

**Clear Creek School District
Registration Form-Student Census/Enrollment Information**

Student Census/Enrollment Information

Student's Full Legal Name _____
Last First Middle (Full)

Grade _____ Gender M F Birth date _____ State/Country of Birth _____
Month Day Year

Mailing Address _____
City State Zip

Physical Address _____
City State Zip

Household Telephone (_____) _____ Unlisted? Yes No Resident County _____

Student's Email _____ Student's Cell Phone (_____) _____

Race and Ethnicity

Ethnic Background Is your child Hispanic or Latino? Yes No

Race – Please select all that apply

- | | |
|------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

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

Previous School Information

Has the student attended another Clear Creek School District school? Yes No
 School _____ Grade _____ School Year _____

Last School Attended Outside the Clear Creek School District?
 School _____ City _____ State _____ Grade _____ School Year _____

Has the student attended public school continuously, excluding Kindergarten, in CO for the last 3 years? Yes No

Date your child first or most recently enrolled in the United States _____ * Definition attached

Is your child presently under an expulsion/suspension order from any other school district in the last year? Yes No

Is your child presently under consideration for expulsion? Yes No

Is your child presently involved in the Juvenile Justice system? Yes No

If yes to any of these three questions, please explain: _____

ELA Information (All new students should fill out a Home Language Questionnaire)

- Does the student speak a language other than English? Yes No
- Is a language other than English regularly used by the student's parents or guardians? Yes No
- What language does the student speak/understand? _____
- The student speaks: No English Some English Another Language and English Equally Mostly or Only English
- What language is spoken in the home by the parent/guardian? _____
- Which language do you prefer for school communications? English Spanish Other

Special Services Information

<p>Is the student receiving special education services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does the student have a current 504 Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is it related to:</p> <p><input type="checkbox"/> Academics <input type="checkbox"/> Health</p>	<p>Does your student have any medical alerts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>
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Registration Form - Household Information

Household Information Complete One Per Household Please Print

With Whom Does the Student Live?

- Both Parents
 Mother Only
 Father Only
 Mother and Stepfather
 Father and Stepmother
 Foster Parents
 Relatives _____
 Other _____

Current Residence Status

- House/Apt/Condo/Townhouse/Duplex
 Motel/Hotel
 Campground /RV/ Car
 Emergency Shelter
 Are you living with Friends or Family due to the loss of housing or financial hardship?
 Transitional Housing Program
 Are you a student not living with a parent or legal guardian?
 Other, explain? _____

* Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act

Parent/Guardian Information

Name _____ Relationship to student _____
 Last First Middle

Check here if household information is same as student's Call Priority 1 2

Mailing Address _____ Apt/Bldg _____ City _____ State _____ Zip _____

Physical Address _____ Apt/Bldg _____ City _____ State _____ Zip _____

Household Telephone (____) _____ Pager (____) _____

Work Telephone (____) _____ Ext. _____ Cell/Alt Telephone (____) _____

Parents/Guardian Email _____

Name _____ Relationship to student _____
 Last First Middle

Check here if household information is same as student's Call Priority 1 2

Mailing Address _____ Apt/Bldg _____ City _____ State _____ Zip _____

Physical Address _____ Apt/Bldg _____ City _____ State _____ Zip _____

Household Telephone (____) _____ Pager (____) _____

Work Telephone (____) _____ Ext. _____ Cell/Alt Telephone (____) _____

Parents/Guardian Email _____

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. Where the arrangement is less formal, the school will provide the necessary form for the parent/guardian to complete.

Other Children Under Age 18 Living in the Home (Please Print)

First Name	Middle (Full)	Last Name	Birthdate	Gender	Relation to Student	School Attending

Parent/Guardian Signature _____ Date _____

STUDENT EMERGENCY INFORMATION

Last Name _____ First _____ Middle _____ Male _____ Female _____

Mailing Address _____ City _____ Zip _____ Grade _____

Physical Address _____ City _____ Zip _____ Birth Date _____

Home Phone _____ Mother Cell Phone _____ Father Cell Phone _____

Birthplace: City _____ State _____ Social Security # _____

To Parents - That we may be of greatest service to your child in case of accident or sudden illness, it is necessary that you give the following information.

Please check legal relationship to student.

