



Enrollment Packet

2010/2011

Kindergarten through High School
4040 Coriolis Way
Frederick, CO 80504
303-774-9555

Office Use Only

Student Name _____
Grade ___ ID# _____ Ck'd DOB _____
Full Day Kinder Reg. Fee Pd. ___ Check# _____
Completed Packet ___ Meds _____

Grade applying for ___ Kinder Preference: Full Day ___ ½ Day A.M. ___ ½ Day P.M. ___

Thank you for choosing the St. Vrain Valley School District. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

Have you ever had or do you currently have students that attend St. Vrain Valley School District?

Yes No

STUDENT ENROLLMENT CHECKLIST

Step One: Complete Enrollment Packet

- Enrollment Packet (one copy needed for each school)
- Student Enrollment Form/Preschool Registration Form
- Language Survey
- Pink Emergency Card
- 48 Hour Hold Form
- McKinney-Vento Program (if applicable)
- Migrant Form (if applicable)

Step Two: Return to School with Completed Forms from Step 1 along with the following required items to complete enrollment of your child(ren)

STUDENT'S LEGAL BIRTH CERTIFICATE—REQUIRED*

*To enroll in Kindergarten, a student must be born on or before Oct. 1st, 2005.
To enroll in First Grade, a student must be born on or before Oct. 1st 2004.*

STUDENT'S UP-TO-DATE IMMUNIZATION RECORD—REQUIRED*

(Parents with a religious, personal, or medical objection to immunizations may sign an exclusion statement included on the Colorado Certificate of Immunization.)

- DTP/DTaP/DT/Td
- Polio
- MMR
- Varicella
- Hepatitis B

CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)*

(any one of the following)

- Notarized letter from other parent acknowledging student will be registered in a St. Vrain Valley School District school.
- Court document stating you are the residential custodian
- Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

*PLEASE NOTE: Your child(ren)'s enrollment will NOT be processed if any of the required documents are missing.



Primary Residence

Telephone Number for the Primary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____

City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____
(if different)

City: _____ County _____ State: _____ Zip Code: _____

Is there an additional family living at this address? No Yes If yes, who? _____

If rented/leased, landlord's name _____ Contact Phone # _____

Primary Language Spoken at Home: English Spanish Other _____

Parent/Guardian #1 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian #2 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Secondary Residence (if applicable)

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.

Mailings are sent to the primary residence listed for the student(s).

Do you want an additional mailing to go to this address? Yes No

Telephone Number for the Secondary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____

City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____
(if different)

City: _____ County _____ State: _____ Zip Code: _____

Parent/Guardian #3 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian #4 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Please list all children living at the Secondary Residence

First & Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



General Information and Policies

Your signatures indicate that you have read and understand the information below.

CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley School District to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

Parent/Guardian Signature

Date

The St. Vrain Valley School District encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado Child Health Plan (CHP+) is a low cost health insurance plan for Colorado's uninsured children 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. To find out more about CHP+, call (800) 359-1991 or visit www.cchp.org.

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

Parent/Guardian Signature

Date