



Student Information

School Year:	Entering Grade:
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Student's Demographic Information

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth:		
Race/Ethnicity				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, not of Hispanic Origin

Student's Household Information - Enrollment Address

Number:	Direction:	Street:	Street Type:	Unit Number:
City:	State:	Zip Code:	Phone Number:	

Check here if student's living situation is not permanent, is doubled up with friends or family, or is not fixed, regular and/or adequate. The McKinney-Vento Act provides additional rights and services to students who meet certain residence criteria. Please answer the following question.
 Where is this student presently living? Choose one:

<input type="checkbox"/> Sheltered (EFAA, Safehouse, youth shelter, emergency/temporary foster care, etc.)	<input type="checkbox"/> Doubled up due to economic hardship - living with friends or family	<input type="checkbox"/> Unsheltered (cars, parks, campgrounds, etc.)	<input type="checkbox"/> Hotels/Motels	<input type="checkbox"/> Other (including out of home placement)
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Student's Information Releases

Disclosure of Directory Information
<p>The District may disclose directory information from a student's record. Directory information is defined by Board Policy JO-R (found on our web site at www.bvsd.org) as including: the student's name; date and place of birth; participation in officially recognized sports and activities; height and weight of athletic team members; dates of attendance; and degrees, awards, honors, and other distinctions received.</p> <p>The addresses and telephone numbers of students shall not be disclosed, except as provided by law. The parent of a student (or eligible student) may refuse to allow the release of student directory information.</p> <p><input type="checkbox"/> I agree to the release of directory information. <input type="checkbox"/> I do not agree to the release of directory information.</p>
Permission to Include Student in Media Coverage
<p>There may be times during the school year when different media groups (newspapers, television, university, school production class, etc.) will cover activities at the various Boulder Valley Schools with articles, video or still photography that may be published locally or nationally. In addition, schools or the District may want to include school-oriented articles, video or photography in their own publications and/or on their own web sites.</p> <p><input type="checkbox"/> I give my permission for my student to be included and identified in both District and non-District media coverage, including articles, videos and photographs.</p>
Parents' and Students' Opt-Out for Disclosure of Personal Information to Military and Higher Education
<p>According to the Federal No Child Left Behind Act of 2001: "(1)...each local educational agency receiving assistance under this Act shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students' names, addresses, and telephone listings. (2) CONSENT A secondary school student or the parent of the student may request that the student's name, address and telephone listing described in paragraph (1) not be released without option to make a request and shall comply with any request." (Section 9528) Instruction to NOT release student information to recruiters</p> <p>The No Child Left Behind Act REQUIRES that the school district provide student names, addresses, phone numbers to recruiters from the US military and institutions of higher education UNLESS a parent or the student request in writing that this information be withheld.</p> <p><input type="checkbox"/> I request that you DO NOT release the name, address, phone number or school records of the above student to any Armed Forces recruiter or the US Department of Defense. <input type="checkbox"/> I request that you DO NOT release the name, address, phone number or school records of the above student to any institution of higher education.</p>

Student's Behavioral and Expulsion History

NOTIFICATION OF TEMPORARY ENROLLMENT HOLD:

Your student's enrollment as a student in the Boulder Valley School District is conditional in order to allow the receiving school time to receive and review information and records from the sending school and complete a Safe Schools Check. In the event such information or records indicate a reason to deny admission, the student's conditional enrollment shall be revoked.

State law C.R.S. § 22-33-106 (3) (c and f) provides that the school in which a student wishes to enroll may deny admission if the student has:
 Been expelled from any school district during the preceding 12 months; and/or,
 Engaged in behavior in another school district during the preceding 12 months that is detrimental to the welfare or safety of other pupils or school personnel.

PURPOSE:

During the conditional enrollment period, the receiving Boulder Valley School will contact the school(s) your student attended during the past 12 months to verify that neither of the conditions described above exist. Additionally, previous school personnel may be able to alert the receiving school to ways in which we may best serve your student.

It is not the intent of the receiving school or the district to cast doubt upon the suitability of your student to perform academically or behaviorally as a pupil in the receiving school. This process assists the receiving school in remaining within parameters described in district policy and state law. Further, it reduces the probability of inappropriate speculation as to the nature of the student's disciplinary record at a previous school.

DECLARATION:

AS THE PARENT OR GUARDIAN OF THE ENROLLING STUDENT, YOU ARE REQUESTED TO DECLARE THE STUDENT'S STATUS AT HIS/HER PREVIOUS SCHOOL.

