

2024-2025

New Student Packet

Moffat Consolidated School District#2

STUDENT INFORMATION
Please complete ONE form for EACH
Student enrolling

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 <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) Is the student Hispanic or Latino?

migrant immigrant refugee homeless 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 12th 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Withdrawn from school rather than be expelled?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: _____



**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 # ²		
Work Phone #		
"ALERT NOW" Phone # ²		
E-Mail Address	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Portal Access ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No
Please circle all that apply	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives Mailings Emergency Priority # <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives Mailings Emergency Priority # <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Physical Address - Required (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 ³ 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 # ²		
Cell Phone # ²		
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

People who are NOT allowed to pick up students	
Name	
Name	
Name	

¹Portal 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.
²Messages 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).
³Temporary 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.

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 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.



Moffat Consolidated School District #2

STUDENT INFORMATION Please complete ONE form for EACH Student enrolling

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 (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



Moffat Consolidated School District #2

REQUEST FOR STUDENT RECORDS
Please complete **ONE** form per **EACH STUDENT**

Moffat PK 12 School

Name of Previous School or Agency

Street Address

City, State, Zip Code

Student's Information

Last Name	First Name	Middle Name
-----------	------------	-------------

Birth Date	Colorado ID# (SASID)
------------	----------------------

Grade Level	Last date of attendance (approx)
-------------	----------------------------------

Signature of Parent/Guardian (if available): _____

For Office Use

The following records are hereby requested

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (ILP) if applicable | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative

Signature

Title

Date

Please send Records as soon as possible to:

Moffat Consolidated School District #2
Attention: Counselor
POB 428, 501 Garfield Avenue
Moffat, CO 81143
Phone 719-745-0500
Fax: 719-312-4011

Date of Requests (Office Use only)

1st Request sent on: _____
2nd Request sent on: _____
Records Received on: _____ by: _____
Date Contacted by Principal: _____
Date Contacted by Superintendent: _____