



# Enrollment Packet

Kindergarten through 8<sup>th</sup> Grade  
4040 Coriolis Way  
Frederick, CO 80504  
303-774-9555

## Office Use Only

Student Name _____
Grade ___ Ck'd DOB _____ Imm. ___ B/C ___
Meds ___ SPED Ck ___ Completed Packet ___
Enrollment Mtg. _____
Registration Fee Pd. Y, N Check# ___ or Cash ___

Grade applying for \_\_\_\_\_ or Full Day Kindergarten \_\_\_\_\_

- \$50.00 non-refundable registration fee is due with each application for new families for 1<sup>st</sup> -8<sup>th</sup> grade applicants

Thank you for choosing Carbon Valley Academy. Carbon Valley Academy does not discriminate in student admissions or enrollment on the basis of race, color, national origin, ancestry, religion, creed, sex or gender, sexual orientation, transgender status, disability, need for special education, English-language-learner status, genetic information, other status protected by federal, state or local law, or relationship to a person with a protected status. Complaints or concerns under this policy may be reported to Principal, Catherine Linhardt, catherine.linhardt@cvamail.com, 303 774-9555, 4040 Coriolis Way, Frederick, CO 80504.

**Have you ever had or do you currently have students that attend St. Vrain Valley School District?**

- Yes       No

### STUDENT ENROLLMENT CHECKLIST

**Step One: Complete Enrollment Packet**

- |   |  |
|---|--|
| <input type="checkbox"/> Enrollment Packet (one copy needed for each student) | <input type="checkbox"/> Student Walker Form       |
| <input type="checkbox"/> Student Enrollment Form                              | <input type="checkbox"/> Health Information Form   |
| <input type="checkbox"/> Student Language Survey                              | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Safe Schools Legislation Registration                | <input type="checkbox"/> Copy of Immunizations     |
| <input type="checkbox"/> McKinney-Vento Program (if applicable)               |  |
| <input type="checkbox"/> Program Eligibility Form (if applicable)             |  |
| <input type="checkbox"/> Parent/Student Contract                              |  |

**Step Two: Return to School with Completed Forms from Step 1 along with the following required items to complete enrollment of your child(ren)**

- STUDENT'S LEGAL BIRTH CERTIFICATE—REQUIRED\***

*To enroll in Kindergarten, a student must be 5 on or before Oct. 1<sup>st</sup>.*  
*To enroll in First Grade, a student must be 6 on or before Oct. 1<sup>st</sup>.*

- STUDENT'S UP-TO-DATE IMMUNIZATION RECORD—REQUIRED\***

(Parents with a religious, personal, or medical objection to immunizations may sign an exclusion statement included on the Colorado Certificate of Immunization.)

- |                       |               |
|-----------------------|---------------|
| • DTP/DTaP/DT/Td/Tdap | • Varicella   |
| • Polio               | • Hepatitis B |
| • MMR                 |               |

- CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)\***

(any one of the following)

- Notarized letter from other parent acknowledging student will be registered in a St. Vrain Valley School District school.
- Court document stating you are the residential custodian (**please be sure the documents provided state the names of all parties involved**).
- Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

**PLEASE NOTE: Your child(ren)'s enrollment will NOT be processed if any of the required documents are missing.**



# Primary Residence

Telephone Number for the Primary Residence #: \_\_\_\_\_

Physical Address House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

(if different)

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is there an additional family living at this address? No Yes If yes, who? \_\_\_\_\_

If rented/leased, landlord's name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Primary Language Spoken at Home: English Spanish Other \_\_\_\_\_

Adult #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at PRIMARY Address

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Adult #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at PRIMARY Address

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
---------------------	--------	------------	------------------	--------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Secondary Residence (if applicable)

**Note:** 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 the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school (**please be sure the documents provided state the names of all parties involved**).

**Note:** \*\*Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Mailings are sent to the primary residence listed for the student(s).

Do you want an additional mailing to go to this address?  Yes  No

Telephone Number for the Secondary Residence #: \_\_\_\_\_

**Physical Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
(if different)

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Adult #3** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at SECONDARY Address Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

**Adult #4** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at SECONDARY Address Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

## Please list all children living at the Secondary Residence

First & Last Name Gender Birth Date Attending School Student ID #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# General Information and Policies

**Your signatures indicate that you have read and understand the information below.**

## Conditional Enrollment

Students new to the District shall be enrolled conditionally until records, including discipline records, from schools previously attended by the student are received by the District. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked.

## CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley School District to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

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

\_\_\_\_\_  
Date

The St. Vrain Valley School District encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The 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 low cost health insurance plan for Colorado's uninsured children 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. To find out more about CHP+, call (800) 359-1991 or visit [www.cchp.org](http://www.cchp.org).

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 the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

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

\_\_\_\_\_  
Date

**Carbon Valley Academy follows the guidelines of the state archivist which can be found on line @ <http://www.colorado.gov/dpa/doit/archives/rm/schools>.**

**Documents not included in the student CUM folder will be shredded after 30 days of student withdrawal.**

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

\_\_\_\_\_  
Date



# Student Enrollment Form

Kindergarten through 8<sup>th</sup> Grade  
4040 Coriolis Way  
Frederick, CO 80504

Student ID: \_\_\_\_\_

STUDENT: Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male Female

Student's Cell Phone: \_\_\_\_\_

Are you Hispanic/Latino? No Yes Primary Language Spoken at home: \_\_\_\_\_

Which of the following groups describe your race? American Indian Asian Black Native Hawaiian/Pacific Islander White

Adult #1 – Relationship to Student: \_Mother \_Father \_Step-Mother \_Step-Father \_Other \_\_\_\_\_

Which of the following designations and access should this person receive in regards to the student: \_\_Guardian \_\_Receive Mailings  
\_\_Portal Access \_\_Messenger

Adult #2 – Relationship to Student: \_Mother \_Father \_Step-Mother \_Step-Father \_Other \_\_\_\_\_

Which of the following designations and access should this person receive in regards to the student: \_\_Guardian \_\_Receive Mailings  
\_\_Portal Access \_\_Messenger

Adult #3 – Relationship to Student: \_Mother \_Father \_Step-Mother \_Step-Father \_Other \_\_\_\_\_

Which of the following designations and access should this person receive in regards to the student: \_\_Guardian \_\_Receive Mailings  
\_\_Portal Access \_\_Messenger

Adult #4 – Relationship to Student: \_Mother \_Father \_Step-Mother \_Step-Father \_Other \_\_\_\_\_

Which of the following designations and access should this person receive in regards to the student: \_\_Guardian \_\_Receive Mailings  
\_\_Portal Access \_\_Messenger

Child lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR  
Other (specify) \_\_\_\_\_

## PERMISSIONS

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

I prefer to be paperless and not receive paper copies of report cards, I will view them in Infinite Campus. 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

I give permission for Carbon Valley Academy to sign myself up to receive the weekly newsletter, Stallion Express. If so, please indicate what email you would like to receive it at. No Yes \_\_\_\_\_

5th-8<sup>th</sup> grade students will receive a CVA network account and K-8 students will receive a St. Vrain Google email account. If you wish to opt your 6<sup>th</sup>-8<sup>th</sup> grade student out of the email account, please check NO here. NO

Parent/Guardian Signature

Date



# Student Enrollment Form

## ENROLLMENT HISTORY:

Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood and 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.?  
If yes, is this student currently receiving special education services? No Yes

Is this student on a current or pending expulsion? No Yes  
If yes, from what school/district \_\_\_\_\_ Dates of Expulsion \_\_\_\_\_  
Reason for expulsion \_\_\_\_\_

Has this student ever attended SVVSD? No Yes Name of Previous School \_\_\_\_\_

Did this student attend Preschool? No Yes Name of Preschool \_\_\_\_\_

This student has attended a public school in the USA since what date? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Enter today's date if student has never attended in the USA or the most recent date if the student left the USA at any time.) Month Day Year

## EMERGENCY CONTACTS: (EMERGENCY CONTACTS ARE NOT THE PARENT/GUARDIAN).

**Contact #1** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact #2** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact #3** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Thank you for choosing Carbon Valley Academy. Carbon Valley Academy does not discriminate in student admissions or enrollment on the basis of race, color, national origin, ancestry, religion, creed, sex or gender, sexual orientation, transgender status, disability, need for special education, English-language-learner status, genetic information, other status protected by federal, state or local law, or relationship to a person with a protected status. Complaints or concerns under this policy may be reported to Principal, Catherine Linhardt, catherine.linhardt@cvamail.com, 303 774-9555, 4040 Coriolis Way, Frederick, CO 80504.



**Student Walker Form**

**\*\*Please fill out one form for each student\*\***

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

I, \_\_\_\_\_,

(Parent/Guardians Name)

DO		DO NOT	
----	--	-----------	--

give my permission for my child to walk *to* and/or *from* school.

