



# 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

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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: \_\_\_\_\_

★ \_\_\_\_\_  
*Signature of Person Completing Form*

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

\_\_\_\_\_  
*Relationship to Student*

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



## 2021-2022 Paper Registration – New Student

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: \_\_\_\_\_ Sex Assigned at Birth:  M  F

Gender Identity:  Male  Female  Transgender  Non-Binary / Genderqueer / GenderFluid  Other

Student Pronouns:  He / Him / His  She / Her / Hers  They / Them / Theirs

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ State/Country of Birth: \_\_\_\_\_  
Month Day Year

### RACE/ETHNICITY

**1** Is student Hispanic or Latino?  Yes  No

**2** Which of the following groups describes the student's race? (Select all that apply)

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Caucasian/White
- Black or African American

### CURRENT/PREVIOUS SCHOOL INFORMATION

The student's school history is:

- No previous schooling
- Limited schooling
- Intermittent schooling
- Mostly continuous schooling
- Continuous 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?

Yes  No

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

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

List the last school/program attended outside of DPS (including preschool/daycare)

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_



**CURRENT/PREVIOUS SCHOOL INFORMATION (Continued)**

	Yes	No
Is the student presently under consideration for or under an expulsion order from any other school district? <small>This means the student has engaged in a misbehavior for which the student was expelled or will be expelled.</small>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have an IEP and receive special education services? (for purposes of requesting IEP documents only)	<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"/>
Is the student in any Gifted/Talented programs?	<input type="checkbox"/>	<input type="checkbox"/>

**DEVICE AND INTERNET ACCESS**

**Device Access**

In the event that your student’s school is required to transition to remote learning during the school year, your student will need a Chromebook, laptop or similar device that will enable the student to remotely log-in to DPS accounts. If you acknowledge "yes," you are indicating that your student has access to a personal or school-issued or district-issued device that may be used for remote learning - and that the student will be its sole user during remote days. If you acknowledge "no," you are indicating that your student needs a device and you may be contacted about next steps.

**Check one:** My student has a Chromebook, laptop or similar device at home that may be used for remote learning, if needed.

- Yes
- No

**Internet Access**

In the event that your student’s school is required to transition to remote learning during the school year, your student will need internet access. If you select "yes," you are indicating that your student has reliable access to the internet at home, either through a personal account or district-issued hotspot. If you select "no," you are indicating that your student needs internet access at home and you may be contacted about next steps.

**Check one:** My student has reliable access to the internet at home that may be used for remote learning, if needed.

- Yes
- No



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) Legal Guardian?  Yes  No

Gender Identity:  Male  Female  Transgender  Non-Binary / Genderqueer / GenderFluid  Other

Legal Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

**\*\*\*Please help us by ensuring you have provided accurate contact information and remember to update it in the future if it changes.\*\*\***

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 correctly. Under federal telecommunication laws, DPS can face costly legal liability for sending text messages to the wrong number.

**Preferred Language:** Which language do you prefer for oral/written communications?

- English  French  Somali  Arabic
- Spanish  Nepali  Amharic  Khmer
- Russian  Karen  Burmese  Vietnamese
- Chinese, Mandarin  Tigrigna  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	
	<input type="checkbox"/> Prefer not to answer		



**Parent/Guardian #2**

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

Gender Identity:  Male  Female  Transgender  Non-Binary / Genderqueer / GenderFluid  Other

Legal Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**\*\*\*Please help us by ensuring you have provided accurate contact information and remember to update it in the future if it changes.\*\*\***

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.

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

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

Household Phone\*: \_\_\_\_\_

**Preferred Language:** Which language do you prefer for oral/written communications?

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

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	
	<input type="checkbox"/> Prefer not to answer		

**Other Emergency Contact Information**

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

Gender Identity:  Male  Female  Transgender  Non-Binary / Genderqueer / GenderFluid  Other

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)

Gender Identity:  Male  Female  Transgender  Non-Binary / Genderqueer / GenderFluid  Other

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**2021-2022 Paper Registration – New Student | 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/Guardians Same Household       Both Parents/Guardians Different Households       Foster Parents
- Parent/Guardian 1 only       Parent/Guardian 1 and Step-Parent       Relatives: \_\_\_\_\_
- Parent/Guardian 2 only       Parent/Guardian 2 and Step-Parent
- 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							





2021-2022 Paper Registration – New Student | Parent Permission and Release

Student’s Full Legal Name: \_\_\_\_\_

PARENT PERMISSION: 1 OF 5

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 or guardian 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](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 child.

