

Home Language Questionnaire

In order to best support your student with the appropriate services, it is very important that you answer all questions accurately and to the best of your ability.

Once you have completed this packet, please submit it to a Denver Public Schools staff member.

Home Language Questionnaire

Student's Full Legal Name: _____
Last
First
Middle

Current Grade: _____ Birthdate: _____/_____/_____
Month
Day
Year

1) What is the primary language used in the home, regardless of the language spoken by the student?

- | | | | |
|--|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Somali | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Nepali | <input type="checkbox"/> Amharic | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Karen _____ | <input type="checkbox"/> Burmese | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna | <input type="checkbox"/> Vietnamese | |

2) What is the language most often spoken by the student?

- | | | | |
|--|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Somali | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Nepali | <input type="checkbox"/> Amharic | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Karen _____ | <input type="checkbox"/> Burmese | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna | <input type="checkbox"/> Vietnamese | |

3) What is the language that the student first acquired?

- | | | | |
|--|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Somali | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Nepali | <input type="checkbox"/> Amharic | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Karen _____ | <input type="checkbox"/> Burmese | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna | <input type="checkbox"/> Vietnamese | |

★ _____
Signature of Person Completing Form

_____/_____/_____
Date

Relationship to Student

SCHOOL USE ONLY – Steps to follow:

- 1) Date received: _____/_____/_____
- 2) Received by: _____ School Number: _____
- 3) Date entered in Infinite Campus: _____/_____/_____
- 4) Scan and upload HLQ (page 1) into Infinite Campus, with naming convention: School ID#, "HLQ", Student ID# (i.e. 450HLQ712345)
- 5) Date scanned: _____/_____/_____



Registration Form – Students New to DPS

Student ID# _____

Student Census/Enrollment Information

Please provide verification of birthdate to the school: Accepted documents include birth certificate, baptismal record, hospital record showing birthdate, or copy of non-U.S. passport. **Please print:**

Student's Full Legal Name: _____
Last First Middle
 Current Grade: _____ Gender: M F Birthdate: _____/_____/_____
Month Day Year State/Country of Birth: _____

Race/Ethnicity

1	What is the student's ethnic background?	Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Which of the following groups describes the student's race? (Select all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black or African American

Current/Previous School Information

The student's school history is:	<input type="checkbox"/> No previous schooling <input type="checkbox"/> Mostly continuous schooling <input type="checkbox"/> Limited schooling <input type="checkbox"/> Continuous schooling <input type="checkbox"/> Intermittent schooling
List the first time the student was enrolled in any school in the U.S. (NOT including preschool)	_____/_____/_____-_____ <small>Month Day Year Grade (K-12)</small>
List the most recent time the student was enrolled in any school in the U.S. (NOT including preschool and kindergarten)	_____/_____/_____-_____ <small>Month Day Year Grade (1-12)</small>
List the most recent time the student was enrolled in a Colorado public school (NOT including preschool and kindergarten)	_____/_____/_____-_____ <small>Month Day Year Grade (1-12)</small>
Has the student attended a DPS school in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No School: _____ Grade: _____ School Year: _____
List the last school attended outside of DPS	School: _____ Current Grade: _____ School Year: _____ City: _____ State: _____

	Yes	No
Is the student presently under consideration for or under an expulsion order from any other school district?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student presently involved in the Juvenile Justice system?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student receiving special education services?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student currently on a Section 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been identified as Gifted/Talented? <small>If yes, please list if identification was completed in a school district other than Denver Public Schools and provide a formal identification letter from your previous district to the GT teacher.</small>	<input type="checkbox"/>	<input type="checkbox"/>
Was the student in any Gifted/Talented programs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a health-care plan?	<input type="checkbox"/> If yes, please attach	<input type="checkbox"/>
Does the student have any life-threatening health conditions?	<input type="checkbox"/> If yes, please explain on page 9	<input type="checkbox"/>



Registration Form – Student Household Information

Student’s Full Legal Name: _____

Household Information – Primary Residence of Student

Please provide verification of address to the school: Accepted items include current utility bill, current rental agreement, warranty deed, bill of sale, settlement statement from closing, current Denver County tax notice, signed contract stating your name, or closing date and property address. In some cases, additional address/residence verification may be required.

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. Where the arrangement is less formal, the school may provide the necessary form(s) for the parent/guardian to complete. In a shared/dual household situation, one address needs to be listed as primary and the other will be a secondary household.

