



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: _____

★ _____
Form Signature of Person Completing

_____/_____/_____
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: _____/_____/_____



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 Identity: Male Female X: Non-Binary/Genderqueer/Genderfluid/Transmasculine/Transfeminine/Other Prefer not to answer

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

Birthdate: _____/_____/_____
Month Day Year State/Country of Birth: _____

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?	<input type="checkbox"/> American Indian or Alaska 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: _____



CURRENT/PREVIOUS SCHOOL INFORMATION (Continued)

	Yes	No
Is the student presently under consideration for or under an expulsion order from any other school district? This means the student has engaged in a misbehavior for which the student was expelled or will be expelled.	<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"/>

Name of school district: _____

INTERNET ACCESS

Internet Access

In the event that your student does not have reliable access to the Internet at home, DPS may be able to provide support to ensure connectivity at home for your student to continue their learning at home.

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 can check in with your student’s school about possibly accessing a district-provided hotspot.

Check one: My student has reliable access to the internet at home.

- Yes
- No

Student’s Full Legal Name: _____

CONTACT INFORMATION ACKNOWLEDGEMENT

In case of emergency or school updates, Denver Public Schools will contact families through phone calls, text (SMS) 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 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: _____
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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 X: Non-Binary/Genderqueer/Genderfluid/Transmasculine/Transfeminine/Other Prefer not to answer

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

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 <input type="checkbox"/> Prefer not to answer
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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 [] X: Non-Binary/Genderqueer/Genderfluid/Transmasculine/Transfeminine/Other [] Prefer not to answer

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.

Table with 2 columns: Contact Type (Cell phone*, Email*, Secondary Email*, Work Phone, Other Phone, Pager) and Contact Information.

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?

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

Additional Information: _____

Parent/Guardian Education Level

Form with question: 'What is Parent/Guardian #2's highest level of education?' and multiple choice options: Less than high school, Associate's degree, Professional degree, High school degree, Bachelor's Degree, Prefer not to answer, Some college (no degree), Master's Degree, Doctoral degree.

Other Emergency Contact Information

In case of emergency, contact this person [] 1st [] 2nd [] 3rd [] 4th (check only one)
Gender Identity: [] Male [] Female [] X: Non-Binary/Genderqueer/Genderfluid/Transmasculine/Transfeminine/Other [] Prefer not to answer

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 [] X: Non-Binary/Genderqueer/Genderfluid/Transmasculine/Transfeminine/Other [] Prefer not to answer

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: ____/____/____



2024-2025 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	Grade	Parent/Guardian Relation to Student		DPS School Attending
					Parent/Guardian #1	Parent/Guardian #2	
1							
2							
3							
4							
5							



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 1 OF 6

Field Trips:

On occasion, students will be given the opportunity to participate in field trips. On field trips, students take school buses, walk or use some other means of transportation.

The field trip/excursion may involve activities beyond the scope of traditional school functions. I acknowledge that my student's participation potentially involves risks and obligations that are impossible to predict and may include the risk of loss or damage to personal property and the risk of sickness, personal injury or death.

I understand that DPS does not purchase, or have, any medical, dental or hospitalization insurance to cover injuries to or loss of life of students or to indemnify parents and guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by me. DPS is not responsible for student injury sustained on an excursion or field trip, including transportation to and from the field trip/excursion.

If you acknowledge "yes," your student will be allowed to join in these local 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 field trip. At that time, you may revoke your permission for your student to go on this specific field trip.

A parent/guardian must complete separate permission forms for their student to participate in overnight field trips.

Check one:

I consent to my student being taken on local field trips 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 will 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 student'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 the 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 student interviewed or photographed for any purpose.

Parent/Guardian
Initials: _____



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 2 OF 6

Internet Use:

The District uses the Internet and electronic communications (email, chat rooms and other forms of electronic communications) in schools as a learning resource to educate and inform. Use of the District's Internet Systems is a privilege, which may be denied, revoked, or restricted at any time for misuse or abusive conduct.

As the parent or guardian of a DPS student, I have read Regulation EGAEA- R2, Regulation of Student Use of the Internet and Electronic Communications, and the Acceptable Use of Technology Agreement for Students found here: <https://tinyurl.com/dpsaup>, understand their contents, and agree that my student will abide by them (visit <https://board.dpsk12.org/policy> to view DPS policies).