PRINT STUDENT'S NAME _____ DATE OF BIRTH _____ ENTERING GRADE _____

Has the student been expelled, placed on extended suspension, notified suspension counts toward "habitually disruptive student" declaration, or asked to leave any other school, in or out of state, in the past twelve (12) months for behavior on or off campus? Yes No

If yes, explain the circumstances: _____

Has the student engaged in behavior in another school district in the past twelve (12) months that was detrimental to the welfare or safety of other students, school personnel or others in the community, including criminal arrests or charges? Yes No

If yes, explain the circumstances: _____

SPECIAL PROGRAMING: Special Education Talented & Gifted ESL § 504 Plan

Identify any CHSAA-sanctioned sports/activities the student has participated in during the past year or will participate in during the coming year:

NAME OF PREVIOUS SCHOOL: _____

ADDRESS OF SCHOOL: _____

PHONE NUMBER WITH AREA CODE: _____

NAME OF PERSON TO CONTACT: _____

I have read and understand the above. I verify that the information provided to the enrolling school is true to the best of my knowledge and is a full disclosure of all information requested above.

Parent/Guardian Signature

Student Signature

Date

FOR USE BY ENROLLING SCHOOL ONLY

School Contacted: _____ Date: _____ By: _____

Name of person contacted: _____ Title: _____

Information provided above is correct: Yes No

Comments: _____


Parent/Guardian Information

Please enter Parent/Guardian information (maximum of 2 households.)

Household 1: Parent/Guardian 1

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Residence Address				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Mailing Address (if different)				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	Pager:	
Email Address:	Employer:	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves		
Translation and Interpretation Needs for Parent/Guardian 1				
Do you need help understanding school documents that are written in English? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need the help of an interpreter for meetings with school personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to either of the questions above, please check either A, B, or C: A <input type="checkbox"/> I prefer a relative, friend or neighbor to act as our interpreter. Because of confidentiality, BVSD does not allow children or students to act as interpreters. Name of interpreter _____ Home Phone Number _____ Address _____ B <input type="checkbox"/> I prefer that the school provide an interpreter who speaks _____ (language best understood by the household). C <input type="checkbox"/> I want written information sent to our household in Spanish.				
Special Instructions:				

Household 1: Parent/Guardian 2

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Residence Address				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Mailing Address (if different)				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	Pager:	
Email Address:	Employer:	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves		
Translation and Interpretation Needs for Parent/Guardian 1				
Do you need help understanding school documents that are written in English? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need the help of an interpreter for meetings with school personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to either of the questions above, please check either A, B, or C: A <input type="checkbox"/> I prefer a relative, friend or neighbor to act as our interpreter. Because of confidentiality, BVSD does not allow children or students to act as interpreters. Name of interpreter _____ Home Phone Number _____ Address _____ B <input type="checkbox"/> I prefer that the school provide an interpreter who speaks _____ (language best understood by the household). C <input type="checkbox"/> I want written information sent to our household in Spanish.				
Special Instructions:				


Household 2: Parent/Guardian 3

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Residence Address				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Mailing Address (if different)				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	Pager:	
Email Address:	Employer:	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves		
Translation and Interpretation Needs for Parent/Guardian 1				
Do you need help understanding school documents that are written in English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you need the help of an interpreter for meetings with school personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to either of the questions above, please check either A, B, or C:				
A <input type="checkbox"/> I prefer a relative, friend or neighbor to act as our interpreter. Because of confidentiality, BVSD does not allow children or students to act as interpreters. Name of interpreter _____				
Home Phone Number _____ Address _____				
B <input type="checkbox"/> I prefer that the school provide an interpreter who speaks _____ (language best understood by the household).				
C <input type="checkbox"/> I want written information sent to our household in Spanish.				
Special Instructions:				

Household 2: Parent/Guardian 4

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Residence Address				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Mailing Address (if different)				
Number:	Direction:	Street:	Street Type:	Unit Number:
City:		State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	Pager:	
Email Address:	Employer:	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves		
Translation and Interpretation Needs for Parent/Guardian 1				
Do you need help understanding school documents that are written in English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you need the help of an interpreter for meetings with school personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to either of the questions above, please check either A, B, or C:				
A <input type="checkbox"/> I prefer a relative, friend or neighbor to act as our interpreter. Because of confidentiality, BVSD does not allow children or students to act as interpreters. Name of interpreter _____				
Home Phone Number _____ Address _____				
B <input type="checkbox"/> I prefer that the school provide an interpreter who speaks _____ (language best understood by the household).				
C <input type="checkbox"/> I want written information sent to our household in Spanish.				
Special Instructions:				



Other Household Members

Please provide household members who were not provided on the previous pages.