Student Primarily Resides With (please check one box):

- Both Parents Same Household
- Both Parents Different Households
- Foster Parents
- Mother only
- Mother and Stepparent
- Relatives _____
- Father only
- Father and Stepparent
- Other _____

Phone Number to be used for Automated Messenger: Primary Household Telephone: (_____) _____ - _____

Check all boxes that apply:

Delivery Device	Emergency	Attendance	Behavior	General Notification	Priority Notification	Teacher Notification
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If text (SMS) is checked message and data rates may apply. Charges are dependent on your service plan which may include fees from your carrier to send and receive text (SMS) messages. You may opt out of this service at any time by informing your school.

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Denver Public Schools Students Living in the Household

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Gender</u>	<u>Parent/Guardian Relation to Student</u>		<u>DPS School Attending</u>
					Parent/Guardian #1	Parent/Guardian #2	
1							
2							
3							
4							
5							



Registration Form – Student Household/Emergency Information

Student’s Full Legal Name: _____

Parent/Guardian #1 - Contact Information

In case of emergency, contact this person: 1st 2nd 3rd 4th (check only one) Gender: M F
 Legal Guardian? Yes No

Name: _____ Relationship to Student: _____

Residence Address: _____

Phone Numbers to be used for Automated Messenger: Check the Boxes that Apply

Contact Info	Delivery Device	Emergency	Attendance	Behavior	General Notification	Priority Notification	Teacher Notification
Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pager: () -							

If text (SMS) is checked message and data rates may apply. Charges are dependent on your service plan which may include fees from your carrier to send and receive text (SMS) messages. You may opt out of this service at any time by informing your school.

Preferred Language: Do you need oral and/or written communication in a language other than English?

- English French Somali Arabic
- Spanish Nepali Amharic Khmer
- Russian Karen _____ Burmese Other - please specify: _____
- Chinese, Mandarin Tigrigna Vietnamese

Additional Information: _____

Parent/Guardian Education Level

What is parent/guardian #1’s highest level of education? (Choose only one)	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school degree <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Associate’s degree <input type="checkbox"/> Bachelor’s Degree <input type="checkbox"/> Master’s Degree <input type="checkbox"/> Professional degree (e.g. medical doctor, lawyer, etc.) <input type="checkbox"/> Doctoral degree
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Parent/Guardian #2 - Contact Information

In case of emergency, contact this person: 1st 2nd 3rd 4th (check only one) Gender: M F
 Legal Guardian? Yes No

Name: _____ Relationship to Student: _____

Residence Address: _____

Registration Form – Student Household/Emergency Information

Student's Full Legal Name: _____

Parent/Guardian #2 - Contact Information continued

Contact Info	Delivery Device	Emergency	Attendance	Behavior	General Notification	Priority Notification	Teacher Notification
Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cell Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Work Phone: () -	Voice Text(SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pager: () -							

If text (SMS) is checked message and data rates may apply. Charges are dependent on your service plan which may include fees from your carrier to send and receive text (SMS) messages. You may opt out of this service at any time by informing your school.

Preferred Language: Do you need oral and/or written communication in a language other than English?

- English
- Spanish
- Russian
- Burmese
- Chinese, Mandarin
- French
- Nepali
- Karen _____
- Other - please specify: _____
- Tigrigna
- Somali
- Amharic
- Vietnamese
- Arabic
- Khmer

Additional Information: _____

Parent/Guardian Education Level

<p>What is parent/guardian #2's highest level of education? (Choose only one)</p>	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school degree <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Professional degree (e.g. medical doctor, lawyer, etc.) <input type="checkbox"/> Doctoral degree
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Other Emergency Contact Information

In case of emergency, contact this person 1st 2nd 3rd 4th (check only one)

Name: _____ Relationship to Student: _____

Other Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

In case of emergency, contact this person 1st 2nd 3rd 4th (check only one)

Name: _____ Relationship to Student: _____

Other Telephone: _____ Work Telephone: _____ Cell Phone: _____

Additional Information: _____

I confirm the information in this packet is accurate to the best of my knowledge.

★ _____
Parent/Guardian signature

_____/_____/_____
Date

Registration Form – Parent Permission and Release

Student’s Full Legal Name: _____

Parent Permission and Release

Parent Permission for Excursions:

On occasion, students will be given the opportunity to participate in field trips. On excursions, students take school buses, walk or use some other means of transportation. If you acknowledge “yes,” your student will be allowed to join in these field trips during the current school year. DPS will send information home before each excursion – by note, by PTA newsletter, by school’s monthly calendar or by some other means – to provide information on the place to be visited and the date of the excursion. At that time, you may revoke your permission for your student to go on this specific excursion.

