

2024-2025

Returning Student Packet

STUDENT INFORMATION

Please complete ONE form for EACH Student enrolling

Moffat Consolidated School District#2

Moffat PK-12 School

Student Information

|                                 |                            |   |                     |
|---------------------------------|----------------------------|---|---------------------|
| Last Name                       | First Name                 | Middle Name   | 2024-25 Grade Level |
| Nickname (prefers to be called) | Date of Birth (mm/dd/yyyy) | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                     |
| Country of Birth                | Student Home Phone #       | Student Other Phone #   |                     |

Demographic Information

Student lives primarily with: (check only ONE)

Both Parents in Same Household       Father Only       Mother Only

50% Mother / 50% Father – Separate Household       Father/Stepmother       Mother/Stepfather

Guardians/Relative       Foster Parents

Other \_\_\_\_\_

---

Student is: (check all that apply)

migrant     immigrant     refugee     homeless

Is the student Hispanic or Latino?       YES     NO

---

Student Race – Choose all that apply: (required for all students including Hispanics)

White       Asian       Black/African American

American Indian or Alaska Native       Native Hawaiian or other Pacific Islander

Previous Enrollment Information

On \_\_\_\_ / \_\_\_\_ my student was FIRST enrolled in any United States School  
(Mo. Yr) (NOT including preschool or Kindergarten)

Since \_\_\_\_ / \_\_\_\_ my student has been continuously enrolled in a Colorado Public School  
(Mo. Yr) (Include preschool through 12<sup>th</sup> grade)



Moffat Consolidated School District #2

**STUDENT INFORMATION**  
Please complete **ONE** form for **EACH**  
Student enrolling

Moffat PK-12 School

**Behavior/Discipline**

Has this student ever:

Dropped out of school?  YES  NO

Been expelled or been in the process of being expelled?  YES  NO

Withdrawn from school rather than be expelled?  YES  NO

Explain in detail on the reverse of this page any "yes" answers above. Please provide any pertinent documents.

**Legal Matters**

Please make every effort to keep school offices informed of life situations that affect this student.

Are there any restrictions or legal issues of which Moffat PK-12 School should be aware?  YES  NO

*(i.e. restraining order, sole custody, etc) If there are any persons who have restraining orders or are otherwise legally bound to have no contact with this student, make sure you have given the school office a copy of any and all legal documentation regarding such.*

*In cases of divorce or separation, please make sure a copy of any and all legal documentation regarding custody of this student is given to the school office.*

*Failure to inform the school of these matters could result in disciplinary procedures.*

**Learning Needs**

The information provided in this section is confidential and will be used to best meet the student's needs.

Does the student have a current IEP?  YES  NO

Has the Student ever received help through a Special Ed Program?  YES  NO

Does the student have a current 504 plan?  YES  NO

Has the student been identified for a Gifted/Talented program?  YES  NO

*If yes, in what area(s)?*  Math  Language Arts  Visual/Spatial  Other \_\_\_\_\_

Has your student ever been a part of the Response to Intervention (RtI) process?  YES  NO

*If yes, was it for academic OR behavior reasons?*



*Moffat Consolidated School District #2*

**STUDENT INFORMATION**  
Please complete **ONE** form for **EACH**  
Student enrolling

Student Full Name:

(Please print clearly)

**Media Release**

This release will remain in effect during the entire time my child attends Moffat Consolidated School District #2, unless it is revoked by me or another parent/legal guardian, in writing.

I hereby give permission for my child to be photographed and I release the use of his/her name, photograph and/or school work in: Yearbook and/or school district publications; to mass media, such as newspapers, radios, television; and/or the Moffat Consolidated School District #2 Website or any video publications by Moffat Consolidated School District #2.

I do not give permission for the release of information as stated above.

(Please sign here \_\_\_\_\_)

**Completion of this form does not guarantee enrollment**

Each school reserves the right to refuse enrollment pending receipt of official transcripts, immunization records, special education records, disciplinary records, and other pertinent information from prior school(s).

