopecia
☐ Arthritis Juvenile
☐ Asthma Comment:
☐ Autism Spectrum Comment:
☐ Auto-Immune Condition Comment:
☐ Blood Disorder Comment:
☐ Cancer
☐ Celiac Disease
☐ Cerebral Palsy
☐ Chromosomal Anomalies Comment:
☐ Crohn's Disease
☐ Cystic Fibrosis Comment:
☐ Diabetes
☐ Down Syndrome Comment:
☐ Emotional Condition

Parent/Guardian Signature ___________________________ Date _________________
<table>
<thead>
<tr>
<th>Condition</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enuresis</td>
<td></td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome</td>
<td></td>
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<tr>
<td>Frequent Headaches</td>
<td></td>
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<tr>
<td>Gastrointestinal Disorder</td>
<td></td>
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<tr>
<td>Head Injury/Concussion</td>
<td></td>
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<tr>
<td>Hearing Impaired</td>
<td></td>
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<tr>
<td>Heart Condition - No Restriction</td>
<td></td>
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<tr>
<td>Heart Condition - Restrictions</td>
<td></td>
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<tr>
<td>Hepatitis B Carrier</td>
<td></td>
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<tr>
<td>Hepatitis C Carrier</td>
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<tr>
<td>History of Injuries</td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td></td>
</tr>
<tr>
<td>Immune Compromised</td>
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<tr>
<td>Kidney Problem</td>
<td></td>
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<tr>
<td>Lactose Intolerant</td>
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<tr>
<td>Long QT Syndrome</td>
<td></td>
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<tr>
<td>Migraine Headaches</td>
<td></td>
</tr>
<tr>
<td>Myalgia Myositis Fibromyalgia</td>
<td></td>
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<tr>
<td>Neurologic Disorder</td>
<td></td>
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<tr>
<td>Nosebleeds</td>
<td></td>
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<tr>
<td>Orthopedic - Physical Limitation</td>
<td></td>
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<tr>
<td>Orthopedic - No Restrictions</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Quadriplegia</td>
<td></td>
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<tr>
<td>Scoliosis</td>
<td></td>
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<tr>
<td>Seizure Disorder</td>
<td></td>
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<tr>
<td>Shunt/Hydrocephalus</td>
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<tr>
<td>Skin Condition</td>
<td></td>
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<tr>
<td>Syncopal Episodes</td>
<td></td>
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<tr>
<td>Syndrome</td>
<td></td>
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<tr>
<td>Thyroid Condition</td>
<td></td>
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<tr>
<td>Tourette Syndrome</td>
<td></td>
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<tr>
<td>Tracheostomy</td>
<td></td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td></td>
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<tr>
<td>Urinary Problem</td>
<td></td>
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<tr>
<td>Wears Glasses/Contacts</td>
<td></td>
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<tr>
<td>Vision Impaired</td>
<td></td>
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<tr>
<td>Von Willebrand's Disease</td>
<td></td>
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<tr>
<td>Wolff Parkinson White Syndrome</td>
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</tbody>
</table>
Additional Information

List any illness, hospitalization, surgery, accidents your student had in the past year. None □

Date: __________________________

Date: __________________________

Date: __________________________

List any emotional, social or other conditions that might affect your student’s school performance.

__________________________________________________________________________ None □

Is your student currently taking any medication, including over-the-counter medication? Yes □ No □

Date: __________________________

If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.

Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc.)? Yes □ No □

If yes, please explain: __________________________________________________________

Is there anything else you would like us to know about your student? Yes □ No □

__________________________________________________________________________

__________________________________________________________________________
# Student Residency Questionnaire

**Douglas County School:**

**Student's Legal Name:**

**Date of Birth:**

**Age:**

**Grade:**

**Gender:** M □ F □

**Parent(s) / Legal Guardian(s):**

**Phone/Pager:**

**Address:**

**City:**

**State / Zip Code:**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. **Presently, where is the student living? (check one box)**

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choices in Section B do not apply</td>
<td>In an Emergency Shelter</td>
</tr>
<tr>
<td>In a motel, car or campsite</td>
<td>With friends or family members due to the loss of housing or financial hardship</td>
</tr>
<tr>
<td>A student not living with parent or legal guardian</td>
<td>Other? Explain:</td>
</tr>
</tbody>
</table>

2. **The student lives with:**

   - 1 (one) parent
   - 2 (two) parents
   - 1 parent & another adult
   - a relative, friend(s) or other adult(s)
   - alone with NO adults
   - an adult that IS NOT the parent or the legal guardian

   **Signature(s) of Parent(s) / Legal Guardian(s):**
   **Date:**

   **Signature(s) of Parent(s) / Legal Guardian(s):**
   **Date:**

**Notes:**

Section B - If Section B is checked, this form MUST be completed and returned to school personnel.

