



## Garfield County School District No. 16 Enrollment Form

Please be advised that your child's application will be conditionally accepted subject to having not been expelled from a previous school district in the last 12 months. School officials will contact the school of attendance for the past 12 months and if there has been an expulsion, your child will not be able to attend our school.

Student Full **Legal** Name (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Full Middle Name) \_\_\_\_\_

Gender: M F Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

Last School \_\_\_\_\_ State \_\_\_\_\_ Date entered **school** in: District #16 \_\_\_\_\_ Colorado \_\_\_\_\_ The US \_\_\_\_\_

**Ethnic Origin:** Is student of **Hispanic/Latino** origin? (*choose only one*) ☐ No ☐ Yes Cuban, Mexican, Puerto Rican, South or Central American, Spanish origin

**Race:** (*choose one or more*) Failure to answer race/ethnicity questions will result in use of prior data or an observer identifying for you.

☐ American Indian or Alaska Native: N., S., or Central Am. ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

**Language Background:** Did your child learn to speak a language before English? YES NO First language learned \_\_\_\_\_

**Student speaks** at home ☐ no English ☐ some English ☐ other language and English equally ☐ mostly English ☐ only English

**Spoken to** the student at home ☐ no English ☐ some English ☐ other language and English equally ☐ mostly English ☐ only English

**Spoken by the adults** at home ☐ no English ☐ some English ☐ other language and English equally ☐ mostly English ☐ only English

Preferred school to home communications language? ☐ English ☐ Spanish

**The McKinney-Vento Act provides additional services to students living in transitional/temporary housing. Please answer the following: Where is this student presently living? Check one:**

☐ Permanent housing ☐ In a shelter ☐ With friends or family members (not with parent/guardian) ☐ In a hotel/motel

☐ Doubled up with another family in a house or apartment due to economic hardship ☐ In a car, park, or campsite

**If you are experiencing a transitional/temporary housing situation, would you like a follow-up call?** ☐ Yes ☐ No

### PRIMARY HOUSEHOLD: Student lives here the majority of the time.

In the event parents are legally separated or divorced, the school is required to treat each parent as having equal rights to access their student's educational records unless a parent has a court order to the contrary. Any such court order must be signed and dated by the court, and a copy of any such order shall be presented to the school for its files. ☐ **Papers on file**

Child lives with: ☐ Both Parents in same household ☐ Joint Custody ☐ Mother Only ☐ Father Only Other \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Household Phone \_\_\_\_\_ ☐ Cell Phone ☐ Landline

**Parent/Legal Guardian Name** \_\_\_\_\_ Relationship to student \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please list other siblings living at **this** residence:*

Name (first and last names)	Gender	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IF BOTH PARENTS DO NOT RESIDE AT SAME ADDRESS, COMPLETE SECONDARY HOUSEHOLD INFORMATION.

**SECONDARY HOUSEHOLD:** Student is here only: ☐ part time ☐ none. **This Parent may contact the child?** Yes No **Pick child up?** Yes No

Mailing Address \_\_\_\_\_ Ap t# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Physical Address: (if different) \_\_\_\_\_ Ap # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Household Phone \_\_\_\_\_ ☐ Cell Phone ☐ Landline

**Parent/Legal Guardian Name** \_\_\_\_\_ Relationship to student \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

*Please list other siblings living at **this** residence:*

Name (first and last names)	Date of Birth	Gender	School
_____	_____	_____	_____
_____	_____	_____	_____



**Garfield County School District No. 16**  
**Are you in a temporary housing situation?**  
**Does one of the following fit your housing status?**

- ☐ Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
- ☐ Living in a motel or hotel, or campground due to lack of alternative adequate accommodations.
- ☐ Living in emergency or transitional shelters.
- ☐ Have a primary residence that is a public place not ordinarily used as a regular sleeping accommodation.
- ☐ Living in a car, park, public place, abandoned building, substandard housing (according to HUD standards), bus or train station.
- ☐ Migratory, living in any of the above circumstances.
- ☐ Unaccompanied youth not in the physical custody of a parent or legal guardian.

If any of these apply to you or someone you know, your child(ren) may be eligible for services under the McKinney-Vento Homeless Education Assistance Act of 2001.

**Garfield 16 has the School-Based Family Resource Center to support your students.**

Our School-Based Family Resource Center (SBFRC) is able to provide support to students and families who are experiencing a hardship. We provide access to the free breakfast/lunch program through the schools, transportation to/from school (case by case basis), backpacks, school supplies, hygiene items, community resources, coats, socks and underwear.

