

Documents Required for Registration

1. PHOTO I.D. OF PARENT/LEGAL GUARDIAN:

A driver's license or any other photo I.D. is acceptable

- a) The biological, foster or adoptive parent may enroll the student
- b) Guardians **MUST** have proper guardianship forms signed and notarized or a copy of court authorization
- c) Custody documentation is required, if applicable

2. DOCUMENTATION OF STUDENT'S DATE OF BIRTH:

Please bring one of the following:

- Birth Certificate
- Valid Passport
- Signed Hospital Certification with Official Seal

3. PROOF YOU LIVE AT YOUR ADDRESS:

a) If you own your home, please bring **ONE** of the following:

- Current or last month's utility bill i.e. gas, electric, home phone (not cell phone), water, trash, cable or mortgage statement – bill must show parent/legal guardian's name and service address (complete bill with remittance portion still attached may be required)
- Property tax bill for current year (mailing address and property address must match)

b) If you rent, please bring **ONE** of the following:

- Current signed lease or rental agreement that has been signed by all parties. Landlord's contact information must be provided. If lease is expired but continues month-to-month, tow current bills/statements with your name and address clearly marked must be provided.
- Current notarized letter from owner/leasing agent with contact information
- Current or last month's utility bill i.e. gas, electric, home phone (not cell phone), water, trash, or cable – bill must show parent/legal guardian's name and service address (complete bill with remittance portion still attached may be required)

c) If you are living with another family – **ALL** of the following are required:

- Current notarized letter from the owner/renter the owner/renter of the residence with whom you live stating the length of time you will be staying, the address, and your names
- Current proof of address from the **owner/renter of the residence** (see required documents above)
- If possible, current proof of your residence at that address.

d) If you live in military housing – **ALL** of the following are required:

- Military I.D.
- Current or last month's utility bill i.e. gas, electric, home phone (not cell phone), water, trash, cable or housing letter – bill must show parent/legal guardian's name and service address (complete bill with remittance portion still attached may be required)

e) If you are homeless - Please see student residency questionnaire

f) If your living situation is not mentioned above, please contact us at 303-340-7880 for assistance

4. IMMUNIZATION RECORDS – Required by state law

5. PREVIOUS SCHOOL INFORMATION – If applicable

- Name, address, phone and fax number of previous school
- Withdrawal date and withdrawal grades from previous school
- Transcripts for students entering middle or high schools



Student Enrollment Form

Completion of this agreement is required for enrollment. This form will enable us to better understand the student and meet his/her needs.

Student's Full Legal Name		
Last Name:	First Name:	Middle Name:
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Phone Number: () -	Email Address:	
Student's Native Language:	Parent's Native Language:	
Primary Language Spoken at Home:		

Student's Primary Home of Residence	
Address:	City/State/Zip:
Student Resides with:	
Full Name:	Relationship to Student:
Full Name:	Relationship to Student:
Full Name:	Relationship to Student:
Full Name:	Relationship to Student:

Student's Information		
Current Status:	<input type="checkbox"/> Pregnant – Expected Due Date:	
	<input type="checkbox"/> Parenting –Please include child(ren) information below	
	<input type="checkbox"/> Non-Pregnant or Parenting	
1- Full Name of Child:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2- Full Name of Child:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3- Full Name of Child:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Childcare Needs:	<input type="checkbox"/> I will definitely need the school to provide childcare	
	<input type="checkbox"/> Someone will care for my child(ren) while I attend school	



Parental Notification:

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child **UNLESS** parent has a court order that indicates which parent has custody of the child. The school **MUST HAVE A COPY OF THE COURT ORDER ON FILE.** Otherwise, either parent may check the child out of school with proper identification.

