

Welcome to Weld County School District Re-3J



Kindergarten Students must be 5 years old and Preschool Students must be 4 years old
by September 15th of the current year to enroll in our School District

The following are documents **required** by Weld County School District Re-3J to enroll your child(ren):

PARENT/LEGAL GUARDIAN PHOTO I.D.

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

- The biological, foster or adoptive parent may enroll the student.
- Legal guardians must have proper guardianship forms signed and notarized or a copy of court authorization.
- Custody documentation is required, if applicable.

DOCUMENTATION OF CHILD'S DATE OF BIRTH

Please bring **ONE** of the following government issued proofs:

- Birth Certificate (full size certificate, showing parents names as well as child's is preferred)
- Valid passport for Exchange Students

PROOF OF RESIDENCE - is required for enrollment

To enroll, the student(s) parents or legal guardian and the student must be a full-time resident in the Weld County Re-3J attendance boundaries

- If you own your home**, please bring **ONE of the following** (only originals will be accepted):
 - Purchase contract with possession date or closing date not more than 90 days out
 - Current utility bill (i.e. energy, water, cable, trash) or mortgage statement -- your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) – last or current month; disconnect notices are **not** accepted
- If you rent**, please bring **ONE of the following** (only originals will be accepted):
 - Current Signed Lease or Rental Agreement
 - Lease agreement with possession date not more than 60 days out
 - Current utility bill (i.e. energy, water, cable, trash) -- your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) – last or current month; disconnect notices are **not** accepted
- If you are living with another family – ALL of the following are required:**
 - A letter from owner stating your current living arrangements.
 - Current proof of your residence at that address (i.e. bank statement, new Colorado driver's license receipt, US Postal Service official address change form, bills received including cell phone, etc. with your name and address clearly listed)

IMMUNIZATION RECORDS – Required by state law (see Immunization Requirement)

INTRA-DISTRICT OPEN ENROLLMENT REQUEST

- Print "Intra-District OPEN ENROLLMENT REQUEST" from the District's website (www.re3j.com) or you may pick up the "Intra-District OPEN ENROLLMENT REQUEST" form from any school in the District
- After completing and signing form turn it into the main office of the school you wish to have your student attend
- The Intra-District form will be approved by the Principal(s) and sent to the District Office for approval
- Preschool Intra-District Enrollments must be approved by the Preschool Director at District office

OUT OF DISTRICT ENROLLMENT REQUIREMENTS

- Print "Initial Application" from the District's website (www.re3j.com) or you may pick up the "Initial Application" form from any school in the District
- After completing and signing form turn it into the main office of the school you wish to have your student attend with required documents that are listed on the Initial Application page
- The initial application form will be approved by the Principal(s) and sent to the District Office for approval

PREVIOUS SCHOOL INFORMATION

- Name, address, phone and fax number of previous school
- Withdrawal form with current grades from previous school
- Most recent report card
- ESL Placement
- Transcript for students entering middle or high schools
- IEP or 504 information
- Attendance record and behavior report

Enrollment Documentation					(For Office Use)		Staff Int. <input type="checkbox"/>
							PD <input type="checkbox"/>
Birth Certificate	PLP	Proof of Residency:		Guardianship:			
Immunization Record	H	Mortgage Statement	CF PD	Court Ordered		PLP FL	
IEP's	FL	Lease Agreement	CF PD	Power of Attorney		PLP FL	
ILP's		Utility Bill(s)	CF PD	Foster Placement		PLP FL	
504	FL CF	Declaration of Residence	CF PD	Custodial Guardian		PLP FL	
SASID	CF	BOCES	DO PD	Out of District	INTRA District	DO FL	

New Student Enrollment Form 2019-2020

One Form Per Student

(Please PRINT all information clearly)

Student Legal Name		
Last Name:	First Name:	Middle Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Student Cell Phone:		
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Relatives _____ <input type="checkbox"/> Other _____		Note: Do you have applicable legal documents such as custody papers? <input type="checkbox"/> Yes A copy should be provided to the school. Who would you like for us to contact: Name: _____ <input type="checkbox"/> Mom/Dad <input type="checkbox"/> Step-mom/dad <input type="checkbox"/> Guardian <input type="checkbox"/> Foster