Yes  No

Parent/Guardian Initials: \_\_\_\_\_





**2021-2022 Paper Registration – New Student | Parent Permission and Release**

Student’s Full Legal Name: \_\_\_\_\_

**PARENT PERMISSION: 2 OF 5**

**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.

**My Tech Chromebook and Accessories**

Your student may receive a district-issued Chromebook and related accessories. These tools, which will be used in the classroom and may be taken home for homework and other educational purposes, are essential in your student’s learning experience. Participation is mandatory. It will be the responsibility of you and your student to use and care for the device and accessories, and pay any applicable fees. Additional details on the device use and your responsibilities are outlined in the **Student and Parent/Guardian Agreement for Use of MyTech Device and Network Resources** found here:

<https://drive.google.com/drive/folders/1ungsG9kB5dWOAyM8Tn3HGw8-A4SwYoxl>.

I have read the Agreement and confirm that I understand and agree to my responsibilities and my student’s responsibilities to participate in the MyTech program.

**Initial below:**

\_\_\_\_\_

**Educational Technology and Student Data Privacy:**

Throughout the school year, your student’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. If a vendor has not signed the DPS Data Protection Addendum, we require parent/guardian consent before any student PII can be shared with third parties.

Please take a moment to review the educational technology resources listed by your student’s school in the district’s Academic Technology Menu and the provider privacy policies: [http://atm.dpsk12.org/usage\\_reporting.aspx](http://atm.dpsk12.org/usage_reporting.aspx). These are the resources your school would like to use with your student in the classroom.

At a district level, we devote significant staff time and resources to negotiating a formal data sharing agreement (Data Protection Addendum) to prohibit student data mining or targeted marketing while requiring industry standards for encryption and security. These agreements allow DPS to designate vendors as “school officials” to enable us to share student data without parent consent. A full list of these agreements can also be found in the Academic Technology Menu, in the “Contract Providers” tab of the Student Data Privacy Training & Guidance section: <https://atm.dpsk12.org/studentdataprivacy.aspx>

Please indicate whether you give permission for your student to use the educational technology resources listed by your student’s school in the Academic Technology Menu. As new tools are added by your school, parents/guardians will receive notifications from their school.

**Check one:**

- YES, I give my permission.
- NO, I do not give my permission.

**Parent/Guardian Initials:** \_\_\_\_\_



**2021-2022 Paper Registration – New Student | Parent Permission and Release**

Student's Full Legal Name: \_\_\_\_\_

**PARENT PERMISSION: 3 OF 5**

**Student Hotspot Use Consent:**

All students in need of home internet access may be eligible to use a district-issued hotspot during the school year. If you anticipate needing a hotspot OR continuing use of a district-issued hotspots, review the T-Mobile Project 10Million Parent/Guardian Agreement here: [https://drive.google.com/drive/u/1/folders/1euU4i89x8qsznNkGg88LL3r\\_CWfnAI5G](https://drive.google.com/drive/u/1/folders/1euU4i89x8qsznNkGg88LL3r_CWfnAI5G)

Please indicate if you have read the agreement and understand the terms and provide consent for your student to use a district-issued hotspot.

**Check one:**

- YES, I give my permission.
- NO, I do not give my permission.
- NO, this is not applicable to my student.

**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 <https://www.denvergov.org/Government/Departments/Office-of-Childrens-Affairs/ProgramsInitiatives/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](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.

**Check one:**

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

**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> with the direct link available here: <https://www.dpsk12.org/wp-content/uploads/Annual-Notification-of-Parents-and-Students-Rights-English.pdf>.

