

STUDENT ENROLLMENT FORM

School: _____ School Year: _____ Grade: _____

STUDENT:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Nickname: _____ Birthdate: _____ Gender: Male Female

Student's Cell Phone: _____

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race? (Must select at least one)

 American Indian Asian Black Native Hawaiian/Pacific Islander WhitePrimary Language Spoken at Home: English Spanish Other _____

Schools will communicate in English or Spanish based on this selection.

Parent/Guardian Name _____Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger**Parent/Guardian Name** _____Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger**Parent/Guardian Name** _____Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger**Parent/Guardian Name** _____Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal MessengerChild lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR Other (specify) _____Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____Has this student ever received special education services, such as speech, occupational therapy, etc.? No YesIf yes, is this student currently receiving special education services? No YesIs this student on a current or pending expulsion? No Yes

If yes, from what school/district _____ Dates of Expulsion _____

Reason for expulsion _____

ENROLLMENT HISTORY:

Name of Previous School: _____ Has this student ever attended SVVSD? No Yes

For Students enrolling into Kindergarten; Did this student attend Preschool? No Yes

Name of Preschool: _____

This student started attending a public or private school in the **US** on what date? _____/_____/_____
(Use the date of the student's very first enrollment in any grade if the student has never left the US, or the most recent date of enrollment if the student left the US at any time.)
Month Day Year

PERMISSIONS

I give permission to have my child photographed for school pictures and published in the yearbook by a 3rd party vendor authorized by the school. No Yes

I give permission to have my child participate in news media coverage including honor roll publication. No Yes

I give permission for my name, home address and phone number to be published in a school student directory. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites, social media and school district publications. No Yes

It is the goal of St. Vrain Valley School District to cut down on the use of paper and save costs associated with printing. You can help with this effort by opting to receive report cards online via the parent portal. Please indicate if you need a hard copy report card. Online Hard Copy

FOR ALL HIGH SCHOOL STUDENTS: State law requires school district to release directory information for students to military recruiters. I give permission to have this information released. No Yes

K-12 Students will receive a St Vrain District network account, a Google Apps account and then in 6th grade; a St Vrain Google email account. If you wish to opt your 6-12th grade student out of the email account, please visit the school.

EMERGENCY CONTACTS: (Emergency Contacts are NOT the Parent/Guardians)

CONTACT #1 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

CONTACT #2 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

CONTACT #3 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date