**** Completed form is kept in the student's cumulative file. ****

**School Contact who may know of the family's situation:**

**Name / Title:**

**Phone:**
REQUEST TO OTHER EDUCATIONAL AGENCIES FOR
RELEASE OF STUDENT INFORMATION
TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1
Board File: JRA/JRC-E-3

Please send records to:

**School Name:** Pine Lane Elementary
**Address:** 6475 E. Ponderosa Drive
**City, State, Zip Code:** Parker, CO 80138

**FAX Phone #:** 303-387-8326
**Registrar:** Janice Stone
**Registrar Phone #:** 303-387-8334

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Date of Birth:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

I HEREBY AUTHORIZE:

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Last Date Attended:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>State:</th>
<th>Zip Code:</th>
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<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Last Date Attended:</th>
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<table>
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<tr>
<th>Address:</th>
<th>State:</th>
<th>Zip Code:</th>
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</table>

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<tr>
<th>Phone No.:</th>
<th>FAX No.:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Last Date Attended:</th>
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</thead>
</table>

<table>
<thead>
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<th>Address:</th>
<th>State:</th>
<th>Zip Code:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Phone No.:</th>
<th>FAX No.:</th>
</tr>
</thead>
</table>

**TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:**

- [ ] Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)
- [ ] Scholastic/Achievement Record
- [ ] Intelligence and Aptitude Test Scores
- [ ] Standardized Test / ACT / SAT Data
- [ ] Discipline File, including records of Suspension / Expulsion
- [ ] Medical / Immunization Records
- [ ] Personality and Interest Test Scores
- [ ] Special Education/Section 504 / ILP Records
- [ ] Gifted & Talented
- [ ] Other ____________________________

Has the above-mentioned student ever been suspended?
- [ ] Yes
- [ ] No If Yes, please explain: ____________________________

Has the above-mentioned student ever been expelled or recommended for expulsion?
- [ ] Yes
- [ ] No If Yes, please explain: ____________________________

Has your child received any previous testing, evaluations or services in any of the following areas?

- [ ] Individual Education Plan (IEP) **Disability Area:** ____________________________
- [ ] Individual Literacy Plan (ILP)
- [ ] Counseling
- [ ] Gifted and Talented
- [ ] Psychological
- [ ] 504 Services
- [ ] Other ____________________________

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE YOUR STUDENT'S ENROLLMENT IN SCHOOL.

**Authorized Signature:** ____________________________  **Date:** ____________________________

**Relationship to Student:** (circle one) Parent/Guardian  Student (18 years and older)  Registrar  Other ____________________________

According to the Family Educational Rights and Privacy Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

**Records Requested** ____________________________  **By** ____________________________  **Via FAX** ☐  **Via Mail** ☐  **Received Records** ____________________________

(Office Use Only)
Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child’s/children’s eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

<table>
<thead>
<tr>
<th>CHILD’S FIRST NAME:</th>
<th>CHILD’S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td>GRADE:</td>
<td></td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household?</td>
<td></td>
</tr>
</tbody>
</table>

1) In the past three years, has your family moved to another state, city, school district, and/or county?  
☐ YES  ☐ NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?  
☐ YES  ☐ NO

CIRCLE all that apply below, even if the work was only for a short period of time.

- Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)
- Agriculture or Field Work (planting, picking, sorting crops, soil preparation, irrigation, fumigation)
- Dairy & Cattle Raising (feeding, milking, rounding up)
- Nursery or Greenhouse (planting, potting, pruning, watering, harvesting)
- Forestry (soil preparation, planting, growing, cutting trees)
- Fishing & Fish Processing (catching, sorting, packing, transporting fish)

If you answered “yes” to either question above, please continue below. Otherwise, your form is complete.