Parent/Guardian #1 Printed Name:

\_\_\_\_\_

Parent/Guardian #1 Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian #2 Printed Name:

\_\_\_\_\_

Parent/Guardian #2 Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

School use only:

Completed Documentation:  Birth Certificate       Immunization Record       Official Transcript/Grade Report



**PARENT/GUARDIAN  
INFORMATION**  
Please complete ONE form per Household

**Moffat PK-12 School**

| Parents/Guardians                |  |  |
|----------------------------------|--|--|
|                                  | Parent/Guardian #1   | Parent/Guardian #2   |
| Last Name                        |  |  |
| First Name                       |  |  |
| Relationship to Student          |  |  |
| Cell Phone # <sup>2</sup>        |  |  |
| Work Phone #                     |  |  |
| "ALERT NOW" Phone # <sup>2</sup> |  |  |
| E-Mail Address                   | Parent Portal Access <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No                           | Parent Portal Access <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Please circle all that apply     | <input type="checkbox"/> Legal Guardian  | <input type="checkbox"/> Legal Guardian  |
|                                  | <input type="checkbox"/> Receives Mailings   | <input type="checkbox"/> Receives Mailings   |
|                                  | Emergency Priority # <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | Emergency Priority # <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 |

| Physical Address - Required<br>(Complete for Contact #2 only if different from #1) |   |
|--|---|
| Home Phone #   |   |
| Street Address   |   |
| City, State  |   |
| Zip Code & County  |   |
| School district of residence   |   |
| Please circle all that apply   | <input type="checkbox"/> Primary Res            |
|  | <input type="checkbox"/> Secondary Res          |
|  | <input type="checkbox"/> Foster Home            |
|  | <input type="checkbox"/> Temporary <sup>3</sup> |
|  | Other: _____                                    |

| Mailing Address (Complete only if different from Physical Address) |  |
|--|--|
| Mailing Address  |  |
| City, State  |  |
| Zip Code & County  |  |

| List all students in this household who attend school in Moffat |       |                   |       |
|---|-------|-------------------|-------|
| Student Full Name   | Grade | Student Full Name | Grade |
|   |       |                   |       |
|   |       |                   |       |
|   |       |                   |       |



**PARENT/GUARDIAN  
INFORMATION**  
Please complete ONE form per Household

**Moffat PK-12 School**

In emergencies we will contact the Parents/Guardians first. If we are unable to successfully contact the person(s), please list below emergency contacts that will most likely be within a short drive time to the school, and would be willing and able to care for your child, and/or locate either parent/guardian.

|  | Emergency Contact 1 | Emergency Contact 2 |
|--|---------------------|---------------------|
| Last Name                                  |                     |                     |
| First Name                                 |                     |                     |
| Relationship to Student                    |                     |                     |
| Emergency Contact Designation (3, 4, etc.) |                     |                     |
| Primary Phone # <sup>2</sup>               |                     |                     |
| Cell Phone # <sup>2</sup>                  |                     |                     |
| Work Phone #                               |                     |                     |

The emergency contacts above are authorized to give consent for urgent health, dental, surgical procedures or hospital care for my student in the event that the authorized Parent/Guardian is not reachable. Every attempt will be made to contact the Parent/Guardian first.

Are the above emergency contacts for ALL students enrolling?

Yes

No      If NO, please complete another Emergency Contact sheet for each student.

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

| <b>Person or Persons <u>NOT</u> allowed to pick up students</b> |  |
|---|--|
| Name  |  |
|   |  |
| Name  |  |
|   |  |
| Name  |  |

<sup>1</sup>Portal Access may be obtained by completing the Parent Agreement Form. Upon completion, you will be sent an activation code via email, along with a guide to accessing the portal.

<sup>2</sup>Messages may be sent via phone, U.S. postal service and/or email. Cellular, Message and Data rates may apply for any notifications or announcements (such as snow days, delayed starts, events or reminders).

