Welcome to Prairie Crossing Elementary
For School Year 2018-19

Please complete and return the following attached items:

1. Douglas County Registration Form (4 pages)
2. Douglas County Health Information (3 pages)
3. Douglas County Student Residency Questionnaire (1 page)
4. Douglas County Migrant Education Program (1 page)
5. Release of Student Information (1 page)

In addition to the Registration Forms, copies of the following documents are needed to complete registration:

- Copy of Birth Certificate
- Copy of Current Immunizations
- Copy of Proof of Residence (Warranty Deed, Deed of Trust, Lease Agreement or Purchase Agreement)

Please call Joanne Rubash (Registrar) at 303-387-8200 for any questions or assistance.
Legal Name from Birth Certificate

Last
First
Middle (full)
Nickname
Phone
Cell

Residence Address
City
State
Zip
Email

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, Cambodians, China, India, Japan, Korea, Malaysia, Pakistan, the Philippene 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 Education 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 I)
☐ Physical Therapy ☐ Behavioral Difficulties ☐ 504 Services
☐ Occupational Therapy ☐ Hearing/Visual Impaired ☐ Other

Parent/Guardian Signature ___________________________ Date _________________

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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 □
(Court Document)

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 □
(Court Document)

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 □
(Court Document)

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>
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</tbody>
</table>

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 __________________________________________________
Phones  Home __________ Work _______ Cell ________

Name __________________________ Relationship to Student ________________
Additional Information __________________________________________________
Phones  Home __________ Work _______ Cell ________

Name __________________________ Relationship to Student ________________
Additional Information __________________________________________________
Phones  Home __________ Work _______ Cell ________

Doctor's (full) Name __________________________ Gender ________________
Name of Practice / Group ______________________________________________
Phone ______________________ Extension __________
Address ______________________________________________________________
City ______________________ State ______________________ Zip Code ____________

Parent/Guardian Signature _____________________________________________ Date ____________
Is your student taking any medications at home or at school?  □ Y  □ N  List:

If your student needs to take medication at school, the "Provider Medication Authorization Form" or "Permission to Carry" form is available at the school office. These forms must be completed for any medication a student will need to take during school hours. They are also available at www.dcsdk12.org - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

□ Seasonal Reaction: ________________  □ Food Reaction: ________________
□ Insect Sting Reaction: ________________  □ Other Reaction: ________________
□ Latex Reaction: ________________  □ Other Reaction: ________________

Does your student (please check applicable boxes):

□ Wear glasses/contacts?  □ Have heart problems?  □ Hearing impaired?
□ Have asthma/respiratory ailments?  □ Have convulsions/seizures?  □ Have diabetes?
□ Had a head injury/significant bump to the head?  □ Have physical activity limitations?

Please explain any conditions marked above:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Other medical conditions the school needs to be aware of:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature __________________________ Date __________

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, if/when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature __________________________ Date __________

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

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.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.

Parent/Guardian Signature __________________________ Date __________
HEALTH INFORMATION – 2018-2019 (NEW students)

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your student’s school.

STUDENT NAME: ___________________________ BIRTH DATE: ____________

SCHOOL: ___________________________ GRADE / TRACK: ____________

EARLY CHILDHOOD HEALTH HISTORY
Were there any significant problems during the pregnancy, labor or delivery? No □ Yes □
If yes, is this concern a current issue? No □ Yes □
If yes, please explain? ____________________________________________

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Dietary Needs – Comment required
□ Student has Special Dietary Needs Comment: ____________________________

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 Medication(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: __________________________

620 Wilcox Street Castle Rock, Colorado 80104 303-387-0100

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Revised 11/20/2017
HEALTH INFORMATION – 2018-2019 (NEW students)

☐ Cancer
☐ Celiac Disease
☐ Cerebral Palsy
☐ Chromosomal Anomalies
☐ Crohn’s Disease
☐ Cystic Fibrosis
☐ Diabetes
☐ Down Syndrome
☐ Emotional Condition
☐ 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
☐ Paraplegia
☐ Quadriplegia
☐ Scoliosis
☐ Seizure Disorder
☐ Shunt/Hydrocephalus
☐ Skin Condition
☐ Syncopeal Episodes
☐ Syndrome
☐ Thyroid Condition
☐ Tourette Syndrome
☐ Tracheostomy