Parent/Guardian Contact Information: *Do not list step-parent unless he/she is also a legal guardian.*

Student's Mother/Guardian:

<i>Last</i>	<i>First</i>	<i>Middle</i>
Email Address:		
Mobile Phone Number: () -	Home Phone Number: () -	
Home Address:		City/State/Zip:

Student's Father/Guardian:

<i>Last</i>	<i>First</i>	<i>Middle</i>
Relationship to Student:		Email Address:
Mobile Phone Number: () -	Home Phone Number: () -	
Home Address:		City/State/Zip:

Other Parent/Guardian:

<i>Last</i>	<i>First</i>	<i>Middle</i>
Relationship to Student:		Email Address:
Mobile Phone Number: () -	Home Phone Number: () -	
Home Address:		City/State/Zip:

Parent/Guardian Education Level

What is the parent/guardian highest level of education? *Choose only one*

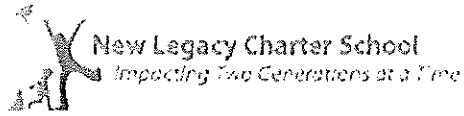
<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School	<input type="checkbox"/> Some College (no degree)
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Professional Degree (e.g. medical doctor, lawyer, etc.)	<input type="checkbox"/> PhD	



Emergency Contact Information: <i>Other than parent/legal guardian</i>		
We will call if there is an emergency and you can't be reached.		
Emergency Contact #1		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Relationship to Student:		Email address:
Mobile Phone Number: () -	Home Phone Number: () -	
Emergency Contact #2		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Relationship to Student:		Email Address:
Mobile Phone Number: () -	Home Phone Number: () -	

Complete Military/Federal Employee Questionnaire	
Do you live on a military installation or military base in the state of Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are one or both parents on active or reserve duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother/Legal Guardian:	
Branch of Service:	Rank:
Father Legal/Guardian:	
Branch of Service:	Rank:
Do either, or both parents work as civilian employees for the federal government on government owned property?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please list place of employment:	

Student Residency Questionnaire
This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The answer to this residency information helps determine the services the student may be eligible to receive.
Is the student an unaccompanied youth? <i>Not in the physical custody of the parent or legal guardian</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the student's present housing situation?
Please check the box(es) that apply.
<input type="checkbox"/> In a shelter (emergency or safe house)
<input type="checkbox"/> In a motel, hotel, car or campsite
<input type="checkbox"/> Sudden loss of home/apartment and can't afford housing resulting in staying with a friend
<input type="checkbox"/> In a transitional housing program
<input type="checkbox"/> Inadequate housing (lacks kitchen or bathroom facilities)
<input type="checkbox"/> The above housing situations DO NOT apply (mark here if you rent, own or shared living)



Race/Ethnicity

You must answer both questions

Part A. Is this student Hispanic/Latino (choose only one)

- Yes, Hispanic/Latino: A person of Cuban, Mexican, Salvadorian, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- No, not Hispanic/Latino

The above part of the question is about ethnicity, not race. **No matter what you selected in part A above, please provide an answer to part B** by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (Choose one or more)

- American Indian or Alaskan native
- Asian
- Black or African American Native Hawaiian or Other Pacific Islander
- White



Home Language Survey

Dear Parent/Guardian: Please answer these questions carefully so that we can better meet the student's needs.

What is the primary language used in the home, regardless of the language spoken by the student?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese Mandarin
<input type="checkbox"/> French	<input type="checkbox"/> Nepali	<input type="checkbox"/> Karen	<input type="checkbox"/> Tigrigna
<input type="checkbox"/> Somali	<input type="checkbox"/> Amharic	<input type="checkbox"/> Burmese	<input type="checkbox"/> Khmer
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other – please specify	

What is the language most often spoken by the student?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese Mandarin
<input type="checkbox"/> French	<input type="checkbox"/> Nepali	<input type="checkbox"/> Karen	<input type="checkbox"/> Tigrigna
<input type="checkbox"/> Somali	<input type="checkbox"/> Amharic	<input type="checkbox"/> Burmese	<input type="checkbox"/> Khmer
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other – please specify	

What is the language that the student first acquired?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese Mandarin
<input type="checkbox"/> French	<input type="checkbox"/> Nepali	<input type="checkbox"/> Karen	<input type="checkbox"/> Tigrigna
<input type="checkbox"/> Somali	<input type="checkbox"/> Amharic	<input type="checkbox"/> Burmese	<input type="checkbox"/> Khmer
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other – please specify	

English Proficiency of the Student	
<input type="checkbox"/> Native English Speaker	<input type="checkbox"/> Fluent English Speaker
<input type="checkbox"/> Non-English Speaker	<input type="checkbox"/> Predesignated as fluent English proficient –After Finishing ELD Program
<input type="checkbox"/> Status Unknown	<input type="checkbox"/> Limited English proficient/English Language Learner



Current/Previous School Information

1-Has the student been enrolled in a Colorado public school continuously for the past three years (since October 1, 2013)? This means the student has been in school **without** any break or interruption since October 2013.