The District is not responsible for every student injury sustained on an excursion or field trip.

Check one:

I consent to my student being taken on field trips or excursions during the school year.

Yes No

Parent Permission for Media, District Marketing, Web and Internal Use of Photos and Video:

In the interest of promoting the successful programs of Denver Public Schools, improving outside communications, and fostering the professional learning of DPS employees, the district sometimes uses photographs and video footage of students in our schools. This may include print, electronic, social and news media. Permission for close-up photographs and interviews of students under the age of 18 years old can be granted to media only with parent approval.

This agreement constitutes permission to use photographs and video footage of your student in employee trainings, presentations and information about our schools, programs and people that may be distributed by Denver Public Schools. All photographs and video footage shall remain the sole property of Denver Public Schools. I understand that no compensation will be made to me for this use. Denver Public Schools assumes no liability of any nature in connection with such filming and/or interviewing.

Check one:

Yes, I give my permission for Denver Public Schools to use photographs/video footage of my student for information, professional learning and possible distribution about its schools and programs via media, marketing and/or web use.

No, I do not want my student interviewed or photographed for any purpose.

Parent Permission for Internet Use:

As the parent or guardian of a DPS student, I have read Policy EGAEA and Regulation EGAEA-R1, Electronic Mail and Internet Policy, understand its contents, and agree that my student will abide by it (visit www.dpsk12.org/policies to view DPS policies).

I am fully aware that the school technology system is administered by DPS and is intended for official DPS business and educational use only. Should my student commit any violation of Policy EGAEA or Regulation EGAEA-R1, his/her access privileges may be revoked, and other disciplinary action may be taken.

Check one:

I give my permission to DPS to issue Internet access for my student.

Yes No

Parent Permission for student use of Google Apps for Education Accounts:

In an effort to continue to develop 21st-century learning skills and implement blended learning in the classroom, we now provide DPS students with Google accounts for collaboration, communication and online storage. All students will be provided with a Student Google Account *unless you opt your student out by selecting “No.”* I understand that my student’s Student Google Account is a privilege and if abused, its use will be revoked.

Check one:

I give my permission for my student to have a Student Google Account.

Yes No

United States Armed Forces Recruitment (11th and 12th grade only):

Consistent with applicable law and Board of Education policy, Denver Public Schools releases students’ names, addresses and home telephone numbers to recruiting officers of the United States Armed Forces, unless a written request to the contrary is received. Release of this information is for the purpose of allowing military recruiters to inform students about career, educational and vocational training opportunities and related benefits available through service in the United States Armed Forces.

Check one:

Yes, please allow military recruiters to contact my student regarding opportunities through the United States Armed Forces.

No, neither I nor my student would like information released to the United States Armed Forces.

Parent/Guardian Initials:

