

ID # _____
Grade _____
Entry Date _____
Enter Code _____
Teacher/Counselor _____

Date: _____

Please print and fill in all information

School Name: _____

Section 1: Student Information									
Last Name			First Name				Middle Name		
Grade	Gender M F	Date of Birth		Birth State		Birth Country			
Resident Address				City		State	Zip	Phone	
Mailing Address (if different)									
Are you Enrolled in an Online School or a Home School? Yes _____ No _____ Does your family qualify for Migrant service? Yes _____ No _____ Are you a Refugee Yes _____ No _____									
Race/Ethnicity: You must answer both parts of the following questions.									
						<input type="checkbox"/> 1=American Indian or Alaska Native <input type="checkbox"/> 2=Asian <input type="checkbox"/> 3=Black or African American <input type="checkbox"/> 5=White <input type="checkbox"/> 6= Native Hawaiian or Other Pacific Islander			
Part A: Do you consider yourself to be of Hispanic/Latino origin? Yes _____ No _____ Part B: Which of the following groups describe your race? (you may select more than one)									

Section 2: Parent /Guardian Information			
1. Parent/Guardian Name		Relationship	
2. Parent/Guardian Name		Relationship	
Address		Phone	
		Cell	
Employer		Work Phone	
Email:		Email:	

Section 3: Custody: A Custody Statement must be filled out each school year (Form in registration packet)

Section 4: Emergency Information if parent/guardian cannot be reached in case of EMERGENCY, please contact:

1. Last Name	First Name	Phone Home Cell Work	Relationship to Student
2. Last Name	First Name	Phone Home Cell Work	Relationship to Student

Section 5: Person(s) allowed to pick up student PRIOR to end of school day (Dr, Dentist, appointments etc.)

1. Last Name	First Name	Relationship to Student	Notes:
2. Last Name	First Name	Relationship to Student	Notes:

Section 6: Medical: A Health History Form must be filled out each school year (Form in Registration Packet)

Section 7: Previous School Information

Has student attended a public U.S. school continuously for more than 3 full academic years? Yes _____ No _____

Has student ever been enrolled in District 51 under another name? List Name(s): _____

Has student ever attended any District 51 school or Preschool? _____ Yes _____ No

Has your student ever received Gifted and Talented Services? _____ No _____ Yes - In state _____ Yes - Out of state

Has your student ever received Special Education Services? _____ No _____ Yes - In state _____ Yes - Out of state

Last School Attended? _____ City/State _____

Section 8: Home Language Survey Mark only those that apply to your family (Please don't include languages you've learned in school)

1. What was the first language spoken	English _____	Spanish _____	Other _____
2. Identify all languages spoken in the home	English _____	Spanish _____	Other _____
3. List all languages understood by student	English _____	Spanish _____	Other _____
4. Language spoken in the home by student	English _____	Spanish _____	Other _____
5. Has your child ever been enrolled in an English as a Second Language Program? No _____ Yes _____			
6. Do you require district information translated in a language other than English? No _____ Yes _____ If yes, what language? _____			

** I request the school to notify me in case of an emergency or serious illness. If I am unable to be reached, I grant permission for the school to contact appropriate emergency agency/facility.

X Parent/Guardian Signature: _____ Date: _____

PRE-ENROLLMENT DISCLOSURE

Student Name _____ Grade _____ Age _____
Address _____ City, State, Zip _____
Legal Parent/Guardian Name(s) _____
Person with whom student is living _____ Relationship _____
Last school attended _____ City, State, Zip _____
Date of attendance ____/____/____ Number of credits earned _____

State reason(s) student has decided to enroll at this school _____

Does the student require special education or related services, or other accommodations in order to participate in or receive reasonable benefit from school programs or activities: YES NO
If yes, was there an individualized education plan (IEP) or Section 504 accommodation plan in place regarding the student at his/her last school? _____

Circle the number of day you have been absent at your previous school:
Current Semester: 5-10 10-15 15 or more Previous Semester: 5-10 10-15 15 or more

In order to maintain discipline, order and safety, we require the following questions to be answered.