Other Household Member 1

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Household member is under 18 years of age		Birth Date:
<input type="checkbox"/> Attends a BVSD School	Grade:	School:		
Relationship to Parent/Guardian 1:	Relationship to Parent/Guardian 2:	Relationship to Parent/Guardian 3:	Relationship to Parent/Guardian 4:	

Other Household Member 2

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Household member is under 18 years of age		Birth Date:
<input type="checkbox"/> Attends a BVSD School	Grade:	School:		
Relationship to Parent/Guardian 1:	Relationship to Parent/Guardian 2:	Relationship to Parent/Guardian 3:	Relationship to Parent/Guardian 4:	

Other Household Member 3

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Household member is under 18 years of age		Birth Date:
<input type="checkbox"/> Attends a BVSD School	Grade:	School:		
Relationship to Parent/Guardian 1:	Relationship to Parent/Guardian 2:	Relationship to Parent/Guardian 3:	Relationship to Parent/Guardian 4:	

Other Household Member 4

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Household member is under 18 years of age		Birth Date:
<input type="checkbox"/> Attends a BVSD School	Grade:	School:		
Relationship to Parent/Guardian 1:	Relationship to Parent/Guardian 2:	Relationship to Parent/Guardian 3:	Relationship to Parent/Guardian 4:	

Emergency Contacts

Please add at least one Emergency Contact (maximum of 4)

Emergency Contacts are those people to whom we may release this student in the event of an illness or injury if the Parent/Guardian cannot be reached. Please **DO NOT** enter the names of previously listed Parent/Guardians the section below.

Emergency Contact 1

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Home Phone:	Work Phone:	Alternate Phone:	Pager:	

Emergency Contact 2

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Home Phone:	Work Phone:	Alternate Phone:	Pager:	

Emergency Contact 3

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Home Phone:	Work Phone:	Alternate Phone:	Pager:	

Emergency Contact 4

Legal First Name:	Legal Middle Name:	Legal Last Name:	Legal Suffix:	Nickname:
Relationship to Student:				
Home Phone:	Work Phone:	Alternate Phone:	Pager:	



Student Health Information

Doctor's Name:	Doctor's Phone:	Doctor's Alternate Phone:
Dentist's Name:	Dentist's Phone:	Dentist's Alternate Phone:
Enter Preferred Hospital:		
Enter health insurance provider name, phone number and policy number:		
Please list any significant or ongoing conditions relevant to school or athletics (for example: severe allergic reactions, EpiPen, asthma, A.D.D./A.D.H.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problems) Explain:		
List any allergies to foods, medications, bee stings, etc., and their remedies:		
List any medications taken by the student on a regular basis: At school: At home:		
<input type="checkbox"/> Check here if school may contact a doctor in case of serious illness or injury.		
<input type="checkbox"/> Check here if school may call an ambulance in case of serious illness or injury.		
<input type="checkbox"/> I will not hold the Boulder Valley School District financially or legally responsible for the emergency care and/or transportation for such student.		
CONSENT FOR EMERGENCY TREATMENT: I, the undersigned, do hereby authorize officials of the Boulder Valley School District to contact directly the persons named on this card and do authorize the named physician or dentist to render such treatment as may be deemed necessary in an emergency for the health of the said student. In the event the named physician or dentist is not available at the time of the student's emergency, I hereby authorize the physician or dentist to whom the student is subsequently referred to render such treatment as may be necessary for the health of said student.		
EMERGENCY INFORMATION: Parents are expected to transport their own children from school to home or from school to doctor's office except in cases of dire emergency. In the event of an accident or acute illness, school staff shall attempt to notify the parents first. If neither parent nor the emergency contacts can be reached, the school officials are hereby authorized to take whatever action, including the use of an ambulance, if deemed necessary in their judgment for the health and safety of the aforesaid student.		
MEDICAID INFORMATION: Colorado school districts are entitled by law to seek Medicaid reimbursement when health services are delivered to Medicaid-eligible students. These funds must be used to create or expand health services to all children in the district. School Medicaid reimbursement does not affect the family's other Medicaid benefits in any way.		
CONSENT FOR MEDICAID BILLING: I give consent and authorize the Boulder Valley School District to release to Colorado Health Care Policy and Financing (HCPF) information related to Medicaid-eligible services delivered, if/when my child is enrolled in the Medicaid program.		
<input type="checkbox"/> Check here to opt out of Medicaid billing.		



