



## NEW STUDENT REGISTRATION FORM

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Student's Middle Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Date Student Entered Colorado

\_\_\_\_\_  
Date Student Entered US

Grade \_\_\_\_\_ Gender: M F

*State and federal regulations require that schools identify and report the language(s) spoken and heard by each child in the home, and determine eligibility for English Language Development, immigrant, migrant, refugee or McKinney education services. This information is used to ensure that the educational rights of each child are met. Please take a few minutes to complete this questionnaire. **This information is confidential.***

### Home Language Information:

Was the first language spoken by the student a language other than English? Yes No Language \_\_\_\_\_

Does the student speak a language other than English? Yes No Language \_\_\_\_\_

Is a language other than English used in the home? Yes No Language \_\_\_\_\_

Will you need an interpreter for conferences, phone calls and other verbal communication? Yes No

### Residency Information: Where does your child stay at night?

- regular housing (apartment, house, mobile home, etc.)
- in a shelter
- in a car
- at a campsite
- in a motel/hotel
- temporarily with more than one family in an apartment, mobile home, house, because of economic hardship
- in another arrangement that is not fixed, regular, and adequate and not described by other choices

Yes No Did you move to Colorado with the intent of working in agriculture (farming, ranching, fishing, dairy, etc.) in the last three years?

Yes No Do you work in agriculture (farming, ranching, fishing, dairy, etc.)?

Yes No Was the work noted above an important part of providing a living for the worker and your family?

Yes No Have you been given "Refugee Status" paperwork?

Sign here

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

\_\_\_\_\_  
Date

**Office Use Only:** This box must be completed by school registrar before sending to Student ELD Facilitator.

\_\_\_\_\_  
School

\_\_\_\_\_  
Local Student ID #

\_\_\_\_\_  
Date Enrolled

International exchange program:

Yes  No

## Background Information to Help Us Educate Your Child

### School History

Has your child attended another school in the United States OR in another country? If yes, please complete the following educational history as accurately as possible beginning with the earliest grade. This information will be used to help educators determine how to best meet your student's educational needs.

Grade and dates	School Name	Location (City/State/Province/Country)	Language(s) used for instruction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the above is not available, what was the year the student last attended school? \_\_\_\_\_

Date student entered a Colorado school: \_\_\_\_\_ Date entered a US school: \_\_\_\_\_

Has student previously been enrolled in the Roaring Fork School District? Yes No

Has student attended a preschool program? Yes No If yes, please select all that apply:

- Busesito Basalt Elementary Crystal River Elementary Early Childhood Center Glenwood Elementary  
Mt. Sopris Montessori Mini College Growing Years Blue Lake Our School Summer Jumpstart

Other \_\_\_\_\_

### Services student is currently receiving:

- N/A Special Education Gifted and Talented English Language Development Current 504 Plan  
Literacy/READ Plan School Counseling

Other \_\_\_\_\_

### Race/Ethnicity

Questions about race and ethnicity are optional. If you choose not to select or participate, an observer will make the selection for you and note that the selection was determined by the observer. Definitions: Ethnic Group: Socially distinguished from other groups and has developed its own subculture – which can include nationality, religion, and language – and has a shared feeling of community. Race: A distinct human type based on inherited physical characteristics.

Is the student considered to be of Hispanic/Latino origin? (Choose only one) Yes No

Select one or more races from the following five racial groups:

- American Indian or Alaskan Native - A person who maintains a tribal affiliation or community attachment to the original peoples of North, Central, or South America  
 Asian - A person having origins from the Far East, Southeast Asia, or the Indian subcontinent  
 Black or African American - A person having origins in any of the Black racial groups of Africa  
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands  
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa  
 I choose not to select or participate

Is there any other information you would like us to know about your child? (Explain here or on separate sheet.)

