CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Enrollment Checklist

Caprock Academy is a tuition-free public charter school. Admissions are open to any student residing in the state of Colorado. We are a K-12 public charter school that operates on a first come first served basis. There is no admissions test to be accepted at Caprock Academy. We welcome all students and strive to create and maintain a diverse student population. Student recruitment and admissions decisions shall be made in a non-discriminatory manner as outlined in C.R.A.22-30.5-507(3). In all cases, student recruitment and admissions decisions shall be made without regard to disability, race, creed, color, sex, sexual orientation, national origin, religion, ancestry, need for special education services or any other protected class.

Please note: Once a position has been accepted, the Enrollment Packet must be completed and submitted to the Registrar within three business days or the position will be forfeited. You must meet with the Registrar to submit the packet; please call (970) 243-1771 to schedule your meeting.

You will need to provide all of the following documents in order for your child's enrollment packet to be considered complete and therefore accepted for enrollment at Caprock Academy.

¿Necesita un paquete de inscripción en Español? Si es así, por favor pedirla en recepción. Gracias.

Originals of the following documents:

We **must** see the originals; copies will be made and the originals will be returned to you.

- □ **Birth Certificate**

  Also acceptable: Baptismal certificate, passport, hospital and/or physician signed health records.

  Please note: If your child's name has been changed; official documentation must be provided.
- □ **Proof of Residency (Utility bill, tax records, lease)**
- □ **Immunization Records**

  Please Note: Without proof of immunizations **OR** an Exemption Form on file at school, your child will not be allowed to attend school.

  * If you do not have your child's immunization card, you may request a copy from their healthcare provider.
  * There are two ways to file a nonmedical exemption:
    1. File the certificate of nonmedical exemption WITH a signature from an immunizing provider, OR
    2. File the certificate of nonmedical exemption received upon the completion of the Colorado Department of Public Health and Environment's online education module.

    For information regarding exemptions, go to: https://cdphe.colorado.gov/vaccine-exemptions
- □ **Child's Social Security Card**
- □ **Parenting Plan (if applicable)**

- ❖ Prior to attending classes at Caprock Academy, students enrolled for 1st through 8th grade will be scheduled for Math and Reading assessments to ensure proper placement for ability groups.
- ❖ If you have questions regarding our Special Education services, please contact the Director of Support Services at 970-243-1771.
- ❖ For Gifted and Talented students, Caprock Academy offers flexible ability grouping in both Math and Literacy, as well as, Honors courses, and Advanced Placement courses and exams for high school students. For more information, please contact the Gifted and Talented Coordinator at 970-243-1771, ext. 1136.
- ❖ Caprock Academy has a process for highly gifted Kindergarten students to apply for Early Access. Please contact the Registrar for more information.

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Caprock Academy, a public charter school, has unique guidelines that set it apart from other local public schools. This form ensures parents/guardians understand key differences and acknowledgements to the policies. The following acknowledgements and permissions, once signed remain in effect throughout a student's enrollment at Caprock Academy. Any changes to these permissions must be requested in writing and formally processed through the Registrar's Office. This ensures accurate record-keeping and consistent application of these agreements and permissions for the student's entire tenure at Caprock Academy.

Please read the guidelines and initial in the box next to each number.