The District uses content filtering technology in compliance with the Children's Internet Protection Act of 2000 (CIPA) on all school computers with Internet access to protect against unacceptable web content. However, while the District makes every effort to monitor online activity, I understand that no web filtering technology is 100% safe.

Outside of school, I am responsible for monitoring my student's use of the Internet and access to district technology resources, including online learning spaces, collaboration tools, and educational resources.

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 Regulation EGAEA-R2 or the Acceptable Technology Use of Technology Agreement, my student's access privileges may be revoked, and other disciplinary action may be taken.

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. If you do not opt out by checking "NO", information for your student will be released to the United States Armed Forces.

My Tech Chromebook and Charger

Your student will receive a district-issued Chromebook and a charger. These tools, which will be used in the classroom and may be allowed to take 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. As district property, any intentional or recurring damage to or loss of a Chromebook may lead to revoked usage privileges for a period of time. Additional details on the device use and your responsibilities are outlined and **must be reviewed** in the **Student and Parent/Guardian Agreement for Use of MyTech Device and Network Resources** found here: <https://tinyurl.com/cbaagreement>.

Check one:

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

Yes No

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.

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:

Parent/Guardian
Initials: _____



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 3 OF 6

Acceptable Use of Technology for Students

Having access to and meaningful use of district technology resources is essential to your student's learning experience and is also a privilege that requires proper both in-person and online behavior, as well as appropriate care and treatment of technology resources.

It is the responsibility of you and your student to fully review the Acceptable Use of Technology Agreement for Students to understand the acceptable and unacceptable use of district technology resources. In utilizing district technology resources, your student is ultimately responsible for their own actions.

Failure to adhere to district policies, procedures, and guidelines for the use of district technology resources may result in disciplinary action at the school's discretion. In addition to the district's standard consequences for misbehavior, any network misuse or illegal activities may result in contact with the student's parent/guardian, or if a violation of law has occurred, contact with law enforcement authorities.

The Acceptable Use of Technology Agreement for Students can be found here and must be reviewed: <https://tinyurl.com/dpsaup>

I have read the Acceptable Use of Technology Agreement for Students and confirm that I understand and agree to my responsibilities and my student's responsibilities in using district technology resources, and that my student's access to and meaningful use of district technology resources is designated for educational purposes.

Initial below:

Educational Technology and Student Data Privacy:

Denver Public Schools takes student data privacy very seriously. Safeguarding student data is an essential responsibility for all DPS employees.

Throughout the school year, your student's school may select to use a variety of software or educational tools in the classroom. Some of these tools may request your student's personally identifiable information (PII) in order to function properly.

Please take a moment to review the educational tools your school intends to use in the classroom and their privacy policies on the district's Academic Technology Menu (Lightspeed Digital Insight Platform): <https://atm.dpsk12.org>. To find your student's school, click the dropdown arrow under the "Campus" box.

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" under the Family Educational Rights and Privacy Act (FERPA) to enable us to share student data without parent consent. A full list of these agreements can also be found on the district's Academic Technology Menu with the "DPA" District tag and the date approved by DPS: <https://atm.dpsk12.org>.

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. These tools are designated "Parental consent required" on the Academic Technology Menu.

Please indicate whether you give permission for your student to use the educational technology tools designated "Parental consent required" listed by your student's school in the Academic Technology Menu. As new tools are added by your school requiring parent consent, 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:** _____



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 4 OF 6

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 hotspot, review the T-Mobile Project 10Million Parent/Guardian Agreement here: <https://tinyurl.com/dpshotspot>

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; I understand they will not receive a district-issued hotspot.
- 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 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 student participate
- NO, I do not want my student 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
 - Medicaid (Health First Colorado)
 - Child Health Plan Plus (CHP+)
 - Discount Program
 - None

Rights and Responsibilities - Student Conduct and Discipline:

Denver Public Schools develops and administers appropriate rules, regulations and standards with respect to conduct at school. An up-to-date reference guide to the rights and responsibilities of students in Denver Public Schools is available here: <https://www.dpsk12.org/page/rights-and-responsibilities>.

I have read the guide to Rights and Responsibilities - Student Conduct and Discipline and confirm that I understand my student's rights and responsibilities in Denver Public Schools.

Initial below:



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

**Parent/Guardian
Initials: _____**



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 5 OF 6

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 student 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, gunsafetyrules.nra.org

I have read the safe gun storage information.

