



Student Enrollment Form

Kindergarten through High School
4040 Coriolis Way
Frederick, CO 80504

Student ID: _____

School: _____ School Year: _____ Grade: _____

STUDENT:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Nickname: _____ Birthdate: _____ Gender: Male Female

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race? American Indian Asian Black Native Hawaiian/Pacific Islander White

Relationship to Parent/Guardian 1: _____ Relationship to Parent/Guardian 2: _____

Relationship to Parent/Guardian 3: _____ Relationship to Parent/Guardian 4: _____

Child lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR Other (specify) _____

Is this student **Open Enrolling**? No Yes
If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____

Has this student ever received special education services, such as speech, occupational therapy, etc.? No Yes
If yes, is this student currently receiving special education services? No Yes

Is this student on a current or pending expulsion? No Yes
If yes, from what school/district _____ Dates of Expulsion _____
Reason for expulsion _____

ENROLLMENT HISTORY:

Has this student ever attended SVVSD? No Yes

This student has continuously attended a public school in the USA since _____
(Enter today's date if student has never attended in the USA or the most recent date if the student left the USA at any time.) Month / Day / Year

This student has continuously attended a public school in Colorado since _____
(Enter today's date if student has never attended in CO or the most recent date if the student left CO at any time.) Month / Day / Year

EMERGENCY CONTACTS: (emergency contacts are **not the Parent/Guardian**).

Contact #1 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #2 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

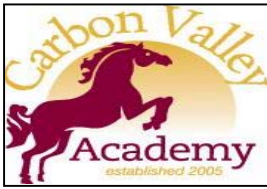
Contact #3 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date



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PERMISSIONS

I give permission to have my child photographed for school pictures. No Yes

I give permission to have my child participate in news media coverage including honor roll publication. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites and school district publications. No Yes

FOR ALL HIGH SCHOOL STUDENTS: State law requires school district to release directory information for students to military recruiters. I give permission to have this information released. No Yes

Parent/Guardian Signature

Date

VRAINNET STUDENT LICENSE APPLICATION FOR NETWORK AND INTERNET ACCESS St. Vrain Valley School District Re-1J

You must be currently enrolled in a SVVSD school that is attached to the District's wide area network to qualify for a student license. This application must be signed and dated by applicant and parent before it will be considered. By signing this application as *applicant and parent*, you acknowledge that you have received and read the Terms and Conditions for Access, Board Regulation EHC-R. As a licensed user you agree to abide by those terms and conditions and all subsequent revisions thereof.

I give my student permission for a student license with the St. Vrain Valley School District. Yes No

- Parent/guardian signature is required for a VrainNet license.
- Signing releases the St. Vrain Valley School District from any and all liability for any use of the District computers, networks or the Internet which violates our terms and conditions for access.
- Students will be held responsible for using these resources in full compliance with Board Policy.
- The student's parent or guardian hereby agrees to share with the student all such responsibility and any and all resulting liabilities within the limits of Colorado law.

Student User's Signature

Date

Parent/Guardian Signature

Date