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## HOME INFORMATION

*To be filled out once for each family if home information is the same for all children.*

List all siblings living at home:

_____	_____	_____
Name	Age	School
_____	_____	_____
Name	Age	School
_____	_____	_____
Name	Age	School

**Parent/Guardian #1:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Email	Employer
_____	_____	_____
Work Phone	Home Phone	Cell Phone
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Highest level of education completed: <input type="checkbox"/> Some high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> BA <input type="checkbox"/> MA/other advanced degree <input type="checkbox"/> Other _____		

**Parent/Guardian #2:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Email	Employer
_____	_____	_____
Work Phone	Home Phone	Cell Phone
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Highest level of education completed: <input type="checkbox"/> Some high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> BA <input type="checkbox"/> MA/other advanced degree <input type="checkbox"/> Other _____		

**Additional emergency contact (non-parent/guardian)**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Work Phone	Home Phone	Cell Phone

**Additional emergency contact (non-parent/guardian)**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Work Phone	Home Phone	Cell Phone



**EMERGENCY AND HEALTH INFORMATION AND TYLENOL PERMISSION**

Student's Name	Date of Birth (MM/DD/YYYY)	Grade
Doctor	Doctor's Phone Number	Last Exam Date
Dentist	Dentist's Phone Number	Last Exam Date
Eye Doctor	Eye Doctor's Phone Number	Last Exam Date

**Conditions/Medications**

Does your child have any of the following health problems? **Yes/No** (please circle)

Allergy to Food <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Problem <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Problem <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Problem <input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Additional information or description **if any of the above were answered yes** (feel free to use other side):

Does your child need to take medications at school: Yes No

*(If yes, please ask for a medication permission form. No medications are to be self-administered by students unless cleared through the health office first.)*

Do you allow your child to be given acetaminophen (Tylenol) if deemed necessary? Yes No

Do you permit the above health information to be shared as 'need to know basis' with necessary staff? Yes No

Is there any information we should know about your child if they are seen in the Health Office? (Examples: recent changes in family dynamic such as divorce, financial instability, family illnesses)

**Release and Consent for Emergency Medical Treatment**

All of the information provided will be kept confidential and will be used only when necessary to provide appropriate medical care for your child while in attendance at school or at school sponsored events. My signature below authorizes the district and its representatives to consent to the medical treatment of my child in case of an illness or injury in connection with a school activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such medical personnel, hospitals, and/or clinics, as may be selected by the district or its representatives. I understand the risks, and hereby release the district and its trustees, agents and employees from all liability, which may arise from such treatment. This permission can be revoked at any time.



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

\_\_\_\_\_  
Date

**Field Trip Permission**

Student has my permission to participate in regularly scheduled class field trips during the school day by bus, walking or other District approved form of transportation.    Yes    No



Sign here

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

\_\_\_\_\_  
Date

## IMPORTANT INFORMATION ABOUT YOUR SCHOOL

### Application for Financial Support

The attached Free or Reduced Lunch application is a multi-purpose form. Completing it will help your school and may help you to receive free or reduced fees! It helps your school fund:

- Additional support for elementary students reading below grade level
- Access to technology
- Additional school resources

Families can qualify for:

- Free or reduced price meals
- Reduced fees for athletics and/or other activities
- Discounted or waived fees for Summer School
- Home internet reduced fees

Yes. Please provide me more information about how I can receive financial assistance and help the school.

No. The parent/guardian of: \_\_\_\_\_ does *not* wish to complete the Application for Financial Support.

### School Based Health Centers

The Roaring Fork School Health Centers (RFSHC) provide comprehensive, caring and affordable primary health care, nutritional, dental, behavioral health services and education to the students of the Roaring Fork School District RE-1, thereby creating a healthy educational environment in which to learn and to succeed

- Services are available to all students enrolled in the Roaring Fork School District RE-1 (RFSD).
- An affordable sliding scale applies for uninsured patients
- Insurance is accepted (Medicaid, CHP+ and private insurance).
- Additional charges apply for laboratory tests, but are affordable.
- Each month, a patient statement indicating full charges, discounts and balance will be mailed to the home address.
- Medicaid/CHP+ Insurance outreach and enrollment assistance is available for uninsured patients.
- Appointments are preferred, but walk-ins are accepted (as available).
- **No one will be turned away due to inability to pay.**

I give my consent for my child/children to be seen at the School Based Health Center. More information will be provided by the School Based Health Center so that I can enroll my child.