Initials	#	BEFORE MY CHILD CAN ATTEND
	1.	I understand that my child will need to complete a Reading and Math assessment before they will be allowed to attend (1st - 8th grade). High School students need to meet with the High School Scheduler to schedule their classes before they can start attending.
	2.	I understand Colorado law now mandates that I either provide proof of immunizations for my child or provide a signed Exemption Form on file for my child before they will be allowed to attend school. I understand that Exemption Forms must be re-submitted each school year. For more information I can go to: https://cdphe.colorado.gov/vaccine-exemptions.
Initials	#	**SCHOOL BEGINS PROMPTLY AT 7:45 a.m.**
	3.	I understand that it is essential for my child to be in the classroom ready to learn by 7:45 a.m., otherwise, they will be considered tardy. For every three tardies, it will be one unexcused absence (K - 8th grade). For HS: Four unexcused absences in one month or ten in a school year can cause credit to be withheld.
	4.	I understand that drop-off is between **7:15 - 7:35 a.m.**, otherwise my child will not make it to class in time for the Pledge.
Initials	#	**FOUR-DAY SCHOOL WEEK**
	5.	I understand that students typically attend school Monday through Thursday. There may be years in which there are some five-day weeks. **IF** there is a holiday on a Monday (Labor Day, Martin Luther King, Jr. Day, Presidents' Day), I understand that the school week is shifted to Tuesday through Friday those weeks. I understand that kindergarten NEVER attends on Fridays.
Initials	#	**NO CELL PHONES OR SMART WATCHES**
	6.	I understand that my child must turn off their cell phone and turn it into their teacher as soon as they arrive in the classroom. If they choose to keep it in their locker it will be turned off and they will NOT access it during the day. If he/she has a smart watch, the same rule applies. **First offense:** Phone/watch will be returned to a parent/guardian that day. **Second offense:** The Dean will keep the device for one month. **Third offense:** The Dean will keep the device for the rest of the school year.
	7.	I understand that students are not allowed to use their phones from morning drop-off to the completion of afternoon pick-up **OR** during school-sponsored activities.
	8.	I understand, I can call the front office to leave a message for my child.
	9.	I understand, my child may use the phone in the front office to call home.
Initials	#	**DRESS CODE**
	10.	I understand that there is a dress code that my child must adhere to. If my child is not dressed appropriately, I will be asked to bring them whatever is needed.
	11.	I understand, students are not allowed to wear makeup until eighth grade.
Initials	#	**LUNCH /CAFETERIA**
	12.	I understand that I will need to provide a lunch for my child every day and that the students eat in their classrooms. I understand students do not have access to microwaves or refrigerators.
Initials	#	**TRANSPORTATION**
	13.	I understand that I will be required to provide transportation to/from school for my child. I realize Caprock has a volunteer that coordinates carpooling, however, there is no guarantee of an opportunity being available. I will need to contact the Volunteer Coordinator.

Initials	#	CLASSROOM/LOCKER ACCESS
	14.	I understand that students are not allowed back into the classroom or have access to their lockers after 3:30 p.m. on school days. I also understand that my child is not allowed into the classroom or their locker on any Friday that is a staff work day.
Initials	#	**TECHNOLOGY**
	15.	I understand that Caprock Academy is a classical school, therefore, technology will not replace the essential skill of handwriting.
Initials	#	**REQUIRED CLASSES (kindergarten - eighth grade)**
	16.	I understand that my child will be required to take Latin, PE, Art, and Music. Third grade through eighth grade, they will also have Spanish. Seventh grade through eighth grade, they will choose between Band or Choir for Music, however, their choice will be for the entire school year. If my child chooses Band, I understand that I will be required to provide an instrument for them.
Initials	#	**HOMEWORK**
	17.	I understand that my child will have homework every night and that the general guideline is approximately 10 minutes per grade level. For example, a sixth grader would have 60 minutes of homework per night.
	18.	I understand in order to help all students achieve their highest academic and character potential late work procedures will be established by grade-level or department specific educational teams and approved by the corresponding Deans and Head of school. Procedures will reflect developmentally appropriate expectations and will be consistent within K-6 grade levels and 7-12 grade levels. Late work procedures will be comunicated to parents. For more information see **Family Handbook**.
Initials	#	**SCHOOL DATA SYSTEM AND ACCESS TO INFORMATION**
	19.	I understand that Caprock's data system is FACTS and I will be able to access my child's grades, behavior, homework, lesson plans, etc. through the FAMILY PORTAL. I will be responsible for setting up my own account.
	20.	It is my responsibility at the beginning of every school year to complete the WebForms for my child. Also, it is my responsibility to keep my information updated in FACTS via the WebForms. If I have questions, I will contact the office.
Initials	#	**COMMUNITY SERVICE HOURS**
	21.	I understand that my student will need to complete ten hours of community service per year, kindergarten through eighth grade. Once my child is in High School, they will need to complete twenty hours per year with at least five of those hours being done on campus.
	22.	I understand that it is my responsibility to input my child's community service hours through the Family Portal.
Initials	#	**PARENT SERVICE HOURS**
	23.	I understand that as a charter school, Caprock has to do more with less funding than a traditional public school. Therefore, Caprock invites all families to fulfill service hours to the school to help offset funding limitations. We ask families to volunteer 4 hours of service to the school per month.
	24.	I understand that if I am going to volunteer in the classroom I will be required to complete a background check each year and that it must be on file in the school's office before I can volunteer. I understand that information regarding where to obtain a background check is listed on Caprock's website under "Volunteer Information".
	25.	I understand that it is my responsibility to input my parent service hours through the Family Portal.
Initials	#	**FAMILY HANDBOOK**
	26.	I understand that the Family Handbook is available on Caprock's website and it is my responsibility to read it each year and understand the policies that govern the school.
Initials	#	**LOCKERS AND LOCKS**
	27.	I understand that Caprock Academy will provide a combination lock for 5th-12th grades and a locker for 4th-12th grades. Locks and lockers are the student's responsibility, those in the 4th-8th grades must return locks at the end of year or upon withdrawal. Lockers are Caprock Academy's property and should be treated with privilege and a responsibility. Students must keep lockers clean and damaged free. I understand that lockers are subject to search at any time by school or law enforcement personnel. Any damage, misuse, or required repairs, cleaning, repainting, or replacement due to violations will results in a fine as outlined in the Fee Schedule.

