

CPS Student Educational Program Factors

This document is private and for use by CPS to adapt programming to best meet the needs of students. Please answer each question to the best of your knowledge.

Behaviors	Y/N
Student has documented histories of repeated school suspensions	
Student is deficient in credits expected to be earned by students at his/her grade level Parent/guardian's family has previously or currently qualifies for free or reduced lunch	
Student has an Individualized Education Program (IEP)	
Student has been committed to the Department of Human Services following adjudication as juvenile delinquents or is in detention awaiting disposition of charges that may result in commitment to the Department of Human Services	
Student has dropped out of school or who has not been continuously enrolled and regularly attending any school for at least one semester prior to enrolling in this school	
Student has been expelled from school or has engaged in behavior that would justify expulsion	
Student has history of personal drug or alcohol use or has parents or guardians with dependencies on drugs or alcohol	
Student has documented histories of personal street gang involvement or has immediate family members with documented histories of street gang involvement	
Student has documented histories of child abuse or neglect	
Student has parents or guardians in prison or on parole or probation	
Has documented histories of domestic violence in the immediate family	
Student is a parent or expectant parent	
Student is living outside the parent/guardian's home	
Student has a documented history of a psychiatric or behavioral disorder, including but not limited to an eating disorder, suicidal behaviors or deliberate, self-inflicted injury	

DATE: _____

_____, **Name of Student**
 _____, **Parent/Guardian**
 _____, **School Representative**



Colorado Springs School District 11

Returning Student Form

Student ID	_____
School Year	_____

School:

Student Information

Student's LEGAL Full Name (as appears on birth certificate)
 Last: _____ First: _____ Middle: _____ Suffix: _____
 Name Student Goes By: _____ Gender: Male Female
 Birth Date: _____ Grade: _____
mmdyyyy
 Student's Ethnicity Is Student of Hispanic/Latino origin? Yes No
 Student's Race In addition, select one or more of the following
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
 Home Address: _____ Apt: _____ Phone: _____ Type: _____
 City: _____ State: _____ Zip: _____
Complete if not the same as Home Address
 Mailing Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Household Info

Student resides with: (Check one) Both parents same household Both parents different households
 Father only Father/Stepmother Legal guardian Relative
 Mother only Mother/Stepfather Foster parent Non-relative

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 or guardianship, a copy should be provided to the school.

Our current living situation is: (Check one) *The following questions address the McKinney-Vento Act 42 U.S.C. 11435. The responses help us determine if your student is eligible for additional services.*

We rent/lease/own our own apartment/condo/house
 We live in a temporary shelter such as New Hope Shelter, Colorado House, Interfaith Hospitality Network, Dale House, Urban Peak, etc.. **OR** in "temporary assisted housing" being paid for partially or completely by an organization like Partners In Housing due to an emergency economic situation

We are living "doubled up" due to economic emergency - not to save money or for cultural preference

We are living in a hotel/motel as a guest - not because we own it or work there

We are living in a situation due to economic emergency not described above (please specify)

How many children do you have between the ages of 0 and 2? _____

How many children do you have between the ages of 3 and 5? _____

Other District 11 students living in household:

Last Name	First Name	School	Grade

Parent/Guardian Signature _____ Date _____



Colorado Springs School District 11

Returning Student Form

Student ID _____

School Year _____

Parent/Guardian Info

Name: _____ Relationship to Student: _____

Residence Address (if different than students): _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ Check if resides with student

Military Status: Not Military Active Duty Branch: _____ Inactive Reserves or National Guard

Other Retired Military

If you live on base, indicate which one: Peterson AFB Air Force Academy Fort Carson Schriever

Name: _____ Relationship to Student: _____

Residence Address (if different than students): _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ Check if resides with student

Military Status: Not Military Active Duty Branch: _____ Inactive Reserves or National Guard

Other Retired Military

If you live on base, indicate which one: Peterson AFB Air Force Academy Fort Carson Schriever

Primary email for school communications: _____

Phone number for attendance and automated calls: _____

Language preferred for calls and letters from school to home: English Spanish

Emergency Contacts

Name: _____ Relationship: _____

Additional Information: _____

Phones: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Additional Information: _____