<sup>3</sup>Temporary housing situations may qualify student(s) for services under the McKinney-Vento Act (please contact the Central Administration Office for further information)



**Waiver of Liability and Hold Harmless Agreement Form**

**Moffat PK-12 School**

**Waiver of Liability and Hold Harmless Agreement**

Minor Participant's Printed Name: \_\_\_\_\_

I/we, the Parent(s)/Legal Guardian(s) of the named Participant, consent to the minor Participant's participation in the Moffat Consolidated School District's education events and/or extra-curricular activities, acknowledge the risks associated with the Participant's participation therein, and in consideration of my/our minor Participant's permission to participate in education events and/or extra-curricular activities agree to be bound by this Waiver of Liability and Hold Harmless Agreement.

Additionally, I/We consent to Moffat Consolidated School District #2 seeking reasonable and necessary medical treatment for my/our minor Participant during such education events or associated extra-curricular activities, and agree to be responsible for any cost/expenses associated with such treatment.

I (we) hereby release to indemnify and hold harmless Moffat Consolidated School District #2, its Board members, administrators, teachers and agents from any liability for injury or accident which might be sustained during any and/or all school education events and/or extra-curricular activities.

Minor Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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

Revised for 2023-2024  
05/30/2023 New/  
Returning Form N/R3a



**Moffat PK-12 School**

**Internet Use Agreement**

We are pleased to offer students of Moffat Consolidated School District #2 access to the district computer network for Internet access.

Access to the Internet via the Moffat Network enables students to explore thousands of libraries, databases, and bulletin boards, throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using the information sources. To that end, Moffat School District #2 supports and respects each family's right to decide whether or not to apply for access.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Network access is given to students who agree to act in a responsible manner. **Parent permission is required and parents must agree to a waiver of claims and indemnification/hold harmless provision, which is set forth in bold type on the permission form below.** Access is a privilege-not a right. Access entails responsibility. Moffat School District intends to provide a tool for education activities. Student using the district network are not permitted to do the following:

- Access offensive messages or pictures
- Use obscene or defamatory language
- Harass, insult, defame or attack others
- Damage computers, alter computer systems or networks, use VPN apps or programs
- Violate copyright laws
- Use another's password
- Give out his/her name, address or phone number, username or password
- Trespass in another's folders, work or files
- Intentionally waste limited resources
- Circumventing the Firewall or Content Filter in any way
- Employ the network for commercial purposes



## Internet Use Agreement Form for K-12

**Violations may result in loss of access as well as other disciplinary or legal action.**

As a user of Moffat School District network, I hereby acknowledge that I have access to the "Student Use of the Internet and Electronic Communications", Policy JS in the Student Handbook. I hereby agree to read and comply with the policy and procedures. I further understand should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Student \_\_\_\_\_ Date \_\_\_\_\_

As the parent or legal guardian of the student signing above, I hereby acknowledge and represent that I have access to the "Student Use of the Internet and Electronic Communications, Policy JS in the Student Handbook, and that after reading I grant permission for my student to access network computer services through the Moffat School District Network, including the Internet. I hereby waive any claims against Moffat Consolidated School District #2 and/or its employees and directors arising out of or related to my student's use of the Internet or the Moffat Network. In addition, I agree to indemnify and hold harmless Moffat Consolidated School District and/or its employees and directors for any claims made against them which arise out of my student's use of the Internet or the Moffat Network in violation of the Policy and Procedures. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet uses-setting and conveying standards for my student to follow when selecting, sharing or exploring information. This Internet Use Agreement Form is not a request for electronic mail.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

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

Revised for 2023-2024  
04/302023 New/Returning K-12  
Form N/R4



**Hold Harmless Agreement  
For iPad Use  
New and Returning Students**

**Moffat PK-12 School**

**Hold Harmless Agreement For iPad Use New and Returning Students**

**This Hold Harmless Agreement** is entered into on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. In consideration for being allowed to use an iPad at home and at school for the purpose of enhancing the delivery of instruction through advanced technology, I (parent/guardian – please print)

\_\_\_\_\_

hereby agree to waive and to indemnify, defend, and hold harmless the Moffat Consolidated School District #2's Board of Education and its employees from and against all claims, demands, suits, liabilities, damages, losses and expenses resulting from or arising out of the use of the any and all property described in this agreement, which causes bodily injury, illness, death or other damage to persons or property.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Revised for 2023-2024  
05/30/2023 New/Returning



## Acceptable Use Agreement for New and Returning Students

Moffat PK-12 School

### Acceptable Use Agreement for New and Returning Students

(Please Print here, and sign at end of agreement)

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

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Acceptable Use Agreement

#### Parent/Guardian

I have read and understand all the terms of the iPad Handbook and Agreement. I agree to allow my child to participate in the Moffat Schools iPad project.