**Family Resource Center**

251 N. Parachute Ave.  
Parachute, CO 81635

**Open: Monday & Friday by appointment only**  
**Tuesday - Thursday 8:00 a.m. to 4:00 a.m.**

**Please contact the SBFRC at (970) 285-5701 ext. 5190,**  
**if you are experiencing any of the above housing situations.**

**Garfield County School District No. 16**  
**¿Estás en una situación de vivienda temporal?**

Date Received:



Date Sent:

Garfield County School District No. 16  
P.O. Box 68 Parachute, CO 81635  
Office: (970) 285-5701 Fax: (970) 285-5711

## Request for Student Records

☐ **Grand Valley High School**

Office: (970) 285-5705 Fax: (970) 285-5715

☐ **Grand Valley Middle School**

Office: (970) 285-5707 Fax: (866) 847-6418

☐ **Bea Underwood Elementary**

Office: (970) 285-5703 Fax: (970) 285-5713

☐ **G.V. Center for Family Learning**

Office: (970) 285-5702 Fax: (866) 864-6754

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Full Legal Name

Gender: ☐ M or ☐ F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student received **ANY** of the following services: ☐ IEP ☐ ILP ☐ 504 ☐ ELL ☐ Gifted and Talented

### Previous School/Institution

Name of Previous School/Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **\* PLEASE FAX THE FOLLOWING ASAP TO EXPEDITE ENROLLMENT\***

- ☐ Birth Certificate ☐ Immunization Record  
☐ Transcripts / Report Cards ☐ ILP, ELP, 504 Plan  
☐ Discipline / Behavior Records ☐ ELL – Including Language Proficiency Test Scores  
☐ Special Education Records and IEP if applicable

### **\* Please mail the remainder of the requested documents listed below.**

- ☐ Test Data, Standardized Test Scores ☐ Sports Physical Document  
☐ Attendance Records ☐ Health Records

Name of person authorizing the release of all education information regarding this student:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

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 sees or intends to enroll. Colorado Department of Education

\*Note\* Teachers and school officials who work with students and schools to which students apply for entrance may also have access to education records without parental consent. In addition, information from students' records may be released to state and local education officials to review records in compliance with federal laws. Schools may also disclose information from education records without the consent of parents in response to subpoenas or court orders.



Garfield County School District No. 16  
**Education History**

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of last school attended: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Withdrawal date from last school: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade	Name of School	City, State	Year(s) Attended
K			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Has your child ever been retained? ☐ Yes ☐ No If yes, what grade level was retained? \_\_\_\_\_

**In order to maintain discipline, order and safety, we require the following questions to be answered:**

Has the student ever been suspended from school? ☐ Yes ☐ No If yes, how many times? \_\_\_\_\_

If yes, what was the reason for suspension? \_\_\_\_\_

Name of school: \_\_\_\_\_ City, State: \_\_\_\_\_

Has the student ever been expelled from school? ☐ Yes ☐ No Date of expulsion: \_\_\_\_\_

If yes, what was the reason for expulsion? \_\_\_\_\_

Did the student have a behavior plan? ☐ Yes ☐ No

Has the student ever been cited for or charged with a violation of the law, adjudicated or convicted by a court or received a deferred prosecution, judgment, or diversion? ☐ Yes ☐ No If yes, state violation:  
\_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

All information stated above is accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Garfield County School District No. 16**  
**Academic / Health Information**

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Has your child ever received services for the following:**

<input type="checkbox"/> Learning	<input type="checkbox"/> IEP	Year _____	<input type="checkbox"/> 504 Plan	Year _____	<input type="checkbox"/> Gifted and Talented	Year _____
<input type="checkbox"/> Emotional	<input type="checkbox"/> IEP	_____	<input type="checkbox"/> Individual Literacy Plan (ILP)	_____	<input type="checkbox"/> English Language Learner	_____
<input type="checkbox"/> Developmental	<input type="checkbox"/> IEP	_____	<input type="checkbox"/> Title 1 Math	_____	<input type="checkbox"/> Physical Limitations	_____
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> IEP	_____	<input type="checkbox"/> Title 1 Reading	_____	<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> IEP	_____	<input type="checkbox"/> Counseling	_____	<input type="checkbox"/> Vision	_____

