

# Welcome to Denver Public Schools (DPS)

Emily Griffith High School

## 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



Denver Public Schools (DPS)  
Emily Griffith High School

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: \_\_\_\_\_

Current Grade: \_\_\_\_\_      Last      First      Middle      Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      State/Country of Birth: \_\_\_\_\_  
Month      Day      Year

**Race/Ethnicity**

1	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 <b>first time</b> the student was enrolled in <b>any school in the U.S.</b> (NOT including preschool)	_____ / _____ / _____ - _____ <small>Month      Day      Year      Grade (K-12)</small>
List the <b>most recent</b> time the student was enrolled in <b>any school in the U.S.</b> (NOT including preschool and kindergarten)	_____ / _____ / _____ - _____ <small>Month      Day      Year      Grade (1-12)</small>
List the <b>most recent</b> time the student was enrolled in a <b>Colorado public school</b> (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 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? 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.	<input type="checkbox"/>	<input type="checkbox"/>
Is the student in any Gifted/Talented programs?	<input type="checkbox"/>	<input type="checkbox"/>



Denver Public Schools (DPS)  
Emily Griffith High School

**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"/>

During crises, Denver Public Schools will contact families through text messages. 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**

	Last Name	First Name	Middle Name	Gender	Parent/Guardian Relation to Student		DPS School Attending
					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: ( ) -							

During crises, Denver Public Schools will contact families through text messages. 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  
 Chinese, Mandarin     
  Tigrigna     
  Vietnamese     
  Other - please specify: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Parent/Guardian Education Level**

<b>What is parent/guardian #1’s highest level of education?</b> (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	

**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: ( ) -							

During crises, Denver Public Schools will contact families through text messages. 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**

<b>What is parent/guardian #2's highest level of education?</b> (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
---	--

**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.



**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](http://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

**United States Armed Forces Recruitment (11<sup>th</sup> and 12<sup>th</sup> 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:**

\_\_\_\_\_

**Educational Technology and Student Data Privacy**

Throughout the school year, your child’s school may select to use a variety of educational technologies in the classroom. Some of these resources may request your student’s personally identifiable information (PII) in order to function properly. Denver Public Schools takes student data privacy very seriously, and we require parent/guardian permission before any student PII can be shared with third parties.

Please take a moment to review the educational technology resources listed by your child’s school in the district’s Academic Technology Menu: <http://dpsk12.info> .These are the resources your school would like to use with your child in the classroom.

Some resources are designated as “school officials” by DPS, indicating that they have been vetted and approved by the district. These school resources do not require parent/guardian permission for student use. A full list of these can also be found in the Academic Technology Menu, in the Student Data Privacy Info section: <https://atm.dpsk12.org/studentdataprivacy.aspx>

Please indicate whether give permission for your child to use the educational technology resources listed by your child’s school in the Academic Technology Menu:

**Check one:**

- Yes, I give my permission.
- No, I do not give my permission



\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

**Registration Form – Parent Permission and Release**

**Student’s Full Legal Name:** \_\_\_\_\_

**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](http://www.denvergov.org/mydenvercard) for detailed information, benefits and restrictions.

- 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](http://www.denvergov.org/recreation) to find a center near you.
- Current card holders, check “yes” to continue using your card.

**Check one:**

**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

**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.

**Student Health Insurance:**

Please select the option which describes your student’s health insurance plan.

- Private insurance       Medicaid (Health First Colorado)
- Child Health Plan Plus (CHP+)       Discount Program
- None

**Check one:**

**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>

Initial below:

\_\_\_\_\_

**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, 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, 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.

**Check one:**

Yes, I permit my student’s name, and/or any additional directory information listed above, to be released to requesting agencies.

No, I do not permit my student’s name or any additional directory information listed above, to be released to requesting agencies.

**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](http://www.myportal.dpsk12.org)) or your child’s school. Parents are encouraged to discuss the process with their school principal.

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 – Health Information & Provisional Authorization**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Emergency Information**

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.*

**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.

**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.

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.

