STUDENT NAME: ________________________________

Pine Grove Enrollment
**Required** Paperwork Checklist

___ Birth Certificate (Copy of the State Certificate)

___ Immunization Record

___ Proof of Residency (Warranty Deed, County Assessor or Lease)

___ 2023-24 Registration Form (6 pages)

___ Student Residency Questionnaire

___ DCSD Migrant Education Program

___ Release of Records (Grades 1-6 only)
**Please Print**

2023-2024

School: Pine Grove Elementary

<table>
<thead>
<tr>
<th>Legal Name from Birth Certificate</th>
<th>Nickname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
</tr>
<tr>
<td>First</td>
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<td>Middle (full)</td>
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<td>Gender</td>
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<td>F □</td>
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<td>M □</td>
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<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Phone</td>
<td></td>
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<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Residence Address</td>
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</tbody>
</table>

City ___________________________ State ______ Zip __________ Email __________

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 □

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.
- 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

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 □

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? ___________________________

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
- Physical Therapy
- Speech/Language
- Psychological
- Physical Therapy
- Occupational Therapy
- READ Plan
- English Language Development/ESL
- Behavioral Difficulties
- 504 Services
- Other

Parent/Guardian Signature ___________________________ Date ______________

Page 1 of 6

DCSD Reg Form 10142022
Residence Address
City ___________________________ State _____ Zip _______
Household Telephone ___________________________ Unlisted? Y ☐ N ☐

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 ☐

Name __________________________ Relationship to Student _____________
Residence Address __________________________ City ___________ State __ Zip _______
Mailing Address __________________________ 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 ☐

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 ☐

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Parent/Guardian Signature __________________________ Date ____________

DCSD Reg Form 10142022
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 __________________________ 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 __________

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statues 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 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 __________
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: __________________________

PLEAS 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

<table>
<thead>
<tr>
<th>Allergies - Life Threatening - Comment required</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life threatening allergy - Dairy</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Eggs</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Food</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Insect Sting</td>
<td></td>
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<tr>
<td>Life threatening allergy - Latex</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Medication</td>
<td></td>
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<tr>
<td>Life threatening allergy - Peanut</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Tree Nuts</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Other</td>
<td></td>
</tr>
<tr>
<td>Life threatening allergy - Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies - Comment required where indicated</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal</td>
<td></td>
</tr>
<tr>
<td>Environmental / Seasonal</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>List Food(s):</td>
</tr>
<tr>
<td>Insect Sting</td>
<td></td>
</tr>
<tr>
<td>Latex</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>List Food(s):</td>
</tr>
<tr>
<td>Non-Specific</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Conditions - Comment required where indicated</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
<td>Name of medication:</td>
</tr>
<tr>
<td>Adrenal Insufficiency</td>
<td></td>
</tr>
<tr>
<td>Alopecia</td>
<td></td>
</tr>
<tr>
<td>Arthritis Juvenile</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Comment:</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>Comment:</td>
</tr>
<tr>
<td>Auto-Immune Condition</td>
<td>Comment:</td>
</tr>
<tr>
<td>Blood Disorder</td>
<td>Comment:</td>
</tr>
<tr>
<td>Cancer</td>
<td>Comment:</td>
</tr>
<tr>
<td>Celiac Disease</td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
</tr>
<tr>
<td>Chiari Malformation</td>
<td></td>
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<tr>
<td>Chromosomal Anomalies</td>
<td>Comment:</td>
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<tr>
<td>Cleft lip/Palate</td>
<td></td>
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</tbody>
</table>

Parent/Guardian Signature ___________________________ Date ____________
**Other Conditions - Comment required where indicated**

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

Comment: ____________________________

Comment: ____________________________

Comment: ____________________________

Comment: ____________________________

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Comment: ____________________________
### Other Conditions - Comment required where indicated

- Paraplegia
- Post-Traumatic Stress Disorder
- Quadriplegia
- Respiratory Condition
- Scoliosis
- Seizure Disorder
- Shunt/Hydrocephalus
- Skin Condition
- Spina Bifida
- Syncopeal Episodes
- Syndrome
- Temperature Control Disorder
- Thyroid Condition
- Tourette Syndrome
- Tracheostomy
- Traumatic Brain Injury
- Urinary Problem
- 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

List any emotional, social or other conditions that might affect your student's school performance.