___ Mother ___ Stepmother ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

___ Father ___ Stepfather ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

Name of person(s) with whom student lives: _____ Relationship _____

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED, CALL:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

CONSENT

In the event reasonable attempts to contact me or the emergency contacts at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

- The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.
- Do you have ambulance insurance? Yes / No With whom? _____

The school will attempt to reach one of the above persons, but if none of these can be reached the school nurse, principal, or teacher in charge, has our permission to use his or her 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. This authorization does not cover surgery. In such cases, the provisions of Colorado Law governing informed consent and such other authorization(s) as may be required by law, shall apply.

Facts concerning the child's medical history including; allergies, medications, and any physical impairments to which a physician should be alerted are as noted on the reverse side of this form in the Health Information.

If Parent/Guardian fails to grant this consent, the school will call 911 in the event immediate medical care is indicated.

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

STUDENT INSURANCE

The school has the moral responsibility to encourage each participant in athletics to be covered by an accident insurance policy. The school does not provide a policy; however, the school provides an insurance option in which students may voluntarily participate. If you decide to take the school insurance option, the policy must be paid for before practice begins for that sport.

___ 1. I will carry the policy option offered by the school.

___ 2. I am carrying a policy outside of school insurance. I will assume the responsibility for costs occurred during athletic participation. The insurance company I will use is _____

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

**Clear Creek School District
Health Information Form**

Student's Name _____
Parent/Guardian Name _____ Last _____ First _____ Middle _____ Grade _____
Signature _____ Date _____

Medication Information:

Is your child taking any medications regularly? Y N

If yes, please list Medication name: _____ Associated health condition: _____
Medication name: _____ Associated health condition: _____
Medication name: _____ Associated health condition: _____

Is your child allergic to any medication? Y N

Medication name: _____ Reaction: _____
Medication name: _____ Reaction: _____
Medication name: _____ Reaction: _____

If your child must receive medication OF ANY TYPE (including prescription, non-prescription (over-the-counter), and homeopathic medications) during school hours, we ask you to consider one of the following options: (1) YOU MAY COME TO THE SCHOOL to give the medication to your child at the appropriate time; or (2) YOU MAY OBTAIN A MEDICATION ADMINISTRATION FORM from the school or online and HAVE YOUR DOCTOR indicate on the form the DRUG, DOSE, AND TIME to be given. Please be sure he/she SIGNS THE FORM. We also need a pharmacy-labeled bottle containing the medication and instructions. If the student will self-carry a medication, the physician must indicate this on the form.

YOU MAY DISCUSS WITH YOUR DOCTOR an alternative schedule of medication so that it can be given outside of school hours.

In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

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

Please indicate below any health conditions your child has experienced, check all that apply.

- | | | | |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Allergies (list below) | <input type="checkbox"/> Fractures | <input type="checkbox"/> Prosthesis/Limb Braces | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Vision Concerns |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Seizures | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing Concerns | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Speech Concerns | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Heart | <input type="checkbox"/> Surgeries | <input type="checkbox"/> Other _____ |

If any health conditions were indicated above, please explain in detail. Specify if an individualized health care plan is needed this school year for the condition (e.g., Allergies, Asthma, Diabetes, Seizures), which must be completed annually by a physician, or if the condition has resolved.

Comments: _____

Medical Insurance Information

Insurance Company: _____ Policy # _____ Group # _____

Primary Insured's Name: _____ Relation to Insured: _____

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Clear Creek School District will in no case accept financial responsibility for care, see consent on reverse side.

Special Services Information

Is your child receiving special education services? Y N

Please Indicate Disability: _____

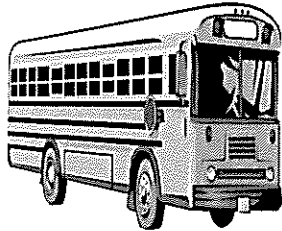
Date of last IEP: _____

Does your child have a current 504 plan? Y N

Please indicate if related to academics or health. Academics Health

This form will be given to the School Nurse after registration

Transportation Department
Clear Creek School District



June 8, 2017

Dear Parents and Guardians:

Welcome to the 2017/2018 school year. As always, our main concern is the safe transportation of your children to and from school and other activities.

Please take some time and visit the school district website at www.ccsdre1.org. Once on the site look for **Quick Links** under Bus Schedule. You will see a list of the school bus routes. Routes and times can change during the school year, especially during the first two to three weeks. Be sure to check the route listing periodically.

Our school bus surveillance cameras are on every bus, including activity buses. They are operational at all times. In the past few years, students have been identified when vandalizing the school buses. These students and their parents were held financially responsible for the damages.

