SUMMIT HIGH SCHOOL

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

ENROLLMENT PROCEDURES FOR NEW STUDENTS

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

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

2. **Please provide these documents to us (with the contents of this packet)**:

   - Current immunization record
   - Copy of birth certificate/passport
   - Custodial papers (if applicable)
   - Most current IEP, ILP or 504 (if applicable)
   - Unofficial copy of transcripts
   - Proof of residency (document showing the physical address, and your name i.e. utility bill or lease agreement)

3. Upon receipt of these documents, your student will be issued a code for on-line registration. The code will be sent to you via email. You may then go on-line to register with the district.

4. The Registrar will reach out to schedule an appointment with your child's guidance counselor to get scheduled into classes. Counselors return to the office in August and appointments will be scheduled then.

APPOINTMENTS MUST BE SCHEDULED

STUDENTS MUST HAVE A PARENT OR GUARDIAN (WITH WHOM THEY RESIDE) WITH THEM TO REGISTER. Guardians that are not the biological parents must have the **NOTARIZED GUARDIANSHIP PAPER** (available upon email request)**,** signed by the student's parent(s), with them at the time of the counseling appointment.

THANK YOU FOR TAKING THE TIME TO READ THIS LETTER. WE LOOK FORWARD TO MEETING WITH YOU AND YOUR CHILD.

Summit School District RE-1

REQUEST FOR STUDENT CUMULATIVE AND CONFIDENTIAL RECORDS

The following student has enrolled in Summit School District. Please send cumulative records and Special Education Records as indicated below.

Student Information:

Legal Name: _____ _____ _____
Student Last Name (*Apellido Patern)* First Name (*Primer Nombre)* Middle Name *(Segundo Nombre)*

Date of Birth (*Fecha de Nacimiento)*: _____ Entering Grade (*Grado al que entra)*: _____

Signed: _____ Today's Date: _____
Parent/Guardian *(Firma del Padre/ Guardián Legal)* Relationship *(Relación)* *(Fecha)*

Please send records, but not limited to the following:

For OFFICE Completion

	Transcripts and/or report cards		504 Plan (if applicable)
	Test data / standardized test scores		English Language (ESL) test score (if applicable)
	List of courses and grades at time of withdrawal		Title 1 Services (if applicable)
	Attendance records		Discipline records
	Individual Literacy Plan (ILP) (if applicable)		Health / medical records including Sports Physical (if available)
	Advanced Learning Plan (ALP) (if applicable)		Immunization records
	Special Education (Individual Education Plan)		Copy of birth certificate

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

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

All special education records/information about your child will be kept confidential. Permission must be obtained prior to releasing special education records to anyone who does not have a direct educational responsibility. Upon request, you will be told and/or shown to whom information about your child has been shared or reviewed.

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Student's Prior School Contact Information

_____

_____

_____

_____

Please send Records to:

Summit School District RE-1
Summit High School
Attn: Student Records
PO Box 7
Frisco, CO 80443
Phone – 970-368-1100
Fax – 970-368-1197
neta.hodson@summitk12.org

For Office Use Only:

First Date of Attendance: _____

School of Enrollment: _____

Date Records Requested: _____

Date Records Received: _____

Summit School District
2026-2027
New Student Enrollment

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

Last:_____ Entering Grade:_____

First:_____ Last Grade Completed:_____

Middle:_____ Gender: _____Male _____Female

Mailing Address:_____City:_____Zip:_____

Physical Address:_____City:_____Zip:_____

Home Phone: (___)_____

Date of Birth:_____ Was this student born in the USA or Puerto Rico? Yes _____ No_____
Month / Day / Year

Primary Parent/Guardian: Provide primary parent/guardian information – **where child resides**

Last Name:_____	Last Name:_____
First Name:_____	First Name:_____
Relationship:_____	Relationship:_____
Parent Cell:_____	Parent Cell:_____
Parent Email:_____	Parent Email:_____

Does student reside with a parent at a different address? Yes _____ No _____

Parent Name:_____

Parent Cell Phone:_____Parent Email Address:_____

Special Programs: Please note and provide documents at registration for any educational services in which your child has participated:
Special Education – IEP _____ 504 Plan _____ READ Plan _____ Gifted/Talented _____

Other – comments: _____

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

Please provide the following documents with registration form:

___Birth certificate ___Completed/Signed Request for Records ___Immunization record ___Proof of Residency (exempt for McKinney-Vento)
___Custodial documents (if applicable) ___Transcript and/or mid-year transfer grades from prior school (Grades 6 through 12 only)

_____ _____
Parent/Guardian Signature Date

Please provide a copy of any legal documents if school should be aware of any special circumstances, i.e. custody, restraining orders, etc.
Please note: The school district discloses education records, including student discipline records, without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

School of Enrollment:

___BRE ___DVE ___FRE ___SCE ___SVE ___UBE ___SMS ___SP ___SHS

First Date of Attendance: _____ Home Language: English ___ Spanish ___ Other _____

