



Date \_\_\_\_\_

To register your student(s), we require the following items with your child's registration packet. Exceptions are made for students residing in temporary or transitional living accommodations (as indicated on the Family Address and Information form. (McKinney-Vento Act)

Student Name \_\_\_\_\_

*Date if later  
than above*

\_\_\_\_\_ Completed and Signed Enrollment Forms (all information is filled in)

\_\_\_\_\_ Birth Certificate or Legal Name Change Document

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Proof of Residency

- Home Owners: *(one of the following)*
  - Purchase Contract (with possession date)
  - Warranty Deed
  - Tax Bill from Adams or Weld County
  - Utility Bill (gas, electricity or water)
- Renters/Leasers *(one of the following)*
  - Signed Lease Agreement
  - Utility Bill (gas, electricity or water)
- If Living With Another Family (both of the following)
  - Letter from the person(s) with whom you live, verifying your residence with them;

And one of the following:

- Lease Agreement;
- Warranty Deed;
- Owner's tax bill from Adams or Weld County; or
- Utility Bill (gas, electricity or water)

\_\_\_\_\_ Court Orders or Other Legal Documents *(if applicable)*



Family Residence Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School District: \_\_\_\_\_  
 Primary Contact Phone Number \_\_\_\_\_ Home Language \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The McKinney-Vento Act provides additional services to students living in transitional/temporary housing. Please answer the following:**

**Where are students presently living? Check one box:**

- In a shelter  With friends or family members (not with parent/guardian)  
 Doubled up with another family in a house or apartment due to economic hardship  In a car, park, or campsite  
 In a hotel/motel  In Sub-standard housing  None of the above (in permanent housing)

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

***I affirm and declare, under penalty of perjury of the laws of this state, that the information provided on this form is true, complete and correct.***

**Parent/Guardian 1 – Living at the Above Address (Please use Legal Names)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gender M F Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian 2 – Living at the Above Address (Please Use Legal Names)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gender M F Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**School Age Children Living at the above address with the parent/guardians above:**

**Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of School Attending \_\_\_\_\_  
**Relationship to: Parent #1** Child Step-Child Other \_\_\_\_\_ **Relationship to Parent #2** Child Step-Child Other \_\_\_\_\_

**Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of School Attending \_\_\_\_\_  
**Relationship to: Parent #1** Child Step-Child Other \_\_\_\_\_ **Relationship to Parent #2** Child Step-Child Other \_\_\_\_\_

**Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of School Attending \_\_\_\_\_  
**Relationship to: Parent #1** Child Step-Child Other \_\_\_\_\_ **Relationship to Parent #2** Child Step-Child Other \_\_\_\_\_

**Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of School Attending \_\_\_\_\_  
**Relationship to: Parent #1** Child Step-Child Other \_\_\_\_\_ **Relationship to Parent #2** Child Step-Child Other \_\_\_\_\_



*All legal guardian/parents must be listed. If rights have been altered or terminated, a copy of said court document must be furnished to the school before the change may be made.*

**Additional Parent/Guardian 3 - (Please use Legal Names)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gender M F Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (If different)

Legal Parent/Guardian of Student Name(s) \_\_\_\_\_  
 Shared Custody with Parent/Guardian 1 or 2? Yes No School Mailings: Yes No

**Additional Parent/Guardian 4 - (Please use Legal Names)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gender M F Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (If different)

Legal Parent/Guardian of Student Name(s) \_\_\_\_\_  
 Shared Custody with Parent/Guardian 1 or 2? Yes No School Mailings: Yes No

**Emergency Contacts**

Emergency Contacts are those people to whom we may release these students in the event of an illness or injury if the parent/guardian cannot be reached. **DO NOT enter the names of any previously listed Parent/Guardian in the following spaces.**

Contact 1: Last Name _____ First Name _____ Middle Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Child Care Provider
Contact 2: Last Name _____ First Name _____ Middle Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Relationship: Friend Grandparent Other Relative Sibling Child Care Provider
Contact 3: Last Name _____ First Name _____ Middle Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ Relationship: Friend Grandparent Other Relative Sibling Child Care Provider

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

***I affirm and declare, under penalty of perjury of the laws of this state, that the information provided above is true, complete and correct.***



**STUDENT ENROLLMENT INFORMATION**

Please complete this form for each student you are enrolling at Belle Creek Charter School

