

Summit School District RE-1 REQUEST FOR STUDENT CUMULATIVE AND CONFIDENTIAL RECORDS

The following student has enrolled in Summit School District. Please send cumulative records and Special Education Records as indicated below.

Student Information:							
Legal Name: Student Last Name (Apellido Patern)	First Name (<i>Primer Nombre</i>) Middle Name (<i>Segundo Nombre</i>)						
Date of Birth (Fecha de Nacimiento):							
Signed: Parent/Guardian (Firma del Padre/ Guardián Legal	Today's Date:						
Parent/Guardian (Firma del Padre/ Guardián Legal	l) Relationship (Relación) (Fecha)						
Please send records, but not limited to the following:							
Transcripts and/or report cards	504 Plan (if applicable)						
Test data / standardized test scores	English Language (ESL) test score (if applicable)						
List of courses and grades at time of withdrawal	Title 1 Services (if applicable)						
Attendance records	Discipline records						
Individual Literacy Plan (ILP) (if applicable)	Health / medical records including Sports Physical (if available)						
Advanced Learning Plan (ALP) (if applicable)	Immunization records						
Special Education (Individual Education Plan)	Copy of birth certificate						
education records to anyone who does not have a direct educational responsibility. Upon request, you will be told and/or shown to whom information about your child has been shared or reviewed. The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll. Student's Prior School Contact Information Please send Records to:							
otacin 3 i noi concoi contact information	ricase seria records to.						
	Summit School District RE-1 Summit Middle School Attn: Student Records PO Box 7 Frisco, CO 80443 Phone – 970-368-1200 Fax – 970-368-1299						
For Office Use Only:							
First Date of Attendance:	Date Records Requested:						
School of Enrollment:	Date Records Received:						



First Date of Attendance: ____

Summit School District 2022-2023

New Student Enrollment

Student Information **Please enter student's legal (birth certificate) name Entering Grade:_____ Last Grade Completed: Middle: Gender:_____Male _____Female Mailing Address: ______ City: _____ Zip: _____ Physical Address: City: Zip: Zip: Home Phone: () Place of Birth: Date of Birth: Month / Day / Year **Primary Parent/Guardian:** Provide primary parent/guardian information – where child resides Last Name: Last Name: First Name: First Name: Relationship:_____ Relationship:_____ Parent Cell: Parent Cell: Parent Email: Parent Email: **Does student reside with a parent at a different address?** \square Yes \square No Parent Name: Parent Cell Phone: Parent Email Address: _____ Special Programs: Please note and provide documents at registration for any educational services in which your child has participated: 504 Plan READ Plan ☐ Special Education - IEP ☐ Gifted/Talented Other – comments: _____ Please provide the following documents with registration form: ___Birth certificate ___Completed/Signed Request for Cumulative Records ___Immunization record Proof of Residency _Custodial documents (if applicable) ***Secondary Students (Grades 6-12) will need to provide a transcript and/or mid-year transfer grades from prior school. Parent/Guardian Signature Date Please provide a copy of any legal documents if school should be aware of any special circumstances, i.e. custody, restraining orders, etc. Please note: The school district discloses education records, including student discipline records, without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's School of Enrollment: _BRE __DVE __FRE __SCE __SVE __UBE __SMS __SP __SHS

Home Language: ___English ___Spanish



Summit School District 2022-2023 School Enrollment History

Student Information: Name	
School Enrollment History:	

Grade / Year	Name of School:	City, State	Public / Private
Pre-School			
Kindergarten			
1 st Grade			
2 nd Grade			
3 rd Grade			
4 th Grade			
5 th Grade			
3 Grade			
6 th Grade			
o Grade			
7th Grada			
7 th Grade			
oth G			
8 th Grade			
9 th Grade			
10 th Grade			
11 th Grade			
12 th Grade			