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HEALTH INFORMATION – 2018-2019 (NEW students)

☐ Traumatic Brain Injury   Comment: ____________________________
☐ Urinary Problem          Comment: ____________________________
☐ Wears Glasses/Contacts   Comment: ____________________________
☐ Vision Impaired          Comment: ____________________________
☐ Von Willebrand’s Disease Comment: ____________________________
☐ Wolff Parkinson White Syndrome

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? No ☐ Yes ☐

- 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)? No ☐ Yes ☐

  If yes, please explain: ____________________________________________________________

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


Parent/Guardian Name (please print)______________________________________________

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

2. The student lives with:

☐ 1 (one) parent  ☐ a relative, friend(s) or other adult(s)
☐ 2 (two) parents ☐ alone with NO adults
☐ 1 parent & another adult ☐ 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 cum file. ****

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

Name / Title: __________ Phone: __________
Dear parent or guardian,

You and your children may be eligible to receive supplemental educational services if they are not offered by the school system, such as:

- Full tuition for ESL and GED classes for out of school youth.
- Assistance for immunizations, vision, health services, medical physicals, emergency and dental
- Individualized education support
- School supplies: backpacks, books, etc
- Eligibility for free school lunch program
- Partial tuition assistance for adult ESL/GED classes and much more...

Please list all children in your home from birth to 21 years:

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Date of Birth:</th>
<th>School Name:</th>
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<tbody>
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</table>

Parent Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Apt #:</td>
</tr>
<tr>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Best time to call:</td>
</tr>
</tbody>
</table>

Please answer the following questions and return this form to school as soon as possible. All information provided to us is confidential.

1. Have you moved in the last 3 years? □ YES □ NO
2. When you moved, did you look for work in any of the following areas? □ YES □ NO

Please mark the appropriate employment areas with an X.

- ☐ Vegetables/fruits/seeds (including canning and packaging)
- ☐ Greenhouse/nursery
- ☐ Farm/ranch (including dairy & sod)
- ☐ Orchards
- ☐ Meat packing plant/slaughter house
- ☐ Christmas tree processing/forestry
- ☐ Other agricultural business: ____________

For questions or clarification, please contact:
Metro Migrant Education Program
15701 E. 1st Avenue, Suite 217 Aurora, CO 80011
303.340.0864 • FAX 303.326.1283
AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1

Please send records to:

Prairie Crossing
11605 S. Bradbury Ranch Dr.
Parker, CO 80134
School: 303.387.8200

FAX: 303.387.8201
Counseling: 303.387.8221
Registrar: 303.387.8208

Name of Student: ___________________________ Date of Birth: _______ Grade: ___

I HEREBY AUTHORIZE:

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Last Date Attended:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>State: Zip Code:</td>
</tr>
<tr>
<td>City:</td>
<td>FAX No.:</td>
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<td>Phone No.:</td>
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<tr>
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<td>City:</td>
<td>FAX No.:</td>
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<tr>
<td>Phone No.:</td>
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</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
- Gifted & Talented
- Medical / Immunization Records
- Personality and Interest Test Scores
- Birth Certificate
- Record of Suspensions and/or Expulsions
- 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?

<table>
<thead>
<tr>
<th>SPECIAL EDUCATION</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>Individual Education Plan (IEP)</td>
<td>Individual Literacy Plan (ILP)</td>
</tr>
<tr>
<td>Behavioral Disabilities</td>
<td>Gifted and Talented</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Psychological</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>Counseling</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>504 Services</td>
</tr>
<tr>
<td>Deaf/Hard of Hearing</td>
<td>Other</td>
</tr>
</tbody>
</table>

If you checked any of those areas under SPECIAL EDUCATION, please get a Special Education Release Form from the Registrar / Counselor.

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

Authorized Signature: ___________________________ Date: ________________

Relationship to Student: (circle one) Parent/Guardian  Student (16 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 officials of another school or school system to which the student seeks to enroll. Please release to the Douglas County School District all records designated above for this student.

Records Requested ___________________________ By __________________ Via FAX ☐ Via Mail ☐ Received Records ____________

(Office Use Only)