Student's Legal Name – *from Birth Certificate or Legal Name Change Document*

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname: \_\_\_\_\_ Current Grade \_\_\_\_\_ Gender: M F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_ Primary Contact Phone # \_\_\_\_\_  
 Month Day Year

**Ethnicity: choose one:**

- Hispanic/Latino
- Not Hispanic/Latino

A person of Cuban, Mexican, Puerto Rican, South, or Central American, or other Spanish culture or origin, regardless of race

**AND**

**Race: choose one or more:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**American Indian or Alaskan Native** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition

**Asian** – A person having origins in 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

**Black** - A person having origins in any of the black racial groups of Africa

**Native Hawaiian or 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

**ENROLLMENT HISTORY**

Has your child ever attended any other District 27J school or a Brighton Charter School?  Yes  No

If yes, name of school(s) attended \_\_\_\_\_ Which Year(s) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

This student has continuously attended a public school in the USA since \_\_\_\_\_ (mm/dd/yy)  
 (Enter today's date if student has never attended in the USA or the most recent entry date if the student left the USA at any time)

This student has continuously attended a public school in Colorado since \_\_\_\_\_ (mm/dd/yy)  
 (Enter today's date if student has never attended in Colorado or the most recent entry date if the student left Colorado at any time)

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

**ADDITIONAL INFORMATION**

Do you grant permission to release video, audio and /or still photographs of this student to media groups?  Yes  No

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

\_\_\_\_\_  
**Date**

*I am the parent/legal guardian of this student and I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify.*

*Office Use Only:*

Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_



**HEALTH INFORMATION**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Provider's Phone Number \_\_\_\_\_

**HEALTH CONCERNS**

Parents/Guardians are responsible for providing full details on any significant or on-going medical condition noted to the school nurse

<p>Please check any existing health conditions and explain below.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Allergies</td> <td><input type="checkbox"/> Heart</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Speech Concerns</td> </tr> <tr> <td><input type="checkbox"/> Attention Deficit Disorder</td> <td><input type="checkbox"/> Seizures</td> </tr> <tr> <td><input type="checkbox"/> Bowel/ Bladder</td> <td><input type="checkbox"/> Frequent Infection</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Bone Joint Disease</td> </tr> <tr> <td><input type="checkbox"/> Migraines</td> <td><input type="checkbox"/> Headaches</td> </tr> <tr> <td><input type="checkbox"/> Emotional/Behavioral</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> _____ _____	<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart	<input type="checkbox"/> Asthma	<input type="checkbox"/> Speech Concerns	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bowel/ Bladder	<input type="checkbox"/> Frequent Infection	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bone Joint Disease	<input type="checkbox"/> Migraines	<input type="checkbox"/> Headaches	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Other _____	<p>Does your child have:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Glasses or Contacts</td> </tr> <tr> <td><input type="checkbox"/> Other Vision concerns _____</td> </tr> <tr> <td><input type="checkbox"/> Hearing Aids</td> </tr> <tr> <td><input type="checkbox"/> Other Hearing concerns _____</td> </tr> <tr> <td><input type="checkbox"/> Counseling</td> </tr> <tr> <td><input type="checkbox"/> Prosthesis or Physical Aids (List)</td> </tr> <tr> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td>_____</td> </tr> </table>	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> Other Vision concerns _____	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Other Hearing concerns _____	<input type="checkbox"/> Counseling	<input type="checkbox"/> Prosthesis or Physical Aids (List)	_____	<input type="checkbox"/> Other _____	_____
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<input type="checkbox"/> Other Vision concerns _____																								
<input type="checkbox"/> Hearing Aids																								
<input type="checkbox"/> Other Hearing concerns _____																								
<input type="checkbox"/> Counseling																								
<input type="checkbox"/> Prosthesis or Physical Aids (List)																								
_____																								
<input type="checkbox"/> Other _____																								
_____																								

**MEDICATION INFORMATION**

Is your child taking any medications regularly? Yes No If yes, please list: \_\_\_\_\_  
 How often is it taken? \_\_\_\_\_ At Home: Yes No At School: Yes No

*Student Medication Request Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours. Refer to Student Policy Handbook*