Previous School Information Required
Has the student ever attend another Weld Re-3J School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which School: _____ Grade: _____ School Year: _____ Last School Attended outside the Weld Re-3J School District: School Name: _____ Grade: _____ School Year: _____ City: _____ State: _____ Phone Number: _____ When was the first time your student enrolled in any school in Colorado (including preschool and kindergarten) _____ (mm/dd/yy) When was the first time your student enrolled in any school in the U.S. (including preschool and kindergarten) _____ (mm/dd/yy)

Services or Other School Information			
In order to provide your student with the appropriate academic setting, it is necessary to identify any special services they may have received at their prior school. This student has received services for:			
Services	Yes	Other Information	Yes
Special Education		504 Plan	
English as a Second Language		Literacy Plan	
Gifted / Talented		Preschool	
Intervention Classes		Homeschooling	
Title I		Summer School	
Migrant		Retained	

List ALL Students/Children in Household

Legal Name (First,Last)	Age	Grade	School Attending

Print Parent/Guardian Name _____
 Parent/Legal Guardian Signature _____ Date _____

Household Name _____

Student Name _____

PRIMARY HOUSEHOLD FORM (where student(s) resides majority of the time)				Staff Int. PD
Last Name of Parent/Legal Guardian:		First Name of Parent/Legal Guardian:		Relationship to student(s):
Home Phone: *Required:		Work Phone:		
Cell Phone:		Email Address: *Required:		
Prefer communication in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				
Last Name of Parent/Legal Guardian:		First Name of Parent/Legal Guardian:		Relationship to student(s):
Home Phone: *Required:		Work Phone:		
Cell Phone:		Email Address: *Required:		
Prefer communication in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				
Residence Street Address: _____				
Subdivisions Name: _____ (Examples, Silver Peaks, Bella Vista)				
City	State	Zip	County	
Mailing Address / P.O. Box Number				
City	State	Zip	County	
SECONDARY HOUSEHOLD				(Parent/Guardian that resides at another address)
Last Name of Parent/Legal Guardian		First Name of Parent/Legal Guardian		Relationship to student(s)
Home Phone *Required:		Work Phone:		
Cell Phone:		Email Address *Required:		
Prefer communication in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				
Last Name of Parent/Legal Guardian		First Name of Parent/Legal Guardian		Relationship to student(s)
Home Phone *Required:		Work Phone *Required:		
Cell Phone:		Email Address *Required:		
Prefer communication in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				
Residence Street Address				
City	State	Zip	County	
Mailing Address / P.O. Box Number				
City	State	Zip	County	

Emergency Contact Information				Staff Int. <input type="checkbox"/> PD <input type="checkbox"/>
<i>(In the event parents/guardians cannot be contacted, student will be released only to the person listed below.)</i>				
Name:		Relationship to Student:		
Home Phone	Work Phone	Cell Phone		
Name:		Relationship to Student:		
Home Phone:	Work Phone:	Cell Phone:		
Name:		Relationship to Student:		
Home Phone	Work Phone:	Cell Phone:		

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

Household Name _____

<input type="checkbox"/> H	<input type="checkbox"/> F	DL	District Use ONLY
_____		Date	

Family/Student Housing Survey

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Often, not having your own, regular place to live or sleep can get in the way of your education. Your school and district can provide resources or support. Your answers help determine the free services the student(s) may be eligible to receive such as free breakfast and lunch, school supplies, most school fees waived, community resource information, basic needs, and other support opportunities.

This sensitive information will be kept confidential to maintain family privacy.

Presenting a false record or falsifying records is an offense under section 37.10, Penal code, and enrollment of child under false documents subjects the person to liability for tuition or other costs. TEC.Sec.25.002(3)(d).

Please check how you have lived in the last year, starting July 1st. (Check all boxes that apply).

