



Registration Form

For Office use Only

Date of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_
Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_
Teacher/Counselor: \_\_\_\_\_ Track/Team: \_\_\_\_\_
Session: [ ] AM [ ] PM Permit Code: \_\_\_\_\_ Bus #: \_\_\_\_\_

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

Use Dropdown to Select School

\*\*\* PLEASE PRINT \*\*\*

2023-2024

Student Information

Legal Name from Birth Certificate \_\_\_\_\_ Nickname \_\_\_\_\_
Last First Middle (full) Phone
Grade \_\_\_\_\_ Gender M [ ] F [ ] Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_
Residence Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Interpreter Needed?

Would you like an interpreter for school meetings and events? In accordance with Federal law, DCSD provides parents/guardians interpretation and translation at no charge. Y [ ] N [ ]
If yes, what language? \_\_\_\_\_

Race/Ethnicity

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)
[ ] Yes, Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
[ ] No, not Hispanic/Latino
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, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine 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

Previous School

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 [ ]

Home Language Survey

What is/was the student's first language? \_\_\_\_\_
Does the student speak a language(s) other than English? Y [ ] N [ ]
This does not include a language learned in school courses or academic enrichment programs or American Sign Language (e.g., world language classes or clubs)
If yes, specify the language(s). \_\_\_\_\_
What language(s) is/are spoken in your home? \_\_\_\_\_

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y [ ] N [ ]
Has your child received any previous testing, evaluations or services in any of the following areas?
[ ] Learning Disabilities [ ] Gifted & Talented [ ] READ Plan
[ ] Speech/Language [ ] Psychological [ ] English Language Development/ESL
[ ] Physical Therapy [ ] Behavioral Difficulties [ ] 504 Services
[ ] Occupational Therapy [ ] Hearing Impaired [ ] Other

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

Date \_\_\_\_\_



Douglas County School District  
**Household Information**  
**Registration Form**

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First _____ Middle _____ Student ID #: _____
Teacher/Counselor: _____	_____	Room: _____	_____

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**2023-2024**

Household Info

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Telephone \_\_\_\_\_ Unlisted? Y  N

Parent / Guardian Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

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 - <b>Names MUST be from Birth Certificate</b>							
First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

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



Douglas County School District  
Emergency Information  
Registration Form

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First _____ Middle _____
Teacher/Counselor: _____		Student ID #: _____	
		Room: _____	

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**Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident**

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_ Gender M  F

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Acknowledgment

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-23-104 and 2-23-107, 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 for illness and other absences excused by the Principal.

Notice

**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.

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

Date \_\_\_\_\_



Douglas County School District  
**Health Information**  
**Registration Form**

For Office use Only

Student Name: _____			
School: _____	Last _____	First _____	Middle _____
Grade: _____		Student ID #: _____	
Teacher/Counselor: _____		Room: _____	

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**2023-2024**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Early Childhood Health History**

Were there any significant problems during the pregnancy, labor or delivery? Yes  No   
 If Yes, is this concern a current issue: Yes  No   
 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

**Allergies - Life Threatening - Comment required**

- Life threatening allergy - Dairy Comment: \_\_\_\_\_
- Life threatening allergy - Eggs Comment: \_\_\_\_\_
- Life threatening allergy - Food List Food(s): \_\_\_\_\_
- Life threatening allergy - Insect Sting Comment: \_\_\_\_\_
- Life threatening allergy - Latex Comment: \_\_\_\_\_
- Life threatening allergy - Medication Comment: \_\_\_\_\_
- Life threatening allergy - Peanut Comment: \_\_\_\_\_
- Life threatening allergy - Tree Nuts List: \_\_\_\_\_
- Life threatening allergy - Other Comment: \_\_\_\_\_
- Life threatening allergy - Unknown Comment: \_\_\_\_\_

**Allergies - Comment required where indicated**

- Animal Comment: \_\_\_\_\_
- Environmental / Seasonal
- Food List Food(s): \_\_\_\_\_
- Insect Sting
- Latex
- Medication List Food(s): \_\_\_\_\_
- Non-Specific

