

Student ID# \_\_\_\_\_

Student Start Date \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_ Today's Date \_\_\_\_\_

## Student Information

Legal first name	Legal middle name (or none)	Legal last name	Date of Birth (mm/dd/yy)

Has student ever gone by a different name, if so what was the name: \_\_\_\_\_

Gender :	Current Grade:	Students Cell Phone #	Birth State	Birth Country
Male _____ Female _____				

**Ethnicity:** Do you consider yourself Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Race: (Check one or more)** American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African \_\_\_\_\_ American Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Is English the primary language spoken at home? (do not include languages student has learned in school)	Yes _____ No _____	First Language Spoken by Student
		English _____ Spanish _____ Other _____

Has student ever been enrolled in an English as a Second Language Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Main/Physical Address	Mailing Address (if different than Main/Physical Address)
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Street Address			Street Address or PO Box #		
City	State	Zip	City	State	Zip

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

## Parent/Guardian Information

If the parents are legally separated or the marriage has been dissolved, which parent has educational decision-making rights?  
 Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

If parents are legally separated or the marriage has been dissolved, please provide Parenting Plan as it pertains to the educational decision making rights.  
 Please provide any No Contact Orders or permanent restraining orders.

**Note:** District 51 is not responsible for enforcing Parenting Plans including which days parents have visitation.

## Parent/Guardian #1

Circle each that is applicable for Parent/Guardian #1: Lives With \_\_\_\_\_ Educational Rights \_\_\_\_\_ Has Custody \_\_\_\_\_ Active Military Service \_\_\_\_\_

Last Name	First Name	Relationship to student	Primary Email Address		
Main/Physical Address			City	State	Zip code

### Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

## Parent/Guardian #2

Circle each that is applicable for Parent/Guardian #2: Lives With \_\_\_\_\_ Contact Allowed \_\_\_\_\_ Educational Rights \_\_\_\_\_ Has Custody \_\_\_\_\_ Active Military Service \_\_\_\_\_

Last Name	First Name	Relationship to student	Primary Email Address		
Main/Physical Address			City	State	Zip code

### Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# \_\_\_\_\_

### Enrollment History

Last school attended	City	State	Date

### Programs & Services

Has student ever been expelled from a school?	If Yes, enter name and address of school	If Yes, enter expulsion date	
Yes No			
Has student ever been referred for a Risk Assessment or Threat Assessment?	Was a Safety Plan developed as a condition for student's return to school?		
Yes No	Yes No		
Is student currently enrolled in another Colorado school or online school?		Yes No	
If Yes, enter name and address of the school:			
Has your child received Special Education services?	Yes-In State of Colorado	Yes-Out of State	No
Has your child received Section 504 services?	Yes No	Is the 504 health related?	Yes No
		Has your child received Gifted Education services?	Yes No

### Emergency Contacts other than Parent/Guardian

In cases of emergency, when the Parent/Guardian cannot be reached, the student can be released to individuals listed as Emergency Contacts.

Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter:  
 H – Home W – Work C – Cell O – Other

Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

### Persons allowed to pick up student prior to end of school day (Dr, Dentist, appointments, etc) but are not emergency contacts. These contacts will not be called in emergency situations.

#1 Name:	Relationship
#2 Name	Relationship

### Publicity and Media Consent

I consent to my child being photographed, video/audio taped and/or interviewed by representative of television, radio and other news or broadcast media organization if such 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 \_\_\_\_\_ No \_\_\_\_\_

I verify that the information I have provided above is true and accurate.

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

\_\_\_\_\_  
 Date



## HEALTH HISTORY

**MUST BE COMPLETED BY PARENT / GUARDIAN EACH SCHOOL YEAR**

<b>STUDENT:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Birthdate</b>	<b>Gender</b>	<b>Grade</b>	<b>School</b>
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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

**STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES**

*(Responsible Use Agreement)*

Superintendent Effective Date: May 4, 2010

Revised: February 29, 2012

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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

I 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

**NOTE:** Completed forms will remain on file at the student's school for as long as the student is attending the school.