*In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.*

**INSURANCE INFORMATION**

Medicaid/Waiver/Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_ Policy# \_\_\_\_\_

Is the child covered under Medicaid? Yes No MEDICAID # \_\_\_\_\_

*Belle Creek Charter School encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child might sustain while at school or participating in school activities. PLEASE BE ADVISED THAT BELLE CREEK CHARTER SCHOOL DOES NOT CARRY INSURANCE FOR YOUR CHILD ON YOUR BEHALF. The school may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant the Colorado Governmental Immunity Act.*

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

Date \_\_\_\_\_  
 (month/day/year)



**INTERNET USE AGREEMENT FORM**

We are pleased to offer students of Belle Creek Charter School access to the Belle Creek C.S. network for Internet access.

Access to the Internet enables students to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using the information sources. To that end, Belle Creek Charter School supports and respects each family's right to decide whether or not to apply for access.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Network access is given to students who agree to act in a responsible manner. **Parent permission is required, and parents must agree to a waiver of claims and indemnification/hold harmless provision, which is set forth in bold type on the permission form below.** Access is a privilege -- not a right. Access entails responsibility.

Belle Creek Charter School intends to provide a tool for education activities. Students using the network are not permitted to do the following:

- Access offensive messages or pictures
- Use obscene or defamatory language
- Harass, insult, defame or attack others
- Damage computers, alter computer systems or networks.
- Violate copyright laws
- Use another's password
- Give out his/her name, address or phone number, username or password
- Trespass in another's folders, work or files
- Intentionally waste limited resources
- Employ the network for commercial purposes

Violations may result in loss of access as well as other disciplinary or legal action.

As a user of the Belle Creek Charter School Network, I hereby acknowledge and represent that I have read the attached Policy and Procedures or have had them read to me, and I hereby agree to comply with the policy and procedures. I further understand should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Student \_\_\_\_\_ Date \_\_\_\_\_

As the parent or legal guardian of the student signing above, I hereby acknowledge and represent that I have read the attached Policy and Procedures, and that after having done so I grant permission for my son or daughter to access network computer services through the Belle Creek Charter School Network, including the Internet. **I hereby waive any claims against Belle Creek Charter School and/or its employees and directors arising out of or related to my student's use of the Internet or the Belle Creek C.S. Network. In addition, I agree to indemnify and hold harmless Belle Creek Charter School and/or its employees and directors for any claims made against them which arise out of my student's use of the Internet or the Belle Creek C.S. Network in violation of the Policy and Procedures.** I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet uses -- setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information. This Internet Use Agreement Form is not a request for electronic mail.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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



**LAST SCHOOL ATTENDEND (Please complete for each child that has attended a previous school)**

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

Grade(s): \_\_\_\_\_ From (Date): \_\_\_\_\_ To: (Date) \_\_\_\_\_

Address: \_\_\_\_\_

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

Type of School: (Please select only one)

- Private/Parochial       Public       Online       Charter       Home schooling

**Past Academic Achievement**       High       Average       Low

Areas of Academic Strength: \_\_\_\_\_

Areas of Academic Weakness: \_\_\_\_\_

**Has Your Student Ever Been Retained?**     No     Yes – If yes, what grade level? \_\_\_\_\_

**Behavior At School**       No school problems exhibited       Has been referred to the office  
 Has had continuing behavior referrals       Out of School Suspension(s)

**Special Services:** *My student is currently receiving or has received services in the following areas:*

- Gifted and Talented Education
- English Language Learner Bilingual Education
- English Language Learner ESL Education
- Special Education Services
- Learning Disabilities Emotional Disabilities Developmental Disabilities
- Speech and Language Services ADHD or ADD
- 504 Plan
- Individual Literacy Plan
- Health Care Plan (for severe health needs)
- Title I Reading
- Title I Math
- Counseling Services



**PARENT ACKNOWLEDGEMENT OF ATTENDANCE LAWS**

Student Name: \_\_\_\_\_

**Compulsory Attendance Age**

Every child who has attained the age of six (6) years and is under the age of seventeen (17) is required to attend public school with such exceptions as provided by law. It is the parent’s responsibility to ensure attendance.