Has the student ever been suspended from school? YES NO How many times? _____
If yes, from which school? _____ Reason for suspension _____

Has the student ever been expelled from school: YES NO
If yes, from which school? _____ Reason for expulsion _____
Date of expulsion ____/____/____ Length of time _____

Has the student ever been cited for or charged with a violation of the law: YES NO
If yes, please state the nature, date and location of each citation or charge _____

Has the student ever been adjudicated or convicted by a court of committing any act that, if committed by an adult, would have constituted a felony or misdemeanor: YES NO
If yes, please state the nature, date of each adjudication or conviction, including name and location of court. _____

Has the student ever received a deferred prosecution, judgment or diversion to a juvenile program in connection with a case before a juvenile municipal court: YES NO
If yes, please state place and date for each deferred prosecution, judgment or diversion including the name and location of the court. _____

Name of Probation Officer _____

All information stated above is accurate to the best of my knowledge.

Student Signature _____ Date _____ Parent Signature _____ Date _____

Administrator Signature _____ Date _____ ENROLLMENT APPROVED: YES NO



Office Use: Teacher:

Parental Rights/Custody Statement

District 51 requires a new custody agreement to be completed each year for every student.

Student Name: _____ ID _____ Grade _____

Is there a custody agreement for this student?

YES Please complete this custody statement.

Date of Agreement _____

- Attach copy of custody agreement

NO Please sign and date below.

1. Is this student subject to a court order regarding school attendance, custody or a major decision making agreement?

Yes _____ No _____

2. Who has legal custody or major decision making responsibility?

_____ Mother _____ Father _____ Both _____ Other –Please Specify _____

Please complete Parent(s) or Legal Guardian(s) name and address: if you need additional space please use the back of the form

Father/Guardian	Mother/Guardian
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone

District 51 is not responsible for enforcing Parenting Rights/Issues, including which days parents have visitation.

If both parents share joint decision making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the district has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, both parents must sign this statement indicating they agree with the above information. If there is only one signature, District 51 requires an explanation as to why there is only one signature.

X

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If only one signature, please explain why: _____



For Office Use:
Grade: _____
Teacher: _____

District 51 requires a new Publicity and Media Consent form be completed each year for every student.

PUBLICITY AND MEDIA CONSENT FORM

(Parent Name) _____,

Parent/guardian of (PRINT CHILD'S NAME) _____

I consent to my Child being photographed, video/audio taped and/or interviewed by representatives of television, radio and other news or broadcast media organizations if such photographs, video/audio recordings or interviews are authorized in advance by Mesa County Valley School District 51 ("District") and are supervised by District or school personnel.

I also consent to Mesa County Valley School District taking, using, disclosing, posting or publishing photographs or video/audio recordings of my Child for official school or District communication purposes via print or internet-based media, including, but not limited to, District publications, District or school-sponsored websites, including District or school sponsored web pages on third-party social networking websites. I understand that by giving such consent a photograph or video/audio recording of my Child may be disseminated or disclosed to the general public or to television, radio and other news or broadcast media organizations who receive or have access to such District publications, websites or web pages.

Yes I will allow the above media release

No – I do not allow the above media release

X _____ Date _____
SIGNATURE OF PARENT/GUARDIAN

STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES

(Responsible Use Agreement)

Superintendent Effective Date: May 4, 2010

Revised: February 29, 2012

Mesa County Valley School District 51 offers students access to computers and the Internet to support the District vision and mission. In order to provide open access to the resources, tools and equipment we believe are essential to teaching and learning, it is important that users understand their responsibilities and conduct themselves as responsible learners at all times. Students and parents should read the District's policy (JS) and regulation (JS-R) on Student Use of Information Technology Resources, which can be found online at the District's website using the following links:

<http://www.d51schools.org/board/policies/documents/JS.pdf>

<http://www.d51schools.org/board/policies/documents/JS-R.pdf>

Alternatively, students or parents may request a printed copy from school administration.

Listed below are guidelines that outline responsible use.