Yes No

** Students who previously dropped out or students who moved to Colorado in the past 3 years should check "No."

2-When did the student first enroll in any U.S. school (public or non-public)?

Date: _____

** If you have always attended schools in the U.S., use the date you first entered any U.S. school at any grade. For example, if you would be considered a 9th grader, you probably started school kindergarten in 2006 and your first date of enrollment would be 09/01/2006.

** If you have attended schools outside the U.S., use the date you most recently entered or re-entered any U.S. school. For example, if you started school last year at New America School, you would answer 09/01/2015.

** Schools on U.S. military bases count as U.S. schools.

List most two recent school(s) of attendance

School: _____ Grade: _____

School Year: _____ Attended from _____ to _____

Reason for leaving

Transferred to a different school Dropped Out Asked to Leave

Expelled Other: _____

School: _____ Grade: _____

School Year: _____ Attended from _____ to _____

Reason for leaving

Transferred to a different school Dropped Out Asked to Leave

Expelled Other: _____



Special Education Information

In order to make sure we have the proper services available for the student we must review any special education plans or documentation prior to continuing enrollment in the school.

Have you ever been in?

- Special education classes
Gifted and talented program

Does the student currently have any of the following plans?

- IFSP (Individual Family Service Plan) - A copy has been provided to the school
IEP (Individual Education Plan) - A copy has been provided to the school
504 Plan - A copy has been provided to the school
School Health Plan - A copy has been provided to the school
English Development Plan - A copy has been provided to the school
Advanced Learning Plan - A copy has been provided to the school

Student is currently receiving services from a speech language therapist, occupational therapist, or other specialist but is NOT currently on an official plan.

Please describe the type of services, frequency and expected duration.

Office Use Only:

Table with 3 columns: Follow Up Needed: YES NO, Plan verified on file: _____, Plan has been reviewed: _____



Health Concerns Parents/Guardians are responsible for providing full details on any medical condition to the school nurse

Students requiring medication (prescription or nonprescription) during school hours **MUST** have a written physician order and written parent consent

Does your child have a health problem?

Asthma: Yes No If Yes, please complete the attached Asthma intake Form.

Medication(s): _____

Medication given at home? Yes No Will medication be needed at school? Yes No

Check where appropriate (all fields to the right required when condition checked)	Is this condition life threatening?		Please explain condition	Medication(s)	Medication given at home?		Will medication be needed at school?	
	Yes	No			Yes	No	Yes	No
<input type="checkbox"/> Student has NO health concerns								
<input type="checkbox"/> Allergies								
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder								
<input type="checkbox"/> Bowel/Bladder								
<input type="checkbox"/> Concussion/Head Injury								
<input type="checkbox"/> Dental Concerns								
<input type="checkbox"/> Developmental Delays								
<input type="checkbox"/> Diabetes								
<input type="checkbox"/> Diagnosed Mental Health Condition								
<input type="checkbox"/> Emotional/Behavioral Concerns								
<input type="checkbox"/> Fractures								
<input type="checkbox"/> Hearing								
<input type="checkbox"/> Headaches								
<input type="checkbox"/> Heart								
<input type="checkbox"/> Nutritional/weight concerns								
<input type="checkbox"/> Seizures								
<input type="checkbox"/> Skin Conditions								
<input type="checkbox"/> Sleep Apnea								
<input type="checkbox"/> Speech								
<input type="checkbox"/> Surgeries/Hospitalizations								
<input type="checkbox"/> Tuberculosis								
<input type="checkbox"/> Vision								
<input type="checkbox"/> Other								

Does the student have asthma? Yes No



Student's Full Legal Name: _____

Date of Birth: _____

For Parental Completion Only
INFORMATION FOR A STUDENT WITH ASTHMA OR BREATHING PROBLEMS

Please fill out this Asthma intake form **ONLY** if the student has asthma or breathing problems. The school nurse needs more information to care for the student. If you have any questions, please contact your student's school nurse.