**Is your child taking any medication on a regular basis?** Yes ☐ Name of Medication \_\_\_\_\_  
If yes, does it need to be given at school? Yes ☐ No ☐ If yes, the health clerk will contact you for more information

**Does your child have allergies?** Yes ☐ No ☐

**Please list allergies**

**Reactions**

**Epi Pen Needed**

Seasonal \_\_\_\_\_  
Food \_\_\_\_\_  
Bees \_\_\_\_\_  
Medicinal \_\_\_\_\_  
Animal \_\_\_\_\_  
Other \_\_\_\_\_

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

Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐

**Has your child had/have:**

Asthma Yes ☐ No ☐ Describe \_\_\_\_\_

Chronic Illness Yes ☐ No ☐ Describe \_\_\_\_\_

Frequent Headaches Yes ☐ No ☐ Describe \_\_\_\_\_

Serious Injury Yes ☐ No ☐ Describe \_\_\_\_\_

Serious Illness Yes ☐ No ☐ Describe \_\_\_\_\_

Operations Yes ☐ No ☐ Describe \_\_\_\_\_

Seizures Yes ☐ No ☐ Describe \_\_\_\_\_

Head Injury Yes ☐ No ☐ Describe \_\_\_\_\_

Any other health problems? \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Garfield County School District 16**  
**Permission to Check Out / Emergency Contact**

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, you give the following person permission to check your student out without your permission.  
Please add any additional information you think we might need to know.

Name:	
Relationship to Student:	Phone Number(s):
Permission to check your student out? Y <input type="checkbox"/> N <input type="checkbox"/>	Emergency Contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Notes:	

Name:	
Relationship to Student:	Phone Number(s):
Permission to check your student out? Y <input type="checkbox"/> N <input type="checkbox"/>	Emergency Contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Notes:	

Name:	
Relationship to Student:	Phone Number(s):
Permission to check your student out? Y <input type="checkbox"/> N <input type="checkbox"/>	Emergency Contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Notes:	

In an emergency, all efforts will be made to reach the parents/legal guardians BEFORE the above *emergency* contact(s) are called.

Legal Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Garfield County School District No. 16**  
**Parent/Guardian Release and Consent to Emergency Treatment Agreement**

Student Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Name

Student Home Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Nearest Relative Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell # \_\_\_\_\_

Other Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Information: (Medication will not be administered or allowed to be carried by the student without a "Permission for Medication Administration" form signed by the parent/guardian and the physician/medical provider. A separate form is required for each medication. See office for Medication Administration form.)**

**This Agreement is valid for the entire school year during which it is signed. Current information is required prior to each activity, sporting event and overnight trip. I understand that it is my responsibility as parent/guardian to contact the school and update this information as changes arise. Parent/Guardian Initial: \_\_\_\_\_**

<u><b>Known Medical Conditions</b></u>	<u><b>Current Medications/Dose</b></u>	<u><b>Known Allergies/Food Allergies</b></u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical Insurance Information - Name of Insurance Carrier** \_\_\_\_\_

Private Insurance ☐ School Insurance ☐ CHP Plus Insurance ☐ Medicaid ☐  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insured Member's Name \_\_\_\_\_

**Insurance Waiver**

☐ - **I am not insured**, elect not to be insured, and I am assuming the risks for injury to the above-named student and shall absolve Garfield County School District 16 and its personnel of any and all financial responsibility for injuries incurred while participating in school-related activities both on and off school property.

**Authorization for Treatment of a Minor**

I am the parent or legal guardian of the above-named student and hereby give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Colorado physician should their condition so require it in my absence during school-related activities both on and off school property. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I agree to be responsible for any and all costs associated with the transportation of my child including but not limited to ambulance or helicopter service, any medical tests, procedures and or treatment performed on my child as deemed necessary by a medical professional. As long as the medical or surgical treatment is considered necessary in the situation and is in accordance with generally accepted standards of medical practice for the particular type of illness or injury involved, I impose no specific prohibitions regarding treatment. I understand that school district personnel cannot be held liable for any good faith effort to provide emergency care or assistance to my child, and is not liable for any accident, illness or injury to my child during participation in any school activity, including travel to and from sites. I release Garfield County School District 16 and its personnel from any legal claims arising from the administration of emergency medical or surgical treatment.

Legal Parent/Guardian **Signature** \_\_\_\_\_ Date \_\_\_\_\_

Legal Parent/Guardian **Printed Name** \_\_\_\_\_ Date \_\_\_\_\_



## Garfield County School District No. 16 Parental Rights/Custody Statement

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

Grade: \_\_\_\_\_

Is there a custody agreement for this student?