Registration Form – Parent Permission and Release

Student’s Full Legal Name: _____

<p>MY Denver Card: All Denver Public School students ages 5-18 are eligible for a FREE MY Denver Card. This card provides access to all Denver recreation centers and outdoor pools, Denver Public Libraries, and free visits to some of Denver’s best cultural facilities. By selecting “yes,” parents/guardians accept the terms and conditions of the MY Denver Card. Please visit www.denvergov.org/mydenvercard for detailed information, benefits and restrictions.</p> <ul style="list-style-type: none"> • First-time card holders can go to any one of our 27 recreation centers to get their photo taken and have their card printed out (cards are not mailed out). Please visit www.denvergov.org/recreation to find a center near you. • Current card holders, check “yes” to continue using your card. 	<p>Check one:</p> <p><input type="checkbox"/> Yes: I acknowledge that I have read and understand the terms and conditions of the FREE MY Denver Card, including the waiver of liability and choose to have my child participate</p> <p><input type="checkbox"/> No: I do not want my child to have access to recreation centers, outdoor pools, Denver Public Libraries or visits to Denver’s best cultural facilities through the MY Denver Card.</p>
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<p>Student Health Insurance: Please select the option which describes your student’s health insurance plan.</p> <p style="text-align: center;"> <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid (Health First Colorado) <input type="checkbox"/> Child Health Plan Plus (CHP+) <input type="checkbox"/> Discount Program <input type="checkbox"/> None </p>	
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<p>Annual Notification of Parents/Students’ Rights: I hereby acknowledge receiving information regarding the following: (1) Collaborative School Committee; (2) Student Fees, Fines and Charges; (3) Family Educational Rights and Privacy Act; (4) Protection of Pupil Rights Amendment; (5) Release of Information to Military Recruiters; (6) Release of Information to Medicaid; (7) Titles VI, IX, ADA, Section 504; (8) Identification of Student Race or Ethnicity; (9) Education of Students with Disabilities; (10) Student Conduct and Discipline; (11) No Child Left Behind; (12) School of Choice; (13) Sexual Harassment; (14) School Publications Code; (15) Sex Offender Information; (16) Parent’s Attendance Obligation; (17) Policies and Program. This document can be located under District Resources->Parents Rights on the following page: https://www.dpsk12.org/languages/#1474869731780-54f43e05-1b85</p>	<p><i>Initial below:</i></p> <p>_____</p>
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<p>Directory Information: The District may disclose “directory” information unless the parent/eligible student annually objects to such disclosure in writing to the Superintendent and the student’s school of enrollment within two weeks of enrollment. Directory information which may be released includes but is not limited to the student’s name, email address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, enrollment status, degrees, honors and awards received, the most recent previous education agency or institution attended by the student, and other similar information. Directory information also includes a student identification number or other unique personal identifier displayed on a student ID badge or used by the student to access or communicate in electronic systems, but only if the identifier cannot be used to gain access to student education records except when used in conjunction with one or more factors that authenticate the user’s identity, such as a password known only by the authorized user.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes, I permit my student’s name, and/or any additional directory information listed above, to be released to requesting agencies.</p> <p><input type="checkbox"/> No, I do not permit my student’s name or any additional directory information listed above, to be released to requesting agencies.</p>
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<p>Opting Out of Assessments: Parents who wish to excuse their student from participating in one or more of the state assessments may do so by following the district’s parent opt-out policy. The application is available to parents to make their selections twice a year in the fall and spring through the Parent Portal (www.myportal.dpsk12.org) or your child’s school. Parents are encouraged to discuss the process with their school principal.</p>
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I hereby acknowledge that the checked boxes and initials in the above sections are indicative of the permissions I am granting to Denver Public Schools on behalf of my student.

★ _____
Parent/Guardian signature

_____/_____/_____
Date



Registration Form – Student Health Information

Teacher/Counselor: _____
Room #: _____
Session: AM PM

Student Name: _____ Student ID#: _____

Immunization Information

DPS policy requires that all students meet the legal requirements of the Colorado Immunization Law. In order for the student to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the parent/guardian **MUST** see the school nurse or designee before enrollment can be completed. (Please see Provisional Authorization Form.) You have the right to exempt the student from immunizations. During an outbreak, a student with an exemption may be subject to exclusion from school and to quarantine.

Health Providers

Primary Care Provider/Health Clinic: _____ (required field)

Telephone: _____ Extension: _____

Dental Provider/Dental Clinic: _____

Telephone: _____ Extension: _____

Mental Health Provider/Mental Health Clinic: _____

Telephone: _____ Extension: _____

In an emergency, the student may be transported to the hospital as determined by 911 Emergency Personnel.

If emergency services are needed, Denver Public Schools will in no case accept financial responsibility.

NOTE: If the student participates in before- or afterschool programs, please check with the program coordinator for emergency and medication policy.

Medication Information

Students requiring any prescribed medication, including over-the-counter, during school hours **MUST** have a written physician order and written parent consent on the Denver Public Schools current year Student Medication Request Release Agreement. Please contact the school nurse or go to the DPS Nursing Services website (at the bottom of the following website page under "Student Medication Forms": <https://studentequity.dpsk12.org/nursing-student-health-services/#1483479776390-a11ec349-b086>) to get this form.

NOTE: Over-the-counter medications include ibuprofen and Tylenol.

★ _____
Parent/Guardian signature

_____/_____/_____
Date

Registration Form – Student Health Information

Teacher/Counselor: _____

Student Name: _____ Student ID#: _____

Room #: _____

Session: AM PM

Health Concerns Parents/Guardians are responsible for providing full details on any medical condition to the school nurse

Asthma: Yes No If Yes, please complete the attached **Asthma Intake Form** on page 11.