Initials		#	AGREEMENT TO WALK
		28.	I understand for the safety and welfare of the student under the supervision of Caprock Academy, families that wish to have their child walk from school to a designated location, must understand the following: 1. Inform the teacher when arriving that he/she will be walking home or to another location that day. This must be accompanied by a written note, email, or phone call to the office from parent. 2. Realize that any change from the original written note because of weather related issues or other change in plans must be initiated by the parent, not the student. 3. Students should use sidewalks when walking offsite and use public spaces while waiting for pickup. 4. Students will show respect by not causing damage to neighboring properties (moving or throwing rocks, damaging landscaping, climbing fences or trees, etc.). I understand that it may be unsafe for the student, and fully accept that the employees of Caprock Academy are not responsible or liable for the safety and welfare of my child prior to or after leaving the campus located at 714 24 ½ Rd, Grand Junction, CO 81505. I hereby release the employees of Caprock Academy and the Board of Directors from all claims for injuries to my child and damages arising there from.
Initials		#	**PERMISSION TO WALK**
	□ **Do Not**	29.	I give permission for my child to walk off campus to a designated location. I accept liablity if they are found to be at fault for damages caused to neighboring properties.
Initials		#	**TECHNOLOGY DEVICE**
	□ **Do Not**	30.	I give permission for my child to check out technology from Caprock Academy and bring it home with them. I understand that my child will use Caprock Academy's technology device responsibly and solely for its intended purpose. I accept liability for any loss or damage that occurs while it is in my child's possession.
Initials		#	**SOCIAL MEDIA AND ADVERTISING**
	□ **Do Not**	32.	I understand that my student may be included in photography/videography used by our school and its approved affiliates, vendors, or partners on social media and in advertising/promotional materials. Participation will be presumed unless I opt out by checking the “Do Not” box to the left. I further understand that participation is without payment, and that content may be edited or cropped for format or length at the school’s discretion.
Initials		#	**SCHOOL PUBLICATIONS AND STUDENT MEDIA**
	□ **Do Not**	33.	I understand that my student may be included in photography/videography for school-related purposes whenever they are on campus or attending school-sponsored events (including annual class photos, class time and hallways; assemblies and performances; athletics; field trips; clubs and other extracurriculars). These images and recordings may be used in the school yearbook, the school newspaper, and similar student publications. This permission applies only to school publications and student media and does not cover social media or advertising. Participation will be presumed unless I opt out by checking the “Do Not” box to the left.
Initials		#	**VIEWING CURRICULUM VIDEOS**
	□ **Do Not**	34.	I give permission for my child to view videos or other media that support classroom lesson(s) and my child may view curriculum related videos in the classroom. For videos to be used in the class they must meet a specific curricular objective and will not have profane language or sexually explicit material.

Parent/Guardian's Printed Name:	
Parent/Guardian's Signature:	**Date:**
Student's Name:	**Grade:**

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

For Office Use Only		
Date Enrollment Packet Submitted:	Time Submitted: □ AM □ PM	Accepted By:

Enrollment Profile

(PLEASE PRINT)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

Student Information:

Student's Grade Level for the 2025-2026 School Year:	

List Student's Full Name AS IT APPEARS ON THEIR BIRTH CERTIFICATE (or Official Change of Name Form)

Last Name	First Name		
Middle Name	Prefers to be called		
Physical Address	City	State	Zip
Mailing Address (□ same as above)	City	State	Zip
Home Telephone #	County of Residence		
Residency Information: □ House or Apartment with parent or guardian. □ Shelter/Transitional Living. □ Unsheltered (Cars, Parks, Campgrounds). □ Sharing the house of others due to the lose of housing, economic hardship, or natural disaster. □ Hotels/Motels			
□ Male □ Female □ Nonbinary	Date of Birth		

Please Note: A student must turn 5 on or before August 31, 2025 to enroll in kindergarten.