Student Name:	Birth date:
Parent/Guardian Name:	Phone:
Name of person completing form and relationship to student:	
Health Care Provider for asthma:	Phone:

In the past 12 months, how many times has the student visited the ER/urgent care or had an urgent doctor's office visit for asthma?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 12 months, how many times has the student been hospitalized overnight for asthma?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 12 months, how many times has the student used oral steroids (prednisone, orapred) to treat an asthma attack?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
How many days of school did the student miss <u>past school year</u> because of asthma?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 4 weeks, how often has the student used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 4 weeks, how often has the student had coughing, trouble breathing, or wheezing in the <u>morning or during the day</u>?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 4 weeks, how often has the student awakened at night because of coughing, trouble breathing, or wheezing?
<input type="checkbox"/> 0 times <input type="checkbox"/> 1 times <input type="checkbox"/> 2 time <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times
In the past 4 weeks, how often has the student's asthma bothered or interrupted him/her during normal activities (playing, running, and sports)?
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> All of the time
What triggers the student's asthma? <i>Check all that apply</i>
<input type="checkbox"/> Illness (colds) <input type="checkbox"/> Smoke <input type="checkbox"/> Allergies: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Dust <input type="checkbox"/> Mold <input type="checkbox"/> Pollen <input type="checkbox"/> Food <input type="checkbox"/> Other:

Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) the student takes for asthma and allergies (the ones taken every day and as needed) and give the nurse a copy of your written asthma treatment plan.

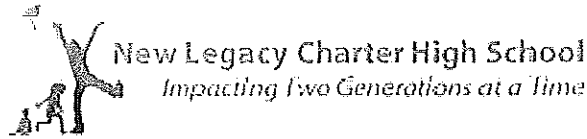
Please List Names of Medications:

Parent Signature

Date

School Nurse Reviewed

Date



Student's Full Legal Name: _____ Date of Birth: _____

**REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:
ACETAMINOPHEN AND IBUPROFEN**

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required before the student may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have reviewed the information and agree that your child may safely take the medications *according to the recommended dose by weight.*
- The school nurse has the responsibility of approving your child's use of these medications. In the case a child with special health care needs, the school nurse may request authorization from your physician.
- A licensed prescriber's authorization will be required if:
 - a) The student requires more than 5 doses of acetaminophen and/or ibuprofen in a 30 day period.
 - b) The student requires more than 5 consecutive doses of acetaminophen and/or ibuprofen.
 - c) In the judgment of the school nurse, the student is ill and not improving.
- The student's medication may be provided by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Colorado law.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for _____
Student's Last Name First Name Middle Name

To receive the following medication:

Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____

Reason(s): Headache Menstrual Cramps
 Dental Pain Muscle or joint pain
 General Discomfort Other: _____

Student has taken acetaminophen before: Yes No without a problem: Yes No

Student has taken ibuprofen before: Yes No without a problem: Yes No

Please notify me **before** student takes medications: Yes No

Contact Name and Phone Number: _____

Student is taking other medication at this time: Yes No

Please list medications: _____

Student is under the care of a physician for the following: _____

Special instruction concerning student: _____

Signature of Parent/Guardian

Date



Consent for release of Health Information

I, (student's name) _____ Date of Birth ___/___/___ authorize
 (healthcare provider) _____ to disclose
 protected health information to: Heather Cutillo, RN MSN
 School Nurse
 New Legacy Charter School

for the purposes of health coordination and follow-up of health needs.

_____ I authorize the release of my complete health record.

I authorize the release of my health information with the exception of the following:

_____ HIV or AIDS records

_____ Mental health records

_____ Alcohol or drug abuse treatment

_____ Other (please specify): _____

This authorization shall be in force for the current school year, until: _____

I understand that I may revoke this authorization, in writing, at any time.

