

**Parent /Guardian Acknowledgements
For Academic Year:
2010-2011**

By signing below, I confirm that I have received, read, and completed the following documents and procedures, understand their contents, and agree to follow the rules outlined herein. Please review all the information with your student(s).

- Jefferson County School Student Information Card 2010-2011
- Jefferson County Conduct Code Agreement
- Jefferson County Student Internet Use Agreement
- Permission to Pick up Student Form
- Web site/Photo release form
- Directory release form
- Health Information form
- Identification and Health Record Checklist

**The Family Handbook, Jeffco Code of Conduct, Student Internet Use Policy, and Registration Documents will be available online at www.rmdeafschool.net/parents/documents. A hard copy of any of these documents will be available by request at the front office.*

Parent/Guardian name (PLEASE PRINT)

Parent/Guardian Signature

Last Name _____ First Name _____ MI _____ Grade _____ Student ID # _____ School # _____



School personnel only

Start Date _____ / _____ / _____ Start Code _____ Records Requested Yes _____ No _____ From Where _____
 Birth Certificate Yes _____ No _____ Immunization Yes _____ No _____ Proof of Residence Yes _____ No _____
 (Exemption for Students in Homeless Situations)

Please Print (use black/blue ink)

Student Information Card 2010-2011

Please Print

STUDENT'S LEGAL NAME

Last Name _____ First Name _____ Middle Name _____ Suffix _____
 Nickname _____ Grade _____ Gender _____ Birthdate _____ / _____ / _____ Student's Email _____
Home Phone _____ Is this your youngest student in the school? Yes ___ No ___ Your only student in the school? Yes ___ No ___
 Primary Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____
 (If different than above)
 Country of Student's Birth _____ If not born in U.S., date of entry into U.S. _____
 Student new to Jeffco? Yes ___ No ___ Last school attended _____ City _____ State _____
 District _____ Phone Number of School _____ Withdraw Date _____ Grade _____

Student Information

Race/Ethnicity

Current Residence Status

- 1-American Indian or Alaskan Native
- 2-Asian/Pacific Islander
- 3-Black
- 4-Hispanic
- 5-White
- Comments _____

- *Residency is important as it directly relates to Educational Rights under the McKinney-Vento Act.
- House/Apt/Condo/Duplex
 - Transitional Housing Program
 - Campground/RV/Car
 - Other _____
 - Hotel/Motel
 - Relatives/Friends (due to loss of housing or economic hardship)

Your student has been continuously enrolled in any school in United States (not including Preschool and Kindergarten) since _____ (please insert date)
 Your student has been continuously enrolled in a Colorado public school (not including Preschool and Kindergarten) since _____ (please insert date)

Has your student been enrolled in Special Education Services? Yes ___ No ___

Has a 504 Plan been developed for your student? Yes ___ No ___

Parents/Guardians Who Reside With Student

Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
Home Phone _____ Work _____
 Cell _____ Call Seq.(1-4) _____
 Email Address _____

Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
Home Phone _____ Work _____
 Cell _____ Call Seq.(1-4) _____
 Email Address _____

In addition to English, in what other language would you prefer to receive communication from the school, if available? (written translations and/or oral interpretation for meetings/conferences) Spanish Russian Vietnamese Other _____

Household Information

Parents/Guardians Who Reside at Another Address

*Parenting Responsibility Shared ___ Not Shared ___
 (If shared, the school will create a secondary household)*
 Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
Primary Address _____
 City _____ State _____ Zip _____
Mailing Address _____
 (If different than above)
 City _____ State _____ Zip _____
Home Phone _____ Work _____
 Cell _____ Call Seq.(1-4) _____
 Email Address _____

*Parenting Responsibility Shared ___ Not Shared ___
 (If shared, the school will create a secondary household)*
 Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
Primary Address _____
 City _____ State _____ Zip _____
Mailing Address _____
 (If different than above)
 City _____ State _____ Zip _____
Home Phone _____ Work _____
 Cell _____ Call Seq.(1-4) _____
 Email Address _____

Is there a court order restricting this parent/guardian's access to the student? Yes ___ No ___ *(If yes, a copy of the court order must be provided)*