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY’S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>CITY:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td></td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>PREFERRED LANGUAGE:</td>
</tr>
</tbody>
</table>

This form and the data recorded within are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:  
Metro Migrant Education Program  
14707 E 2nd Ave, Suite 180  
Aurora, CO, 80011  
P. 303-365-5817 F. 303-856-7294
Parents’ “At a Glance” Reference Guide

What do I do if my student is absent or tardy?
To report your student absent or tardy, please call our attendance line at 303-387-8327. You may call the number the night before if you know your child won’t be at school. Even though you may have told your child’s teacher about his/her absence, the office also needs to be notified. If the parent has not called to report the absence to the office, phone calls will be made to parents to verify the absence. If your student is tardy, please make sure they check in at the office before going to class.

May I bring in an item my student has forgotten?
While we stress the importance of students being responsible, sometimes the need arises when items need to be brought in during the day. Rather than disrupting the classroom with a delivery, parents should leave these items in the office and the student will be called to pick them up.

What happens if my student forgets his/her lunch money?
Please keep your students lunch balance current. You may go to www.myschoolbucks.com to prepay for a student lunch if they forget their money. Balance can also be checked in the My School Bucks web site. It might take 24 hrs to see the balance increased.

How do I find out if there is school during severe weather conditions?
You may call the weather hotline at 303-387-SNOW (7669) to find out any schedule changes. Please DO NOT call the school to find out this information. Information is available after 5:00 a.m. You may also access the district’s web site at: (www.dcsdk12.org). Local TV and radio announcements will also be made as in the past.

Can my child ride home on a friend’s bus?
Not at this time. The parent you are sending them home with will need to pick them up that day.

Can my child bring toys to school?
We discourage any toys being sent to school. We will not be held responsible for any expensive toys such as any electronic games, ipads or ipods being lost.

Does PLE have a nurse?
The District has registered nurses who serve all of Douglas County. They monitor compliance of State Health laws (including immunizations), handle students with health concerns, teach staff members health related issues, and oversee the operation of each school. The office staff has been trained to handle minor first aid. The school nurse can be contacted at any time on her school cell phone in case of an emergency situation.

What happens if my child gets sick at school?
Students who are feeling ill are sent to the office for a temperature check and/or to rest. If we determine the child is too ill to remain in class, the parents will be notified. For this reason, it is critical current emergency information and numbers are kept up to date on your child’s enrollment form. Please do not send your child to school if he/she is already sick before school starts. They need to be fever free for 24 hours and no throwing up or diarrhoea for 48 hours before returning. Please pick up in a timely manner.

Can my child take medication at school?
Any medication that must be taken at school, prescription or over-the-counter, must be kept in the office in a locked drawer. A medical release form with the doctor’s and parent’s signature must be on file - both of these requirements are State laws. Children’s acetaminophen is no longer allowed to be given at anytime with out a Dr release form for specific issue, tooth ache, broken arm. Students are not allowed to carry medication with them at any time - at school, on the bus, in lunch boxes or in the classroom. Exceptions to this are chapstick.

What happens to lost & found items?
All items found in the gym, on the playground, in the lunchroom, or left in the classroom are included with the lost and found items. Jewelry and small items are kept in the office. Everything not claimed will be donated to a local charity several times during the year. Students need to continuously check for items that may be theirs. Marking children’s coats, etc. with their name makes it easier to find the owner of the item.

What if my plans change during the day and I want my child to wait to be picked up or ride the bus home?
If plans change for you, please call the main office and we will get your child on the pick up list that you are picking up. Because the office is very busy at the end of the day, we ask that you call with any changes no later than 3:00 p.m. If you know ahead of time, please send a note with your child and we will send your child a reminder at the end of the day. If your child does not have a note, he/she will be sent home their regular way.

What information do I need to include on notes sent to school? Please write your child’s full name, teacher’s name, date and your name on all notes. If someone other than yourself is picking up your child, please include their full name and a phone number where they can be reached. If this person is not on your pick up list this is for a one time only. Anyone picking up a child from school should have a picture ID with them at all times.

Where do I park when visiting the school or when I drop students off in the morning?
Please park in the South or North parking lot at the schools. No parents should park OR drop off students in the middle staff parking lot. Due to a large staff, the middle lot is reserved only for them. Thanks for your help.