I understand that prior to the start of school and once school is dismissed I assume all responsibility for the welfare of my child. Further, I will notify the main office and my child's teacher if walker status changes.

---

Parents Signature

Date



## Parent Contract

Understanding that Carbon Valley Academy is a charter school, a school of choice, I \_\_\_\_\_,  
(Parent name)

have read and agree to the responsibilities of the following on behalf of my student, \_\_\_\_\_.  
(Student Name)

I will support the mission and intention of Carbon Valley Academy to provide rich content and solid skills instruction in an environment that champions character and personal academic achievement, through academic and character nurturing of my child, and respect to the school and it's staff.

I will ensure that my child arrives to school on time, and make every effort to help them have excellent attendance.

I will attend parent/teacher conferences and parent orientation meetings and make every effort to communicate with school staff as required.

I will ensure that my child treats students and staff members with kindness and respect and will take responsibility for my child for infractions according to the school's discipline policy.

Upon conflict with the school or teacher I will respect staff members and commit to resolve conflict with said persons individually, and then if resolution is not found, I will report to the administration of Board of Directors, as needed.

I will ensure that my child arrives to school dressed according to uniform policy.

I will provide transportation and lunch for my child

I will actively support the mission of the school by donating my time, efforts or resources according to the school's suggested volunteer time of 30 hours per year, with a combined maximum of 50 hours per year if two or more students are attending. I understand the school's commitment to prepare meaningful parental involvement opportunities that will help the school accomplish its mission for students. If I am unable to complete these hours, I will contact the Board of Directors for the waiver process.

---

**Parent signature/date**

This record is to be kept on file with the student's file and must be completed for enrollment in Carbon Valley Academy each year.

**Student Contract** (*Parent please read this with your student and have them sign it, even if they are entering kindergarten.*)

As a student of Carbon Valley Academy, I will do my best to help create a safe, orderly and positive environment where people and property are treated with respect and where learning takes place in classes free of disruptions.

The following standards will guide my behavior:

I will treat every student and staff member with respect, kindness and courtesy with language and actions.

I will attend school regularly and complete assignments when I am absent according to teacher requirements.

I will honor CVA uniform policy.

I will respect the privacy of other student grades and records.

I will be personally accountable for infractions of the discipline policy.

I will do my best to learn and complete assignments on time.

---

**(Student signature/date)**





# Student Health Form

For Office Use Only

Health Entered \_\_\_

Student ID # \_\_\_\_\_

To better meet the needs of your student, we ask you to please provide health information about any significant or ongoing health conditions that your child may have. Having this health information in advance will enable our School Nurse and our Health Clerk to provide you with any necessary paper work that *may* be needed.

**Student's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH THE CLASSROOM TEACHER AND ANY OTHER STAFF MEMBERS THAT HAVE A NEED TO KNOW.

**NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE PHYSICIAN REGARDING DOSAGE, FREQUENCY OF DOSAGE AND PARENT SIGNATURE (this form is available in the health clerk's office.)**

**HEALTH INFORMATION:** List any significant or on-going health condition

Examples: severe allergies / epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to school or athletics.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS** taken by student

AT SCHOOL \_\_\_\_\_

AT HOME \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

Wears glasses or contacts?     No             Yes            Reading Glasses Only:     Yes

**The following signature will be applicable for as long as enrollment continues in St. Vrain.**

I, the undersigned, do hereby authorize officials of the St. Vrain Valley School District to contact directly my emergency contacts, and do authorize the treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, my emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district liable for the emergency care given. If school personnel are unable to contact parents or my emergency contacts to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs.

ALL COSTS WILL BE ASSUMED BY PARENT(S).

\_\_\_\_\_  
**Signature of parent or guardian**

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





2019-2020

**Home Language Survey**

Charter School Use Only		
<b>Carbon Valley Charter School</b>		
Student ID	Grade	Date Enrolled

**SCHOOLS:** If a language other than English is indicated, please send FULLY completed original form to the ELA office. File copy in student cumulative folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate, a valid English language proficiency assessment will be administered within 30 days of registration to determine the most appropriate Language Instructional Educational Program (LIEP) for your child

Student 1 <sup>st</sup> Last Name	Student 2 <sup>nd</sup> Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth:        /        /	
Did your child attend school in another Country?		YES _____	NO _____
_____ Which Country?	_____ How many years?	_____ Language(s) of instruction?	
Has your child previously attended St. Vrain Valley School District?		YES _____	NO _____
_____ Which Pre School?	_____ Which School(s)?	_____ Language(s) of instruction?	

