

Student Enrollment Form

-Office Use Only-

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

Legal first name		Legal middle name (leave blank if none)		Legal last name		Date of Birth (mm/dd/yy)	
Gender M F Non-Binary Agender Genderqueer Gender-fluid Intersex				Current Grade		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic? Yes No	
Nickname			Pronouns		Does your student wish to complete a gender support plan? Yes No		
Race is based on your inherited physical characteristics (Check one or more)							Student cell#
White		Black/African American		Hawaiian/Pacific Islander		American Indian/Alaskan Native (Tribal Community _____) Enrollment as a member of Tribal Community? Yes No	
Is English the primary language you speak at home? Yes No				Preferred language to home			
Country of birth			State of birth				
Primary Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address			Apartment #		Street Address or PO Box #		
City		State	Zip	City		State	Zip

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

Do you have any court orders or legal documents you need added to your student's file (i.e. Custody, Parental Plans, etc.)? Yes No

Parent/Guardian #1

Lives With Mailings Allowed I am a PSD employee ID# _____ Active Military Service (see definition of terms below)

Relation Type Parent Guardian Step Parent Power of Attorney Self

Is English the primary language you speak at home? Preferred language
Yes No

Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Apartment #		Primary Number Secondary/Work Number	
City		State	Zip	Phone Numbers ▶		Attendance	SMS (text)
Mailing Address Same as Physical?				Yes No			

If you answered no to the above question, please enter mailing address below

Street/PO#		City		State		Zip	
------------	--	------	--	-------	--	-----	--

Parent/Guardian #2

Lives With Mailings Allowed I am a PSD employee ID# _____ Active Military Service (see definition of terms below)

Relation Type Parent Guardian Step Parent Power of Attorney Self

Is English the primary language you speak at home? Preferred language
Yes No

Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Apartment #		Primary Number Secondary/Work Number	
City		State	Zip	Phone Numbers ▶		Attendance	SMS (text)
Mailing Address Same as Physical?				Yes No			

If you answered no to the above question, please enter mailing address below

Street/PO#		City		State		Zip	
------------	--	------	--	-------	--	-----	--

Lives With: Student lives with this individual in their residence.
Mailings Allowed: Will receive physical mailings from the school and/or District.
Active Military Service: Individual is an active duty member of the Armed Forces or on full-time National Guard duty.
Individuals listed in the Parent/Guardian section will receive access to the ParentVUE online application which displays student information.

Student's Siblings (Enter only siblings attending K-12 PSD schools)

Sibling Name	Grade	School Attending	Sibling Name	Grade	School Attending

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Enrollment History

Last school attended		City		State	Date
Has your child ever... (if applicable)	skipped a grade	If so, which grade?		Is your child a refugee?	Yes No
	been retained in a grade				
Date your student first enrolled in a U.S. school*			Date your student first enrolled in a CO school*		

* U.S. and/or CO school (K-12 public, non-public or U.S. military base schools). Do NOT include home school or Pre-K.

Programs & Services

Has student ever been expelled from a school?		If Yes, enter name and address of school		If Yes, enter expulsion date			
Yes	No						
Has student ever been referred for a Risk Assessment?		Was a Safety Plan developed as a condition for student's return to school?					
Yes	No	Yes No					
Is student currently enrolled in another Colorado school including distance or online school?				Yes No			
If Yes, enter name and address of the school:							
Has your child received Special Education services?		Yes	No	Has your child received Section 504 services?		Yes	No
What year was IEP last reviewed?				Is the 504 health related?		Yes	No
Has your child had a specialized health care plan?		Yes	No	Has your child received Gifted Education/ALP services?		Yes	No

Emergency Contacts other than Parent/Guardian

In cases where the parent/guardian cannot be reached, the student and pertinent data can be released to individuals listed as Emergency Contacts.	Parents listed on page one are only contact
	None (no emergency contacts)

Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter:
H – Home W – Work C – Cell O – Other

Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student	
Phone	Type	Phone	Type	Phone	Type		

Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student	
Phone	Type	Phone	Type	Phone	Type		

Emergency Contact #3		Contact #3 last name		Contact #3 first name		Relationship to student	
Phone	Type	Phone	Type	Phone	Type		

I verify that the information I have provided above is true and accurate.		_____ Parent/Guardian Signature		_____ Date
---	--	------------------------------------	--	---------------

Poudre School District will only disclose student education records and personally identifiable information contained therein in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

Student Enrollment Form

-Office Use Only-
Student ID# _____

Poudre School District will only disclose student education records and personally identifiable information contained therein in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

Student first name	Student last name	Birth date

Health Information				
Doctor	First Name:	Last Name:	Phone Number:	Name of Practice:
Specialist	First Name:	Last Name:	Phone Number:	Name of Practice:
Specialist	First Name:	Last Name:	Phone Number:	Name of Practice:

Student Health Conditions (Check Yes or No below and explain when necessary.) Please contact the school's Health Office to provide additional comments															
ADD/ADHD	Yes	No	Medications	Yes	No	Developmental delay: Explain				Yes	No				
Allergies to animals	Explain:			Yes	No	Diabetes: Type I	Yes	No	CGM Type?	Pump Type?					
Reaction:						Head injury/concussion				Yes	No				
Allergies to insects	Explain:			Yes	No	Date(s)?	Current Symptoms?								
Reaction:				Emergency Meds?	Yes	No	Heart problems		Explain:		Yes	No			
Allergies to medication	Explain:			Yes	No	Restrictions:									
Reaction:						Kidney/urinary problems				Yes	No				
Allergies/environmental	Explain:			Yes	No	Explain:									
Reaction:				Emergency Meds?	Yes	No	Headaches	Daily Medications? As Needed?	Yes	No	Migraines	Daily Medications? As Needed?	Yes	No	
Allergies to food	Explain:			Yes	No	Orthopedic problems					Yes	No			
Reaction:				Emergency Meds?	Yes	No	Explain:								
Other dietary needs	Explain:			Yes	No	Seizures	Yes	No	Emergency Medications?	Yes	No	Date of last seizure?			
Explain:						Describe Seizures:									
Anxiety	Yes	No	Depression		Yes	No	Bipolar		Yes	No	Neurological problems		Yes	No	
											Explain:				
Asthma	Yes	No	Rescue Inhaler		Yes	No	Other							Yes	No
Autism Spectrum	Yes	No													
Cancer	Yes	No	Current Treatment?		Yes	No									
Explain:															

Student Vision and Hearing Conditions														
Does your child have vision impairment?				Yes	No	Are glasses or contacts worn?				Yes	No			
Does your child have hearing impairment?				Yes	No	If Yes, What type of device?								
						BAHA	Yes	No	Hearing Aid	Yes	No	Cochlear Implant	Yes	No

Student Emergency Steps											
Could your child's health condition warrant special EMERGENCY steps that his/her bus operator should know?										Yes	No
If Yes, please explain											

A separate written Authorization and Release must be submitted each school year for each medication to be administered to a student at school
<https://www.psdschools.org/programs-services/medications-health-action-plans>

Student Medications (List medications student is taking.)		
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No

I verify that the information I have provided above is true and accurate.	_____ Parent/Guardian Signature Date
---	--