



Please complete **ONE** form for **EACH STUDENT** enrolling

### STUDENT INFORMATION

Last Name	First Name	Middle Name
Preferred Name	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade level completed last school year	Country of Birth	Social Security Number
		Student Home Phone Number

### Demographic Information

Student lives primarily with: (check only ONE)	
<input type="checkbox"/> Both Parents in the Same Household <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Other _____	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardians/Relative <input type="checkbox"/> 50% Mother/50% Father -Separate Households <input type="checkbox"/> Foster Parents
Student is: (check all that apply)	Is the Student Hispanic or Latino?
<input type="checkbox"/> migrant <input type="checkbox"/> immigrant <input type="checkbox"/> refugee <input type="checkbox"/> homeless	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Student Race: (Circle all that apply) Required for all students including Hispanics</b>	
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	

### Previous Enrollment Information

Has this student been enrolled in Cotopaxi Schools previously? <input type="checkbox"/> YES <input type="checkbox"/> NO	Grade	Date
Since ____/____ my student has been <b>continuously</b> enrolled in any <b>United States School</b> (NOT including preschool or Kindergarten) (mo. yr.) Since ____/____ my student has been <b>continuously</b> enrolled in a <b>Colorado Public School</b> (INCLUDE preschool through 12th grade) (mo. yr.)		
Name of School attended prior to enrolling in Cotopaxi	Grade	Phone #
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School	City, State, Zip	Fax #

### Behavior/Discipline

Has this student ever:	
Dropped out of school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been expelled or been in the process of being expelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Withdrawn from school rather than be expelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain in detail on this page any "yes" answers above. Please provide any pertinent documents.	

### Legal Matters

Please make every effort to keep the school office informed of life situations that affect this student.

Are there any restrictions or legal issues of which Cotopaxi Consolidated School District should be aware? <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(i.e. restraining order, sole custody, etc) If there are any persons who have restraining orders or are otherwise legally bound to have no contact with this student, make sure you have given the school office a copy of any and all legal documentation regarding such.</i>
<i>In cases of divorce or separation, please make sure a copy of any and all legal documentation regarding custody of this student is given to the school office.</i>



### Learning Needs

The information provided in this section is confidential and will be used to best meet the student's needs.

Does this student have a current IEP?	YES	NO
Has the student ever received help through a Special Education Program	YES	NO
Does the student have a current 504 plan?	YES	NO
Has the student been identified for a Gifted/Talented program?	YES	NO
If yes, in what area(s)?	Math	Language Arts
	Visual/Spatial	Other _____
Has your student ever been a part of the Response to Intervention (RTI) process?	YES	NO
If yes, was it for academic or behavior reasons?		

### Media Release

This release will remain in effect during the entire time my child attends Cotopaxi Consolidated School District, unless it is revoked by me or another parent/legal guardian, in writing.

I hereby give permission for my child to be photographed and I release the use of his/her name, photograph and/or school work in: yearbook and/or school district publications; to mass media, such as newspapers, radios, television, and/or the Cotopaxi School District Website/Facebook or any video publications by Cotopaxi School District.

I DO NOT give permission for the release of the information as stated above.

(Please sign here \_\_\_\_\_)

### Completion of this form does not guarantee enrollment.

Cotopaxi School District reserves the right to refuse enrollment pending receipt of official transcripts, immunization records, special education records, disciplinary records, and other pertinent information from prior school(s).

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

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### School use only:

Completed Documentation:  Birth Certificate  Immunization Record  Official Transcript/Grade Card



## PARENT/GUARDIAN INFORMATION

Please complete **ONE** form per **HOUSEHOLD**

Parents/Guardians Who Reside With Student		
	Parent/Guardian #1	Parent/Guardian #2
Last Name		
First Name		
Relationship to Student		
Cell Phone #		
Home Phone #		
Work Phone #		
ALERT NOW Phone #		
Email Address		
	Parent Online Account <sup>1</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Online Account: <input type="checkbox"/> YES <input type="checkbox"/> NO
Message Types <sup>2</sup> (Circle all that apply)	High Priority   Attendance   Behavior General   Teacher	High Priority   Attendance   Behavior General   Teacher

Physical Address - Required	
Street Address	
City, State	
Zip Code & County	
School District of Residence	

Mailing Address - (Complete only if different from Physical Address)	
Street Address	
City, State	
Zip Code & County	

<sup>1</sup> Parents Online Account may be obtained by completing the Parent Online Agreement Form. Upon completion, you will be sent an email from GOEDUSTAR with further instructions.