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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 □ Date: __________

If yes, please explain: ______ Is there anything else you would like us to know about your student?  
Yes □ No □
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>
</thead>
<tbody>
<tr>
<td>□ Choices in Section B do not apply</td>
<td>□ With friends or family members due to the loss of housing or financial hardship</td>
</tr>
<tr>
<td>□ In a motel, car or campground</td>
<td>□ In an Emergency Shelter</td>
</tr>
<tr>
<td>□ A student not living with parent or legal guardian</td>
<td>□ Other? Explain ________________________________________________________________________</td>
</tr>
<tr>
<td>□ Other? Explain ________________________________________________________________________</td>
<td></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.

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

Name / Title: ___________________________________________________________________   Phone: ____________________________

homelessliaison@dcsdk12.org
Colorado MEP Occupational Survey

Your child may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td></td>
<td>GRADE:</td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household?</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS:</td>
<td>TODAY'S DATE:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>PREFERRED LANGUAGE:</td>
<td></td>
</tr>
</tbody>
</table>

1) In the past three years, has your family moved to another state, city, school district, and/or county?  
   [ ] YES  [ ] NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?  
   [ ] YES  [ ] NO

   CIRCLE all that apply below, even if the work was only for a short period of time.

- **Processing & Packing** (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)
- **Agriculture or Field Work** (planting, picking, sorting crops, soil preparation, irrigation, fumigation)
- **Dairy & Cattle Raising** (feeding, milking, rounding up)
- **Nursery or Greenhouse** (planting, potting, pruning, watering, harvesting)
- **Forestry** (soil preparation, planting, growing, cutting trees)
- **Fishing & Fish Processing** (catching, sorting, packing, transporting fish)

This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:

**Metro Migrant Education Program**
14261 E 4TH AVE STE 125 BLDG 6
AURORA, CO 80011-6474
P: 303.365.5817
F: 303.856.7294
REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1

Please send all designated records to:

School Name: Pine Grove Elementary
Address: 10450 Stonegate Parkway
City, State, Zip Code: Parker, CO 80134
School Phone #: 303-387-8075
FAX Phone #: 303-387-8076
Counseling Phone #: Registrar Phone #: 303-387-8084

Name of Student: __________________________ Date of Birth: _________ Grade: _______

I HEREBY AUTHORIZE:

Name of School: __________________________ Last Date Attended: ___________
Address: __________________________ State: _________ Zip Code: _______
City: __________________________ Phone No.: ___________ FAX No.: ___________

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, including record of Suspension / Expulsion
☐ Medical / Immunization Records
☐ Personality and Interest Test Scores
☐ Special Education / Section 504 / ILP Records
☐ Gifted & Talented
☐ 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 this student received any previous testing, evaluations or services in any of the following areas?

☐ Individual Education Plan (IEP) Disability Area: __________
☐ Individual Literacy Plan (ILP) ☐ Gifted and Talented
☐ Counseling ☐ 504 Services ☐ Psychological
☐ 504 Services ☐ Other __________

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT’S ENROLLMENT IN SCHOOL.

Authorized Signature: __________________________ Date*

Relationship to Student: ☐ Parent/Guardian ☐ Student (18 years and older) ☐ Registrar ☐ Other __________

According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.

Douglas County School District Re. 1, Castle Rock, Colorado ©DCSD 9/2009

(Office Use Only)
Records Requested__________ By ________________ Via FAX ☐ Via Mail ☐ Received Records ________