1. What is the primary language of the home? \_\_\_\_\_
  2. What language(s) did your ***child*** use when he/she first began to talk? \_\_\_\_\_
  3. What language(s) does your ***child*** speak at home? \_\_\_\_\_
  4. Do ***adults in your home*** (parents, guardians, grandparents or any other adult) ***speak to each other regularly in a language that is not English?*** YES \_\_\_\_\_ NO \_\_\_\_\_
- If ***YES***, What language or languages? \_\_\_\_\_
- Does ***your child understand*** the conversations? YES \_\_\_\_\_ NO \_\_\_\_\_
- Does ***your child participate*** in the conversation even if he/she might use English? YES \_\_\_\_\_ NO \_\_\_\_\_
- \_\_\_\_\_ Parent/Guardian signature

Charter School Use Only			
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students			
	School initials	Bilingual	ESL



2019-2020

School Use <b>Only</b> – Para uso de la Escuela <b>SOLAMENTE</b>		
Student ID	Grade	Date Enrolled

**ENCUESTA DEL IDIOMA EN EL HOGAR**

**SCHOOLS:** If a language other than English is indicated, please send FULLY completed original form to the ELA office. File copy in student cumulative folder.

Las regulaciones federales y estatales exigen que las escuelas determinen el/los lenguaje(s) que hablan y entienden los estudiantes. Si es apropiado, se le dará al estudiante una evaluación válida del nivel de competencia o conocimiento del idioma inglés dentro de un período de 30 días después de haber inscrito al estudiante para determinar el Idioma de Instrucción del Programa Educativo (LIEP) más adecuado para él/ella.

Apellido paterno	Apellido materno	Primer nombre del Estudiante	Segundo nombre
País de nacimiento del estudiante:		Fecha de nacimiento del estudiante /mes /día /año	
¿Asistió su hijo(a) a una escuela en otro país?		SI_____ NO_____	
_____	_____	_____	_____
¿Qué país?	¿Cuántos años?	Idioma(s) de enseñanza	
¿Ha asistido antes su hijo(a) a una escuela en el Distrito Escolar St. Vrain Valley?		SI_____ NO_____	
_____	_____	_____	
¿Cuál escuela de Preescolar?	¿Cuál(es) escuela(s)?	Idioma(s) de enseñanza	

- 1 ¿Cuál es el principal idioma en el hogar? \_\_\_\_\_
  - 2 ¿Qué idioma(s) usó **su hijo(a)** cuando empezó a hablar? \_\_\_\_\_
  - 3 ¿Qué idioma(s) habla **su hijo(a)** en la casa? \_\_\_\_\_
  - 4 ¿Los **adultos en su casa**, (padres, guardianes, abuelos o cualquier otro adulto) **hablan entre ellos de manera regular en un idioma que no es el inglés?** SI\_\_\_\_\_ NO\_\_\_\_\_
- Si es **ASI**, ¿qué idioma o idiomas hablan? \_\_\_\_\_
- ¿**Su hijo(a)** entiende las conversaciones? SI\_\_\_\_\_ NO\_\_\_\_\_
- ¿**Participa su hijo(a)** en la conversación aunque lo haga en inglés? SI\_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Madre o Guardián

School Use Only			
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students			
	School initials	Bilingual	ESL



## McKinney-Vento Referral Form

### St. Vrain Valley School District

This form is intended to address the McKinney-Vento Act which provides additional services to students if their **RESIDENCE IS NOT FIXED, REGULAR AND ADEQUATE.**

**\*\*\*PLEASE NOTICE:** You **DO NOT** need to complete this form if your housing situation is **FIXED, REGULAR, AND ADEQUATE.** If you rent, share housing for convenience, or if you are buying a house and do not need support services please do not complete this form. Thank you!