Drop off/picking up of students?
DO NOT drop off your children before 8:55 am. Students must be picked up by 4:00 when the school day ends. There is no supervision for students before or after these times. If you are going to be early or late, you will need to make arrangements with the Bear Club Program 720-413-7092 or another person/program of your choice. Please respect our employees work schedules and time.

Pine Lane Elementary South K – 3rd Grade Office (303-387-8325) - Attendance Line (303-387-8327)
Pine Lane Elementary South 4th – 6th Grade Office (303-387-8275) - Attendance Line (303-387-8327)
Dear parents/guardians of incoming kindergarten students in Colorado schools for the 2020-2021 school year:

We know you’re thinking of all the things you need to do to make sure your student is ready for kindergarten. Getting vaccinated is an important part of their kindergarten readiness and keeps children from catching and spreading diseases that can make them sick. Starting kindergarten is such an exciting time, and we wish you and your student a healthy school year!

Required and recommended vaccines
- Colorado law requires students who attend a public, private or parochial kindergarten through 12th grade school to be vaccinated against many of the diseases vaccines can prevent, unless an exemption is filed. For more information, visit colorado.gov/cdphe/schoolrequiredvaccines (or cdphe.colorado.gov/schoolrequiredvaccines). Your student must be vaccinated against:
  - diphtheria, tetanus & pertussis (DTaP, DTP)
  - polio (IPV)
  - measles, mumps, rubella (MMR)

Colorado follows recommendations set by the Advisory Committee on Immunization Practices. Colorado rule requires students entering kindergarten to receive their final doses of DTaP, IPV, MMR and varicella. You can view the recommended vaccine schedule for children 0 - 6 years of age at cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Vaccines are recommended for hepatitis A and influenza, but are not required.

Exclusion from school
- Your student may be excluded from school if your school does not have an up-to-date vaccine record, exemption, or in-process plan for your student on file.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student’s school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a measles-mumps-rubella (MMR) vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?
- You may want to talk to a healthcare provider licensed to give vaccines or your local public health agency about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at SpreadTheVaxFacts.com, ImmunizeForGood.com, and colorado.gov/cdphe/immunization-education (or cdphe.colorado.gov/immunization-education).

Paying for vaccinations
- If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your local public health agency, or call the state health department’s Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your local public health agency at colorado.gov/cdphe/find-your-local-public-health-agency (or cdphe.colorado.gov/find-your-local-public-health-agency).

Vaccination records
- Please take your student’s updated vaccine record to school every time they receive a vaccine.
- Need to find your student’s vaccine record? It may be available from the Colorado Immunization Information System. Visit COVaxRecords.org for more information.

Exemptions
- If your student cannot get vaccines because of medical reasons, you must submit an official Immunization Medical Exemption Form to your school, signed by a health care provider licensed to give vaccines. You only need to submit this form once, unless your student’s information or school changes. You can get the form at colorado.gov/vaccineexemption (or cdphe.colorado.gov/vaccineexemption).
- If you choose not to have your student vaccinated according to the current recommended schedule because of personal belief or religious reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. The easiest way to file a personal or religious exemption is by using our online or downloadable non-medical exemption form available at colorado.gov/vaccineexemption (or cdphe.colorado.gov/vaccineexemption).

How’s your school doing on vaccinations?
- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Immunization and exemption rates can be found at COVaxRates.org.

Please share Page 2 of this letter with your student’s health care provider as it provides helpful information about vaccines required for school entry, per Colorado law.
# 2021-2022 School Calendar

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### Key:
- **School in session (173 Student Days)**
- **District Holiday (District Offices Closed)**

#### No Students/Teacher Only
- New Teacher Orientation: August 2nd and 3rd
- Teacher PD Days: August 4th, September 24th, November 1st, February 18th, and April 22nd
- Teacher Work Days: August 5th, August 6th, December 17th, January 3rd, and May 26th

#### No School
- Fall Break: October 18th - 22nd
- Thanksgiving Break: November 22nd - 26th
- Winter Break: December 20th - January 3rd
- Spring Break: March 14th - 18th
- Compensation Days: November 24th and April 22nd

If for any reason the school district must close schools, the calendar may be amended by the Board of Education to provide additional school days on Saturdays, during vacations, or at the end of the present calendar.

Approved by the Board of Education: October 20, 2020