PLEASE ONLY COMPLETE ONE FORM PER HOUSEHOLD

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Own or lease home/apartment with immediate family | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Living with extended family, friends, or strangers due to economic hardship, lack of affordable housing, loss of housing | <input type="checkbox"/> In a shelter (emergency or safe house) or transitional housing program |
| <input type="checkbox"/> Living in car, campground, park, abandoned building... | <input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Inadequate housing (lacks proper kitchen, plumbing, water or electricity and/or infestations, mold,...) | <input type="checkbox"/> Unaccompanied youth -not in physical custody of parents/legal guardians (left on own, told to leave, can't go back, in and out of home,..) |

<u>Student(s) Legal First and Last Name</u>	<u>School</u>	<u>Grade</u>	<u>Foster</u>
<u>Child</u>			

(Please list all children in your household that attend our school district)

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

_____	_____
(Print Parent/Legal Guardian AND Signature)	Date

Household Name _____

Student Name _____

Ethnic Background

Scan ESL Teacher Orig. CF PD LEP Tab

Ethnic Background Hispanic/Latino:

- Is this student **Hispanic or Latino/a**? (choose only one)
 - No, not **Hispanic or Latino/a**
 - Yes, **Hispanic or Latino/a** – *A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race*
- What is the student's race? (Choose one or more)
 - American Indian or Alaskan Native** - *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
 - Asian or Pacific Islander** - *A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent.*
 - Black or African American** (Not of Hispanic Origin) - *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** (Not of Hispanic Origin) - *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

Note: Failure to answer both questions will result in use of prior racial ethnic data or an observer identifying for you.

Note: The United States Department of Education has directed how various combinations of race/ethnicity are to be reported. All persons identifying Hispanic/Latino/a will be reported as 'Hispanic'. Non-Hispanic person who identify with a single race will be reported within the specified category. Non-Hispanic person who identify with multiple races will be reported within 'Two or more races'.

Language Background Information

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes.

- What was the first language(s) that this student spoke? _____
- Is there a language other than English spoken in the home? Yes No
Which language(s)? _____
- Does the student speak a language other than English? Yes No
Which language(s)? _____

School Use Only

Teacher Checklist to be filled out by second language program teacher for all PHLOTE students:

- This student most proficiently speaks:
 - English _____
 - Language other than English _____
 - Difficult to determine _____
- This student best understands:
 - English _____
 - Language other than English _____
 - Difficult to determine _____

Date to EL _____
 Teacher _____
 Date back to Office _____
 Data Entered into IC _____

Assessment Results for PHLOTE students:

W-APT Results					
	Kinder 1st Semester: Listening & Speaking W-APT	Kinder 2nd Semester: All 4 domains W-APT	Grade 1, 1st Semester: All 4 domains of Kinder W-APT	Grade1, 2nd Semester : All 4 domains of 1st grade W-APT	Grades 2-12: All 4 domains of appropriate grade level W-APT
NEP	0-21	0-28	0-28	≤ 3	≤ 3
LEP	22-28	25-59	29-59	3.1-4.9	3.1-4.9
May not be EL:	29+	Oral 29+, Reading 14+ Writing 17+	Oral 29+, Reading 14+ Writing 17+	5 or higher & 5 in each domain	5 or higher & 5 in each domain
Score					

Body of Evidence used to determine language proficiency

	State Assessments	District Assessments	Content Assessments
Name of Assessment			
Reading Scores			
Writing Scores			
Other Scores			

Student is: (Mark One) NEP LEP PHLOTE FELL

Parent Refusal _____

Teacher's Signature _____ Date: _____

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

Household Name _____

Student Name _____

Parent Permission Form 2019-2020

Staff Int.
Binder

Parent Permission for Excursions:

Weld County School District Re-3J sponsors activities and field trips each year. In order for your student to participate in these activities and field trips or be permitted to ride the bus, we must have signed permission slips on file. Please sign below for your student.

I give my permission for the student named above to attend activities and field trips sponsored by Weld County School District Re-3J. According to District Policy I-33 you will receive a permission slip prior to each Field Trip excluding extra-curricular activities. **Parent Initials:** _____

Parent Permission for Media:

The Weld County School District Re-3J has designated the following information as directory information that may be used in newspaper publications and on the Weld Re-3J School District Website: student name, grade level, participation in officially recognized activities and sports, honor rolls, digital imaging and awards received.

If you do not want Weld County School District Re-3J to use your child's directory information in news publications or the Weld Re-3J website, without your prior written consent, sign this form and return it to the office at the school your child attends, no later than September 1 or two weeks after you register your child. If directory information is released prior to receiving your opt-out request, the District may not be able to stop the use of your child's information.

