**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, Cambodian, Chinese, Indian, Japanese, Korean, Malaysian, Pakistani, 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?**
- Y ☐ N ☐

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?**
- Y ☐ N ☐

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

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 ☐

- 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

---

For Office Use Only

School: [Dropdown to Select School]

Legal Name from Birth Certificate

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Gender</th>
<th>M ☐ F ☐</th>
<th>Date of Birth</th>
<th>Phone</th>
<th>Cell</th>
</tr>
</thead>
</table>

Nickname

Residence Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Email</th>
</tr>
</thead>
</table>

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.

- 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, Cambodian, Chinese, Indian, Japanese, Korean, Malaysian, Pakistani, 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?**
- Y ☐ N ☐

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?**
- Y ☐ N ☐

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

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 ☐

- 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

**PLEASE PRINT**

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 ☐

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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 6
2122DCSD Reg Form 10142020

Parent/Guardian Signature ________________________________ Date __________________
Emergency Information
Registration Form

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Gender</th>
<th>Phone Type</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship to Student</td>
<td>Gender</td>
<td>Phone Type</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship to Student</td>
<td>Gender</td>
<td>Phone Type</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

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 __________________
# Health Information Registration Form

**PLEASE PRINT**

## 2021-2022

**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  
- Food  [List Food(s): ________________________________]
- 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  [Comment: ________________________________]
- Celiac Disease  
- Cerebral Palsy  
- Chromosomal Anomalies  [Comment: ________________________________]
- Crohn's Disease  
- Cystic Fibrosis  
- Diabetes  [Comment: ________________________________]
- Down Syndrome  
- Emotional Condition  [Comment: ________________________________]

---

**Douglas County School District**

**Health Information**

**Registration Form**

---

**For Office use Only**

- Student Name: ______________________  Last: ______  First: ______  Middle: ______  Student ID #: ______
- School: ____________________________  Grade: ______
- Teacher/Counselor: _________________  Room: ______

---

Parent/Guardian Signature ___________________________  Date __________________
Other Conditions - Comment required where indicated (continued)

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

Comment: _______________________________________________
Additional Information

List any illness, hospitalization, surgery, accidents your student had in the past year.

___________________________________________________________________________ Date: ________________

___________________________________________________________________________ Date: ________________

___________________________________________________________________________ Date: ________________

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

____________________________________________________________________________

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?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________