Student's Ethnicity/Race: You must answer both parts of the following questions.

Part A: Do you consider your child to be of Hispanic/Latino origin? □ Yes □ No

Part B: Which of the following groups describes your child's race? (you may select more than one)

□ American Indian or Alaskan Native □ Asian □ Black or African American

□ Native Hawaiian or Other Pacific Islander □ White

Military Connection: Does this student have a parent/guardian who is an active duty member of the Armed Forces or on full-time National Guard duty? □ Yes □ No

Has the above-mentioned student ever been **expelled or recommended for expulsion**? □ Yes □ No
If Yes, please explain:

Has the above-mentioned student ever been **retained**? □ Yes □ No
If Yes, at which grade was the student retained?

Parent/Guardian's Signature	Date:

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612

Parent/Guardian Information

Please Note: If a student does not live with **both** parents in the **same** household, a Parental Rights/Custody Statement must be submitted each year.

Please Note: All individuals on form will be added into FACTS. Siblings will be linked together.

Is there an individual whom you do **NOT** want linked to the student's file? □ Yes □ No Name:

If you are not married please fill out a Student Information Athorization Form. Ask Regestar for form.

Primary Household Information

Primary Household Parent/Guardian #1 (Where student resides)

Name:

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Engaged

Primary Household Parent/Guardian #2 (Where student resides)

Name:

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Engaged

Student lives with:

□ Father □ Mother □ Both
□ Father & Step-Mother □ Mother & Step-Father
□ Foster □ Guardian □ Joint Custody
□ Other:_____

Physical Address	Street	Apt. #	City	State	Zip
Mailing Address	□ Same as above Street	Apt. #	City	State	Zip

Primary Household Parent/Guardian #1

□ Home Phone:_____
□ Cell Phone:_____
□ Work Phone:_____
Email:_____
Employer: _____
Occupation: _____

Please check all that apply: □ Contact Allowed
□ Has Custody □ Emergency Contact □ Transportation
□ Report Card □ Family Portal □ Correspondence
□ Financial Responsibility

Primary Household Parent/Guardian #2

□ Home Phone:_____
□ Cell Phone:_____
□ Work Phone:_____
Email:_____
Employer: _____
Occupation: _____

Please check all that apply: □ Contact Allowed
□ Has Custody □ Emergency Contact □ Transportation
□ Report Card □ Family Portal □ Correspondence
□ Financial Responsibility

Secondary Household Information

Secondary Household Parent/Guardian #1

Name:

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Engaged

Physical Address	Street	Apt. #	City	State	Zip
Mailing Address	□ Same as above Street	Apt. #	City	State	Zip

Secondary Household Parent/Guardian #1

□ Home Phone:_____
□ Cell Phone:_____
□ Work Phone:_____
Email:_____
Employer: _____
Occupation: _____

Please check all that apply: □ Contact Allowed
□ Has Custody □ Emergency Contact □ Transportation
□ Report Card □ Family Portal □ Correspondence
□ Financial Responsibility

Secondary Household Parent/Guardian #2

Name:

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Engaged

Secondary Household Parent/Guardian #2

□ Home Phone:_____
□ Cell Phone:_____
□ Work Phone:_____
Email:_____
Employer: _____
Occupation: _____

Please check all that apply: □ Contact Allowed
□ Has Custody □ Emergency Contact □ Transportation
□ Report Card □ Family Portal □ Correspondence
□ Financial Responsibility

I here by agree the above information is correct and up to date. Parent Signature: Date:

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Parental Rights/Custody Statement

Please Note: If a student does not live with <u>both</u> parents in the <u>same</u> household, a Parental Rights/Custody Statement must be submitted each year.

Student's Name:	Grade:

Is there a custody agreement for this student?