Home Language Survey and Enrollment History

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Please provide information about the student's primary or home languages only. Please do not include languages that are for enrichment only. Thank you for providing this important information.

Student Language Information

What language or languages did <u>the student</u> use when he/she first began to talk?	
What language or languages does <u>the student</u> speak with adults at home?	
What language or languages do parents or guardians use when speaking to the student?	
<input type="checkbox"/> Check here if the adults in your home (parents, guardians, grandparents or any other adults) <u>speak to each other every day</u> in a language that is not <u>English</u> ? IF YES: What language(s)?	
<input type="checkbox"/> Check here if <u>the student</u> understands the conversations.	
<input type="checkbox"/> Check here if <u>the student</u> participates in the conversation, even if he/she might use English.	
What language or languages does the student <u>read</u> ?	What language or languages does the student <u>write</u> ?

Foreign Education

<input type="checkbox"/> Check here if the student <u>attended school in another country</u> .	
Please indicate which country student attended school:	How many years?
List the language or languages which were used for instruction:	
<input type="checkbox"/> Check here if <u>the student</u> is a visiting international student.	<input type="checkbox"/> Check here if <u>the student</u> is a foreign exchange student.

Enrollment History

Student has been continuously enrolled in a United States public school or private school, or in a school on a US military base outside the United States since: Enter today's date if student has never attended school in the United States or the most recent entry date if the student left the United States at any time. Home school is not considered public or private school.		
Student has been continuously enrolled in a Colorado public school since: Enter today's date if student has never attended school in Colorado or the most recent entry date if the student left Colorado at any time. Home school and Colorado private schools are not considered public school.		
Enter the information for the most recent school the student has attended		
Most Recent School District:	Most Recent School Name:	Phone Number:
Most Recent School Address:		Current Grade Level:
<input type="checkbox"/> Check here if student has previously attended Boulder Valley School District.	If student has previously attended Boulder Valley School District, please indicate what school they have attended:	



Special Needs

Special Education Individualized Education Plan

<input type="checkbox"/> Check here if student has an active Special Education Individualized Educational Plan (IEP).	
<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Deaf/Blind Disability
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Multiple Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Preschooler with Disability
<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Autism
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Physical Disability - A.D.D./A.D.H.D.	

Special Education

<input type="checkbox"/> Check here if student has ever had an Individualized Education Plan (IEP).
Date declassified:

504 Plan

<input type="checkbox"/> Check here if student has a 504 plan that describes classroom or learning accommodations. Describe the contents of the 504 plan:

Personalized Learning Plan

<input type="checkbox"/> Check here if student has an active Personalized Learning Plan (PLP) for Talented and Gifted.
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ESL Program

<input type="checkbox"/> Check here if student is currently or has formerly been served by an English as a Second Language (ESL) program. Provide the grade levels in which the services were received:

Bilingual Program

<input type="checkbox"/> Check here if student has been in a bilingual program. Describe the program and when the student participated:

Thank you for completing the application for your student's enrollment to Boulder Valley School District. Please contact your student's neighborhood school, which is based on the primary address provided for enrollment, or the district office located at 6500 Arapahoe Road, Boulder, CO 80303.

You will need to bring the following documents to the neighborhood school or district office:

- This completed application
- Copy of student's birth certificate or passport
- Proof of residency (copy of lease, utility bill or house contract)
- Current copy of student's immunizations (with signature from Health Care Provider)
- If your child is currently receiving services with an IEP, please bring a copy of their most recent IEP

Signature:

I verify that the information provided to Boulder Valley School District in the online enrollment process is true to the best of my knowledge. Misrepresentation of information will be grounds to invalidate this application.

(Parent, Legal Guardian)

(Date)

Please contact the BVSD Student Enrollment Center: 303-447-5247 / enrollment.helpdesk@bvsd.org, with any further questions.

FOR SCHOOL USE ONLY

Date:	Application #:	Page 1 of _____ pages
Documents received and sent by:		
Comments:		
Please FAX these documents to 303-447-5538		