

# SUMMIT HIGH SCHOOL

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

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## ENROLLMENT PROCEDURES FOR NEW STUDENTS

1. Please complete the enclosed documents and return to us via fax, mail, email, or at the high school Main Office during operating hours.

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

2. **Please provide these documents to us (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 i.e. 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**

**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:**

*\*\*For OFFICE Completion\*\**

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

Special Education (IEP) records should include, but not be limited to:

- Audiometric, Hearing Evaluation
- Educational Evaluation
- Psychological Reports
- Occupation/Physical Therapy Assessment
- Medical History
- Social / Emotional Assessment
- Speech/Language Assessments
- Progress Reports
- Behavior Plan

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  
 neta.hodson@summitk12.org

**For Office Use Only:**

First Date of Attendance: \_\_\_\_\_  
 School of Enrollment: \_\_\_\_\_

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



Summit School District
2024-2025
New Student Enrollment

Student Information

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

Last: \_\_\_\_\_ Entering Grade: \_\_\_\_\_
First: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_
Middle: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place 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? 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: \_\_\_\_\_

Are you currently experiencing any of the following situations that may qualify as homelessness under the McKinney-Vento Homeless Assistance Act: sharing housing due to loss of housing or economic hardship; living in motels, hotels, trailer parks, or campgrounds due to lack of adequate accommodations; residing in emergency or transitional shelters; staying in public or private places not intended for regular sleeping (such as cars, parks, bus/train stations); being an unaccompanied youth in unstable living conditions; or being a migrant child or youth facing similar circumstances? \_\_\_Yes \_\_\_ No

Please provide the following documents with registration form:

- \_\_\_ Birth certificate \_\_\_ Completed/Signed Request for Records \_\_\_ Immunization record \_\_\_ Proof of Residency (exempt for McKinney-Vento)
\_\_\_ Custodial documents (if applicable) \_\_\_ Transcript and/or mid-year transfer grades from prior school (Grades 6 through 12 only)

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 \_\_\_ Other \_\_\_\_\_



**Summit School District  
2024-2025  
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  
2024-2025  
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

# CHECKLIST FOR NEW STUDENTS

Student Name \_\_\_\_\_

Please check the appropriate responses 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 a medical condition that affects your education .....  yes  no
5. English Language Acquisition Program .....  yes  no
6. Have you finished secondary (High School) in the US or another country? .....  yes  no

## ARE YOU NOW:

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

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





## **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

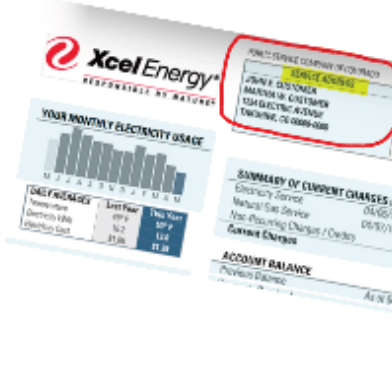

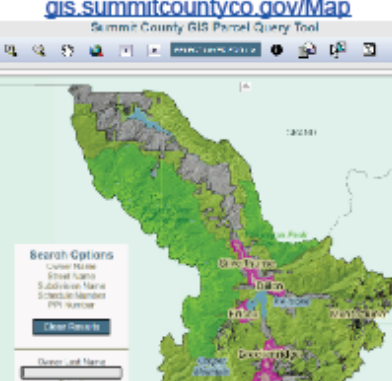
—OR—

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>
			

## **Healthy School Meals for All**

Summit School District is participating in the Healthy School Meals for All program! Approved by Colorado voters, the new program enables districts to offer free meals to all students.

### **Important Reminders for Families**

Just like in previous years, families should continue to provide their household income information by completing the household application for free and reduced-price school meals either online or on paper application. While meals will be provided for free to all Summit School District students through Healthy School Meals for All, it's important for us to continue gathering this information in order to receive full access to available federal funding.

By providing this information, you will be supporting our district in accessing additional federal funds that will go directly to our schools to help cover the cost of meals, as well as after school programs and other nutritional programs for students. Plus, families who qualify may receive discounted school fees, utilities support and more!

*[www.summitk12.org/food-services/free-reduced](http://www.summitk12.org/food-services/free-reduced)*

### **Family Information is Always Confidential**

All household income information provided is strictly confidential and protected by law. Only one form is required for all children in the household. Immigration, migrant, citizenship or refugee status is not required when completing the form.

### **Comidas Escolares Saludables para Todos**

¡ está participando en el programa Comidas Escolares Saludables para Todos! Aprobado por los votantes de Colorado, el nuevo programa permite a los distritos ofrecer comidas gratuitas a todos los estudiantes.

### **Recordatorios importantes para las familias**

Al igual que en años anteriores, las familias deben continuar proporcionando la información de ingresos de su hogar completando el [nombre del formulario]. Si bien las comidas se proporcionarán de forma gratuita a todos los estudiantes del Summit School District a través de Comidas Escolares Saludables para Todos, es importante que continuemos recopilando esta información para recibir acceso completo a los fondos federales disponibles.

Al proporcionar esta información, usted estará apoyando a nuestro distrito para que acceda a fondos federales adicionales que irán directamente a nuestras escuelas para ayudar a cubrir el costo de las comidas, así como los programas extracurriculares y otros programas nutricionales para los estudiantes. Además, las familias que califican pueden recibir tarifas escolares con descuento, apoyo de servicios públicos y más.

*[www.summitk12.org/food-services/free-reduced](http://www.summitk12.org/food-services/free-reduced)*

### **La información familiar siempre es confidencial**

Toda la información de ingresos del hogar proporcionada es estrictamente confidencial y está protegida por la ley. Solo se requiere un formulario para todos los niños del hogar. No se requiere proporcionar su estatus migratorio, de migrante, de ciudadanía o de refugiado al completar el formulario.