**Initial below:**

\_\_\_\_\_

**Parent/Guardian  
Initials: \_\_\_\_\_**



2021-2022 Paper Registration – New Student | Parent Permission and Release

Student’s Full Legal Name: \_\_\_\_\_

**PARENT PERMISSION: 4 OF 5**

**Safe Gun Storage**

The American Academy for Pediatrics has concluded that the absence from guns in homes is the most effective deterrent to prevent suicide, homicide and firearm-related accidents. All firearms owners are responsible for ensuring that guns are stored so they are not accessible to unauthorized persons (adults as well as children). If there are guns in your home, there are important steps parents/guardians should take to make sure they do not fall into the hands of children or adolescents.

**All guns should be stored unloaded, locked, and separate from ammunition.**

According to Everytown for Gun Safety as well as the National Rifle Association, secure storage can prevent shootings and accidents by disrupting unauthorized access to firearms. Safe storage is not simply hiding a firearm. Always assume that a child or teen can find a gun. An estimated 54% of gun owners don’t lock all of their guns securely.

**Be part of the solution to prevent gun violence:**

- **Unload:** Always remove all ammunition from firearms, including removing any chambered rounds.
- **Lock:** Unloaded guns should be secured with a locking device and in a locked location, like a safe or lock box.
- **Separate:** Ammunition should be stored separately from the firearm, also in a secure location.

**Talk to your child about gun safety and what to do if they find a gun:**

Stop. Don’t Touch. Run Away. Tell a Grown Up.  
More information: [everytown.org](http://everytown.org), [gunsafetyrules.nra.org](http://gunsafetyrules.nra.org)

**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.

I have read the safe gun storage information.

**Initial below:**

\_\_\_\_\_

**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.

**Parent/Guardian  
Initials: \_\_\_\_\_**



## 2021-2022 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name: \_\_\_\_\_

### PARENT PERMISSION: 5 OF 5

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



**2021-2022 Paper Registration – New Student | Federal Programs**

**Federal Programs Supportive Services Network Form 2021-22 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.

<p><b>Homeless Education Network Title IX of ESSA</b>  <b>Fax: 720- 545-0425</b>  <b>Website: <a href="http://hen.dpsk12.org/">http://hen.dpsk12.org/</a></b></p> <p>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.</p> <p>Your student may qualify for the McKinney-Vento homeless Education Act if they are staying in one of the following situations.</p> <p><b>Please check the box that applies:</b></p> <p><input type="checkbox"/> Shelter  <input type="checkbox"/> Transitional Housing  <input type="checkbox"/> Staying with family or friends due to loss of housing  <input type="checkbox"/> Inadequate Housing (no kitchen or bath)  <input type="checkbox"/> Unaccompanied youth (not in custody of parent/guardian and in one of the above situations)  <input type="checkbox"/> Motel  <input type="checkbox"/> Unsheltered</p> <p><b>Primary cause of housing crisis:</b></p> <p><input type="checkbox"/> Eviction/Foreclosure /Cannot Afford Housing  <input type="checkbox"/> Household/Domestic Factors  <input type="checkbox"/> Loss or decrease in income/loss of job  <input type="checkbox"/> Natural disaster  <input type="checkbox"/> Pandemic  <input type="checkbox"/> None of the above/other: _____</p> <p><b>Secondary cause of housing crisis:</b></p> <p><input type="checkbox"/> Eviction/Foreclosure /Cannot Afford Housing  <input type="checkbox"/> Household/Domestic Factors  <input type="checkbox"/> Loss or decrease in income/loss of job  <input type="checkbox"/> Natural disaster  <input type="checkbox"/> Pandemic  <input type="checkbox"/> None of the above/other: _____</p> <p><b>FOR MORE INFORMATION, CONTACT 720-423-1980</b></p>	<p><b>Eligibility for Free Services</b>  <b>Temporary/Seasonal Worker Title I-C</b>  <b>Fax: 720-633-9063</b></p> <p>You and your family may be eligible for <b>free supplemental educational services based upon your previous work experience. Please answer the following question:</b></p> <p>In the past 36 months, have you or someone in your family worked in any of the following areas for at least 1 day:</p> <p><input type="checkbox"/> Vegetables/fruits/seeds (including canning and packaging)  <input type="checkbox"/> Farm/Ranch (including dairy &amp; sod)  <input type="checkbox"/> Meat packing plant/slaughter house  <input type="checkbox"/> Poultry/egg plant  <input type="checkbox"/> Greenhouse/Nursery  <input type="checkbox"/> Dairy Farms  <input type="checkbox"/> Orchards  <input type="checkbox"/> Christmas tree processing/forestry  <input type="checkbox"/> Fishing  <input type="checkbox"/> Field work  <input type="checkbox"/> Hemp</p> <p><b>Have you moved into Denver within the past 3 years?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>FOR MORE INFORMATION, CONTACT 303-365-5817</b></p>
<p><b>Immigrant and Refugee</b>  <b>Fax: 720-423-1586</b></p> <p>Do you identify yourself as an <b>immigrant or refugee</b>?</p> <p>Country of origin: _____</p> <p>Number of years in the U.S.: _____</p> <p>Language(s) spoken in home: _____</p>	<p><b>Native American Culture and Education (NACE), Title VI</b></p> <p>Is your student American Indian, Alaska Native or Native Hawaiian?  <input type="checkbox"/> Yes</p> <p>If YES, please complete a 506 form, located at each DPS school or contact the <b>Native American Culture and Education Department (NACE)</b> at 720-423-2042. Contact the Native American Culture and Education Department about support services available for your student.</p>



