



# 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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Breckenridge Elementary – britton.fossett@summitk12.org	970-368-1399
Dillon Valley Elementary – april.davis@summitk12.org	970-368-1499
Frisco Elementary - timi.lawson@summitk12.org	970-368-1599
Silverthorne Elementary - alice.dudley@summitk12.org	970-368-1699
Summit Cove Elementary - sonnie.rodli@summitk12.org	970-368-1799
Upper Blue Elementary - carolyn.springer@summitk12.org	970-368-1899

**For Office Use Only:**

First Date of Attendance: \_\_\_\_\_

Date Records Requested: \_\_\_\_\_

School of Enrollment: \_\_\_\_\_

Date Records Received: \_\_\_\_\_



Summit School District
2023-2024
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, and Place of Birth.

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

Form for primary parent/guardian information with two columns for name, relationship, cell, and 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  
2023-2024  
School Enrollment History**

**Student Information: Name** \_\_\_\_\_

School Enrollment History:

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



**Summit School District RE-1  
2023-2024  
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?

1 = No English spoken/understood to 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 pursuant to Board Policies KBBA and KBBA-R when the enrolled student does not reside with both natural parents. Both parents have the right to access the student and the student's records unless one parent provides the District with a currently effective Colorado court order indicating otherwise.

1. Student's legal name: \_\_\_\_\_
2. Does student reside with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If the student does not reside with both parents, do the parents have joint custody and joint educational decision-making authority? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If no, please give the name and address of custodial parent or guardian with whom child resides:  
\_\_\_\_\_
  - b. Please provide the name and address of non-custodial parent or guardian:  
\_\_\_\_\_
  - c. Do you, as the custodial parent or guardian, have legal custody through a court order?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ Date Finalization Expected: \_\_\_\_\_  
(If pending, please inform school when finalized)
  - d. Does the non-custodial parent have access to the following? If no, please provide a copy of the Colorado court order limiting access.
 

Education records? Yes \_\_\_\_\_ No \_\_\_\_\_

Permission to be released from school to non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Communication with school and/or teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

A student will not be denied admission to school on the basis of refusing the request for documentation of the allocation of parental rights and responsibility.

***By signing below, you acknowledge that you have the legal authority to sign this form and that you have verified the information contained herein is correct.***

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



## Proof of Residence for Enrollment into Summit School District

Please provide documentation that your family resides in Summit County, Colorado. Paper and electronic documentation is accepted.

Parents/guardians may provide ONE of the following to demonstrate residency:

- Summit County Property Tax Information
- Mortgage, Lease, Sub-lease, or Rental Documents ● Utility Bill

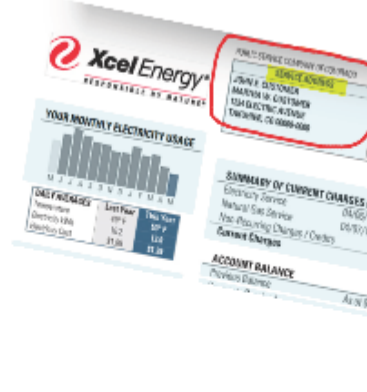

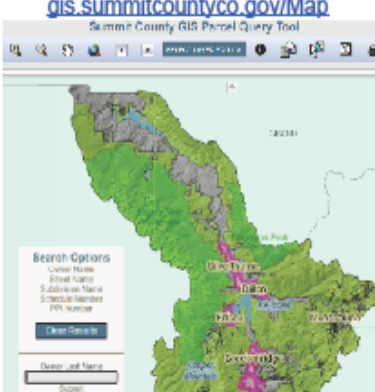
—OR—

Parents/guardians may provide TWO of the following to demonstrate residency:





- Computer generated bill with printed address (e.g. medical, dental, hospital, loan or car payments, credit card statements)
- Bank statements with printed address
- Employment pay stubs with printed (residential) address\*
- Post-marked first class mail (pre-paid or bulk mail not allowed)

*\*Employment address is not allowable for enrollment in Summit School District; the address must reflect a personal address within Summit County.*

Provide **1** of the following:

<p align="center"><b>Utility Bill</b></p>	<p align="center"><b>Mortgage, Lease, Sub-Lease, or Rental Agreement</b></p>	<p align="center"><b>Summit County Property Tax Information</b></p>
		

Or provide **2** of the following:

<p align="center"><b>Computer Generated Bill with Home Address</b></p>	<p align="center"><b>Bank Statement with Home Address</b></p>	<p align="center"><b>Employment Pay Stub with Home Address</b></p>	<p align="center"><b>Post-Marked First Class Mail to Home</b></p>
			

# Summit School District

## Residency Verification Form

This completed form can be used for Residency Verification if the child's parent or legal guardian is not listed on the mortgage, lease or utility bill. **This does not need to be completed if your proof of residency has the parent's or legal guardian's name on it.**

### This section to be completed by PARENT/GUARDIAN

Parent Name

First \_\_\_\_\_ Last \_\_\_\_\_

Child's Name

First \_\_\_\_\_ Last \_\_\_\_\_

Relationship to Child (check one): Mother Father Guardian

I certify that my child lives with me at the following address:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### This section to be completed by HOMEOWNER/RENTER

Homeowner/Renter Name:

First: \_\_\_\_\_ Last: \_\_\_\_\_

I am the (check one): Homeowner Renter

I certify that the above listed parent/legal guardian and child currently live with me at this address:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date the above listed parent/guardian and child moved in with you: \_\_\_\_\_

\_\_\_\_\_  
Homeowner/Renter Signature

\_\_\_\_\_  
Date

**You MUST also submit a copy of the mortgage, lease, or utility bill with the homeowner/renter's name listed.**





# 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 student status will be updated after the application gets processed. It's never too later!



### 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 takes a 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/nsip>

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 marital or marital status. 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 TRANSLIT Center at (202) 720-2600 (voice and TTY) or contact USDA through the National 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 <http://www.usda.gov/officeofadjudication> or by contacting the USDA Program Discrimination Complaint Form (AD-3027) from any USDA office, by calling (866) 632-6962, 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 allow 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 by fax (877) 256-1605 or (202) 690-7442, or email [program.adjudication@usda.gov](mailto:program.adjudication@usda.gov). This institution is an equal opportunity provider.

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