As the parent/guardian of this student, I have read and discussed the Technology Policy Information in this Handbook with my child and will ensure that he/she complies with all documented terms, including the acceptable and prohibited use provisions in the Handbook. I acknowledge and understand that my child will have access to the Internet and may be subject to the risks associated with Internet usage, including those associated with adult sites, chat rooms, social networking sites, and other unauthorized web sites.

I understand that access to the Internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography, or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child.

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use communications, including but not limited to any use fees or charges incurred through the purchase of goods or services.

I agree to allow my child to utilize the school issued iPad at school and at home. I further agree



## Acceptable Use Agreement for New and Returning Students

that while at home the iPad computing resources will be used as an educational tool.

### Student

I have read, understand and will abide by the district's policy on Student Use of the Internet and Electronic Communications. Should I commit any violation or in any way misuse my access to the school district's computers or computer system, including use of the Internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the school from all costs, claims, damages or losses resulting from my use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

**Both Parent/Guardian and Student signatures on this Acceptable Use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand its significance.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Revised for 2023-2024  
05/30/2023 New/Returning

## Moffat Consolidated School District #2 Transportation Responsibilities and Consequences

*Working Together to Transport the Future... Our Children*

### Student Responsibilities

Level 1 Offense: Will result in a call home and loss of bus riding privileges for 2 to 4 days +.

- No standing or changing seats while the bus is moving. Sit facing forward in your seat.
- No use of alcohol, tobacco products or drugs on the bus.
- No fighting, hitting, pushing, harassment, bullying, intimidation, spitting, biting, or horseplay of any kind will be allowed.
- No knives, firearms, drug paraphernalia and/or dangerous objects on bus.

Level 2 Offense: Will result in a “warning” call home and lead to loss of bus riding privileges.

- No eating or drinking on the bus without first getting permission from the bus driver.
- No yelling, cursing or being loud on the bus.
- No stereos or other electronic devices that may be used on the bus without headphones.
- No one is allowed to get off the bus at another stop unless a note has been cleared through the office.

**To ensure everyone’s safety, all students must obey directives from the bus driver at all times.**

### Parent and Student Responsibilities:

**Get to your bus stop 5 minutes** before your scheduled pick up time. The school bus driver will not wait; however, you can go to the next stop or take your child on to school. At no time should you chase down any district vehicle or in any way interfere with the completion of the route and/or safety of the passengers in the vehicle.

If your child has any **food allergies**, please notify the school immediately so we have this knowledge if they are to ride the bus and can include it in planning for safe travels.

There will be an automatic write up for those talking and/or making loud noises at railroad crossing.

Each student will be held liable for any damage caused or made by them inside or outside of the district vehicle. The damage will be paid for prior to being allowed to return to district vehicle privileges, no exceptions. This includes, but is not limited to athletic events, field trips, clubs, etc.

Aisles must remain free of loose items and clear at all items. Lost or stolen articles are not the responsibility of the district. Any items found on the vehicle will be held in the lost and found.

The driver and the school are only allowed to discharge students at the assigned stops. It is the parent/guardian’s responsibility to make arrangements with the office when making a one-time change to student’s pick up or drop off point. Students may not ride buses to any other place except in case of emergency and if parent permission has been approved in the front office.

**The driver is responsible for transporting the student to their destination and discharging them unharmed. Orderly behavior on the district vehicle is essential and any distraction to the drive will divert his/her attention from driving the vehicle safely.**

**All rules that apply to Moffat Consolidated School District #2 also apply to the District vehicles and property.**

**Moffat Consolidated School District #2**  
**Transportation Responsibilities and Consequences**

**Consequences**

**Any Level 1 Offense will skip immediately to the Second Offense and Consequence.  
Any Level 2 Offense will begin with the First Offense and Consequence.**

**First Offense:**

Parents/Guardians will be notified by the bus driver or transportation director and my child will be warned about the consequences of not following the rules.