Summit School District
2026-2027
School Enrollment History

Student Information: Name _____

School Enrollment History:

Grade / Year	Name of School:	City, State	Public / Private
Pre-School			
Kindergarten			
1st Grade			
2nd Grade			
3rd Grade			
4th Grade			
5th Grade			
6th Grade			
7th Grade			
8th Grade			
9th Grade			
10th Grade			
11th Grade			
12th Grade			

Summit School District RE-1
2026-2027
Home Language Survey

Student's Name: _____ Date: _____

School: _____Grade: _____

Parent or Guardian's Name: _____

Our school needs to know the languages spoken and heard at home by each student. This information is necessary in order to provide the best instruction possible for all students. When languages other than English are indicated, students may be screened for English language learning services and supports. This survey will be kept in the student's cumulative file.

1. What language did your student first learn to speak? _____

2. What language does your student use the most often at home? _____

3. What language do you use most often to speak to your student? _____

4. What languages does your student hear at home? _____

5. What other languages does your student speak and understand at a conversational level?

   _____

6. How comfortable is your student learning in English?

   1 = No English spoken/understood to 5 = Fluent 1 2 3 4 5

7. Has your child received English language services in another school district? Yes No

_____ _____

Signature of Parent or Guardian *Date*

STUDENT CUSTODY INFORMATION

The following information is requested pursuant to Board Policies KBBA and KBBA-R when the enrolled student does not reside with both natural parents. Both parents have the right to access the student and the student's records unless one parent provides the District with a currently effective Colorado court order indicating otherwise.

1. Student's legal name: _____

2. Does student reside with both parents? Yes_____ No_____

3. If the student does not reside with both parents, do the parents have joint custody and joint educational decision-making authority? Yes_____ No_____

   a. If no, please give the name and address of custodial parent or guardian with whom child resides:

      _____

   b. Please provide the name and address of non-custodial parent or guardian:

      _____

   c. Do you, as the custodial parent or guardian, have legal custody through a court order?

      Yes_____ No_____ Pending _____ Date Finalization Expected: _____

      (If pending, please inform school when finalized)

   d. Does the non-custodial parent have access to the following? If no, please provide a copy of the Colorado court order limiting access.

      Education records? Yes ____ No ____

      Permission to be released from school to non-custodial parent? Yes ____ No ____

      Communication with school and/or teacher? Yes ____ No ____

A student will not be denied admission to school on the basis of refusing the request for documentation of the allocation of parental rights and responsibility.

By signing below, you acknowledge that you have the legal authority to sign this form and that you have verified the information contained herein is correct.

_____ _____

Parent/Legal Guardian Date

CHECKLIST FOR NEW STUDENTS

Student Name_____

Please check the appropriate responses to the questions below. We ask these questions to help us determine your educational needs.

Were you in any of the following programs?

1. Special Education (with active IEP) Yes _____ No _____
2. Gifted/Talented Yes _____ No _____
3. Have a 504 plan in place Yes _____ No _____
4. English Language Acquisition Program Yes _____ No _____
5. Have a medical condition that affects your education? Yes _____ No _____
6. Have you finished secondary (High School) in the US or another country? Yes _____ No _____
7. Have you participated in Athletics at a Colorado public school? Yes _____ No_____
    a. If yes, which sport(s)? _____
8. Are you an Academic Athlete Yes _____ No _____
    a. If yes, what program (i.e. Team Summit, Team Breck, etc.) _____

ARE YOU NOW:

`

- On Probation Yes _____ No _____
  If yes, why:
- On juvenile diversion Yes _____ No _____
  If yes, why:
- Expelled from your previous school Yes _____ No _____
  If yes, why:
- Suspended from your previous school Yes _____ No _____
  If yes, why:

Did you learn another language before you learned English? Yes _____ No _____

Please note any educational concerns or Special Programs your child has participated:

_____

I acknowledge the above statements are correct.

_____
Parent/Guardian signature Date

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

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

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

www.summitk12.org/food-services/free-reduced

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

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

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

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

www.summitk12.org/food-services/free-reduced

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

Proof of Residence for
Enrollment into Summit School District

Please provide documentation that your family resides in Summit County, Colorado. Paper and electronic documentation is accepted.

Parents/guardians may provide ONE of the following to demonstrate residency:

- Summit County Property Tax Information
- Mortgage, Lease, Sub-lease, or Rental Documents
- Utility Bill

—OR—

Parents/guardians may provide TWO of the following to demonstrate residency:

- Computer generated bill with printed address (e.g. medical, dental, hospital, loan or car payments, credit card statements)
- Bank statements with printed address
- Employment pay stubs with printed (residential) address*
- Post-marked first class mail (pre-paid or bulk mail not allowed)

**Employment address is not allowable for enrollment in Summit School District; the address must reflect a personal address within Summit County.*