**Presently, where is the student living? (Please check the one that applies to you)**

- Sheltered (EFAA, Safehouse, youth shelter, emergency/temporary foster care, etc.)
- Doubled Up due to Natural Disaster, Economic Hardship with Family or Friends
- Unsheltered (Cars, Parks, Campgrounds, etc)
- Hotels/Motels
- Other Form of Inadequate housing \_\_\_\_\_
- 

**The student/students:** *(Check one box)*

- is/are in the physical custody of a parent or guardian
- is/are NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not your legal guardian, living with other people)

Student(s)	ID #	DOB	Age	Gender	School	Grade

Parent(s)/Legal Guardian(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Add'l Phone: \_\_\_\_\_

Are there transportation needs for the student(s) if out of the walking zone/attendance areas? YES NO if so, please specify \_\_\_\_\_

How long has/have the student(s) mentioned lived at this address or place? \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Important:** School or Agency Contact Person who may know of the family's situation:

School or Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this Referral Form to Luis Chavez-Educational Liaison at LSC, Scan and email or Fax 303 682-7395, Phone 303-682-7262, [chavez\\_luis@svvsd.org](mailto:chavez_luis@svvsd.org) For Additional Information contact: Regina Renaldi, LSC @ 303-682-7413, [renaldi\\_regina@svvsd.org](mailto:renaldi_regina@svvsd.org)**



# CENTENNIAL BOCES

Board of Cooperative Educational Services

## Program Eligibility Survey



**Dear Parents/Guardian,**

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please list all children in your home from birth to 22 years of age.

<i>Child Name</i>	<i>Date of Birth</i>	<i>Name of School</i>

• What year did your family last move?    **YEAR:** \_\_\_\_\_

• Has either parent/guardian worked in, applied for employment in any of the following areas within the past 3 years?     YES     NO

If yes, please mark the appropriate employment areas with an X.

- |  |   |
|--|---|
| <input type="checkbox"/> Farming/Ranching                            | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops             | <input type="checkbox"/> Canning                      |
| <input type="checkbox"/> Poultry                                     | <input type="checkbox"/> Orchards                     |
| <input type="checkbox"/> Dairy                                       | <input type="checkbox"/> Greenhouse/Nursery           |
| <input type="checkbox"/> Food Processing Plant                       | <input type="checkbox"/> Tree Processing/Forestry     |
| <input type="checkbox"/> Meat Packing Plant                          | <input type="checkbox"/> Irrigation                   |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits    | <input type="checkbox"/> Sod Farms                    |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots                    |
| <input type="checkbox"/> Seed Packaging                              |   |

SCHOOLS: Please send completed form to ELA Office/LSC

11/26/2012



## **2019/2020 MANDATORY IMMUNIZATIONS**

Dear Parents and Guardians,

We thank you and your family for being our valued partners as we work together to continue advancing student success and wellbeing.

As part of the new student registration process, there is some important documentation that we will need before your student starts school. In order for your kindergartener to be admitted on the first day of school, they **MUST** have one of the following immunization documents on record:

- Written proof of immunization from your health care provider
- Signed non-medical exemption from CDPHE
- Medical exemption from CDPHE signed by your physician
- Proof of immunization is submitted within 14 days of notification
- A signed, written plan demonstrating that the required immunizations for the student will be obtained within the required time frame.

Colorado law requires children in school to have an immunization record on file and to have the required immunizations. If your child cannot receive immunizations because of medical, religious or personal reasons, please go to the Colorado Department of Public Health and Environment (CDPHE) Immunization Exemption website at <http://www.colorado.gov/vaccineexemption> for instructions on exemption requirements for school. Forms are also available at all St. Vrain schools.

### **The following are the required immunizations for entering Kindergarten in the 2018-2019 school year:**

- 5 DTaP (diphtheria, tetanus, pertussis) – 4<sup>th</sup> or 5<sup>th</sup> dose must be given after 4<sup>th</sup> birthday
- 4 IPV, OPV (polio) – 3<sup>rd</sup> or 4<sup>th</sup> dose must be given after 4<sup>th</sup> birthday
- 2 MMR (measles, mumps, rubella) – 1<sup>st</sup> dose must be given after 1<sup>st</sup> birthday
- 3 HEPATITIS B – last one must be given after 6 months of age
- 2 VARICELLA – 1<sup>st</sup> does must be given after 1<sup>st</sup> birthday  
(chicken pox or written verification from your doctor if your child has had the disease)

\*Students 4 through 6 years of age are required to have their final doses of DTaP, IPV, MMR and Varicella prior to kindergarten entry.

### **Following are the required immunizations for entering 6<sup>th</sup> Grade:**

The same requirements for kindergarteners plus:

- 1 Tdap

Students new to the St. Vrain Valley School District must present an immunization record at the time of registration. They will not be able to start classes until an immunization record has been presented to the school.