- Yes, I give my permission to Weld County School District Re-3J to allow the following information as directory information that may be used in newspaper publications.
- No I do not give my permission to Weld County School District Re-3J to allow the following information as directory information that may be used in newspaper publications. **Parent Initials:** _____

Parent Permission for Internet Use:

As the parent or guardian of a Weld County School District Re-3J student I have read Policy J-34, Internet Policy, understand its contents, and agree that my child will abide by it. I am fully aware that the school technology system is administered by the Weld County School District Re-3J and is intended for official Weld County School District Re-3J business and educational use only. Should my child commit any violation of Policy J-34, his/her access privileges may be revoked and other disciplinary action may be taken.

I hereby give permission to issue Internet access for my child. **Parent Initials:** _____

Snow Day/Emergency Closure Information

Please indicate which procedure to follow in the event of a school closure due to inclement weather or other emergency situation that would cause the school to dismiss students early.

- Go Home as usual
- Go to Daycare
- Ride the Bus as usual
- Go to Neighbor's House: Name of Neighbor _____
Address and Phone Number of Neighbor _____
- Other (describe): _____

Parent Initials: _____

Transportation: Please indicate how this student will be arriving to and from school

- Walker to and from school
- Parent Driven to and from school
- *Bus provided by District
- HS Student Driver: Make _____ Model _____ Color _____ Year _____ Plate Number _____
Parking Permit Number _____ (issued by High School)

If student will be using different vehicles please inform Weld Central High School Office.

- *I have access to the Transportation Handbook via the Re3j.com website listed under the Parents Tab. YES NO
- Other please describe: _____ **Parent Initials:** _____

Student Handbook

I do have access to the Student Handbook or I have received a copy of the Student Handbook for the student listed above.

- Yes No

Parent Initials: _____

Infinite Campus Parent/Guardian and Student Portal

I have received information on how to log into Parent Portal for access to student information and school communications.

- Yes No

Parent Initials: _____

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

Safe Schools Enrollment Form

 Staff Int.
 CF

Enrollment Eligibility

Please complete the Safe Schools Enrollment Form for each student you are seeking to enroll. This information assists staff in verifying each student's eligibility to enroll. Staff will contact each student's prior school(s) to verify accuracy of the information you provide. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked (terminated) at a later time.

Authority to Deny Admission

Colorado law (C.R.S. 22-33-106.3) authorizes school districts to deny admission to students seeking enrollment under specific conditions. RE-3J Policy J-15(JF) Admission and Denial of Admission.

Declaration of Eligibility

Please answer the following questions by circling either "Yes" or "No" to each question. Based on your answers additional information may be requested.

Yes No 1. Has your student graduated from school, completed 12th grade, or received any other certificate of completion such as a general equivalency diploma (G.E.D.) of a secondary education program?

If "yes", please consult with enrollment staff.

Yes No 2. Is your student between the ages of 5 and 20 (not applicable for preschool programs)?

If "no", please consult with enrollment staff.

Yes No 3. Has your student been expelled, considered for expulsion or otherwise asked to withdraw from any school and/or district due to discipline, attendance or safety issues during the past 12 months?

If yes, school/district/state: _____

Reason for expulsion: _____

Date(s) of expulsion: _____

Yes No 4. Is your student a resident of Weld County School District Re-3J or has your student otherwise been formally granted a choice or transfer placement in writing?

If "no", please consult with enrollment staff.

Yes No 5. Have you provided the documentation that has been requested regarding your student's immunizations?

If "no", please consult with enrollment staff.

Yes No 6. Has your student been suspended or expelled from school, or cited criminally, for behavior in school or in the community during the past 12 months that may be considered to be detrimental to the welfare or safety of other pupils or school personnel?

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Principal/Designee Signature: _____

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

STUDENT HEALTH INFORMATION SHEET 2019-2020Staff Int.

Purpose: This information is to help us provide for the safety and well-being of your child in our care. This is also important information that will be given to Emergency Medical Services (EMS) if they need to be called for your child.

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Last Name:	First Name:	Middle Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:

Medical Insurance: Check the appropriate box to indicate the current health insurance status of the student:

Private Insurance _____ Uninsured student _____ Medicaid # _____ CHP+ # _____

Other Information

Primary Doctor's Name	Primary Doctor's Telephone Number
Preferred Hospital Name	Preferred Hospital Telephone Number

All medications are to be provided by parent/guardian.