The courts may issue orders against the child, child’s parent, or both, compelling the child to attend school or the parent to take reasonable steps to assure the child’s attendance. The order may require the parent, child, or both, to follow and appropriate treatment plan that addresses problems affecting the child’s school attendance and that ensures an opportunity for the child to obtain a quality education.

Every parent of a child between the ages of six and seventeen shall ensure that the child attends public school unless the child is enrolled in an independent or parochial school or a non-public home-based educational program.

Adopted: 10/13/93 Revised: 08/14/91, 11/12/97 **Initial** \_\_\_\_\_

**Truancy**

If a student is absent without an excuse signed by the parent/guardian or if the student leaves school or a class without permission of the teacher or administrator in charge, the student shall be considered truant. An “habitual truant” shall be defined as a student of compulsory attendance age who has four (4) unexcused absences from school or from class in any one (1) month or ten (10) unexcused absences during any school year. Absences due to suspension or expulsion shall not be counted in the total of unexcused absences.

In order to reduce the incidents of truancy parents/guardians of all students shall be notified in writing at the beginning of each school year of their obligation to ensure that all children of compulsory attendance age attend school. Parents/guardians shall be required to acknowledge in writing awareness of their obligations and to furnish the school with a telephone number or other means of contacting them during the school day.

The school shall establish a system of monitoring individual unexcused absences. When a student fails to report on a regularly scheduled school day and school personnel have received no indication that the parent/guardian is aware of the absence, school personnel or volunteers under the direction of school personnel shall make a reasonable effort to notify the parent/guardian by telephone.

A plan shall be developed for a student who is a risk of being declared habitually truant with the goal of assisting the child to remain in school. When practicable, the child’s parent, guardian or legal custodian shall participate, with district personnel during the development of the plan. Appropriate school personnel shall make all reasonable efforts to meet with the parent or guardian to review and evaluate the reasons for the child’s truancy. Adopted: 03/09/94 Revised: 10/12/94, 11/12/96, 09/09/98

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

\_\_\_\_\_  
 Date



**REQUEST FOR STUDENT RECORDS**

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

To: \_\_\_\_\_  
 Last school attended

\_\_\_\_\_  
**Street Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Phone Number** **Fax Number**

Please send records for the student(s) below:

NAME	GRADE	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) have enrolled in our school. Please forward all records including the following records:

- Complete transcript, grades and credits
- Immunization record
- Test scores
- Grades at time of withdrawal
- Enrollment history
- Attendance history
- Discipline record
- Special Education Records *(if applicable)*
- Individual Literacy Plan *(if applicable)*
- 504 Plan *(if applicable)*
- Advanced Learning Plan *(if applicable)*
- Court Orders or Other Legal Documents *(if applicable)*

**Family Educational Rights and Privacy Act of 1976 states that parental signature is not required for transfer of records between schools**

Please send records as soon as possible to:

**Belle Creek Charter School**  
**9290 E. 107<sup>th</sup> Avenue**  
**Henderson, CO 80640**

**(P) 303.468.0160**

**(F) 303.468.0164**



### HOME LANGUAGE SURVEY

The purpose of this checklist is to determine the principle or native language of the student, or the language spoken in the home. In grades K-8, this checklist must be fill out by the parent or guardian. In grades 9-12, the student may fill out this checklist.

El propósito de este cuestionario es para determinar el idioma principio o nativo de su estudiante, o el lenguaje que se habla en la hogar. En los grados de k- 8, este cuestionario deberá de ser completado por el padre o guardián. Para los grados del 9 al 12, el estudiante puede llenar este cuestionario.

Student's Name \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Grado \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

School \_\_\_\_\_

Escuela \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Nombre del Padre o Guardián \_\_\_\_\_

Address \_\_\_\_\_

Domicilio \_\_\_\_\_

**1. Student's First Spoken Language**

**1. Idioma primario del estudiante (que habló primero)**

\_\_\_\_\_

\_\_\_\_\_

**2. If your child currently speaks or understands a language other than English, what is the language?**

**2. Si su hijo actualmente habla o entiende otro idioma que no es el inglés ¿Cuál es el idioma?**

\_\_\_\_\_

\_\_\_\_\_

**3. Please describe the language spoken by your child. (Check only one):**

**3. Por favor describa el idioma que su hijo/a habla (marque solo uno)**

- a. Speaks only the other language and no English.
- b. Speaks mostly the other language and some English.
- c. Speaks the other language and English equally.
- d. Speaks mostly English and some of the other language.
- e. Speaks only English.