Initial below:

Directory Information:

Denver Public Schools 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: (1) a student identification number or other unique personal identifier displayed on a student ID badge, or (2) a student ID number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating 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.

The following categories of information are not directory information and shall not be disclosed: student/guardian telephone numbers and addresses; student identification numbers, except as provided above; student personal email addresses; Social Security Numbers; biometric records.

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: _____



2024-2025 Paper Registration – New Student | Parent Permission and Release

Student's Full Legal Name:

PARENT PERMISSION: 6 OF 6

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 opt-out application is available to parents through the Parent Portal (www.myportal.dpsk12.org) starting on the first day of school and closing at the end of February. Parents may still opt out after the application is closed by requesting an opt-out form directly from the school. Parents are encouraged to discuss the process with their school principal. This opt-out is only for eligible state assessments and does not include district or school interim assessments that provide data on student progress throughout the year (ACCESS, READ Assessments, TS Gold, interims).

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.

Middle School Students - My Spark Denver \$1,000

If you have a middle school student and qualify for free or reduced-price lunch, apply for [My Spark Denver!](http://mysparkdenver.org/about/) (<https://mysparkdenver.org/about/>) If you are eligible, you will receive a \$1,000 debit card that is restricted to be used to pay for extracurricular programs for your middle school student from sports to arts to tutoring.

Opting Out of Behavioral and Emotional Screening System (BESS):

As part of our effort to support the Whole Child, Denver Public Schools will implement a Universal Mental Health Screening for students. Universal mental health screening provides a fair and equitable way of looking at how students are progressing in their social and emotional development. Screenings also help school personnel identify areas where they can provide social emotional support to students in need. Universal mental health screening is **NOT** an assessment or evaluation and is **NOT** a diagnostic tool.

Universal mental health screening may occur two to three times (beginning of year, middle, and end of year) over the course of the school year. Repeated screening helps us determine if the supports provided to students are effective in meeting their needs and make appropriate changes if needed.

If you have questions, please reach out to your school's student support team. Your student's school team will share the screener and will give you the following information: information that may be included in the screener; how the information will be used; how the information will be obtained; why the information is needed; who will have access to the information; and/or permission to see your student's records or information.

Please check the box if you **DO NOT** want your student to participate in social and emotional screening.

Check one:

I DO NOT want my student to participate in universal mental health screening.

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: ____/____/____



2023-2024 Paper Registration – New Student | Federal Programs

Student's Full Legal Name: _____

You may qualify for services under the programs described below. Please check any statements that apply to you.

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 on the NACE Website: <https://schooltransformation.dpsk12.org/o/schoolsupports/page/native-american-culture-and-education>. For more information about NACE, contact 720-423-2042

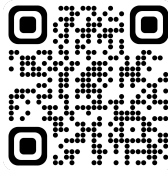
Homeless Education Network (HEN)

Students who lack a fixed, regular or adequate nighttime residence qualify for the McKinney-Vento Education for Homeless Children and Youth program.

What is the student's living situation?

- Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- Motel, hotel, trailer park or camping ground
- Emergency or transitional shelter
- Car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting
- Other, please specify: _____

For more information, call **720-423-1980**
Staff or Parent: Scan this QR code to submit a referral



Temporary/Seasonal Worker Title I-C (Migrant Education Program)

Email: MigrantEducation@dpsk12.net

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

Active Duty Military Title I, Part A Fax: 720-259-8781

Email: militaryconnected@dpsk12.org

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

Email: FosterCare@dpsk12.net

Is the student in an out of home placement? Yes No

Does the student have an open DHS case? Yes No

If yes, please specify:

- Foster Care (non-relative)
- Foster Care (relative)
- Kinship Care
- Group Home

Student's Full Legal Name: _____

Parent/GuardianName: _____

Phone Number: _____

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

Signature: _____

Date: _____



2024-2025 Paper Registration – New Student | Student Health Information

Student Full Legal 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 19 different sites and through their telehealth program. 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 19 our sites. For additional information or questions, contact Denver Health at 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, over-the-counter, vitamins, and supplements) during school hours **MUST** have a written order for the current school year from a Licensed Authorized Prescribing Practitioner (ex. MD, DO, NP, PA, dentist) and written parent consent on the appropriate DPS forms. Parents/Guardians must bring all medications to the health office with the appropriate signed paperwork *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://ess.dpsk12.org/page/nursing-and-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 your](#) 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.**
- **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: ____/____/____



2024-2025 Paper Registration – New Student | Student Health Information

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

MY STUDENT HAS THE FOLLOWING MEDICAL PROBLEM(S): (Explain in space provided.)