Summit School District RE-1 2022-2023 Home Language Survey

St	Student's Name:	Date:	
So	School:	Grade:	
Pa	Parent or Guardian's Name:		
ne Er	Our school needs to know the languages spoken and heard at necessary in order to provide the best instruction possible for English are indicated, students may be screened for English lasurvey will be kept in the student's cumulative file.	all students. When languages other than	
1.	1. What language did your student first learn to speak?		
2.	2. What language does your student use the most often at ho	ome?	
3.	3. What language do you use most often to speak to your stu	ident?	
4.	4. What languages does your student hear at home?		
5.	5. What other languages does your student speak and unders		
6.	6. How comfortable is your student learning in English (5 =	Fluent)? 1 2 3 4 5	
7.	Has your child received English language services in another school district?		
		Yes No	
-			
	Signature of Parent or Guardian	Date	



STUDENT CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents. The parent or guardian with whom the child resides will be considered the custodial parent or guardian; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent or guardian to provide the school with any limiting court orders or upon request.

1. Student's legal name:	
Does child reside with both parents? If yes, check here If no, please give the name of custodial parent or guardian with whom child residual.	esides:
3. Name of non-custodial parent(s):	
4. Do you, as custodial parent or guardian, have legal custody through a court or	der?
Yes No Pending Date Finalization expected:please inform school when finalized.)	(If pending,
5. Does the non-custodial parent have access to the following? If no, you will nee	ed to provide a
copy of the court order and highlight where it is stated on the order:	
Complete school records – Yes No	
Student may be released from school to non-custodial parent? Yes	No
Communicate with school and/or teacher – Yes No	
Please provide any additional information regarding custody of which the school sho	ould be aware.
By signing below you do solemnly swear that you have primary care and custon legal guardian of the above student. If any part of this form is knowingly filled information, the school is legally under no obligation.	•
Legal Signature of Custodial Parent/Legal Guardian	Date



Apply for free or reduced-price meals today!







Thanks to nationwide waivers for federally funded meal programs, school meals were free to all students through the height of the COVID-19 pandemic. At this time, these waivers have expired, so schools must return to charging for breakfast and lunch and can only provide free or reduced-price meals to students who qualify for those benefits. Our priority is the health and well-being of all students, so they can succeed in the classroom and beyond. School meals are among the healthiest meals that children eat in a day and we encourage all students to participate. Families can qualify for free or reduced-price meals based on household income by submitting a meal application.

Check out answers to frequently asked questions about free or reduced-price school meals and the application process below and apply today!



You can apply any time during the year.

Not ready to apply at the beginning of the year? Financial status changes mid-way through the semester? Not a problem. The application can be filled out at any point and students status will be updated after the application gets processed. It's never too late!



The process is completely confidential.

You can trust that all of your information will remain confidential and only be used for determining eligibility for school meals. Once a student is approved for free or reduced-price meals, their status will also remain confidential so no student can be identified or singled out.



You'll save time and money!

The application only take sa few minutes to complete and is completely free. If you qualify, your student could be eligible for free or reduced-price school meals. No need to spend money on lunch boxes or time preparing bagged lunches!



All students regardless of program status are offered the same nutritious meal options to choose from.

The price of the meal is the ONLY thing that is reduced, all students are offered the same nutritious meal options to choose from.

For more information please visit https://www.fns.usda.gov/nslp

hil rights law and U.S. Department of Agriculture (USDA) chil rights regulations and policies, this institution is prohibited from discriminat identity and assual orientation), disability, age, or reprisal or retalation for prior chil rights ectivity. Program information may be made as nequire atternative means of communication to obtain program information (e.g., Braille, large print, audiculaps, American Sign Language is the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) complaint, a Complainent should complete a Form AD-3027, USDA Program Discrimination Complaint from which can be obtained online at: <a href="https://www.usda.gov/sites/bioles/b gton, D.C. 20250-9410; or fax: (633) 256-1665 or (202) 690-7442; or email: p