Is there a court order restricting this parent/guardian's access to the student? Yes ___ No ___ *(If yes, a copy of the court order must be provided)*

In addition to English, in what other language would you prefer to receive communication from the school, if available? (written translations and/or oral interpretation for meetings/conferences) Spanish Russian Vietnamese Other _____

Last Name _____ First Name _____ MI _____ Grade _____ Student ID # _____ School # _____

Additional Emergency Contact Information (Other than Parent)

Emergency Contacts

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to Student _____
Home Phone _____ Work _____
Cell _____ Call Seq. _____

Last Name _____
First Name _____ MI _____
Gender _____ Relationship to Student _____
Home Phone _____ Work _____
Cell _____ Call Seq. _____

Siblings Living Within Household

Sibling Information

Last Name _____
First Name _____ MI _____
Birthdate ____/____/____ Gender ____ Grade ____
Currently Attending a Jeffco School Yes ____ No ____
Name of School _____

Last Name _____
First Name _____ MI _____
Birthdate ____/____/____ Gender ____ Grade ____
Currently Attending a Jeffco School Yes ____ No ____
Name of School _____

Health Information

What type of health insurance coverage, if any, does your student have?
 Child Health Plan (CHP +) Medicaid* Private Insurance No Health Insurance

**I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving (including but not limited to vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy), the school district has the right to receive partial reimbursement from Medicaid for those services rendered.*

Health Provider's Name _____ Address _____
Phone Number _____

Please list any student health concerns (including allergies, asthma, attention deficit, bowel/bladder, diabetes, emotional/behavioral, heart, headaches, hyperactivity, seizures, feeding disorders, etc): _____

Does your child use any of the following? Glasses ____ Contacts ____ Hearing Aids ____ Prosthesis or Physical Aids ____

Is your child allergic to any medications? Yes ____ No ____ If yes, please list the medication and reaction: _____

Medication: Acetaminophen (Tylenol or other brand names of Acetaminophen) will be given as outlined in the District's Medication Procedures and with the signed consent of a parent/guardian. The Medication Procedures are available at the school.

Permission for Acetaminophen: Yes ____ No ____ Student Health Plan: Yes ____ No ____

Complete This Section for All Students in Jefferson County Public Schools

Language Information

This information will determine whether your child is assessed for English Language Acquisition Services.

Which language did the student learn when he/she first began to talk? _____
(Student's First Language)

Please check one of the following to describe the student's **current** language skills:
(1) __ No English spoken/understood (3) __ English / another language spoken/understood (5) __ Only English spoken/understood
(2) __ Some English spoken/understood (4) __ Mostly English spoken/understood

If (3) or (4) was checked above, what language other than English does the student speak/understand? _____
(Student's Language Background)

If "Only English" (5) was checked above, you may skip the following questions:
Has the student attended school in another country? Yes ____ No ____ If yes, which country? _____ How Long? ____
Has the student been enrolled in: (1) English as a Second Language Program? Yes __ No __ (2) Bilingual program? Yes __ No __

Signature Information

Permission for Publishing Name, Address and Phone Number in Student Directory Yes ____ No ____

The school will attempt to reach one of the people listed on this card, but if none of these people can be reached, the school personnel have my permission to use discretion in securing medical aid in an emergency. **IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.** To the best of my knowledge the above information is correct. I agree to and approve all information.

Parent/Guardian Signature _____ Date _____



Elementary School

CONDUCT CODE SIGNATURE PAGE (Electronic) 2010-2011

The Jefferson County Public Schools Conduct Code has been prepared to provide you and your student with information relating to your student's rights and responsibilities. In order for our policies and procedures to have the greatest positive effect, we need your support. Please sign this form and return to the RMDS front office.

Thank you for your cooperation.

I understand that the Conduct Code will be available on-line at: <http://www.jeffcopublicschools.org/> for me to access at my convenience. **I have internet capability and will access the Code.** I have read and discussed the policies and procedures contained therein with my son/daughter. I understand that copies of the Code may also be accessed for review in the main office at school. If I have any questions I may contact Gwen Walton for information at 303-984-5749(voice) or at gwen@rmdeafschoo.net.

