



WELCOME TO DENVER PUBLIC SCHOOLS (DPS)

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 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?

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

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

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

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

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

4)



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: _____/_____/_____

**2020-2021 Registration Form – Students New to DPS**

Student ID# _____

STUDENT AGE VERIFICATION

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

Preferred Name: _____ Current Grade: _____ Gender: M F

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 first time the student was enrolled in any school in the U.S. (NOT including preschool)	____/____/____ - ____ Month Day Year Grade (K-12)
List the most recent time the student was enrolled in any school in the U.S. (NOT including preschool and kindergarten)	____/____/____ - ____ Month Day Year Grade (1-12)
List the most recent time the student was enrolled in a Colorado public school (NOT including preschool and kindergarten)	____/____/____ - ____ Month Day Year Grade (1-12)
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/program attended outside of DPS (including preschool/daycare)	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"/>
Does the student have an IEP and receive 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"/> Name of school district: _____	<input type="checkbox"/>
Is the student in any Gifted/Talented programs?	<input type="checkbox"/>	<input type="checkbox"/>



2020-2021 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 making educational or health related decisions along with who may be allowed to pick the student up from the school. If there are applicable legal documents, such as custody papers, a copy should be provided to the school. 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 Stepfather ☐ Relatives: _____
☐ Father only ☐ Father and Stepmother
☐ Other: _____

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							



Student's Full Legal Name: _____

CONTACT INFORMATION ACKNOWLEDGEMENT

In case of emergency and for school updates, Denver Public Schools will contact families through phone calls, text messages and email communications. Text 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. However, please note that if you opt out, you will no longer receive any communications (including during emergencies) to that number/email.

Parent/Guardian
Initials: _____

Parent/Guardian #1

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: _____

Household phone*	
Cell phone*	
Email*	
Secondary Email*	
Work Phone	
Other Phone	
Pager	

* The contact information marked with an asterisk (*) above will be used for automated messages. Please ensure that your phone numbers and email addresses are written clearly and are correctly. Under federal telecommunication laws, DPS can face costly legal liability for sending text messages to the wrong number. Please help us by ensuring you have provided accurate information above and remember to update it in the future if it changes.

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	Vietnamese
Chinese, Mandarin	Tigrigna	Other - please specify: _____	

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 | |



Parent/Guardian #2

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: _____

Cell phone*	
Email*	
Secondary Email*	
Work Phone	
Other Phone	
Pager	

* **The contact information marked with an asterisk (*) above will be used for automated messages.** Please ensure that your phone numbers and email addresses are written clearly and are correctly. Under federal telecommunication laws, DPS can face costly legal liability for sending text messages to the wrong number. Please help us by ensuring you have provided accurate information above and remember to update it in the future if it changes.

If Parent/Guardian #2 does not reside in primary residence:

Address: _____

Household Phone*: _____

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	Vietnamese
Chinese, Mandarin	Tigrigna	Other - please specify: _____	

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			

Other Emergency Contact Information

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

Name: _____ Relationship to Student: _____

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

Additional Information: _____

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

Name: _____ Relationship to Student: _____

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

Additional Information: _____

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

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

2020-2021 Registration Form – Parent Permission and Release

Student's Full Legal Name: _____

Parent Permission and Release

PARENT PERMISSION: 1 OF 3

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 student injury sustained on an excursion or field trip.

Check one:

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

☐ Yes

☐ No

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

In the interest of promoting the successful programs of DPS and improving outside communications, the district uses photographs and video footage in our schools. Additionally, print and electronic news media sometimes request to visit schools for stories about programs and current events. Permission for close-up photographs can be granted to the media only with your approval. This may include print, electronic, social and news media, **which specifically may mean, for example, your child's image could be on a social media post, a training video, or in TV or newspaper coverage of a press conference held at the school.** Permission for interviews of students under the age of 18 years-old can be granted to media only with parent approval.

This agreement constitutes permission to allow print and/or electronic media to interview and/or photograph your student and for DPS 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 the school district. All DPS photographs and video footage shall remain the sole property of the district. I understand that no compensation will be made to me for this use. DPS 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 via media, marketing and/or web use.

☐ NO, I do not want my child interviewed or photographed for any purpose.

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 child.

☐ Yes

☐ No

Parent/Guardian
Initials: _____



2020-2021 Registration Form – Parent Permission and Release

Student's Full Legal Name: _____

PARENT PERMISSION: 2 OF 3

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.

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.

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.

- First-time card holders can go to any one of our 30 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.

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.