- a. Solamente habla otro idioma y no el inglés.
- b. La mayor parte del tiempo habla otro idioma y un poco de inglés.
- c. Habla otro idioma e inglés igualmente.
- d. La mayor parte del tiempo habla inglés y un poco del otro idioma.
- e. Solamente entiende inglés.

**4. Please describe the language understood by your child. (Check only one):**

**4. Por favor describa el idioma que su hijo/a entiende. (marque solo uno)**

- a. Understands only the other language and no English.
- b. Understands mostly the other language and some English.
- c. Understands the other language and English equally.
- d. Understands mostly English and some of the other language.
- e. Understands only English.

- a. Solamente entiende otro idioma y no el inglés.
- b. La mayor parte del tiempo entiende otro idioma y un poco de inglés.
- c. Entiende otro idioma y el inglés igualmente.
- d. La mayor parte del tiempo entiende inglés y un poco del otro idioma.
- e. Solamente entiende inglés.

**5. How often is a language other than English used in your home? (Check only one):**

**5. ¿Qué frecuentemente se habla en su hogar el idioma que no es inglés? (marque uno)**

- a. Only the other language and no English.
- b. Other language more often than English.
- c. Other language and English equally.
- d. English more often than the other language.
- e. Only English.

- a. Otro idioma solamente y no el inglés.
- b. Otro idioma más frecuente que el inglés.
- c. El otro idioma y el ingles igualmente.
- d. Solamente inglés.

# Migrant Education Survey



Please answer the following questions and return this form to school as soon as possible. All information you give us is confidential. Please fill out **one** survey per family. *Thank you.*

1. Have you lived in this school district for less than 3 years?  YES  NO
2. When you relocated to this school district was your **primary intent** to look for work in any of the following areas?  YES  NO

If yes, please mark the appropriate employment areas with an X.

- Vegetables/ fruits/ seeds
- Farm/Ranch (Including Dairy and Sod)
- Meat Packing Plant/Slaughter House
- Poultry
- Greenhouse / Nursery
- Orchards
- Christmas Tree Processing / Forestry

3. Parents/guardians Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number(\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

<u>First and Last Name</u>	<u>Date of Birth</u>	<u>School</u>

Schools please mail to: Migrant Education Program  
 5291 E. 60<sup>TH</sup> Ave.  
 Commerce City, CO 80022  
 303.288.4641 Fax 720.322.8150

### INOCULATIONS OF STUDENTS

No student shall be permitted to attend or continue to attend any school in the district without meeting the legal requirements for immunizations against disease unless the student has a valid exemption for health, religious, personal or other reasons as provided by law.

Students who do not submit a certificate of immunizations or present a valid exemption shall be suspended and/or expelled from school until such certificate or exemption is received.

If at any time there is danger of an epidemic from a communicable disease for which immunization is required, students on an exemption status will be required to be immunized, or will be excluded from school until the danger is over.

Adopted October 14, 1975

Revised 1978

Revised June 25, 1991

LEGAL REFS.: C.R.S. 22-33-106  
C.R.S. 25-4-901 et seq  
CROSS REFS.: JF, School Admissions  
JHD, Exclusions and Exemptions from School Attendance  
JKD/JKE, Student Suspension/Expulsion  
JRA/JRC, Student Records

Note: See State Department of Health regulations.

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District Procedures

File: JLCB-R

### INOCULATIONS OF STUDENTS

1. No application for admission shall be complete without a certificate of immunization or a completed exemption form.
  - a. Requirements for a certificate of immunization may be waived for transfer students or new students for 60 days from the date of admission.
2. The district shall provide upon request an immunization form as required by the State Department of Health.
3. Each building shall ensure that the required information is included on the form.
4. If there has been a failure to comply after 45 days, the building principal shall notify, in writing, the parent/guardian or student of the requirement for immunization. A record shall be kept of this notification.
5. After 55 days, the building principal shall mail a notice to the last known address of the parent/guardian or student. The notice shall contain:
  - a. A statement that the student will be suspended or expelled if no immunization certificate or exemption is received.
  - b. Last date for compliance.A copy of the Inoculations of Students policy and a copy of the Student Suspension/Expulsion procedures shall accompany the notice.
6. A student who fails to comply shall be suspended by the principal for up to five days and notice of the suspension sent to the State Department of Health.
7. If no certificate of immunization is received during the period of suspension, the superintendent shall institute proceedings for expulsion.
8. Any suspension or expulsion under this policy shall terminate automatically upon compliance.
9. Record of any such suspension or expulsion shall be contained in the student's health file, with an appropriate explanation.