If you are going to be late to pick up your elementary students from the bus stop, please call the Transportation Department at 303-567-3865 as soon as you know that you will be late. The bus cannot sit at the bus stop while we try to contact you. We can make an alternative plan with you or meet you at the bus barn when the bus arrives.

If you need your middle or high school student to ride a different bus after school or to get off at a different stop, please call the Transportation Department **before 1:30 p.m.** so that we can notify the school bus driver in time. If you need to have your elementary student ride a different bus or get off at a different stop, you will need to call your respective school so that the office there can give them a pass.

We have included a permission slip for you to fill out for your elementary students. If you wish for them to walk home alone from the bus stop we **must** have a signed permission slip on file. **If we do not, we will not be able to drop your elementary student off and will have to bring them back to the bus barn.**

Let's have a great and safe school year.

Pamela J Wolf
Transportation Supervisor

**CLEAR CREEK SCHOOL DISTRICT RE-1
TRANSPORTATION DEPARTMENT
P.O. Box 3335
Idaho Springs, CO 80452
Phone: 303-567-3865 Fax: 303-567-3866**

**To: Parents/Guardians of Bus Students
From: Transportation Director**

Please complete and return this permission slip to the above address, your bus driver, or school office immediately if you wish your child to ride the school bus FULL TIME, PART TIME, ACTIVITY BUS, OR ON A FIELD TRIP for the current school year. All parents are requested to read and discuss the Rules of Conduct with their children. Please keep your copy of the rules for future reference.

NAME OF STUDENT (print or type)	GRADE	SCHOOL

The above-named student(s) has/have my permission to ride the school bus to and from school. I have received a copy of the Rules of Conduct, have read them, and will do my part to enforce them. I understand the privilege of riding the school bus may be suspended and/or revoked for failure to comply with these rules.

PLEASE NOTE: The District has installed video recording equipment on all school buses to monitor student behavior and will be recording all bus routes during the school year. Footage will be reviewed on a routine basis and evidence of student misconduct will be documented. Students found to be in violation of the District's bus conduct rules will be notified and disciplinary action will be initiated under the Board adopted Code of Conduct and Discipline. Films may be erased after seven (7) days.

Parent/Guardian's Signature	Date
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Mailing Address

Physical Address

Telephone Number	Bus Stop
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Clear Creek School District 2017-18 Clear Creek Middle/High School

Student's Last Name

Student's First Name

Date

RELEASE FOR PHOTOGRAPH, INTERVIEW, OR VIDEOTAPE:

I give permission for the child listed above to be interviewed, videotaped, or photographed in connection with school related activities.

Parent/Guardian Signature

**YEARBOOK, TEAM
& CLASS PHOTOS ONLY**

(Initial box if permission is given to include picture in Yearbook, Team & Class Photos Only)

STUDENT USE OF THE INTERNET:

JS

I understand and will abide by the Internet Agreement. I further understand that a violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Student Signature

ACCEPTABLE USE AGREEMENT

JS-E

As the parent/guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes and the CCSD has taken precautions to eliminate controversial material. I also recognize, however, that I will not hold the District responsible for materials acquired on the network. I accept full responsibility for supervision if and when my child's Internet use is not in a school setting.

I hereby give permission to issue an account for my child.

Parent/Guardian Signature

WALKING FIELD TRIP PERMISSION – The Immediate area near school

Today's classrooms extend beyond the physical limits of a room and teachers recognize the value of taking students on field trips.

In granting my permission for these trips, I agree that my child and I will abide by the rules and procedures as provided by the sponsor for each specific field trip.

Parent/Guardian Signature

PLEASE SELECT ONE OPTION: (Initial box)

I DO NOT have access to the internet and, therefore, require a copy of all of my student's information (report cards, progress reports, etc.) to be mailed home.

I DO have access to the internet and, therefore, do not require a copy of all of my student's information (report cards, progress reports, etc.) to be mailed home. I will access grades and reports through the parent portal.

ACKNOWLEDGEMENT OF HANDBOOK

The Clear Creek Middle/High School Student/Parent Handbook for 2015-16 is available on the Middle/High School websites. It is the responsibility of the parent and student to review and understand the contents of the handbook. My student will abide by the rules contained in the Student/Parent Handbook, and I will support the enforcement of the rules contained within said handbook.

Parent/ Guardian Signature

Student Signature

All policies cited within this document can be found at <http://www.ccsdre1.org> under the tab, Board Policies. If you do not have access to the internet, please contact Robin Marshall, Secretary to the Superintendent, at 303.567.3851 for a hard copy.