**Second Offense:**

Parents/Guardians will be notified by the transportation director, and my child will lose all transportation privileges for 2 to 4 days.

**Third Offense:**

Parents/Guardians will be contacted by the transportation director and an administrator, a mandatory parent/student meeting will be set up and my child will lose all transportation privileges for 8 days – additional days will be added until the mandatory meeting is complete.

**Fourth Offense:**

Parents/Guardians will be contacted by an administrator, and my child will lose all transportation privileges for the remainder of the semester.

If the student moves to a fifth offense Parents/Guardians will be contacted by the transportation director and an administrator and will lose all transportation privileges for the remainder of the school year.

**Note:**

**A student who has been suspended from riding the district vehicle will also lose all district vehicle riding privileges to include field trips, regular route, athletic practices and trips or any other school function.**

Transportation to school is **NOT** a legal responsibility of the school district; it is a **PRIVILEGE** to the student. It is furnished to eligible students at the expense of all tax payers in the district, and it is expected that those who benefit from it will appreciate the privilege.

**Remember, once the student boards the bus, and only at that time, does he/she become the responsibility of the district. Students, remember once you have boarded the vehicle, you will not be allowed to get off.**

**Once you are on, you stay on. This rule will be enforced at all times unless an administrator, parent or guardian removes the student. Such responsibility shall end when the student is delivered and has exited bus at their designated bus stop.**

The list of Parent and Student Responsibilities and Consequences is yours to keep for future reference.

*..... Working Together to Transport the Future... Our Children.....*

**2024-2025 Moffat School Student Transportation**  
**Request/Permission Slip**

**\*Required for ALL STUDENTS & All School Transportation**  
**(sports, field trips, etc.)**

Students must follow all transportation and school rules to ride the school bus. Transportation privileges may be revoked at any time if the rules are not followed. This form must be signed by Parent/Guardian AND student before it will be considered. Bus Responsibility and Consequences page is listed on school website: [www.moffatschools.org](http://www.moffatschools.org) under Moffat School's "Transportation" Page.

\*Form must be completed fully to be considered. Student transportation is not guaranteed and needs to be formally requested each school year. Bus may be provided *if* adequate space for safe travels allows. Pick up and drop off locations are also considered when determining if a student can be added to a bus route.

**Student Name:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Parent/Guardian Phone Numbers:** \_\_\_\_\_

**Parent/Guardian Emails:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Emergency Phone Numbers:** \_\_\_\_\_

**Parent/Guardian Signature:** I, \_\_\_\_\_, have read and understand the transportation responsibilities and consequences page and have read and understand this written transportation request page. I have discussed all of this with my child. I acknowledge that student transportation in school vehicles is not guaranteed and can be revoked at any time. I also understand that my signature does not guarantee that my child will be added to the bus route.

**Student Signature:** I, \_\_\_\_\_, have read and understand the transportation responsibilities and consequences page and have read and understand this written transportation request page. By signing, I agree to follow all school vehicles and all school rules. I acknowledge that my transportation in school vehicles is not guaranteed and can be revoked at any time. I also understand that my signature does not guarantee that I will be added to the bus route.



**STUDENT INFORMATION**  
Please complete **ONE** form for **EACH**  
**Student** enrolling

*Moffat Consolidated School District #2*

**Student Medical Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M  F  School Name: \_\_\_\_\_

**Current Health Status**

1. If your child has recent immunizations, please provide and updated immunization record to the school.
2. If you have any concerns about your child’s healthcare needs please contact the school nurse.

I hereby authorize Moffat Consolidated School District #2 to release information provided in this Student Medical Information form for treatment, payment, healthcare operations, and other purposes as permitted by applicable state and federal law, including the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act of 1996, to any health care provider, the school’s nursing staff, other persons who are involved in any way with the care of my child, any person or entity which is or may be liable for all or part of the charges for services, goods, or facilities provided to my child, or any teacher or other school official who has a legitimate educational interest in the information. I understand that following release of this information, Moffat Consolidated School District #2 cannot control its confidentiality.