**Other Conditions - Comment required where indicated**

- ADD/ADHD Name of medication: \_\_\_\_\_
- Adrenal Insufficiency
- Alopecia
- Arthritis Juvenile
- Asthma Comment: \_\_\_\_\_
- Autism Spectrum Comment: \_\_\_\_\_
- Auto-Immune Condition Comment: \_\_\_\_\_
- Blood Disorder Comment: \_\_\_\_\_
- Cancer Comment: \_\_\_\_\_
- Celiac Disease
- Cerebral Palsy
- Chiari Malformation
- Chromosomal Anomalies Comment: \_\_\_\_\_
- Cleft lip/Palate

Health Info

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

Date \_\_\_\_\_



Douglas County School District  
**Health Information (Continued)**  
**Registration Form**

For Office use Only

Student Name: _____	Last	First	Middle
School: _____	Grade: _____	Student ID #: _____	
Teacher/Counselor: _____	Room: _____		

\*\*\* P L E A S E P R I N T \*\*\*

**2023-2024**

**Other Conditions - Comment required where indicated**

- Color Blind
- Colitis
- Crohn's Disease
- Cystic Fibrosis
- Diabetes Comment: \_\_\_\_\_
- Diabetes Insipidus
- Dietary Restrictions
- Down Syndrome
- Ear, Nose, Throat Condition
- Emotional Condition Comment: \_\_\_\_\_
- Encopresis Comment: \_\_\_\_\_
- Endocrine Condition
- Enuresis Comment: \_\_\_\_\_
- Eye Issues Comment: \_\_\_\_\_
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: \_\_\_\_\_
- Gastric Tube/Feeding Tube
- Gastrointestinal Disorder Comment: \_\_\_\_\_
- Gluten Intolerance
- Growth Hormone
- Head Injury/Concussion Comment: \_\_\_\_\_
- Hearing Impaired Comment: \_\_\_\_\_
- Heart Condition - No Restriction Comment: \_\_\_\_\_
- Heart Condition - Restrictions Comment: \_\_\_\_\_
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: \_\_\_\_\_
- Hospitalized within the last year Comment: \_\_\_\_\_
- Hypoglycemia Comment: \_\_\_\_\_
- Immune Compromised Comment: \_\_\_\_\_
- Kidney Problem Comment: \_\_\_\_\_
- Lactose Intolerant
- Liver Condition
- Long COVID
- Long QT Syndrome
- Major Accident within the last year Comment: \_\_\_\_\_
- Major Illness within the last year Comment: \_\_\_\_\_
- Migraine Headaches
- "Multiple" Head Injury/Concussion
- Myalgia Myositis Fibromyalgia Comment: \_\_\_\_\_
- Neurologic Disorder Comment: \_\_\_\_\_
- Nosebleeds
- OBGYN Conditions
- Orthopedic - No Restrictions Comment: \_\_\_\_\_
- Other List: \_\_\_\_\_
- Paramedic Info

Health Info

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

Date \_\_\_\_\_



Douglas County School District  
**Health Information (Continued)**  
**Registration Form**

For Office use Only

Student Name: _____	Last	First	Middle
School: _____	Grade: _____	Student ID #: _____	
Teacher/Counselor: _____	Room: _____		

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**2023-2024**

**Other Conditions - Comment required where indicated**

- Paraplegia
- Post-Traumatic Stress Disorder
- Quadriplegia
- Respiratory Condition Comment: \_\_\_\_\_
- Scoliosis Comment: \_\_\_\_\_
- Seizure Disorder Comment: \_\_\_\_\_
- Shunt/Hydrocephalus Comment: \_\_\_\_\_
- Skin Condition Comment: \_\_\_\_\_
- Spina Bifida
- Syncopal Episodes Comment: \_\_\_\_\_
- Syndrome Comment: \_\_\_\_\_
- Temperature Control Disorder
- Thyroid Condition
- Tourette Syndrome Comment: \_\_\_\_\_
- Tracheostomy Comment: \_\_\_\_\_
- Traumatic Brain Injury Comment: \_\_\_\_\_
- Urinary Problem Comment: \_\_\_\_\_
- Wears Glasses/Contacts
- Von Willebrand's Disease
- 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.

\_\_\_\_\_

Is your student currently taking any medication, including over-the-counter medication? Yes  No

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

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.)? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Info

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

Date \_\_\_\_\_