Adopted June 25, 1991

# STATE OF COLORADO

John W. Hickenlooper, Governor  
Christopher E. Urbina, MD, MPH  
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

February 8, 2011

Dear Parents of Students in Colorado Schools, K through 12<sup>th</sup> Grades (School Year 2011-12)

Immunizations are an important part of our children's health care and Colorado law requires that children going to school be vaccinated to prevent vaccine preventable disease. The purpose of the first part of this letter is to let you know which vaccines your student will be **required** to have in order to attend a Colorado school in the 2011-12 school year. The second part of the letter includes recommended vaccines.

## Required Vaccines

- **Hepatitis B (Hep B)** – Three doses are required for all students K through 12<sup>th</sup> grades to protect against a serious liver disease that can lead to liver damage, liver cancer, and death.
- **Tetanus/Diphtheria/Pertussis (DTaP/Tdap/DT/Td)** – Five doses of DTaP or DT are required for children under 7 years of age and one dose of Tdap is required for students in 6<sup>th</sup> through 12<sup>th</sup> grades. Td is required for children 7 to 10 years of age who have not completed the DTaP or DT series. DTaP, DT, Td & Tdap are the vaccines that protect against tetanus (a disease that causes painful muscle stiffness, convulsions and death) and diphtheria (a disease that can cause suffocation, paralysis, heart failure, and death). The pertussis portion of the vaccine protects against whooping cough, which can lead to pneumonia, seizures, and death. Tdap vaccine will help protect adolescents from the whooping cough or pertussis disease and it will help prevent them from infecting infants and smaller children in the family.
- **Polio (IPV)** – Up to 4 doses of the vaccine are required and protects against paralysis, typically of the legs, as well as the muscles that help us breathe.
- **Measles/Mumps/Rubella (MMR)** – Two doses of this vaccine are required to protect against three diseases. Measles can cause ear infection, pneumonia, seizures, inflammation of the brain, and death. Mumps can lead to deafness, meningitis, painful swelling of the testicles or ovaries, and occasionally, death. Rubella in pregnant women can cause miscarriage or serious birth defects to the unborn child.
- **Varicella or Chickenpox (Var)** – Two doses are required for children in kindergarten through 4<sup>th</sup> grade and one dose is required for children in 5<sup>th</sup> through 11<sup>th</sup> grade. This vaccine protects against chickenpox disease, a rash illness that can lead to skin infections, pneumonia, swelling of the brain, and on occasion, death.

(To read about each disease, please visit the following website: <http://www.ImmunizeForGood.com/vaccines>)

**Recommended Vaccines  
for the best protection against vaccine preventable diseases**

As a parent, it is important to know that in addition to the vaccines **required** by the state of Colorado Board of Health for school entry, there are vaccines that are **recommended** by the Advisory Committee on Immunization Practices (ACIP). This is the immunization schedule that will best protect your child from even more vaccine preventable diseases.

- **Influenza (Flu)** – Recommended for children 6 months to 18 years of age to prevent respiratory illness caused by the flu that can cause illness and sometimes death.
- **Meningococcal Meningitis (MCV)** - Adolescents 11 -18 years of age should receive one dose of the vaccine, which helps prevent meningitis that can cause hearing loss, damage to the nervous system, loss of arms or legs, and possibly death.
- **Human Papillomavirus (HPV)** - Three doses of this vaccine are recommended for females 11-12 years of age and this vaccine prevents HPV-type related cervical cancer.
- **Hepatitis A (Hep A)** – Two doses of this vaccine prevent the disease that can affect the liver causing fever, fatigue, loss of appetite, stomach pain, vomiting, and in rare cases, death.