I understand that my treatment or eligibility for benefits will not be conditioned on whether I sign this authorization and is only for informational purposes.

Signed _____ Date _____

Printed name _____

If student is under 18 years old, signature of parent or legal guardian:



Student's Full Legal Name: _____

Date of Birth: _____

Parent/Guardian Transportation Agreement

I will assume ALL responsibility for transportation to and from the new school, unless the school is otherwise required by law to transport my student. I have been informed that NLCHS will NOT provide school transportation.

Signature of Parent/Guardian: _____

Date: _____

Parent/Guardian Permission for Excursions:

On occasion, students will be given the opportunity to participate in field trips. On excursions, students take school buses, walk or use some other means of transportation. If you acknowledge "Yes", your student will be allowed to join in these field trips during the current school year. NLCHS will send information home before each field trip –by note, by PTA newsletter, by school's monthly calendar or by some other means – to provide information on the place to be visited and the date of the field trip. At that time, you may revoke your permission for your student to go on this specific excursion.

NLCHS is not responsible for every student injury sustained on an excursion or field trip.

I consent to my child being taken on field trips or excursions during the school year. Yes No

Parent/Guardian Permission for Media, District marketing, Web and Internal Use of Photos and Video:

In the interest of promoting the successful programs of New Legacy Charter High School, improving outside communications, and fostering the professional development of NLCHS employees, the school sometimes uses photographs and video footage of students in our schools. This may include print, electronic, social and news media. Permission for close-up photographs and interviews of students under the age of 158 years old can be granted to media only with parent approval.

This agreement constitutes permission to use photographs and video footage of your students in employee trainings, presentations and information about our schools, programs and people that may be distributed by NLCHS. I understand that no compensation will be made to me for this use. NLCHS assumes no liability or any nature in connection with such filming and/or interviewing.

Yes, I give my student permission for NLCHS to use photographs/video footage of my child for information and possible distribution about its schools and programs via media, marketing and/or web use.

No, I do not want my student interviewed or photographed for any purpose.

Parent Permission for Students use of Google Apps for Education Accounts:

In an effort to continue to develop 21st century learning skills and implement blended learning in the classroom, we now provide NLCHS students with Google Accounts for collaboration, communication, and online storage. All students will be provided with a student Google account *unless you opt your student out*. I understand that my student's Google account is a privilege and if abused, its use will be revoked.

Yes, I give my student permission for NLCHS to open a Student Google Account

No, I opt out of having a Google Student Account for my student

Parent Permission for Infinite Campus Parent/Guardian and Student Portal:

As the authorized parent or guardian of an NLCHS student I have read and signed the Parent Agreement policy for Infinite Campus Parent/Guardian and Student Porta. I am fully aware that access to student information from the Internet is a privilege, not a right. I understand this system uses a secure Internet site to enable access to *only* my student's information. I will practice proper and ethical use when accessing my student's data.

If I discover information that is not related to my student/s, I will notify the school immediately.

I acknowledge that I have read and signed the Parent Agreement policy for Infinite Campus Parent/Guardian and it is on file at my student's current school. Yes No



New Legacy Charter School
Impacting Two Generations at a Time

Authorization For Release of Students Records

Request Date: _____

The Following student has enrolled at New Legacy Charter School:

Name: _____
Last First Mi

Date of Birth: _____ Grade: _____

Name of Parent/Guardian:

Previous School(s) of attendance:

School Name:

School Address:

Records to be Released:

- Transcript-emailed to cbaylon@newlegacycharter.net or Fax 720-367-5464
- Official Transcripts
- Health Records Including Immunizations
- Reports Cards by Quarter
- All Test Scores
- Complete IEP documentation (if applicable)
- Complete 504 documentation (if applicable)
- Withdrawal Grades
- Disciple/ Attendance Records

Fax or email records to :

Claudia Baylon: Operations Director
Telephone:303-340-7880
2091 Dayton St Aurora Co 80010

cbaylon@newlegacycharter.net
Fax:720-367-5464