*Please let the school nurse know if there is a new health concern during the school year.

ASTHMA (Check this box if your student has ever had asthma) _____ SEVERE ALLERGY (Anaphylaxis) _____ EPILEPSY/SEIZURES _____ DIABETES TYPE 1 _____ DIABETES TYPE 2 _____	
<input type="checkbox"/> Allergy _____ <input type="checkbox"/> Allergy, Seasonal _____ <input type="checkbox"/> Attention Disorders (ADD/ADHD) _____ <input type="checkbox"/> Autism _____ <input type="checkbox"/> Bladder/Urinary/Genital Concerns _____ <input type="checkbox"/> Blood/Bleeding Disorders _____ <input type="checkbox"/> Brain/Neurological Disorders _____ <input type="checkbox"/> Breathing/Respiratory Disorders _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Celiac Disease _____ <input type="checkbox"/> Concussion or Head Injury _____ <input type="checkbox"/> Digestive/Gastrointestinal Concerns _____ <input type="checkbox"/> Ear, Nose & Throat Concerns _____ <input type="checkbox"/> Headache/Migraine _____	<input type="checkbox"/> Hearing Concerns _____ <input type="checkbox"/> Heart Concerns _____ <input type="checkbox"/> Hereditary/Genetic Disorders _____ <input type="checkbox"/> Hormone/Endocrine Disorders _____ <input type="checkbox"/> Mental Health Concerns _____ <input type="checkbox"/> Milk/Lactose Intolerance _____ <input type="checkbox"/> Muscle/Bone Concerns _____ <input type="checkbox"/> Pregnancy _____ <input type="checkbox"/> Skin Disorders _____ <input type="checkbox"/> Sleep Disorders _____ <input type="checkbox"/> Speech Concerns _____ <input type="checkbox"/> Swallowing Concerns _____ <input type="checkbox"/> Vision Disorders _____
<input type="checkbox"/> Artificial Limb/Physical Aids (braces/wheelchair) _____ <input type="checkbox"/> Catheterization, urinary _____	<input type="checkbox"/> Feeding Tubes _____ <input type="checkbox"/> Tracheostomy _____
<input type="checkbox"/> Glasses/Contact Lenses _____	<input type="checkbox"/> Hearing Aids _____
OTHER(s):	
Comments (specify which condition your comment is about):	

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 student to take medication at school.

<https://ess.dpsk12.org/o/studentequity/page/nursing-and-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.



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

IF YOUR STUDENT HAS DIABETES PLEASE FILL OUT THE SECTION BELOW

<p>Do you receive care at Barbara Davis Center? If not, please provide your student's care provider.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, providers name and contact _____ _____</p>
<p>Date of diagnosis _____</p>	
<p>Has your child been hospitalized overnight for diabetes, if so when?</p>	<p><input type="checkbox"/> Yes, if so, when? _____ <input type="checkbox"/> No</p>
<p>Does your child have a CGM for blood sugar monitoring?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What type of device is used for insulin administration?</p>	<p><input type="checkbox"/> Pump <input type="checkbox"/> Pen <input type="checkbox"/> Vial and Syringe</p>
<p>Has your child ever used Glucagon, if so when?</p>	<p><input type="checkbox"/> Yes, if so, when? _____ <input type="checkbox"/> No</p>
<p>Please select which of the following your student is independent with:</p>	<p><input type="checkbox"/> Carb count <input type="checkbox"/> Insulin injection <input type="checkbox"/> Insulin pump <input type="checkbox"/> Checking blood sugar <input type="checkbox"/> Recognizing lows and highs</p>
<p>Please select which of the following supplies your student brings to school</p>	<p><input type="checkbox"/> Glucometer <input type="checkbox"/> test strips and lancets for glucometer <input type="checkbox"/> insulin pen with needles OR insulin vial + syringes <input type="checkbox"/> fast acting carbs (candy, juice, etc) <input type="checkbox"/> complex carbs (cheese + crackers, etc) <input type="checkbox"/> ketone strips (urine or blood) <input type="checkbox"/> emergency meds (glucagon, Baqsimi)</p>



2024-2025 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: _____