



**FIRST PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Relationship to student    \_\_\_ (D) Father    \_\_\_ (E) Stepfather    \_\_\_ (F) Foster Parent    \_\_\_ (C) Custodial  
                                     \_\_\_ (M) Mother    \_\_\_ (N) Stepmother    \_\_\_ (G) Guardian

Work Number/Ext. \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Employer \_\_\_\_\_

**SECOND PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Relationship to student    \_\_\_ (D) Father    \_\_\_ (E) Stepfather    \_\_\_ (F) Foster Parent    \_\_\_ (C) Custodial  
                                     \_\_\_ (M) Mother    \_\_\_ (N) Stepmother    \_\_\_ (G) Guardian

Work Number/Ext. \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Employer \_\_\_\_\_

STUDENT LIVES WITH:    \_\_\_ Both Parents    \_\_\_ Mother Remarried    \_\_\_ Emancipated  
                                     \_\_\_ Father Only    \_\_\_ Relatives    \_\_\_ Other: \_\_\_\_\_  
                                     \_\_\_ Mother Only    \_\_\_ Foster Parents    (Please explain)  
                                     \_\_\_ Father Remarried    \_\_\_ Guardians

Is there a Non-Custodial Parent, and if so, is there a separate address for this parent? \_\_\_\_\_ If yes:  
Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contacts need to be the names of LOCAL persons to contact after parent/guardian.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
First Emergency Contact other than Parent/Guardian \_\_\_\_\_ First Emergency Daytime Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Second Emergency Contact other than Parent/Guardian \_\_\_\_\_ Second Emergency Daytime Phone Number \_\_\_\_\_

Can either contact person pick up student from school?    \_\_\_ Yes \_\_\_ No

Since what date has student been **continuously** enrolled in a Colorado public school? \_\_\_\_\_ **continuously** enrolled in a U.S. public school? \_\_\_\_\_

Has this student ever attended St. Vrain Valley School District in the past?    \_\_\_ Yes \_\_\_ No

If so, name of school \_\_\_\_\_ Year \_\_\_\_\_

TRANSFERRING FROM (if out of district):

Name of previous school (if outside of district) \_\_\_\_\_ School Address \_\_\_\_\_

Has this student ever attended:    \_\_\_ Preschool    \_\_\_ Day Care    \_\_\_ Head Start

Language preference for school-to-parent communication: English \_\_\_\_\_ Spanish \_\_\_\_\_

Is student attending on a non-immigrant Visa?    \_\_\_ Yes    If yes, list type of Visa \_\_\_\_\_

Has this student ever received special education services, such as speech, OT, etc.?    \_\_\_ Yes \_\_\_ No

If yes, is this student currently receiving special education services?    \_\_\_ Yes \_\_\_ No

I give permission to have my child photographed for school pictures and participate in news media coverage.    \_\_\_ Yes \_\_\_ No

I give permission for Carbon Valley Academy (and any person or company authorized by the school) 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 and school district publications.    \_\_\_ Yes    \_\_\_ No

**VRAINNET**  
**Student License Application**  
**For Network and Internet Access**  
St. Vrain Valley School District, RE-1J

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

You must be currently enrolled in a SVVSD school that is attached to the District's wide area network to qualify for a student license. This application must be signed and dated by applicant and parent before it will be considered. By signing this application as applicant and parent, you acknowledge that you have received and read the Terms and Conditions for Access, Board Regulation EHC-R. As a licensed user you agree to abide by those terms and conditions and all subsequent revisions thereof.

I give my student permission for a student license with the St. Vrain Valley School District \_\_\_\_Yes \_\_\_\_No

Student User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature is required for a VrainNet license.

Signing releases the St. Vrain Valley School District from any and all liability for any use of the District computers, networks or the Internet which violates our terms and conditions for access. Students will be held responsible for using these resources in full compliance with Board Policy.

The student's parent or guardian hereby agrees to share with the student all such responsibility and any and all resulting liabilities within the limits of Colorado law.

\_\_\_\_\_  
Parent/Guardian Signature Date

**List any communicable diseases and/or illnesses or surgeries which child has had:**  
\_\_\_\_\_  
\_\_\_\_\_

**List any known allergies and /or drug reactions which child has:**  
\_\_\_\_\_  
\_\_\_\_\_

**List any special medical and/or emotional problems child has had:**  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW:**

Carbon Valley Academy encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child might sustain while at school or participating in school activities. PLEASE BE ADVISED THAT THE SCHOOL or DISTRICT DOES NOT CARRY INSURANCE FOR YOUR CHILD ON YOUR BEHALF. The school or district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident Insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado Child Health Plan (CHP+) is a new health plan for Colorado's uninsured low-income children. If you are interested and your child is age 18 and under, uninsured, and living in families with incomes below 185% of the poverty level, call (800) 359-1991 or (303) 692-2960.

**Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.**

I HEREBY CERTIFY THAT MY STUDENT IS NOT ENROLLED IN THE COLORADO ONLINE VIRTUAL ACADEMY OR THE BRANSON ONLINE PROGRAM, AND THAT I HAVE THOROUGHLY READ AND UNDERSTAND THE INFORMATION AND QUESTIONS ON THIS REGISTRATION FORM AS NOTED BY MY SIGNATURE AS FOLLOWS.

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Parent/Guardian Signature

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Date