Asthma Medication: _____ Medication given at home? Yes No Will medication be needed at school? Yes No

Check where appropriate (all fields to the right are required when condition is checked below)	Is this condition life threatening?		Please explain condition	Medication(s)	Medication Given at Home?		Will Medication Be Needed at School?	
	YES	NO			YES	NO	YES	NO
<input type="checkbox"/> Allergies								
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder								
<input type="checkbox"/> Bowel/Bladder								
<input type="checkbox"/> Concussion/Head Injury								
<input type="checkbox"/> Dental Concerns								
<input type="checkbox"/> Developmental Delays								
<input type="checkbox"/> Diabetes								
<input type="checkbox"/> Diagnosed Mental Health Condition								
<input type="checkbox"/> Emotional/Behavioral Concerns								
<input type="checkbox"/> Fractures								
<input type="checkbox"/> Hearing								
<input type="checkbox"/> Headaches								
<input type="checkbox"/> Heart								
<input type="checkbox"/> Nutritional/Weight Concerns								
<input type="checkbox"/> Seizures								
<input type="checkbox"/> Skin Conditions								
<input type="checkbox"/> Sleep Apnea								
<input type="checkbox"/> Speech								
<input type="checkbox"/> Surgeries/Hospitalizations								
<input type="checkbox"/> Tuberculosis								
<input type="checkbox"/> Vision								
<input type="checkbox"/> Other								

Student has **NO** health concerns

Please check all that apply

- Glasses Hearing Aids Other _____
 Contacts Prosthesis or Physical Aids (please list) _____

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will **only** be shared with school staff on a “needs-to-know basis.” If you have any questions or concerns please contact your student’s school nurse.

★ _____
Parent/Guardian signature

_____/_____/_____
Date



Registration Form – Provisional Authorization Form

Student Name: _____ Student ID#: _____

Office of Nursing Services - Provisional Authorization Form

I, the Parent/Guardian of _____, _____, _____,
Student's Last Name Student's First Name Date of Birth

understand that for my student to be allowed to attend school, I must provide a record of immunizations at registration. Immunization requirements will be strictly enforced for all students according to Colorado Revised Statutes 25-4-902.

If the record of immunizations I am providing today is determined to be incomplete (upon review by the school nurse), I agree to the option I have checked below.

- I will sign a plan for completion of immunization in order to comply with minimum immunization requirements.
- I will provide evidence of completed immunizations.
- I will provide evidence of exemption status yearly per HB 14-1288.

I understand that it is my responsibility to obtain this record from the previous school, physician or clinic.

I understand that one of the above options must be completed within 14 calendar days, or my student may be denied attendance at school.

★ _____ Date ____/____/____
Parent/Guardian signature

Address: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Did your student previously attend Denver Public Schools? Yes No

If yes, DPS School attended: _____

Years Attended: _____



Registration Form – Asthma Intake Form

Student Name: _____

Student ID#: _____

Does your student have asthma and/or take asthma medication? No, STOP HERE Yes, please fill out this form

If you have any questions, please contact your student’s school nurse.

Health Care Provider for asthma: _____ Phone: _____

1. In the past 12 months, how many times has your student visited the ER/urgent care or had an urgent doctor’s office visit for asthma?
 0 times 1 time 2 times 3 times 4 times 5 or more times
2. In the past 12 months, how many times has your student been hospitalized overnight for asthma?
 0 times 1 time 2 times 3 times 4 times 5 or more times
3. In the past 12 months, how many times has your student used oral steroids (prednisone, Orapred) to treat an asthma attack?
 0 times 1 time 2 times 3 times 4 times 5 or more times
4. In the past school year, how many days of school did your student miss because of asthma?
 0 days 1-2 days 3-5 days 6-10 days 11-15 days 16 or more days
5. In the past 4 weeks, how often has your student used a rescue or reliever medicine (a syrup, inhaler or breathing machine) to relieve coughing, trouble breathing or wheezing?
 Never 1-2 days/week 3 or more days/week but not every day Everyday
6. In the past 4 weeks, how often has your student had coughing, trouble breathing or wheezing in the morning or during the day?
 Never 1-2 days/week 3 or more days/week but not every day Everyday
7. In the past 4 weeks, how often has your student awakened at night because of coughing, trouble breathing or wheezing?
 Never 1-2 times/month 3 or more times/month 2 or more times/week Every night
8. In the past 4 weeks, how often has your student’s asthma bothered or interrupted him/her during normal activities (playing, running around and sports)?
 Never Rarely Sometimes Often All of the time
9. What triggers your student’s asthma? (Check all that apply)
 Illness (colds) Smoke Allergies: Cat Dog Dust Mold Pollen
 Exercise/physical activity Strong odors/smells Food: _____
 Emotions (crying, laughing, stress) Weather changes Other: _____

10. Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) your student takes for asthma and allergies (the ones every day and as needed) and give the nurse a copy of your written asthma treatment plan.