□ **Yes** **Please complete this custody statement.**

Date of Agreement: _____

❖ Attach a copy of custody agreement/parenting plan

□ **No** **Please skip the rest of the questions and just 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. **For the purpose of school attendance only, the child's primary residence is with:**
   □ Mother □ Father □ Other (please specify): _____
3. **Who has educational decision-making rights?**
   □ Mother □ Father □ Both □ Other (please specify): _____
4. **Who has medical decision-making rights?**
   □ Mother □ Father □ Both □ Other (please specify): _____
5. **Who has extra-curricular decision-making rights?**
   □ Mother □ Father □ Both □ Other (please specify): _____

Please complete Parent(s) or Legal Guardian(s) name and address (if you need additional space, please use the back of the form):

Father/Guardian	Mother/Guardian:
Address:	Address:
City, State, Zip	City, State, Zip
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email

Caprock Academy 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 a decision 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 school has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, <u>both</u> parents must sign this statement indicating they agree with the above information. If there is only one signature, Caprock Academy requires an explanation as to why there is only one signature.

Father/Guardian's Signature:	Date:
Mother/Guardian's Signature:	Date:

If only one signature, please explain why: _____

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Emergency Contact/Permission

List Local Emergency Contacts and please ensure that the people included on this list are aware that they are considered emergency contacts. **Adult persons (18 years or older),** who may be contacted in the event of an emergency other than parent(s)/guardian(s). **Please list ONLY one person per line.**

Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:

Transportation

Name(s) of person(s) other than the Parent or Legal Guardian to whom the child may be released.
Must be 18 years or older. Please list ONLY one person per line.

Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:

In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and, if necessary, to be treated by a qualified physician. Caprock Academy will not transport my child to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Caprock Academy will telephone 911 for emergency medical assistance, for which I will be financially responsible.

Parent/Guardian's Signature	Date:

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Health Screening

If a child has any medical conditions, it is the parent/guardian's responsibility to make the school nurse aware of the condition and provide appropriate medication. If your child has asthma and/or allergies, you must see the school nurse to fill out either an "Asthma Care Plan" or an "Allergy/Anaphylaxis Action and Medication Order".

Student's Name:	D.O.B.	Gender	Grade

Current Health/Medical Care:

Child's Local Physician:		Phone Number:
Address	Date of Last Visit	
Insurance Provider	Policy #	Group #
If your child is covered by Medicaid, please provide their number:		

Is your child currently diagnosed or being treated for any of the following conditions?

(Note: The Health Technician may contact you to assure appropriate care is provided for your child while they are at school.)

Diabetes □ Yes □ No	Seizure Disorder □ Yes □ No	Hearing Problems □ Yes □ No
Asthma □ Yes □ No	□ADD/□ADHD □ Yes □ No	Wears: □ Glasses □ Contacts □ Both
Allergies □ Yes □ No Specifically:		
Congenital Problems □ Yes □ No Specifically:		
□ Other (please specify):		
□ Recent Hospitalization or Surgery:		

Please list current prescription medications that your child takes on a regular basis:

Medication:	Prescribed For:
Medication:	Prescribed For:
Medication:	Prescribed For:

Past Medical History (conditions which your child is no longer being treated for):

□ Acquired Traumatic Brain Injury	Date of Injury:
□ Seizures/Convulsions	Date of Last Seizure:
□ Other Injuries or Illness:	

I hereby give my permission for Caprock Academy's Nurse, Health Technician or designated staff member to treat my child for minor injuries or to secure emergency medical treatment for him/her while under their supervision. The information listed above is considered confidential and is shared on a need to know basis by the school nurse. The Health Office is staffed by a Health Technician who is overseen by a Registered Nurse. **Prescription medications** given at school must be accompanied by a signed physician's order. Parents/Guardians are responsible for providing **any** medication(s) that their child needs, whether it is prescription or over the counter. **All medications** must be in their original container and labeled with the child's name. Parents/Guardians are responsible for informing the school of any health issues that have changed for their child throughout the school year.

Parent/Guardian's Signature	Date:

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612

CAPROCK ACADEMY

Revised 10/29/2025

CHARACTER. ACCOUNTABILITY. ACADEMICS.

English Language Acquisition Program

Home Language Survey

To make sure all students receive the educational services they need, the law requires us to ask questions about students' language backgrounds. The answers you provide will tell us if a student's proficiency in English should be evaluated and will help us ensure that important programs and services are offered to students who need them. Your answers will also help us communicate with you in the language you prefer. The information on this form will be used only for determining whether the student needs English Language services and will not be used for immigration matters or reported to immigration authorities. Thank you for your help.