All medications require written parent permission and written physician authorization including OTC pain medication and Cough Drops.

Forms are available in the Health Office.

All medications are to be kept in the Health Room-Exceptions are case by case.

Medications Given at School

(including before and after school activities/sports)

Emergency medication for severe allergy (EpiPen or similar) Yes No

Emergency medication for a seizure (Diastat or similar) Yes No

Asthma medication (Inhaler or Nebulizer) Yes No

Emergency medication for Diabetes (Glucagon) Yes No

Other Medications Yes No

List _____

Medications Given at Home

List all Medications: _____

Medical Care/Equipment Required at School

Medical Care <input type="checkbox"/> GT Feeding <input type="checkbox"/> Catheterization <input type="checkbox"/> Oxygen <input type="checkbox"/> Assisted Oral Feedings <input type="checkbox"/> Toileting/Diapering <input type="checkbox"/> Other _____	Medical Equipment <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other _____
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In the event of an emergency, I give permission for school staff responding to the emergency, first responders and ambulance personnel to have all the above information.

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____ **Date** _____

Household Name _____

Student Name _____

Health Information 2019-2020

Staff Int.

What health information do you want school personnel that work with your child to know?
This information will also be given to Emergency Medical Services if they are required.
(School personnel could include teacher, teacher's aides, health room staff, front office staff, and/or kitchen staff)

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ADD	Yes	No	Gastrointestinal/Stomach Problems	Yes	No
ADHD	Yes	No	Daytime Bowel Incontinence	Yes	No
Allergies to Medications	Yes	No	Other _____		
If Yes, to what _____ Reaction _____			Head Injury/Concussion/TBI	Yes	No
Allergies to Foods	Yes	No	Currently Under Treatment	Yes	No
List Foods _____			Past and Resolved	Yes	No
Allergies (other)	Yes	No	Hearing Problems	Yes	No
List Allergies _____			Wears a hearing aid(s)	Yes	No
Asthma/Respiratory/Lung Problems	Yes	No	Ear Surgery _____	Yes	No
<input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis			Currently has Tubes	Yes	No
<input type="checkbox"/> Chronic Lung Disease			Immune System/Autoimmune Problems	Yes	No
<input type="checkbox"/> Other _____			<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2		
Autism/Autism Spectrum/Asperger's	Yes	No	<input type="checkbox"/> Celiac <input type="checkbox"/> Crohn's <input type="checkbox"/> Lupus		
Blood Disorder	Yes	No	<input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Rheumatoid Arthritis		
<input type="checkbox"/> Hemophilia <input type="checkbox"/> Anemia <input type="checkbox"/> Sickle-cell Disease			<input type="checkbox"/> Scleroderma <input type="checkbox"/> Transplant		
<input type="checkbox"/> Unusual Bleeding/Bruising			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____			Kidney/Bladder Problems	Yes	No
Bone Disease/Joint/Muscle Problems	Yes	No	<input type="checkbox"/> Kidney Stones <input type="checkbox"/> Daytime Incontinence		
<input type="checkbox"/> Current Fractures <input type="checkbox"/> Cerebral Palsy			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Arthritis <input type="checkbox"/> Muscular Dystrophy			Prosthesis	Yes	No
<input type="checkbox"/> Other _____			List _____		
Cancer	Yes	No	Seizure Disorder/Epilepsy	Yes	No
Cardiovascular/Heart Problems	Yes	No	Skin Problems	Yes	No
<input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Enlarged Heart			<input type="checkbox"/> Eczema <input type="checkbox"/> Rashes		
<input type="checkbox"/> High Blood Pressure			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____			Thyroid Problems	Yes	No
Emotional/Behavioral Problems	Yes	No	Vision Concerns	Yes	No
<input type="checkbox"/> Anorexia <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar			Contacts	Yes	No
<input type="checkbox"/> Bulimia <input type="checkbox"/> Depression <input type="checkbox"/> ODD			Glasses to be worn:		
<input type="checkbox"/> Other _____			All the time	Yes	No
			Classroom Only	Yes	No
			Reading Only	Yes	No

Past Illness/Injuries/Hospitalizations

Illness:

Injuries:

Hospitalizations:

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