Parent/Guardian
Initials: _____

2020-2021 Registration Form – Parent Permission and Release

PARENT PERMISSION: 3 OF 3

Student Health Insurance:

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

- Check one:**
- | | |
|--|---|
| <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 | |

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, school-assigned 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, to be released to requesting agencies.
- ☐ NO, I do not permit my student's name or any additional directory information listed, 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. This opt-out is only for state assessments and not any District or School interim assessments such as Istation, i-Ready, or other similar assessments that provide data on student progress throughout the year.

Please note: Denver Public Schools forwards education records to other agencies or institutions that have requested the records, in which the student seeks to enroll or is already enrolled, so long as the disclosure is for the purposes related to the student's enrollment or transfer.

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:** ____/____/____

2020-2021 Registration Form – Federal Programs

Federal Programs Supportive Services Network Form 2020-21 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.

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)

FOR MORE INFORMATION, CONTACT 720-423-1980

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
- ☐ Hemp

Have you moved into Denver within the past 3 years?

☐ YES ☐ NO

FOR MORE INFORMATION, CONTACT 303-365-5817

Immigrant and Refugee

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

Country of origin: _____

Number of years in the U.S.: _____

Language(s) spoken in home: _____

Native American Culture and Education (NACE), 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 **Native American Culture and Education Department (NACE)** at 720-423-2042. Contact the Native American Culture and Education Department about support services available for your student.

Active Duty Military Title I, Part A

Fax: 720-259-8781

Website: <https://childservices.dpsk12.org/military-connected/>

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).

Foster/Kinship Care Title I, Part A

Fax: 720-259-8781

Website: <https://childservices.dpsk12.org/foster-kinship-care/>

Is the student in an out of home placement?

Foster Care (non-relative) ☐ Yes

Foster Care (relative) ☐ Yes

Kinship Care ☐ Yes

Group Home ☐ Yes

Print Parent/Guardian Name: _____ Phone Number: _____

Current Address: _____

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

Parent Signature: _____ **Date:** _____



2020-2021 Registration Form – Student Health Information

Student Name: _____ Grade Level: _____ Student ID#: _____

DENVER HEALTH'S SCHOOL-BASED HEALTH CENTERS (SBHC)

Denver Health's School-based Health Centers (SBHC) form a large network of health centers located inside various Denver Public School (DPS) campuses that serve any DPS student at **no charge** to families. Services include well child/adolescent checks (physicals), mental health counseling, some prescription medications, immunizations, and dental screenings/cleanings.

For a complete list of services and locations, contact your school nurse or the Denver Health SBHC website at: <https://www.denverhealth.org/services/school-based-health-centers>

EMERGENCIES

In an emergency, the student may be transported to the hospital as determined by Emergency Medical Services personnel. If emergency services are needed, Denver Public Schools will in no case accept financial responsibility.

MEDICATIONS

Students requiring ANY medications (prescribed medication or over-the-counter) during school hours **MUST** have a current written order from a Licensed Authorized Prescribing Practitioner (MD, DO, NP, PA, dentist) and written parent consent on the appropriate DPS forms. *NOTE: Over-the-counter medications include acetaminophen (Tylenol), ibuprofen (Advil, Motrin), antacids (Tums), etc.*

To obtain medication forms contact your school nurse or go to:
<https://studentequity.dpsk12.org/nursing-student-health-services/>

IMMUNIZATIONS

DPS policy requires that all students meet the legal requirements of the Colorado Immunization Law in order for the student to attend school. You have the right to exempt the student from immunizations in limited situations as defined by state law, but during an outbreak unvaccinated students (students with an exemption) may be subject to exclusion from school and to quarantine.

I understand that one the following must be completed within 14 calendar days of starting school, or my student may be denied attendance at school:

- I will provide up-to-date vaccination records showing that the student is fully immunized.
 - A student is considered *fully immunized* if he or she has received all doses of school-required vaccines according to the current ACIP schedule.*
- If the student is missing any required immunizations, I will complete an in-process plan for the completion of missing immunization(s) with the school nurse.
- I will provide a completed immunization exemption form.

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

By signing below I acknowledge that I have fully read and understand the *Nursing & Student Health Services* information above.

Parent Signature: _____ Date: _____

***Current ACIP schedule: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>**



2020-2021 Registration Form – Student Health Information

Student Name: _____ **Grade Level:** _____ **Student ID#:** _____

Does your student currently have any of the following? (CHECK ALL THAT APPLY)

☐ Section 504 Plan ☐ IEP ☐ Health Care or Emergency Action Plan ☐ NONE

Primary Health Provider: _____

Health Clinic: _____

Dentist Name: _____

Dental Clinic: _____

MY STUDENT HAS THE FOLLOWING MEDICAL CONDITION(S): (Check all that apply and explain in space provided.)