Phones: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Additional Information: _____

Phones: Home: _____ Work: _____ Cell: _____

Parent/Guardian Signature _____ Date _____



Colorado Springs School District 11

Returning Student Form

Student ID	_____
School Year	_____

Name and address of school(s) attended in last 3 years (most recent first):

School Name: _____ Grades attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ Grades attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

Previous School History

Has student ever been retained? Yes No If Yes, what grade? _____

Has student previously attended a District 11 School? Yes No

If Yes, list school name, school year, and grade: _____

Is your student presently expelled or under consideration for expulsion from any school district? Yes No

If Yes, list school name and district: _____

Has your student ever received disciplinary action for behavior that was detrimental to the welfare or safety of other students or school personnel?

Yes No If Yes, list school district and dates: _____

Special Services

Does your student currently have any of the following plans? If yes, please provide a copy to the school.

- Advanced Learning Plan (ALP)? Modifications or accommodations under a 504 plan?
 Individual Education Plan (IEP) for Special Services? None of the above

Has your student participated in any of the following programs?

- Gifted and Talented? None
 English as a Second Language Program? Other special programs? (specify) _____

Acknowledgement

The information contained on this Returning Student Enrollment form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child under my care and supervision who is six years old by August 1 and under seventeen years old attends school. The only exceptions shall be illness and other absences excused by the Principal.

I understand all students new to the district are enrolled conditionally until records, including discipline records, from the 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.

School District 11 is committed to a policy of nondiscrimination in relation to disability, race, creed, color, sex, sexual orientation, transgender status, gender identity, gender expression, national origin, religion, ancestry, age, and protected activity. Any harassment/discrimination of students and/or staff, based on the aforementioned protected areas, will not be tolerated and must be brought to the immediate attention of the school principal, D11 administrator/supervisor, or D11 nondiscrimination compliance/grievance coordinator.

District 11's Nondiscrimination Compliance Coordinator: Alvin N. Brown, Jr., browna@d11.org, 719-520-2271, Fax: 719-520-2442

Parent/Guardian Signature _____ Date _____



Colorado Springs School District 11

Returning Student Form

Student Health Information Update

Student ID _____

School Year _____

NOTE: The following information is confidential and will be shared with school staff on a need to know basis.

Does your child have any of the following health problems?

Birth Date: _____

mmdyyy

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Bone/joint | <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Vision concerns |
| <input type="checkbox"/> Autoimmune problems | <input type="checkbox"/> Bowel/bladder | <input type="checkbox"/> Genetic/congenital abn. | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sleep disorder | |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Head injury/concussion | | |

Comments/Concerns:

Allergies: Does your child have any significant allergies that school personnel should know about? Yes No

If yes, list allergy and symptoms of allergic reaction: _____

How is it treated? _____

NOTE: If your child has a food allergy, please contact the Kitchen Manager at your child's school.

Medications: Does your child take medications? Yes No If yes, what is it for? _____

Please list name of medication(s) and dosage: _____

Will this medication be given at school? Yes No

(Please note: School District 11 requires completion of the blue "Medication Form" by parent and physician for all medications given at school.)

Activity Restrictions: Has your child's doctor placed any current restrictions on your child's physical activities? Yes No

If yes, please describe and provide written documentation from your physician. _____

Doctor's Name: _____ **Phone:** _____

Dentist's Name: _____ **Phone:** _____

Health Insurance: Insurance Company: _____ Medicaid #: _____ CHP+ _____

If no insurance at this time, would you like to be contacted regarding health coverage? Yes No

Consent for Medicaid Billing: I give consent to and authorize Colorado Springs School District 11 to release to Colorado Health Care Policy and Financing (HCPF) information related to Medicaid eligible services the District provides to the student identified above, as necessary, to apply for and recover partial Medicaid reimbursement. If at any time you would like to revoke this permission, please contact the school district Medicaid Office at 719-520-2251.

Emergency Care Permit: When a child suffers any injury or illness while at school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility.

If I cannot be reached by telephone in the event of an emergency involving _____

please send my child to _____ or any available medical service. (Child's name)

(Hospital preferred)

What is your daytime phone number? _____

Parent/Guardian Signature _____ **Date** _____