MANITOU SPRINGS SCHOOL DISTRICT 14
NEW STUDENT ENROLLMENT

School Year: Name (Last, First, Middle): _____

Has student attended Manitou Springs School District in the past? No ☐ Yes ☐ If Yes, Grade/Year: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M ☐ F ☐ Grade: _____

Primary Phone Number (xxx-xxx-xxxx): _____ Enrollment (Start) Date: _____

Choice Student: No ☐ Yes ☐ If Yes, District of Residence: _____

Siblings in District (Name/Grade): _____

_____

FEDERAL RACE AND ETHNICITY

ETHNICITY: Is student Hispanic or Latino? Yes ☐ No ☐

RACE: In addition, please select one or more of the following racial categories to describe student:

White ☐ Black or African American ☐ Asian ☐

American Indian or Alaska Native ☐ Native Hawaiian / Other Pacific Islander ☐

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Name of District: _____

Phone (xxx-xxx-xxxx): _____ Date of Withdrawal: _____

City, State, Zip Code: _____

Student retained at any time? No ☐ Yes ☐ If Yes, Grade: _____

Date first began public or non-public schooling in the US (mm/dd/yyyy): _____

SPECIAL PROGAMS

Please check if student has received services for any of the following programs and provide a copy of any documentation that you may have for these programs.

☐ Special Education (Including Speech/Language)

☐ Title 1 Reading/Math

☐ 504 Plan

☐ Gifted and Talented

☐ ILP

☐ Other Services Plan

Office Use Only: If any of the above special programs are checked, please make a copy and send to appropriate staff member within the building for further inquiry.

Manitou Springs School District 14
Student Information Form

Name (Last, First, Middle): _____ School Year: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M _____ F_____ Grade: _____

Choice Student: No____ Yes____ If Yes, District of Residence: _____

Date began public schooling in Colorado (mm/dd/yyyy): _____

Home Address: _____
Street City State Zip Code

Mailing Address (If different): _____
Street City State Zip Code

Primary Phone #1: _____ Primary Phone #2: _____

Please enter the phone # (xxx-xxx-xxxx) where notifications of school delays and closures are to be sent. Enter 2nd # if applicable.

Primary Email #1: _____ Primary Email #2: _____

Please enter the email where notifications such as school functions, delays and closures are to be sent. Enter 2nd email if applicable.

FATHER

Father Name (Last, First): _____

Phone: Work/Day: _____ Home: _____ Cell: _____

Employer: _____

Email: _____

MOTHER

Mother Name (Last, First): _____

Phone: Work/Day: _____ Home: _____ Cell: _____

Employer: _____

Email: _____

LEGAL GUARDIAN (other than parent)

(If student has a step-parent they are living with, please enter their information here.)

Name (Last, First): _____ Relationship: _____

Phone: Work/Day : _____ Home: _____ Cell: _____

Email: _____

Student Name (Last, First): _____ 

LIVING AND CUSTODY ARRANGEMENTS

Single Parent Household? Yes_____ No _____ Lives With: _____

Custody/ Guardianship: _____

Parent/ Guardian Not Living With Student Who Needs Mailings

Name (Last, First): _____ Relationship: _____

Address: _____

Street City State Zip Code

Phone: Work/ Day: _____ Home: _____ Cell: _____

Email: _____

EMERGENCY CONTACTS

Someone other than listed on previous page. Please list in order of contact.

Emergency 1 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 2 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 3 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

Emergency 4 (Last, First): _____ Relationship: _____

Phone: 1st : _____ 2nd: _____ 3rd: _____

In case of a US HWY 24/ Ute Pass road closure, please specify an adult that your student has permission to go home with (if applicable): Name: _____

Phone: _____ Email: _____

Transportation Information: Walk _____ Bus _____ Drive _____ Other _____

If student rides the bus, please specify the bus route, number and stop. Route _____ # _____ Stop _____

The McKinney Vinto Act requires schools to help support homeless children. Would you like us to send McKinney Vinto materials?