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.***

★ \_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_



Denver Public Schools (DPS)  
Emily Griffith High School

**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

Student has **NO** health concerns

**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"/> Life Threatening Allergies/Anaphylaxis								
<input type="checkbox"/> Food Allergy								
<input type="checkbox"/> Medication Allergy								
<input type="checkbox"/> Seasonal Allergy								
<input type="checkbox"/> Attention Deficit Disorder								
<input type="checkbox"/> Constipation								
<input type="checkbox"/> Bladder/Urinary Concerns								
<input type="checkbox"/> Concussion/Head Injury								
<input type="checkbox"/> Dental Cavities								
<input type="checkbox"/> Autism								
<input type="checkbox"/> Depression								
<input type="checkbox"/> Anxiety								
<input type="checkbox"/> Diabetes – Type I								
<input type="checkbox"/> Diabetes – Type II								
<input type="checkbox"/> Hearing								
<input type="checkbox"/> Migraines								
<input type="checkbox"/> Heart Condition								
<input type="checkbox"/> Seizures								
<input type="checkbox"/> Eczema								
<input type="checkbox"/> G-Tube/Gastrostomy								
<input type="checkbox"/> Vision								
<input type="checkbox"/> Surgeries/Hospitalizations								
<input type="checkbox"/> Other								

Does the student have a health-care plan?  Yes  No (If Yes, please attach)

**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



Denver Public Schools (DPS)
Emily Griffith High School

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?
2. In the past 12 months, how many times has your student been hospitalized overnight for asthma?
3. In the past 12 months, how many times has your student used oral steroids (prednisone, Orapred) to treat an asthma attack?
4. In the past school year, how many days of school did your student miss because of asthma?
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?
6. In the past 4 weeks, how often has your student had coughing, trouble breathing or wheezing in the morning or during the day?
7. In the past 4 weeks, how often has your student awakened at night because of coughing, trouble breathing or wheezing?
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)?
9. What triggers your student’s asthma? (Check all that apply)
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



Denver Public Schools  
Emily Griffith High School

Registration Form – Federal Programs

**Federal Programs Supportive Services Network Form 2018-2019 School Year**

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

**\*\*\*SCHOOL OFFICE TO FAX WHEN COMPLETED\*\*\***

**Homeless Education Network - Title IX of ESSA**

**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.

Your student may qualify for the McKinney-Vento Homeless Education Act if they are staying in one of the following situations.

**Please check the box that applies:**

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

**Immigrant and Refugee**

**Fax: 720-423-1586**

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

Country of origin: \_\_\_\_\_

Number of years in the U.S.: \_\_\_\_\_ **YES**

Language(s) spoken in home: \_\_\_\_\_

**Active Duty Military**

**Title I, Part A**

**Fax: 720-259-8781**

**Does the student have a parent/guardian that is active duty military?**  Yes

The term 'Active Duty' is federally defined as full-time duty in the active military service of the United States (Section 200.30(f)(1)(iv) of ESSA).

**Eligibility for Free Services**

**Temporary/Seasonal Worker Title I-C**

**Fax: 720-633-9063**

You and your family may be eligible for **free supplemental educational services based upon your previous work experience. Please answer the following question:**

In the past 36 months, have you or someone in your family worked in any of the following areas for at least 1 day:

- Vegetables/fruits/seeds (including canning and packaging)
- Farm/Ranch (including dairy & sod)
- Meat packing plant/slaughter house
- Poultry/egg plant
- Greenhouse/Nursery
- Dairy Farms
- Orchards
- Christmas tree processing/forestry
- Fishing
- Field work

**Have you moved into Denver within the past 3 years?**

Yes  No

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

From where? \_\_\_\_\_

**FOR MORE INFORMATION, CONTACT 303-365-5817**

**Native American Student Support Program (NASSP), Title VI**

Is your student American Indian, Alaska Native or Native Hawaiian?

**YES**

→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.

**Foster/Kinship Care Title I, Part A**

**Fax: 720-259-8781**

**Is the student in an out of home placement?**

Foster Care (non-relative)  Yes

Foster Care (relative)  Yes

Kinship Care  Yes

Group Home  Yes

Student Full Name: \_\_\_\_\_ DPS School: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Please sign to declare that the information provided is accurate and to the best of your knowledge.



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