Sign here

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

\_\_\_\_\_  
Date

### Student Handbook Acknowledgment

I understand that I may receive a copy of the student handbook online at <http://rfsd.org/parents/other-resources.html#> or may request a printed copy from the school office.

Sign here

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

\_\_\_\_\_  
Date

## Family Resource Center

The **Family Liaison** at your student's school can help with:

- Interpretation and translation
- Enrolling in school and registering for sports and other activities
- CHP+ and Medicaid enrollment assistance
- Food, clothing, transportation, and utilities
- Parent support
- Dental, vision, mental health and medical needs
- And more!

## Technology Permission

RFSD believes that the benefits of student access to technology resources exceed the disadvantages. The District currently has a web filter in place consistent with federal regulations of the Children's Internet Protection Act (CIPA) that filters inappropriate content. If no documentation is on file, it will be assumed that permission has been granted for access to the Internet, communications systems, photo publication and school work publication. Opting out would further limit a student's internet access and remain in effect for the current school year. Parents may obtain an opt-out form from the child's school if they would like to opt-out of any items below:

- Internet and communication systems
- Photo/likeness published on the internet
- School work published on the internet

## Photo Release

Classroom activities and school events sometimes are photographed by school representatives or newspaper photographers or videotaped for purposes of news media coverage or school district publicity. If you do NOT wish to have your child photographed or videotaped for news media or school publicity purposes obtain a form from your school office (or classroom teacher if your child is in elementary school). This policy will apply to your student's entire educational career with Roaring Fork School District. At any time you wish to change your student's status, the form will be available at the school office.

## Receiving Important Information from the School

- **Infinite Campus Portal:** Infinite Campus is a web-based database system designed to provide parents and students access to student data and to improve communication between schools and parents. It contains electronic records of student enrollment, family contact information, attendance, schedules, and grades. Go to your school office for help setting up your parent portal account.
- **Infinite Campus Messaging System:** All communications from schools and the district are sent out using the Infinite Campus messaging system (Campus Messenger) including important events, newsletters, news, school closings and school related emergencies. Communication to parents will use contact information from Infinite Campus. It is very important that parents/guardians maintain accurate contact information at all times so that messages are accurately directed to designated home, cell, work and email addresses. If you do not wish to receive important information about your student via text, email, or phone calls, you may opt out by visiting your parent portal page at <https://campus.rfsd.k12.co.us/campus/portal/roaringfork.jsp> and checking your preferences.

## Registration Packet Information

You should have received the following information in your registration packet:

- ✓ District Calendar
- ✓ Application for Financial Support
- ✓ State of Colorado Immunization Information



## DUAL LANGUAGE BILINGUAL PROGRAM - PARENT CHOICE OPPORTUNITY FULL TIME KINDERGARTEN ONLY\*

The Dual Language Bilingual Program is a form of education in which students are taught literacy and content in two languages. The program aim is -

- \* Bilingualism - the ability to speak fluently in two languages
- \* Biliteracy - the ability to read and write in two languages
- \* Academic achievement equal to that of students in non-dual language programs
- \* Diverse culture learning experiences
- \* Enrichment language program for all students

BES is a two-way (bilingual) partial immersion program. Our goal is to enroll a balance of native English speakers and native Spanish speakers in the homeroom class. We are a partial immersion, or 50/50, program teaching about 50% of the time in English and 50% of the time in Spanish. Research indicates that students who spend more time in the partner language do better in that language (Howard, Christian & Genesee, 2001; Lindholm-Leary, 2001; Lindholm-Leary & Howard, in press) and that language minority students (in the U.S>, those whose native language is not English) do better academically when their native language is supported and developed (Thomas & Collier, 1997; 2002).