I acknowledge that it is my responsibility to notify the schools nurse when there is any change in the student’s health conditions or medical care.

I authorize officials of Moffat Consolidated School District #2 to contact directly the persons I have named as emergency contacts, and give my consent for my child to receive medical and surgical treatment by the physicians I have named as they may deem necessary for my child’s condition in an emergency. Reasonable attempts will first be made to contact me at the contact information provided, but in the event that Moffat Consolidated School District #2 is unable to reach me, the named emergency contacts or physicians I have provided, then I further give my consent for Moffat Consolidated School District #2 officials to transport and admit my child to a medical facility for the purposes of receiving emergency medical and surgical treatment. I understand that does not provide any accident or health insurance coverage for my child and that Moffat Consolidated School District #2 is not financially responsible for the emergency care and/or transportation for my child. I understand that it is my responsibility to cover the costs of any such emergency care and/or transportation for my child’s emergency medical needs.

I understand this consent will remain in force until my child is no longer enrolled his or her current school. I also understand that I may revoke this authorization at any time, in writing, except to the extent that Moffat Consolidated School District #2 has already acted on my permission.

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

Reviewed by School

Flag Entered

Nurse : \_\_\_\_\_ DSA-44 Revised: 05/18/2023

*Prescribed Medication Forms are available at the school office. This form must be completed for any medication a student will need to take during school hours.*

*Moffat Consolidated School District #2 works hard to ensure compliance with the immunizations laws. Your help in providing updated records at school registration and when your child receives additional vaccine(s) is greatly appreciated. Students who do not submit a certificate of immunizations or present a valid exemption shall be suspended and/or expelled from a school until such certificate or exemption is received.*



*Moffat Consolidated School District #2*

**STUDENT INFORMATION**  
Please complete **ONE** form for **EACH**  
**Student** enrolling

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

**Moffat PK-12 School**

| Student Medical Information          |                       |                       |                                   |                      |          |
|--------------------------------------|-----------------------|-----------------------|-----------------------------------|----------------------|----------|
| Health Concerns                      | YES                   | NO                    | List Medications and Side Effects | Monitoring in School | Comments |
| Asthma                               | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Allergies (List Type)                | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Diabetes                             | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Seizures/Neurological                | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Migraines                            | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Head Injury                          | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Heart/Blood                          | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Muscle/Joint/Bone                    | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Skin Conditions                      | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Stomach Bowels                       | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Immune Problems                      | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Nutritional/Diet                     | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Developmental                        | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Emotional/Behavioral<br>(List Types) | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Bladder/Kidney/Toileting             | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |
| Other Health Concerns                | <input type="radio"/> | <input type="radio"/> |                                   |                      |          |

Moffat Consolidated School District #2  
Over-The-Counter Medication Permission Form  
School Year 2024-2025

|                      |
|----------------------|
| Student Name: _____  |
| Date of Birth: _____ |
| Grade: _____         |

**Allergies to Medications:** \_\_\_\_\_

In order for your child to receive medications while at school there must be a provider's order in place as well as parent permission on file. The following medications have been approved and ordered by Dr. Svetlana Bresnitz, SLV Health Pediatrician, for administration at school. In order for your child to receive any of these medications, the school also needs parental permission.

*Non-pharmaceutical measures will be attempted before administration of medications. All medication administration will be at the discretion of the school nurse or the school nurse designee.*

I give permission to the District Nurse or the District Nurse Designee to administer the following medications to my child as needed: (Please initial each medication to signify your permission)

- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Ibuprofen (Motrin, Advil)
- \_\_\_\_\_ Cough Drops
- \_\_\_\_\_ Tums
- \_\_\_\_\_ Calamine Lotion
- \_\_\_\_\_ Hydrocortisone Cream
- \_\_\_\_\_ Topical Antibiotic Ointment (Bacitracin)
- \_\_\_\_\_ Chapstick/Vaseline
- \_\_\_\_\_ Benadryl (Diphenhydramine)
- \_\_\_\_\_ Eye Wash