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> SEVERE ALLERGY (Anaphylaxis) _____
<input type="checkbox"/> EPILEPSY/SEIZURES	<input type="checkbox"/> DIABETES (Type 1)
<input type="checkbox"/> HEART CONDITION _____	<input type="checkbox"/> DIABETES (Type 2)
<input type="checkbox"/> Allergy to Food(s) _____	<input type="checkbox"/> Allergy to Medication(s) _____
<input type="checkbox"/> Anxiety _____	<input type="checkbox"/> Attention Disorders (ADD/ADHD) _____
<input type="checkbox"/> Autism _____	<input type="checkbox"/> Bladder/Urinary Concerns _____
<input type="checkbox"/> Blood Disorder _____	<input type="checkbox"/> Cancer _____
<input type="checkbox"/> Concussion or Head Injury _____	<input type="checkbox"/> Constipation _____
<input type="checkbox"/> Dental Cavities _____	<input type="checkbox"/> Depression _____
<input type="checkbox"/> Down Syndrome _____	<input type="checkbox"/> Eczema _____
<input type="checkbox"/> G-Tube/GJ-Tube (Gastrostomy) _____	<input type="checkbox"/> Headaches (frequent) _____
<input type="checkbox"/> Migraines _____	<input type="checkbox"/> Muscular Disorders _____
<input type="checkbox"/> Mental Health Concerns _____	<input type="checkbox"/> Prosthesis or Physical Aids _____
<input type="checkbox"/> Seasonal Allergies _____	<input type="checkbox"/> Skin Disorders _____
<input type="checkbox"/> Speech Problems _____	<input type="checkbox"/> Swallowing Problem _____
<input type="checkbox"/> Surgeries/Hospitalizations _____	<input type="checkbox"/> Tubes in Ear(s) _____
<input type="checkbox"/> Vision Problems _____	<input type="checkbox"/> Hearing Concerns _____
<input type="checkbox"/> Glasses/Contact Lenses _____	<input type="checkbox"/> Hearing Aids _____
• OTHER(s): _____	



MY STUDENT HAS NO HEALTH CONCERNS

(If you check this box, you agree to communicate with the school regarding new health concerns during the school year.)

My student takes the following medication(s) at home:

I will provide the following medication(s) for my student to take at school:

I understand that I must contact the school nurse to complete the required paperwork for my child to take medication at school.

Forms can be found at <https://studentequity.dpsk12.org/nursing-student-health-services/>

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 not be shared with any other outside health providers without the expressed written permission of the parent/guardian.

Parent Signature: _____ **Date:** _____



2020-2021 Registration Form – Student Health Information Asthma Intake Form

Student Name: _____ Grade Level: _____ Student ID#: _____

DOES YOUR CHILD HAVE (OR HAVE THEY EVER HAD) ASTHMA?

☐ **NO** – Do NOT fill out this form. ☐ **YES** – Fill out the form below.

Name of person completing this form and their relationship to student: _____

Health Care Provider for Asthma: _____

1. In the past 12 months, how many times has your child 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 child 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 child 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 child 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 child 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 ☐ Every day

6. In the past 4 weeks, how often has your child had coughing, trouble breathing or wheezing in the morning or during the

☐ Never ☐ 1-2 days/week ☐ 3 or more days/week but not every day ☐ Every day

7. In the past 4 weeks, how often has your child awakened at night because of coughing, trouble breathing or wheezing?

☐ Never ☐ 1-2 days/month ☐ 3 or more days/month ☐ 2 or more times/week ☐ Every night

8. In the past 4 weeks, how often has your child'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 child's asthma? (Check all that apply)

<input type="checkbox"/> Illness	<input type="checkbox"/> Smoke	<input type="checkbox"/> Allergies: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Dust <input type="checkbox"/> Mold <input type="checkbox"/> Pollen
<input type="checkbox"/> Exercise/physical activity	<input type="checkbox"/> Strong odor/smells	<input type="checkbox"/> Food: _____
<input type="checkbox"/> Emotions (crying, laughing, stress)	<input type="checkbox"/> Weather changes	<input type="checkbox"/> Other: _____

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

11. How well does your child take asthma medicines? (Choose only one answer)

☐ Takes medicine by self ☐ Needs help taking medicine ☐ Not using medicine now

Parent Signature: _____ Date: _____

School Nurse Reviewed: _____ Date: _____