



Douglas County School District Student Census Registration Form

For Office use Only

Date of Enrollment: _____	Start Date: _____
Student ID #: _____	Grade: _____ Room: _____
Teacher/Counselor: _____	Track/Team: _____
Session: <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Code: _____ Bus #: _____

School: _____

Use Dropdown to Select School

*** PLEASE PRINT ***

2021-2022

Student Information
Interpreter Needed?

Legal Name from Birth Certificate

Grade _____ Last _____ Gender M ☐ F ☐ First _____ Middle (full) _____ Date of Birth _____ Nickname _____
Residence Address _____ Phone _____
City _____ State _____ Zip _____ Email _____ Cell _____

Do you need an interpreter for school meetings and events? This includes family events, parent-teacher conferences, formal plan meetings (IEP, 504, ALP, READ, ELLP), registration and enrollment, etc. Y ☐ N ☐

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

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

☐ No. NOT Hispanic

☐ Yes. **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.

☐ **Asian** - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

☐ **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

Race/Ethnicity

Previous School

Has the student attended another Douglas County School District school? Y ☐ N ☐

If Yes, School _____ Grade _____ School Year _____

Last school attended outside the Douglas County School District:

School _____ City _____ State _____ Grade _____

Is your child presently under an expulsion order from any other school district? Y ☐ N ☐

Is your child presently under consideration for expulsion? Y ☐ N ☐

Is your child presently involved in the Juvenile Justice system? Y ☐ N ☐

What is/was the student's first language? _____

Does the student speak a language(s) other than English? Y ☐ N ☐

Not including language learned in school courses or academic enrichment programs
(i.e., world language classes or clubs)

If yes, specify the language(s). _____

What language(s) is/are spoken in your home? _____

ELD

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y ☐ N ☐

Has your child received any previous testing, evaluations or services in any of the following areas?

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Counseling | <input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> READ Plan |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Psychological | <input type="checkbox"/> Remedial Reading (Title 1) | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> 504 Services | |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Hearing/Visual Impaired | <input type="checkbox"/> Other | |

Parent/Guardian Signature _____

Date _____

Household Information
Registration Form

For Office use Only

Student Name: _____
Last First Middle
School: _____ Grade: _____ Student ID #: _____
Teacher/Counselor: _____ Room: _____

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Household Info

Residence Address _____
City _____ State _____ Zip _____
Household Telephone _____ Unlisted? Y ☐ N ☐

Parent / Guardian Info

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y ☐ N ☐
Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y ☐ N ☐
Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

Name _____ Relationship to Student _____
Residence Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
Phones: Home _____ Work _____ Cell _____
Pager _____ Email _____ Receive Mailings Y ☐ N ☐
Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.

Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature _____

Date _____



Douglas County School District
Emergency Information
Registration Form

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Student Name: _____
Last First Middle
School: _____ Grade: _____ Student ID #: _____
Teacher/Counselor: _____ Room: _____

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Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones Home _____ Work _____ Cell _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones Home _____ Work _____ Cell _____

Acknowledgment

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Notice

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked. State law requires immunization records be submitted at the time of registration.

Parent/Guardian Signature _____

Date _____