Our school divides language through the daily schedule. Within the dual language program, students speak and study in one language at a time, and the times for each language are explicitly defined. At BES students rotate speaking one language one day and the other language on the next day during Science, Social Studies and Health in Kindergarten through 4th grades. Literacy is taught in a child's primary language first and in their new language second. Classrooms with dual language learners also benefit from each other's language expertise and diverse cultural experiences throughout the school year.

The program has been at BES for 19 years in grades Kindergarten through 4th grade. Our results show that our students meet or exceed their peers in academic learning who are not a part of the bilingual program. If you have further questions about the program, please contact Suzanne Wheeler-Del Piccolo at 384-5801.

**The program is a choice for parents and students at BES.** If you would like your child to be a part of the Dual Language Bilingual Program, please fill out the following:

\_\_\_\_\_ **Yes, I would like my child in a Dual Language Bilingual classroom.** I understand that this is a choice and my child will learn reading and writing in their native language first and in their new language second. Math, Science, Social Studies, Health will be learned in both languages simultaneously.

Child's Name: \_\_\_\_\_

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



**BASALT ELEMENTARY SCHOOL  
FULL TIME KINDERGARTEN TUITION ASSISTANCE PROGRAM**

Date of Application: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Are you a single parent?  Yes  No

Number of members in household? \_\_\_\_\_

Employment Household Members	Employer (Name/Location)	Gross Monthly Income	Other Income - Welfare, Pension, Social Security

**CHECK LIST:** The following material **MUST** be attached to this application:

- \_\_\_\_\_ CURRENT INCOME TAX RETURN
- \_\_\_\_\_ CURRENT PAY STUB (from all employers)
- \_\_\_\_\_ SELF EMPLOYED - Financial statement for last 6 months

**ESTIMATED TOTAL GROSS ANNUAL INCOME FOR 2015 \$** \_\_\_\_\_

Include all income: Unemployment, welfare, child support, alimony, veteran's benefits, inheritance, social security, etc.

In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants Basalt Elementary School the right to request verification there of through persons and/or entities disclosed and/or here in after disclosed. Applicant(s) declares the above information is true and accurate.

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

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

**BASALT ELEMENTARY SCHOOL  
KINDERGARTEN DECLARATION OF COMMITMENT**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

**Financially Responsible Party**

\_\_\_\_\_ I would like my child to attend part time Kindergarten for the 2015-2016 school year (Monday through Friday - 8:00 am - 1:00 pm).

\_\_\_\_\_ I would like my child to attend full time, five-day a week Kindergarten for the entire 2015-2016 school year. I commit to paying \$355.00 per month for this school year with payment being due on the first of each month.

\_\_\_\_\_ Bilingual                      \_\_\_\_\_ Non-Bilingual

\_\_\_\_\_ I am interested in full day Kindergarten; however, I am in need of financial assistance. I am applying for a scholarship.

\_\_\_\_\_ Bilingual                      \_\_\_\_\_ Non-Bilingual

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





ECare Scholarship Application

\_\_\_\_\_  
Student Legal First Name

\_\_\_\_\_  
Student Legal Middle Name

\_\_\_\_\_  
Student Legal Last Name

DOB \_\_\_\_\_

mm/dd/yyyy

**Health and Developmental History/Historia de Salud y Desarrollo**

Age when first pregnancy occurred? \_\_\_\_\_

¿Cuándo nació el niño (a) a cuantos años tenía Ud.? \_\_\_\_\_

Mother \_\_\_\_\_ Married? Yes No

Madre \_\_\_\_\_ ¿Casada? Si No

Father \_\_\_\_\_ Married? Yes No

Padre \_\_\_\_\_ ¿Casada? Si No

Do you have questions or concerns about your child's speech or language development in any of these areas?

¿Tiene usted preguntas o está preocupado en el desenvolvimiento del habla o lenguaje en cualquiera de estas áreas?