List Names or Colors of Medicines Used for Asthma

11. How well does your student take asthma medicines? (Only one answer)
- Takes medicine by self Needs help taking medicine Not using medicine now

Parent Signature _____ Date _____ School Nurse Reviewed _____ Date _____

SCHOOL USE ONLY – Steps to follow for pages 8,9,10, & 11: 1) Fill in Student ID# 2) Make copies 3) Submit copies of pages 8-11 to school nurse
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Registration Form – Student Records

Request for Student Records

The student listed below has enrolled in _____, Denver Public Schools.

Please send all educational, special education, medical, social and/or psychological information which is part of the school records regarding the student listed below, including but not limited to the following: (1) Scholastic and student progress data; (2) Standardized test results; (3) Health data; (4) Proficiency test results; (5) Special Education/IEP information; (6) Discipline records; (7) English Language Learner data; (8) Psychological records; and (9) Cumulative academic records.

Student Information

Date of Request: _____

Student's Full Legal Name: _____
Last First Middle

Birth date: _____ Grade: _____

Name of Parent/Guardian: _____
Please Print

Previous School Information

Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Requesting Denver Public School Principal or Records Secretary

PLEASE MAIL TO: Denver Public Schools

Telephone: _____ Fax Number: _____

99.31 Family Educational Rights and Privacy Act of 1974 states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll. Subject to the requirements set forth in 99.34.

Confidentiality Notice: This release, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. If you have received this communication in error, please immediately notify the sender. In addition, if you have received this in error, please do not review, distribute, or copy the document. Thank you for your cooperation.

Registration Form – Federal Programs

Federal Programs Supportive Services Network Form 2017-2018 School Year

You may qualify for services under the following four programs. If you check **YES** to any of these programs, **please complete all information at the bottom of the page.**

****Please submit completed forms to any DPS school OR fax directly to the program office****

Homeless Education Network
Title X
Fax: 720-545-0425
Website: <http://hen.dpsk12.org/>

Under the McKinney-Vento Act, students experiencing homelessness have the right to immediately enroll in their attendance area public school, even if they do not have the documents required for enrollment. Alternately, they may continue to attend their school of origin.

You can be considered **Homeless** if your living situation is one of the following, please check the boxes that apply:

YES

- Shelter
- Motel
- Transitional Housing
- Living with family or friends due to loss of housing
- Inadequate Housing (no kitchen or bath)
- Unsheltered
- Unaccompanied youth (not in custody of parent/guardian and in one of the above situations)

Eligibility for Free Services
Under Title I-C
Fax: 720-633-9063

Your student may be eligible to receive supplemental educational services if you or a family member has/had sought or obtained one of the following jobs, please check the boxes that apply:

YES

- Vegetables/fruits/seeds (including canning and packaging)
- Farm/Ranch (including dairy & sod)
- Meat packing plant/slaughter house
- Poultry/egg plant
- Greenhouse/Nursery
- Christmas tree processing/forestry
- Orchards
- Other Agricultural business: _____

Have you moved into Denver within the past 3 years? **YES** **NO**

Date: ____/____/____

From where? _____

Native American Student Support Program (NASSP), Title VI

Is your student:
American Indian, Alaska Native or **YES**
Native Hawaiian?

➔ If YES, please complete a 506 form, located at each DPS school or contact the **Indian Education Program Office** at 720-423-2042. Contact Indian Education about support services available for your student.

Immigrant and Refugee
Fax: 720-423-1586

Do you identify yourself as an **immigrant or refugee?** **YES**

Country of origin: _____

Number of years in the U.S.: _____

Language(s) spoken in home: _____

Foster Care & Military - Fax: 720-423-1581

Foster Care:
Is your child any of the following?
Foster Care (non-relative)? Yes No
Foster Care (relative)? Yes No

Military:
Student of a military family? Yes No

Student #1's Full Name: _____ DPS School: _____ Grade: _____

Student #2's Full Name: _____ DPS School: _____ Grade: _____

Student #3's Full Name: _____ DPS School: _____ Grade: _____

Student #4's Full Name: _____ DPS School: _____ Grade: _____

Parent /Guardian Name: _____ Phone Number :(____) _____ Current Address: _____ Zip Code: _____



Parent/Guardian signature

Date