(To read about each disease, please visit the following website:  
<http://www.ImmunizeForGood.com/vaccines>)

Included with this letter is the document entitled: “*Minimum Number of Immunization Doses Required- Kindergarten through Grade 12, 2011-12.*” The chart in this document should help you figure out which **required** vaccines your child will need for school as well as the number of doses needed for protection. Exemption information is also included at the end of this document.

Parents often have concerns or want more information on children’s immunization and vaccine safety. An informative website developed specifically for parents can be located at: [www.ImmunizeForGood.com](http://www.ImmunizeForGood.com) . The Colorado Immunization Section’s website is located at: [www.ColoradoImmunizations.com](http://www.ColoradoImmunizations.com) .

Schools work hard to ensure compliance with the immunization laws and your help in providing updated immunization records at school registration is greatly appreciated. *Please discuss your child’s vaccination needs with your child’s doctor or local public health agency. (To find your local public health department’s contact information call the Family Health Line at 1-303-692-2229 or 1-800-688-7777). Please bring your child’s updated immunization records to the school each time your child receives an immunization.*

Sincerely,

The Colorado Immunization Program  
Colorado Department of Public Health and Environment  
303-692-2650

**MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**  
Kindergarten through Grade 12, 2011-12

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age)
	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>	
<b>Pertussis</b>	5 to 6	5 <b>DTaP</b> or if dose 4 was administered on or after the 4 <sup>th</sup> birthday, the requirement is met. The final dose must be administered no sooner than 4 years of age. (DTaP is only licensed for children under 7 years of age). 1 <b>Tdap</b> is required for students entering 6 <sup>th</sup> through 12 <sup>th</sup> grades.
<b>Tetanus/Diphtheria</b>	3 to 5	5 <b>DT</b> or if dose 4 was administered on or after the 4 <sup>th</sup> birthday, the requirement is met. A student 7 through 9 years of age who has had only a 2 doses of DTaP or DT (before the age of 7 years) can meet the tetanus/diphtheria requirement by receiving a dose of Td if it is given 6 months after the 2 <sup>nd</sup> dose. ( <b>Tdap</b> should be given to students at 10 or 11 years of age to complete the tetanus/diphtheria requirement if possible).
<b>Polio</b>	4	4 <b>IPV</b> or if dose 3 was administered on or after the 4 <sup>th</sup> birthday, only 3 doses are required. The final dose must be given no sooner than the 4 <sup>th</sup> birthday. <i>A laboratory test showing immunity is acceptable.</i>
<b>Measles/Mumps/Rubella (MMR)</b>	2	For school certification, the 1 <sup>st</sup> dose cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. The minimum interval between dose 1 and dose 2 is at least 28 days. <i>A laboratory test showing immunity is acceptable.</i>
<b>Varicella (Chickenpox)</b> <i>Documentation of disease from a health care provider (physician, RN or PA) is required.</i>	1 or 2	For school certification, the vaccine cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. 2 doses are required for children entering K, through 4 <sup>th</sup> grade. 1 dose is required for 5 <sup>th</sup> through 11 <sup>th</sup> grade. <i>A laboratory test showing immunity is acceptable.</i>
<b>Hepatitis B</b> <i>Students who have not received 3 doses of Hep B vaccine prior to 7/1/09, must follow the minimum intervals recommended by the Advisory Committee on Immunization Practices (ACIP)</i>	3	<b>ACIP minimum intervals:</b> The second dose must be administered at least 4 weeks after the first dose. The third dose must be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered no sooner than 24 weeks or 6 months of age. The 2-dose series is acceptable for ages 11-15. 2 doses can only be accepted using the approved vaccine for the 2-dose series with proper documentation (name of the vaccine, dosage, dates, and interval). <i>A laboratory test showing immunity is acceptable.</i>

**You must provide one of the following to your child's school in order to comply with the law:**

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations as indicated above.
2. If a student's Certificate of Immunization is not up to date, the parent/guardian or emancipated student has 14 days after direct notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this rule is a shortage of vaccine.
3. Statement of Exemption to Immunization Law printed on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization:
  - a) a **medical** exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
  - b) a **religious** exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
  - c) a **personal** exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

**Immunization requirements will be strictly enforced for all students.** Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.