**2021-2022 Paper Registration – New Student | Federal Programs**

<p style="text-align: center;"><b>Active Duty Military Title I, Part A</b>  <b>Fax: 720-259-8781</b>  <b>Website:</b>  <a href="https://childservices.dpsk12.org/military-connected/">https://childservices.dpsk12.org/military-connected/</a></p> <p><b>Does the student have a parent/guardian that is active duty military?</b></p> <p><input type="checkbox"/> Yes</p> <p><small>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).</small></p>	<p style="text-align: center;"><b>Foster/Kinship Care Title I, Part A</b>  <b>Fax: 720-259-8781</b>  <b>Website:</b> <a href="https://childservices.dpsk12.org/foster-kinship-care/">https://childservices.dpsk12.org/foster-kinship-care/</a></p> <p><b>Is the student in an out of home placement?</b></p> <p>Foster Care (non-relative) <input type="checkbox"/> Yes</p> <p>Foster Care (relative) <input type="checkbox"/> Yes</p> <p>Kinship Care <input type="checkbox"/> Yes</p> <p>Group Home <input type="checkbox"/> Yes</p>
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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/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## 2021-2022 Paper Registration – New Student | 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.

SBHC services are conveniently located at 18 different sites all throughout Denver. For a complete list of services and locations, contact your school nurse or visit the Denver Health SBHC website at:

<https://www.denverhealth.org/services/school-based-health-centers>

If you would like your student to be able to use the SBHCs, please complete the E-Consent form:

<https://www.denverhealth.org/services/school-based-health-centers/e-consent>. If you prefer to complete the consent form in person, please visit one of 18 our sites. Telehealth phone visits are now available for most appointments by calling 303-602-8958.

### 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.
  - o 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/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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



2021-2022 Paper Registration – New Student | 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.)

Form with checkboxes for various medical conditions: ASTHMA, SEVERE ALLERGY (Anaphylaxis), EPILEPSY/SEIZURES, DIABETES (Type 1), HEART CONDITION, DIABETES (Type 2), Allergy to Food(s), Allergy to Medication(s), Anxiety, Attention Disorders (ADD/ADHD), Autism, Bladder/Urinary Concerns, Blood Disorder, Cancer, Concussion or Head Injury, Constipation, Dental Cavities, Depression, Down Syndrome, Eczema, G-Tube/GJ-Tube (Gastrostomy), Headaches (frequent), Migraines, Muscular Disorders, Mental Health Concerns, Prosthesis or Physical Aids, Seasonal Allergies, Skin Disorders, Speech Problems, Swallowing Problem, Surgeries/Hospitalizations, Tubes in Ear(s), Vision Problems, Hearing Concerns, Glasses/Contact Lenses, 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/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_





2021-2022 Paper Registration – New Student | 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 day?

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)

Illness  Smoke  Allergies:  Cat  Dog  Dust  Mold  Pollen  
 Exercise/physical activity  Strong odor/smells  Food: \_\_\_\_\_  
 Emotions (crying, laughing, stress)  Weather changes  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: \_\_\_\_\_