<sup>2</sup> Messages may be sent by phone, U.S. Postal Service and or Email. Currently, notifications or announcements (such as snow days, delayed starts) will be sent via ALERT NOW phone call, in addition to announcements broadcast via television and posted on our Facebook page.



## 2nd HOUSEHOLD PARENT GUARDIAN INFORMATION

Please complete **ONE** form per **HOUSEHOLD**

Parents/Guardians Who Reside at Another Address		
	Parent/Guardian #1	Parent/Guardian #2
Parenting Responsibility (Circle One)	<u>Shared</u> <u>Not Shared</u> (If shared, school will create a secondary household)	<u>Shared</u> <u>Not Shared</u> (If shared, school will create a secondary household)
Last Name		
First Name		
Relationship to Student		
Cell Phone #		
Home Phone #		
Work Phone #		
ALERT NOW Phone #		
Email Address	Parent Online Account <sup>1</sup> YES <input type="checkbox"/> NO <input type="checkbox"/>	Parent Online Account <sup>1</sup> YES <input type="checkbox"/> NO <input type="checkbox"/>
Message Types <sup>2</sup> (Circle all that apply)	High Priority      Attendance      Behavior  General              Teacher	High Priority      Attendance      Behavior  General              Teacher
Please Circle all that Apply	Legal Guardian                      Receive Mailings  Emergency Priority#    1    2    3    4	Legal Guardian                      Receive Mailings  Emergency Priority#    1    2    3    4

Physical Address		
Street Address		
City, State		
Zip Code & County		

Mailing Address - (Complete only if different from Physical Address)		
Street Address		
City, State		
Zip Code & County		



## ADDITIONAL EMERGENCY CONTACT INFORMATION

In emergencies we will contact the person(s) per your directions on page 1 & 2. If we are unable to successfully contact the person(s), please list below emergency contacts that will most likely be within a short drive time to the school, and would be willing and able to care for your child, and/or locate either parent/guardian.

	Emergency Contact	Emergency Contact
Last Name		
First Name		
Relationship to Student		
Primary Phone #		
Cell Phone #		
Work Phone #		

The emergency contacts above are authorized to give consent for urgent health, dental, surgical procedures or hospital care for my student in the event that the authorized Parent/Guardian is not reachable. Every attempt will be made to contact the Parent/Guardian first.

_____ Parent/Guardian Signature	_____ Date
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## Request for Student Records

Please complete **ONE** form for **EACH STUDENT**

Name of Previous School or Agency		
Street Address, City, State, Zip		
Phone #	Fax #	
<b>Student's Information</b>		
Last Name	First Name	Middle Name
GRADE	Last Date of Attendance	
Signature of Parent/Guardian: _____ Date: _____		
<b>For Office Use Only</b>		
<input type="checkbox"/> Transcripts/Credits Earned or Report Cards	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Test Data/Standardized Test Scores
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> List of Courses & Grades at Time of Withdrawal
<input type="checkbox"/> Health/Medical Records	<input type="checkbox"/> Sports Physical Documentation	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Psychological Records	<input type="checkbox"/> Sociological Records	<input type="checkbox"/> Read Plan (if applicable)
<input type="checkbox"/> English Language (ELL) Test Score (if applicable)		
<input type="checkbox"/> IEP (Individual Education Plan) (if applicable)	<input type="checkbox"/> 504 Plan (if applicable)	<input type="checkbox"/> Individual Literacy Plan (ILP) (if applicable)
<input type="checkbox"/> Other _____		
<b>Signature of Requesting School Representative</b>		
Signature	Title	Date
PLEASE FAX TO: 719-942-4134	<b>PLEASE MAIL TO:</b> Cotopaxi Consolidated Schools, PO Box 385 Cotopaxi, CO 81223	

Cotopaxi Consolidated Schools - Fremont County School District RE-3  
 345 County Road 12, Cotopaxi, CO 81223  
 719-942-4131 Fax 719-942-4134 www.cotopaxire3.org