

SUMMIT HIGH SCHOOL

PO Box 7
Frisco, CO 80443
Telephone: 970-368-1100
Fax: 970-368-1197

ENROLLMENT PROCEDURES FOR NEW STUDENTS

1. Please complete the enclosed documents and return to us via fax, mail, or email. Please bring the originals with you to your scheduled counseling appointment.

Fax Number: 970-368-1197
Email: neta.hodson@summitk12.org
Mail: Summit High School
Attn: Registrar
PO Box 7
Frisco, CO 80443

2. **Please provide these documents to us prior to your appointment (with the contents of this packet):**

- Current immunization record
- Copy of birth certificate/passport
- Custodial papers (if applicable)
- Most current IEP, ILP or 504 (if applicable)
- Unofficial copy of transcripts
- Proof of residency (document showing the physical address, mailing address, and your name ie. utility bill or lease agreement)

3. Upon receipt of these documents, your student will be issued a code for on-line registration. The code will be sent to you via email. You may then go on-line to register with the district.
4. The Registrar will reach out to schedule an appointment with your child's guidance counselor to get scheduled into classes. Counselors return to the office in August and appointments will be scheduled then.

APPOINTMENTS MUST BE SCHEDULED – NO WALK-INS PLEASE

STUDENTS MUST HAVE A PARENT OR GUARDIAN (WITH WHOM THEY RESIDE) WITH THEM TO REGISTER. Guardians that are not the biological parents must have the **NOTARIZED GUARDIANSHIP PAPER** (available on the website), signed by the student's parent(s), with them at the time of the counseling appointment.

THANK YOU FOR TAKING THE TIME TO READ THIS LETTER. WE LOOK FORWARD TO MEETING WITH YOU AND YOUR CHILD.



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 (*Primer Nombre*)
Middle Name (*Segundo Nombre*)

Date of Birth (*Fecha de Nacimiento*): _____ Entering Grade (*Grado al que entra*): _____

Signed: _____ Today's Date: _____
Parent/Guardian (*Firma del Padre/ Guardián Legal*) 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

All special education records/information about your child will be kept confidential. Permission must be obtained prior to releasing special 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:

Summit School District RE-1
Summit High School
 Attn: Student Records
 PO Box 7
 Frisco, CO 80443
 Phone – 970-368-1100
 Fax – 970-368-1197

For Office Use Only:

First Date of Attendance: _____

Date Records Requested: _____

School of Enrollment: _____

Date Records Received: _____



Summit School District
2022-2023
New Student Enrollment

Student Information

**Please enter student's legal (birth certificate) name

Form for student information including fields for Last, First, Middle, Mailing Address, Physical Address, Home Phone, Date of Birth, Entering Grade, Last Grade Completed, and Gender.

Primary Parent/Guardian: Provide primary parent/guardian information – where child resides

Form for primary parent/guardian information with two columns for Last Name, First Name, Relationship, Parent Cell, and Parent Email.

Does student reside with a parent at a different address? [] Yes [] 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:

- [] Special Education - IEP [] 504 Plan [] READ Plan [] 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 enrollment or transfer.

School of Enrollment:

___BRE ___DVE ___FRE ___SCE ___SVE ___UBE ___SMS ___SP ___SHS

First Date of Attendance: _____

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			
6 th Grade			
7 th Grade			
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**

Student's Name: _____ **Date:** _____

School: _____ **Grade:** _____

Parent or Guardian's Name: _____

Our school needs to know the languages spoken and heard at home by each student. This information is necessary in order to provide the best instruction possible for all students. When languages other than English are indicated, students may be screened for English language learning services and supports. This survey will be kept in the student's cumulative file.

1. What language did your student first learn to speak? _____

2. What language does your student use the most often at home? _____

3. What language do you use most often to speak to your student? _____

4. What languages does your student hear at home? _____

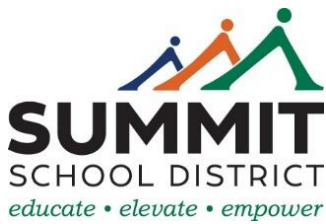
5. What other languages does your student speak and understand at a conversational level? _____

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: _____

2. Does child reside with both parents? If yes, check here ____.

If no, please give the name of custodial parent or guardian with whom child resides:

3. Name of non-custodial parent(s): _____

4. Do you, as custodial parent or guardian, have legal custody through a court order?

Yes ____ No ____ Pending ____ Date Finalization expected: _____ (If pending, please inform school when finalized.)

5. Does the non-custodial parent have access to the following? If no, you will need 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 should be aware.

By signing below you do solemnly swear that you have primary care and custody of, and are the legal guardian of the above student. If any part of this form is knowingly filled out with incorrect information, the school is legally under no obligation.

Legal Signature of Custodial Parent/Legal Guardian

Date

CHECKLIST FOR NEW STUDENTS

Student Name _____

Please circle the appropriate answer to the questions below. We ask these questions to help us determine your educational needs.

Were you in any of the following programs?

- | | | |
|-----------------------------------------------------------------------------------|-----|----|
| 1. Special Education (with active IEP) | yes | no |
| 2. Gifted/Talented | yes | no |
| 3. Have a 504 plan in place | yes | no |
| 4. Have had an "SST" or "CST" plan regarding your educational or medical concerns | yes | no |
| 5. Have a medical condition that affects your education | yes | no |
| 6. English Language Acquisition Program | yes | no |
| 7. Have you finished secondary (High School) in the US or another country? | yes | no |

ARE YOU NOW:

- | | | |
|--------------------------------------------------------|-----|----|
| • On Probation
If yes, why: | yes | no |
| • On juvenile diversion
If yes, why: | yes | no |
| • Expelled from your previous school.
If yes, why: | yes | no |
| • Suspended from your previous school.
If yes, why: | yes | no |

Did you learn another language before you learned English? yes no

Please note any educational concerns or Special Programs your child has participated:

I acknowledge the above statements are correct.

Parent/Guardian signature

Date



SHS Tiger Athletics & Activities New enrollment / Transfer identification

****ONLY COMPLETE THIS FORM IF YOU PLAN TO PARTICIPATE IN ATHLETICS/ACTIVITIES AT SHS****

Purpose: The Colorado High School Activities Association (CHSAA) has specific athletic / activity eligibility criteria governing what level of participation a student is eligible for when students change schools and / or move residences, depending on the circumstances motivating the change. This form is to help the Tiger Athletics & Activities Dept. identify transfer situations and start the CHSAA transfer process. That process may not begin until the student is enrolled at SHS.

Student Name _____ Grade _____

SHS Enrollment date _____

Parent Name _____ Parent phone _____

Best parent Email _____

Previous residence (city / state / country) _____

Previous school _____ Previous school Enrollment dates _____

Previous school Athletic / activity contact name _____

Previous school Athletic / activity contact email _____

Sports / activities participated at previous school (school only, not rec / club / etc.)

- Did not participate in any school sports or activities in the previous 365 days to enrollment.

Intended sports / activities at SHS _____

Category:

- Move - in state
 Move - out of state
 Change in academic program / enrollment
 International / exchange

Version 3/7/22



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/nsfp>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complaint should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/AD-3027-2016-09-01-Updated-Form-3027-2016-09-01-Updated-2016-09-01-Updated.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

chartwells
powering up happy & healthy