Colorado Department  
of Public Health  
and Environment

**To learn where to obtain immunizations free or at low cost call the Family Health Line at 303-692-2229 or 1-800-688-7777.**

## **Dress Code**

Shirts, sweatshirts and sweaters must be a solid color of hunter green, navy blue, gray or white and must have the Belle Creek logo. The logo must be on the upper left of the shirt. Shirts, sweatshirts, and sweaters may not be excessively tight or baggy. Shirts must be in good condition, free from holes and tears. Hooded sweatshirts may not be worn in the building.

Pants must be a solid color of khaki (tan) or navy blue. Pants must fit the waistline and not sag in the crotch. The cuff of the pants must be hemmed and may not touch the ground. Pants may not be so large that the shoelaces cannot be seen. Pants may not be excessively tight – may not show any descriptive lines of the body. Pants or shorts with excessively large side pockets may not be worn. Sweatpants, and nylon warm-ups, are not allowed. No logos on any pants. No denim. No holes or tears.

Shorts/skirts/ skorts must be a solid color of khaki (tan) or navy blue. Shorts and skorts must fit at the waistline and not sag in the crotch. No denim. No holes or tears. The cuff of the shorts/skorts must be hemmed and must be knee length or longer. Skirts must be knee length or longer but may not touch the ground. Spandex or tightly fitting shorts/skorts or skirts are not allowed. No logos on any shorts.

School sponsored activities and special events may have specific guidelines concerning appropriate dress.

Those families who qualify for free or reduced lunch can apply for clothing uniform assistance. Please contact the front office for details.

## **Standard Appearance Guidelines for All Students**

All articles of clothing should appear neat, clean and in good condition and repair. Clothing will not be worn that causes or is likely to cause disruption of the educational process. Apparel advertising tobacco, alcohol, illegal substances, and/or offensive slogans are not acceptable attire at school-sponsored activities. Clothes making statements with sexual innuendoes are not allowed.

The wearing of clothing, jewelry or a style of grooming that is identified with membership in a gang will not be tolerated in school or at any school sponsored activity. Apparel that interferes with or endangers self or others while participating in school or school sponsored activities is not allowed.

Hats or sunglasses may only be worn or seen before or after school hours. No hats or sunglasses in class. Hats include visors and bandannas.

Purses or handbags may only be seen before of after school hours. No purses or handbags in class.

Outerwear and boots that are worn for warmth to and from school and at outside recess cannot be worn in the classroom.

Shoes must be as specified and in a matching pair and are required at all times and must have non-marking soles. No beach shoes. No Crocs. No shoes with wheels. Open toed shoes and open heeled shoes can be a danger hazard. Based on this fact, these shoes are not to be worn to school. To receive an exemption regarding footwear, the student must present a signed letter from a medical doctor.

**Socks/tights must match and be a solid uniform color (navy, white, khaki, hunter green, gray).**

Belts are not required, but if worn, must be functional and belt ends are to be no longer than 6" and tucked in. Belts must be leather or fabric with plain buckles.

No undergarments may show at any time, nor should they be worn as outer garments. Undershirts are only acceptable if worn under the appropriate dress code shirt.

Hair must be clean, neat and styled traditionally. Only natural colors are allowed. No radical hairstyles, including but not limited to mohawks and designs cut into hair. The final decision rests with the administration.

Makeup must look natural. Black nail polish and lipstick are not acceptable.

Modest jewelry is allowed. An object that has a purpose other than jewelry cannot be worn as jewelry (i.e. bicycle chains or collars). No more than two necklaces may be worn at one time. Earrings will be limited to two per ear and may not pose a safety hazard (no dangling or hoop style). No more than two bracelets may be worn at one time. Sweatbands may not be worn. Tattoos must be covered at all times. Jewelry may not be worn in a piercing besides the ear. No body art defined as drawing on the skin made by the student with a writing utensil.

**Final decisions with respect to the dress code are made at the discretion of the Principal, or his/her designee, including items not specifically referred to in the above policy. The Principal or his/her designee must approve any exception to this code due to a medical or religious reason. Compliance with the dress code is mandatory. Dress Code violations will be dealt with in the following manner:**

- 1<sup>st</sup> -Student will call parent to bring change of clothes or be picked up. When in violation of the dress code, student will not be allowed back into the classroom.
- 2<sup>nd</sup> -A Student will call parent to bring change of clothes or be picked up and an after school detention
- 3<sup>rd</sup> -1 day suspension.