In case of emergency and/or an undiagnosed allergic reaction, I give permission for the District Nurse or the District Nurse Designee to administer the following medications:

- \_\_\_\_\_ Benadryl (in case of allergic reaction)
- \_\_\_\_\_ Epi-Pen - for symptoms anaphylaxis
- \_\_\_\_\_ Narcan Nasal Spray - for symptoms of opioid emergency
- \_\_\_\_\_ Albuterol Inhaler - for symptoms of an asthma attack. Students with a diagnosis of asthma must provide the school with an inhaler and asthma care plan from your primary care physician.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Reviewed by School Nurse

Moffat Schools

Hearing and Vision Screening Permission Slip

Date: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to  
participate in the school hearing and vision screenings.

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

Thank you

If your child is not up-to-date on immunizations, please see your primary care provider to help them become up-to-date.

If you would like to OPT-OUT of immunizations, you must complete an on-line form. Computers are set up today so that you can quickly complete the requirements. If you are unable to stay and complete, the steps to do at home are:

Go to

<http://cdphe.colorado.gov/vaccine-exemptions>

There are two ways to OPT-OUT;

1. Print the Downloadable Certificate of Nonmedical Exemption (found under the Nonmedical Exemption section) and bring to your primary care provider for a signature;

OR

2. Complete the Online Immunization Education Module Exemption (found under the Nonmedical Exemption section)

Opting out of immunizations should be completed prior to the first day of school.



Moffat Consolidated School District #2

# Home Language Questionnaire

Please complete ONE form per EACH STUDENT

## Moffat PK 12 School

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

### Student Language Information

|             |            |             |
|-------------|------------|-------------|
| Last Name   | First Name | Middle Name |
| Grade Level | Age        |             |

What language did your child first learn to speak? \_\_\_\_\_

Please describe the language spoken by your child (check only one)

- Speaks only English
- Speaks mostly English and some of the other language
- Speaks the other language and English equally
- Speaks mostly the other language
- Speaks only the other language and no English

In what language(s) does your child write? \_\_\_\_\_

Please describe the language understood by your child (check only one)

- Understands only English
- Understands mostly English and some of the other language
- Understands the other language and English equally
- Understands mostly the other language
- Understands only the other language and no English

What language(s) does your child read? \_\_\_\_\_

### Home Language

Please check ONE to indicate the PRIMARY language spoken at home

- English
- Spanish
- Other \_\_\_\_\_

Do the adults in your home speak to each other in a language other than English daily?

- Yes
- No      If so, what is the language? \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Date



Moffat Consolidated School District #2

# McKinney-Vento Referral Form

## Moffat PK 12 School

This form is intended to address the McKinney-Vento Act which provides additional services to students if their **Residence is not Fixed, Regular and Adequate.**

Presently, where is/are the student(s) living? (Please check only ONE)

- In an Emergency or Transitional Shelter
- Doubled Up with Family or Friends due to Loss of Housing or Economic Hardship
- In a Motel\*, Car or Campsite
- Awaiting Foster Care Placement
- Other \_\_\_\_\_

\*Do not check if the parent(s) / Guardian(s) are managers or owners of the motel and living quarters are attached to motel.

The student/students: (Check ONE)

- Is/are in the physical custody of a parent or guardian
- Is/are NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not your legal guardian, living with other people)

### List all students to whom this housing information applies

| Student Full Name | Grade | Student Full Name | Grade |
|-------------------|-------|-------------------|-------|
|                   |       |                   |       |
|                   |       |                   |       |
|                   |       |                   |       |

### Parent/Legal Guardian Information

|   |  |            |  |
|---|--|------------|--|
| Parent(s)/Legal Guardian(s)                       |  |            |  |
| Street Address                                    |  |            |  |
| City, State, Zip                                  |  |            |  |
| Home Phone  |  | Cell Phone |  |
| How long have you lived at this address or place? |  |            |  |

### Form Completed By

|      |      |
|------|------|
|      |      |
| Name | Date |