I will:

- Keep private information private. (My password and identity are mine and not to be shared.)
- Treat others with respect, both online and offline.
- Report anyone who tries to use the computer to hurt or harass me to a teacher or other adult.
- Tell adults when someone makes me uncomfortable.
- Strive to be and encourage others to be a responsible digital citizen.
- Have appropriate conversations in all my interactions with others.
- Use computers and personal devices for school-related purposes; realizing we share limited bandwidth and wireless connections.
- Credit my sources when I am using other people's information, images, audio or other material.
- Respect the work of other students and not try to copy, damage, or delete their work.
- Follow District policies, rules, and regulations; including copyright policies.
- Ask for permission before connecting my own devices to the District network.

I will not:

- Read another student's private communications without permission.
- Use improper language or pictures.
- Use communication tools to spread lies about others.
- Pretend to be someone else online.
- Give out my full name, password, address or any other personal information to someone I don't know.
- Give out the full name, address, or picture of others.
- Send e-mail to anyone who asks me not to.
- Look for, read, view, or copy inappropriate pictures or information.
- Load software on District computers or network, unless I have received permission.
- Try to get access to or make the computer or network do things not approved by my school and the District.
- Use technology to intimidate, hurt or harass another individual.

Consequences for misuse:

Depending on the nature of the misuse:

I might not be allowed to use the computers or the District network.

I may be suspended or expelled from school or be referred to law enforcement

Student ID

Student's Name (Printed)

Student's Signature (Grades 6-12)

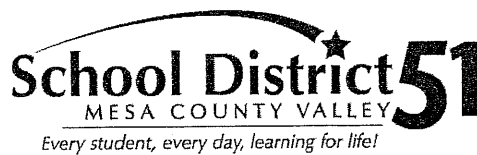
Date

have made sure my child understands the expectations of this document and the District's policy and regulation.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



For Office Use:
Teacher: _____

HEALTH HISTORY

MUST BE COMPLETED BY PARENT / GUARDIAN EACH SCHOOL YEAR

STUDENT:	Last Name:	First Name:	Birthdate	Gender	Grade	School
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Please fill in the information below if your child has been diagnosed and treated for any of the following conditions

✓	DIAGNOSIS / TREATMENT Describe (write details) in the area provided	DATE of DIAGNOSIS	DATE of LAST EPISODE	PRESCRIPTION and/or ROUTINE OVER-THE-COUNTER MEDICATIONS	Med needed at school? YES/NO
	Allergy (Severe) or Allergic Reaction to: Symptoms:				YES/NO
	Asthma:				YES/NO
	Diabetes:				YES/NO
	Seizure Disorder:				YES/NO
	ADD or ADHD (circle one):				YES/NO
	Birth History/Delivery/Congenital problems:				YES/NO
	Concussion diagnosed by physician: (Symptoms usually better after 3 weeks)		Describe:		YES/NO
	Acquired Traumatic Brain Injury: Includes: traumatic brain injuries (TBI), strokes, or any brain injuries acquired after birth.		Describe:		YES/NO
	Other injuries or illnesses		Describe:		YES/NO

My child wears glasses _____ contacts _____.

The Health Offices in Mesa County School District 51 are staffed by Health Assistants under the supervision of a Registered Nurse.

The above information is considered confidential and is shared on a "need to know" basis between the Registered Nurse (District/School Nurse) and School Staff who will be in contact with and responsible for your child during the school day.

Medications given at school must be accompanied by a signed physician order, signed parental permission (forms are available in the school Health Office), and must be in the original labeled container.

Parents/Guardians are responsible for informing the school of any health issues that have changed for their student throughout the school year.

Parent/Guardian Signature: _____ Date _____

Oficina de Adquisición del Idioma Inglés

Si Ud. necesita una traducción en español favor de llamar a 254-5339. Estamos para servirle. Update: 11/12/14



Office use only
 Activation Key Sent:
 Date: _____
 Entered By: _____

ParentVUE Registration

Please complete the following information. After your account has been activated, you will receive your activation key and instruction on setting up your ParentVue account.

Parent Information

Parent First Name: _____ Parent Last Name: _____
 Mailing Address: _____
 City, State Zip _____
 Home Phone: _____ Work Phone: _____
 Email Address: _____

Student Information

	Name	School	Grade
Student 1:			
Student 2:			
Student 3:			
Student 4:			

ParentVUE utilizes server side certificates and SSL (Secure Socket Layer) encryption.

