

ID # \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Entry Date \_\_\_\_\_  
 Enter Code \_\_\_\_\_  
 Teacher/Counselor \_\_\_\_\_

Date: \_\_\_\_\_

Please print and fill in all information

School Name: \_\_\_\_\_

### Section 1: Student Information

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Grade</b>	<b>Gender</b> M F	<b>Date of Birth</b>	<b>Birth State</b>	<b>Birth Country</b>	
<b>Resident Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b> <b>Phone</b>

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.**

\_\_\_\_\_ 1=American Indian or Alaska Native

\_\_\_\_\_ 2=Asian

\_\_\_\_\_ 3=Black or African American

\_\_\_\_\_ 5=White

\_\_\_\_\_ 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	Address	Phone Cell
Employer	Work Phone	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: \_\_\_\_\_

Office Use: Teacher:
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## 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



## HEALTH HISTORY

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

Student:

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

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?
	Allergy (Severe) or Allergic Reaction to: Symptoms:				
	Asthma:				
	Diabetes:				
	Seizure Disorder:				
	ADD or ADHD (circle one):				
	Birth History/Delivery/Congenital problems:				
	Concussion diagnosed by physician: (Symptoms usually better after 3 weeks)		Describe:		
	Acquired Traumatic Brain Injury: <small>Includes: traumatic brain injuries (TBI), strokes, or any brain injuries acquired after birth.</small>		Describe:		
	Other injuries or illnesses		Describe:		

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

Page 1 of 1

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

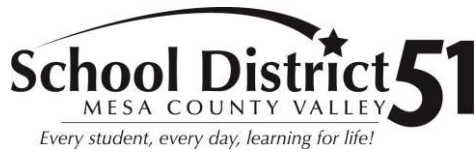
I have made sure my child understands the expectations of this document and the District's policy and regulation.

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.



Office use only Activation Key Sent: Date: _____ Entered By: _____
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### 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: \_\_\_\_\_