☐ YES Please complete this custody statement.

Date of Agreement \_\_\_\_\_

\*Attach copy of custody agreement

☐ NO Please sign and date below

1. Is this student subject to a court order regarding school attendance, custody, or a major decision making agreement?

☐ YES

☐ NO

2. Who has legal custody or major decision making responsibility?

☐ Mother

☐ Father

☐ Other - Please specify \_\_\_\_\_

Please complete Parent(s) or Legal Guardian(s) name and address below.

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
<u>Address</u>	<u>Address</u>
<u>City, State, Zip</u>	<u>City, State, Zip</u>
<u>Home/Cell Phone</u>	<u>Home/Cell Phone</u>
<u>Work Phone</u>	<u>Work Phone</u>

**Garfield 16 is not responsible for enforcing Parenting Rights/Issues, including which days parents have visitation.**

If both parents share joint decision making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make decisions based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the district has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.

**PLEASE NOTE:** If possible, both parents must sign this statement indicating they agree with the above information. If there is only one signature, Garfield 16 requires an explanation as to why there is only one signature.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

If only one signature, please explain why: \_\_\_\_\_





Garfield County School District No. 16

School Bus Registration Form  
Please PRINT

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_ Middle Int: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information:**

	Mother	Father	Babysitter/Alternate Care
Name:	_____	_____	_____
Address:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell/Alt. Phone:	_____	_____	_____

**HOME**  
**AM** T W TH F  
**PM** T W TH F

**Daycare/Alternate Care**  
**AM** T W TH F  
**PM** T W TH F

Names of brothers and sisters or other children living in household:

\_\_\_\_\_

Other adults/siblings that have permission to meet the student at the Bus Stop

\_\_\_\_\_

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
(Date)

**Please be at the bus stop 5 minutes prior to the scheduled time.**

**For Transportation Use Only**

AM Route \_\_\_\_\_ Assigned Bus Stop /time \_\_\_\_\_

PM Route \_\_\_\_\_ Assigned Bus Stop /time \_\_\_\_\_

Alternate Routes: \_\_\_\_\_

## Colorado MEP Occupational Survey



Your child may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:	How many children under the age of 22 live with you in your household?	
HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP CODE:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

- 1) In the past three years, has your family moved to another state, city, school district, and/or county?  
☐ YES      ☐ NO
- 2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?  
☐ YES      ☐ NO

**CIRCLE** all that apply below, even if the work was only for a short period of time.



**Processing & Packing**  
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)



**Agriculture or Field Work**  
(planting, picking, sorting crops, soil preparation, irrigation, fumigation)



**Dairy & Cattle Raising**  
(feeding, milking, rounding up)



**Nursery or Greenhouse**  
(planting, potting, pruning, watering, harvesting)



**Forestry**  
(soil preparation, planting, growing, cutting trees)



**Fishing & Fish Processing**  
(catching, sorting, packing, transporting fish)



## Infinite Campus Portal

Students and parents now have the opportunity to access grades, attendance, pay fees, and update personal information.

In order for you to be able to do this, we require that Parents give signed permission and that Parents provide a signature stating that they would also like access.

Please note that this is an online based program and all security measures are used to protect our student's information. This program is used in several states and we have not heard of any security issues with Infinite Campus.

Please return this letter with signatures and we will generate access to you and your student as soon as possible. Please feel free to call and let us know if anything you see needs to be updated or if you are having difficulty navigating through this program.

**NOTE: Any portion of this form left blank will result in denial of Infinite Campus Access.  
Phone number and email address will be checked for accuracy.**

I already have a Portal Account. Please grant me access for: \_\_\_\_\_  
Student Name

I would like access to my student's grades and personal information. An email will be sent to the email address you provide below with your user name and temporary password. Upon accessing the system, you will be directed to create a new password. Please retain this password, as district personnel will not have access to it.

_____ Student Name	_____ School
_____ Parent Email Address	_____ Parent Phone Number
_____ Print Parent Name	_____ Parent Signature

### Complete section below for GVMS & GVHS Students Only

I \_\_\_\_\_ give my student \_\_\_\_\_ permission to access the Infinite Campus Portal to access grades and personal information. My student will not share his/her information with others as this is personal and confidential.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Use only-

Date Returned \_\_\_\_\_ Date of Email and Activation \_\_\_\_\_