Bus schedule and additional district and school information are available online at www.mssd14.org

Manitou Springs School District 14
Home Language Survey
(parent checklist)

School use only
School _____
Student ID# _____
Date enrolled _____

Student Name: _____
(surname/family name) (first given name) (second given name)

Country of birth: _____ Date of Birth: _____

Parent or Guardian Name: _____

Address: _____

Federal and State regulations require school to determine the language(s) spoken and understood by each student. This information is necessary for school to provide appropriate instruction. Thank you for providing this important information.

1. What language or languages did your child use when he/she first began to talk?

2. What language or languages does your child speak with you at home?

3. What language or languages do you (parents or guardians) use when you speak to your child?

4. Do the adults in your home (parents, guardians, grandparents, or any other adults) speak to each other in a language other than English daily? _____YES _____NO

   If YES: What language or languages? _____

   Does your child understand the conversations? _____yes _____no

   Does your child participate in the conversation even if he/she might use English?

5. What language or languages does your child read?

6. What language or languages does your child write?

7. Did your child attend school in another country? _____YES _____NO

   If YES: How many years? _____ Which country? _____

   What language or languages were used for instruction? _____

_____
Parent / Guardian Signature Date

MSSD 14 STUDENT MEDICAL INFORMATION

Student Name _____ Grade: _____ School Year: _____

Doctor: _____ Phone: _____

INSURANCE: Circle One

MEDICAL:	PRIVATE	MEDICAID/CHP+	NO INSURANCE
DENTAL:	PRIVATE	MEDICAID/CHP+	NO INSURANCE
VISON:	PRIVATE	MEDICAID/CHP+	NO INSURANCE

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

_____ LIMITATION ON ACTIVITIES

_____ PYHYSICAL DISABILITY (CRUTCHES, WHEELCHAIR, PROSTHESIS)

_____ CHRONIC HEALTH CONCERNS *(please circle)*

Diabetes	Behavior Problems	Cerebral Palsy
Epilepsy	Depression	Infectious Disease
Seizures	ADD/ADHD	Immune System Weakness
Asthma	Tourette's	Other: _____
Heart Problems	Autism	

IF ANY OF THE ABOVE CONCERNS HAVE BEEN CIRCLED, PLEASE PROVIDE PHYSICIAN DOCUMENTATION OF THE DIAGNOSIS TO THE SCHOOL NURSE/OFFICE.

_____ SERIOUS ALLERGY TO FOOD, MEDICINE, ENVIRONMENT

_____ SERIOUS INJURY, ILLNESS, HOSPITALIZTION DURING THE PAST YEAR

_____ NEED FOR DAILY MEDICATION(S)

For what condition: _____

Name of Medication: _____

Time (s) for Administration: _____

If medication is needed during the day, please refer to the Student Handbook available on the school website for the medication policy.

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

_____

_____

EMERGENCY CARE PERMIT: When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered and 911 will be called. If medical care or ambulance service is necessary, parents must assume financial responsibility.

_____ _____

SIGNATURE **DATE**

Request for Student Records

Date of Request: _____

Originating School or Institution (** Parent/Guardian Completes)

** Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

** Legal Name: Last | First | Middle

** Birth Date: _____ Colorado ID # (SASID#): _____

**Grade Level: _____ ** Last date of attendance (approx.): _____

** Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- ☐ Transcripts or report cards
- ☐ Test data / standardized test scores
- ☐ English Language (ELL) test score (if applicable)
- ☐ List of courses and grades at time of withdrawal
- ☐ Attendance records
- ☐ Individual Literacy Plan (if applicable)
- ☐ IEP (Individual Education Plan) if applicable
- ☐ 504 Plan (if applicable)
- ☐ Discipline records
- ☐ Immunization records
- ☐ Health / medical records
- ☐ Sports physical documentation
- ☐ Psychological records
- ☐ Sociological records
- ☐ Copy of birth certificate
- ☐ Other _____

Signature of Requesting School Representative:

_____

Signature Title Date

PLEASE MAIL TO:

Ute Pass Elementary School
9230 Chipita Park Road Chipita Park, CO 80809
Telephone (719) 684-9821 Fax (719) 685-2220

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.