Child's Legal Name:

First	Middle	Last
Age	Grade	

1. Which language did your child first learn to speak?
2. What language does your child use most often at home?
3. What language do you most often use to speak to your child?
4. In which language do you prefer to receive information from the school?

Parent/Guardian's Signature	Date:

Preguntas del Lenguaje Hablado en Casa

Para asegurarnos que los estudiantes reciban los servicios educativos necesarios, la ley requiere que hagamos preguntas sobre los antecedentes lingüísticos. Sus respuestas nos colaboran para decidir si el estudiante debe tener una prueba especial para evaluar el dominio del inglés.
Los resultados nos ayudan a ofrecer los programas y servicios que el estudiante necesite.
Según sus respuestas nos comunicaremos en el idioma de su preferencia. Toda la información dada es para uso exclusivo de la escuela y para determinar si el estudiante necesita los servicios de aprendizaje del inglés.
Esta información no será utilizada para asuntos de inmigración. Gracias por su ayuda.

Nombre del alumno:

Primer nombre	Segundo	Apellido
Edad	Grado	

1. ¿Que idioma comenzó su hijo/a hablar primero?
2. ¿Que idioma usa más su hijo/a en la casa?
3. ¿Que idioma usa usted con más frecuencia para hablar con su hijo/a?
4. ¿En cuál idioma prefiere recibir las comunicaciones?

Firma del Padre o Guardian:	Fecha:

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Request for Records

(PLEASE PRINT)

Today's Date: / /

Child's Legal Name:

First	Middle	Last
Grade	Date of Birth	Gender: □ Male □ Female □ Non-Bianary

I hereby authorize:

School Most Recently Attended by Student:

Address	City	State	Zip

Phone Number: ( )

Fax Number: ( )

to release all school records including, but not limited to: academics, testing, health records, discipline, attendance, special services, and any other relevant documents to Caprock Academy.

Has the above-mentioned student ever been **suspended**? □ Yes □ No
If Yes, please explain:
Please indicated if the student has been or is presently suspened:
Suspended Dates:

Has the above-mentioned student ever been **expelled or recommended for expulsion**? □ Yes □ No
If Yes, please explain:
Please indicated if the student has been or is presently expelled:
Expulsion Date:

Has the above-mentioned student ever been **retained**? □ Yes □ No
If Yes, at which grade was the student retained?

Has this student received any previous testing, evaluations or services in any of the following areas?

□ Individual Education Plan (IEP) Disability Area: _____
□ Gifted and Talented □ Psychological □ Counseling
□ 504 Services □ READ Plan □ Other _____

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.

Authorized Signature:	Date:

Relationship to student: □ Parent/Guardian □ Student (18 years and older) □ Registrar □ Other: _____

According to the Family Educational Rights and Privacy Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll.

Please send all records to:

Caprock Academy
Attn: Registrar
714 24 1/2 Road
Grand Junction, CO 81505
records@caprockacademy.org
Phone: (970) 243-1771 Fax: (970) 243-3612

Revised 10/29/2025

CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Part-Time Students Only

Full and part time students have equal access to the classes offered at Caprock Academy.
Space permitting, high school students may enroll in any available course(s). K-8th grade students may not attend Caprock Academy as a part-time student.

Today's Date: / /

Grade		□ Sem 1 □ Sem 2 □ Yearlong

Child's Legal Name:

First:	Middle:	Last:

Student's Initials		**The student acknowledges and accepts the expectations outlined below**
	1	The student agrees if multiple courses are requested, they must be taken consecutively.
	2.	The student agrees to follow all rules and procedures for part-time enrollment at Caprock Academy.
	3.	The student agrees that they must arrive just prior to class and depart directly after class ends.
	4.	The student who wishes to drive must purchase a parking permit from Caprock Academy.
	5.	Failure to abide by the above conditions will result in removal from the class(es).

Course(s) Requested

1. _____ Period _____

2. _____ Period _____

3. _____ Period _____

4. _____ Period _____

Student's Signature	Date:

Parent/Guardian's Signature	Date:

Office Use Only

Approved _____ Head of School Signature _____ Date _____

Denied _____ Reason _____

Student Scheduled By _____ Date _____ Family Notified by □ Email □ Phone

714 24 1/2 Road, Grand Junction, CO 81505
(970) 243-1771❖Fax: (970) 243-3612