Secondary Students: Class grades are current to the last entry of each teacher. Teachers will upload class grades approximately every two weeks.

Please note that none of the information you obtain from the website is considered to be official. All official transcripts and attendance records should be obtained in the traditional manner from the counseling department or attendance office.

Student schedule and lunch information is updated from our student system nightly. Please notify the school secretary if you have questions regarding the data content.

Mesa County Valley School District 51 is not responsible if parents/guardians provide their ParentVUE password to a third party. Nor is the district responsible for any disclosure of information the parents/guardians give a third party.

Mesa County Valley School District 51 makes no warranties of any kind, whether expressed or implied for the service it is providing.

I have read and understand the above guidelines for accessing ParentVUE

Signature: _____ Date: _____

REQUEST FOR RELEASE of SCHOOL RECORDS



FRUITA 8/9

1835 J Road

Fruita, CO 81521

PHONE: 970-254-6720

FAX: 970-858-7751

I authorize: **FRUITA 8/9**

Name of Previous School or Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**TO RELEASE ALL SCHOOL RECORDS, INCLUDING ACADEMIC, TEST, BIRTH
CERTIFICATE, HEALTH, DISCIPLINE, SPECIAL SERVICES**

Name: _____ Grade: _____ Gender: _____ Birthdate: _____

Date Student was Inactivated/Unenrolled from your District: _____

Has student been expelled from school? Yes _____ No _____

Is student receiving Special Education Services? Yes _____ No _____

Is student receiving any other special services (504 plan, ILP, etc.)? Yes _____ No _____

Signature of Parent/Guardian (not required)

Date

School Official

Date

Migrant Education Program

Attn: Molly Greenlee, Coordinator Basil T Knight Center, 596 North Westgate Dr. Grand Junction, CO

Student Name: _____

School: _____

Telephone: _____



Does your family qualify for services?

Please answer 'yes' or 'no' to the following questions.

- 1.) Did your child move and change school districts in the last 18 months? _____
- 2.) Was the purpose of the move to obtain work in temporary/seasonal **agriculture (farming, ranching, fishing, dairy, etc.?)** _____
- 3.) Was the work an important part of providing a living for the worker and his or her family?

Please return the form to school staff. Questions? Call 970-254-5495

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¿Califica su familia para los servicios del programa?

Favor de contestar las siguientes preguntas, con 'sí' o 'no'.

- 1.) ¿Dentro de los últimos 18 meses, su niño se mudó y cambió de un distrito escolar a otro? _____
- 2.) ¿Fue el propósito del cambio para obtener trabajo temporal en la **agricultura (cosecha, ranchos, pesca, lechería, etc?)** _____
- 3.) ¿Fue el trabajo una parte importante para proveer económicamente a la familia?

Por favor, devuelva este formulario al personal de la escuela.

¿Preguntas en español? Llame al 970-254-5495.



Are you in a temporary housing situation?
Does one of the following fit your housing status?

- o Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
- o Living in a motel or hotel, or campground due to lack of alternative adequate accommodations.
- o Living in emergency or transitional shelters.
- o Have a primary residence that is a public place not ordinarily used as a regular sleeping accommodation.
- o Living in a car, park, public place, abandoned building, substandard housing (according to HUD standards), bus or train station.
- o Migratory, living in any of the above circumstances.
- o Unaccompanied youth not in the physical custody of a parent or guardian.

If any of these apply to you or someone you know, your child(ren) may be eligible for services under the McKinney-Vento Homeless Education Assistance Act of 2001.

District 51 has the REACH program to support your student!

Come meet with a REACH Advocate and sign up for the REACH program. We provide access to the free breakfast/lunch program through the schools, transportation to/from school (case by case basis), backpacks, school supplies, hygiene items, community resources, hoodies, socks and underwear.

Basil T. Knight Center

(Off Patterson Road behind B&H Sports)

Located in west modular behind main building

596 N. Westgate Dr.

Grand Junction, CO 81505

Open: Mon. - Thurs. 9:00-1:30

Monday & Wednesday - Belinda Howery - Cell: 270-6234

Tuesday & Thursday - Michelle Harmon - Cell: 270-5352