- |   |   |
|---|---|
| <input type="checkbox"/> Babbling                 | <input type="checkbox"/> Murmurante                     |
| <input type="checkbox"/> Forming sounds correctly | <input type="checkbox"/> Formando sonidos correctamente |
| <input type="checkbox"/> Eating, swallowing       | <input type="checkbox"/> Comiendo, tragando             |
| <input type="checkbox"/> Talking                  | <input type="checkbox"/> Hablando                       |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Otro _____                     |
| <input type="checkbox"/> No                       | <input type="checkbox"/> No                             |

Do you have questions regarding your child's social development in any of these areas?

¿Tiene usted preguntas o está preocupado sobre el desenvolvimiento de los social o emocional de su hijo (a) en cualquiera de esta áreas?

- |  |  |
|--|--|
| <input type="checkbox"/> Smiling                               | <input type="checkbox"/> Sonriendo   |
| <input type="checkbox"/> Laughing                              | <input type="checkbox"/> Riéndose  |
| <input type="checkbox"/> Talking                               | <input type="checkbox"/> Hablando  |
| <input type="checkbox"/> Being held, cuddled                   | <input type="checkbox"/> Dando abrazos Y besos                               |
| <input type="checkbox"/> Handling frustration                  | <input type="checkbox"/> Manejando frustración                               |
| <input type="checkbox"/> Enjoying other children               | <input type="checkbox"/> Jugando con otros niños                             |
| <input type="checkbox"/> Separating from parents               | <input type="checkbox"/> Separándose de los padres                           |
| <input type="checkbox"/> Following parent requests(most often) | <input type="checkbox"/> Haciendo caso a los padres en la mayoría del tiempo |
| <input type="checkbox"/> Activity level                        | <input type="checkbox"/> Nivel de actividad                                  |
| <input type="checkbox"/> Handling disappointment               | <input type="checkbox"/> Manejando decepciones                               |
| <input type="checkbox"/> Handling anger                        | <input type="checkbox"/> Manejando enojo                                     |
| <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Otro _____  |
| <input type="checkbox"/> No                                    | <input type="checkbox"/> No  |

Has your child's hearing been tested before?  Yes  No

¿Le han hecho la prueba del oído?  Si  No

Check any that describe your child.

Marque cualquiera de estas que describa a su hijo/a.

- |  |   |
|--|---|
| <input type="checkbox"/> Jumps or startles at loud sounds  | <input type="checkbox"/> Brinca o se estemece con sonidos muy Fuertes                         |
| <input type="checkbox"/> Turns toward a sound  | <input type="checkbox"/> Se voltea hacia donde proviene el sonido                             |
| <input type="checkbox"/> Notices sounds in the environment such as an airplane overhead or a dog barking | <input type="checkbox"/> Se fija en los sonidos a su alrededor como aviones o perros ladrando |
| <input type="checkbox"/> Responds to questions when you have their attention                             | <input type="checkbox"/> Responde a las preguntas cuando ud. tiene su niño(a) atención        |
| <input type="checkbox"/> Imitates words or sounds  | <input type="checkbox"/> Imita palabras o sonidos   |

Total gross annual household income.

Ingresos gruesos de los adultos en casa.

- |  |  |
|--|--|
| <input type="checkbox"/> Menos de \$21,774   | <input type="checkbox"/> \$37,167 - \$44,862             |
| <input type="checkbox"/> Less than \$21,774  | <input type="checkbox"/> \$44,863 - \$52,558             |
| <input type="checkbox"/> \$21,775 - \$29,470 | <input type="checkbox"/> More than/mas de \$52,559 _____ |
| <input type="checkbox"/> \$29,471 - \$37,166 | <input type="checkbox"/> How much?/¿Cuántos? _____       |

How many times have you moved in the past three years? \_\_\_\_\_

¿Cuántas veces has cambiado en los últimos tres años? \_\_\_\_\_

Last year of school completed:	Mother _____	Father _____
Ultimo ano de escuela completando:	Madre _____	Padre _____