Student Name (Please Print)

Grade

Student Name (Please Print)

Grade

Student Name (Please Print)

Grade

Student Name (Please Print)

Grade

Parent/Guardian Signature

Date



STUDENT USE OF INTERNET Policy Agreement

2010-2011

The Jefferson County Public Schools Student Use of Internet Policy is included in this registration packet. In order for our policies and procedures to have the greatest positive effect, we need your support. Please sign this form and return to the RMDS front office.

Thank you for your cooperation.

I have read and discussed the policies and procedures contained therein with my son/daughter or parent/guardian. I agree to follow the policies as published. I understand that copies of the policy may also be accessed for review in the main office at school. If I have any questions I may contact Gwen Walton for information at 303-984-5749(voice) or at gwen@rmdeafschool.net.

Student Name (Please Print)

Grade

Student Signature (Grade 6 and above)

Date

Parent/Guardian Signature

Date

For Academic Year: 2010-2011

Permission To Pick up Student

Please list below the individuals who are authorized to pick up your child(ren) from the Rocky Mountain Deaf School. It is important that RMDS only release your child(ren) to person(s) you have entrusted with this responsibility.

Student: _____

The Following person(s) have my permission to pick up this student from RMDS:

Name: _____

Address/Phone: _____

Name: _____

Address/Phone: _____

Name: _____

Address/Phone: _____

Name: _____

Address/Phone: _____

Your child(ren) will only be released to authorized person(s) listed above. If you should authorize a person other than these listed above, please send a **written** note to your child(ren)'s teacher, Daycare Coordinator, or Department team leader. *If a person should show up at school to pick up your child(ren) without written permission, we will be unable to release your child(ren). Your child(ren) will remain at school until we are able to reach the parent(s) or legal guardian. If unable to reach a legal guardian, the proper authorities will be contacted to pick up your child(ren).*

I understand the above statement and also understand I am responsible to keep this list updated or to provide written consent to RMDS for someone other than those on the list to pick up me child. I understand a voice message or email message is NOT acceptable.

Signed (Parent or Guardian): _____

2010-2011 School Year

Website Release

We would like to invite all RMDS Students and Families to access and utilize our School website. We will be updating the information regularly to share all the wonderful things happening at RMDS.

Have you checked it out at: www.rmdeafschool.net

Please sign the form below, letting us know if you would or would not like your child's picture on the RMDS website.

No, I do not want my child's picture on the website

Yes, my child's picture can be on the website

Child's Name: _____

Parent Signature: _____

Date: _____

Photo Release

I hereby give permission for my child _____ to be interviewed, videotaped, or photographed by/in connection with a story about Rocky Mountain Deaf School. RMDS may provide the name of my child for the purposes of this article/photo/videotape. Furthermore, neither my child nor I will accept any monetary payments in return for this service and aforementioned rights.

Parents/Guardian Signature _____

Date: _____

2010-2011 School Year

We would like to invite all RMDS Students and Families to participate in our School Directory. We will be updating the contact information this year and distributing it to all parents and staff to keep the community well connected!

Please sign the form below, letting us know if you would like to participate in this year's directory.

No, I do not want to participate in the school directory

Yes, I do want to participate in the school directory

If you selected YES, please fill out the information below as you would like it to appear in the directory

Child's Name: _____

Parent/Guardians Name(s): _____

Address: _____

VP number: _____

Voice number: _____

Email address(es): _____

Parent Signature: _____

Date: _____

RMDS STUDENT HEALTH INFORMATION 2010-2011



Please Use the space below to inform us of any health concerns you have about your child. This can include allergies, medical conditions or limitations, etc. Please indicate if your child has an existing Health Action Plan.

IDENTIFICATION AND HEALTH RECORDS

Your student's current Immunizations

Document provided by your Doctor

OR

The immunization form **included in this packet** filled out by your doctor

Your student's most recent Audiogram

Document provided by your audiologist

General Health Appraisal Form (for Preschool and Kindergarten only)

This document is **included in this packet** and needs to be completed by and signed by your doctor

Identification Information (for new Students)

Copy of your child's Birth Certificate

OR

Copy of your child's Social Security Card