

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 parent's 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

a. **If you own your home**, please bring **ONE of the following** (only originals will be accepted):

- 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
- mortgage statement

b. **If you rent**, please bring **ONE of the following** (only originals will be accepted):

- Current Signed Lease or Rental Agreement
- 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

c. **If you are living with another family – ALL of the following are required:**

- A letter from residence 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)

or

Current proof of residence with the name and address of whom you are residing with.

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

REGISTRATION FEE –All new students in grades k-12 are required to pay a General Registration Fee in the amount of \$60.00. If paid at time of registration a \$10.00 reduction will be given.

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 the District Office

OUT OF DISTRICT ENROLLMENT REQUIREMENTS:

Student must be approved by building principal and superintendent prior to start date.

- 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
- **NO OUT OF DISTRICT STUDENTS ACCEPTED AFTER OCT 1ST.**

PREVIOUS SCHOOL INFORMATION

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

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New Student Enrollment Form 2016-2017

One Form Per Student

(Please PRINT all information clearly)

Rev: 3/15/2016

Student Legal Name Staff Int. Binder

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

<p>Student Lives with:</p> <p><input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only</p> <p><input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother</p> <p><input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents</p> <p><input type="checkbox"/> Relatives _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Note: Do you have applicable legal documents such as custody papers? <input type="checkbox"/> Yes</p> <p>A copy should be provided to the school.</p> <p>Who would you like for us to contact:</p> <p>Name: _____</p> <p><input type="checkbox"/> Mom/Dad <input type="checkbox"/> Step-mom/dad <input type="checkbox"/> Guardian <input type="checkbox"/> Foster</p>
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Emergency Contact Information
(In the event parents/guardians cannot be contacted, student will be released only to the person listed below.)

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:	

Previous School Information Required

Has the student ever attend another Weld Re-3J School? Yes 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	Grade	Year	School
Special Education			
English as a Second Language			
Gifted / Talented			
Intervention Classes			
Title I			
Migrant			
Other Information			
504 Plan			
Literacy Plan			
Preschool			
Homeschooling			
Summer School			
Retained			

Print Parent/Guardian Name _____

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

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Household Name _____

Student Name _____

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

PRIMARY HOUSEHOLD
(where student(s) resides majority of the time)

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
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Mailing Address / P.O. Box Number

City	State	Zip	County
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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:	Home 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
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Mailing Address / P.O. Box Number

City	Zip	County
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Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

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Household Name _____

Student Name _____

ALL SCHOOL AGED CHILDREN* RESIDING IN HOUSEHOLD, IN THE DISTRICT					Staff Int. <input type="checkbox"/>
*Include student(s) enrolling					Scan Admin <input type="checkbox"/>
STUDENT LEGAL FIRST AND LAST NAME	SCHOOL	GRADE	PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				
	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				
	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				
	<input type="checkbox"/> Hoff <input type="checkbox"/> Hudson				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Lochbuie <input type="checkbox"/> CCA				
	<input type="checkbox"/> WCMS <input type="checkbox"/> WCHS				

CURRENT RESIDENCE STATUS

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Your answers help determine the services the student(s) may be eligible to receive, such as free breakfast and lunch, community resource information, basic needs, an advocate, etc. This sensitive information will be kept confidential to maintain family privacy. (Act 42 U.S.C.11435)

Please select from the following regarding the student's primary home residence: (where student(s) reside majority of the time)

Is your current address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this section.

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

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

***Please send a copy to the Homeless Liaison at the Central Office. Fax 303-536-2010

Homeless Liaison Signature _____ Date _____

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

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Household Name _____

Student Name _____

Ethnic Background

Scan ESL Teacher Orig. CF PD LEP Tab

Ethnic Background Hispanic/Latino:

1. 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

2. 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.

1. What was the first language(s) that this student spoke? _____

2. Is there a language other than English spoken in the home? Yes No

Which language(s)? _____

3. 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:

A. This student most proficiently speaks:

____ 1. English ____ 2. Language other than English ____ 3. Difficult to determine

B. This student best understands:

____ 1. English ____ 2. Language other than English ____ 3. Difficult to determine

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 FEP PHLOTE FELL

Parent Refusal _____

Teacher's Signature _____ Date: _____

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

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Household Name _____

Student Name _____

Parent Permission Form 2016-2017

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 _____

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Household Name _____

Student Name _____

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 _____

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STUDENT HEALTH INFORMATION SHEET 2016-2017

Staff 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.

pg 1 of 2

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: Male 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 NoEmergency medication for a seizure (Diastat or similar) Yes NoAsthma medication (Inhaler or Nebulizer) Yes NoEmergency medication for Diabetes (Glucagon) Yes NoOther Medications Yes NoList _____
_____**Medications Given at Home**List all Medications: _____

_____**Medical Care/Equipment Required at School**

Medical Care

- GT Feeding
 Catheterization
 Oxygen
 Assisted Oral Feedings
 Toileting/Diapering
 Other _____

Medical Equipment

- Wheelchair
 Walker
 Other _____

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 2016-2017

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)

pg 2 of 2

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

Past Illness/Injuries/Hospitalizations

Illness:

Injuries:

Hospitalizations:

Print Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____



Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Best time to call: _____

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: _____

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X:

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots |
| <input type="checkbox"/> Seed Packaging | <input type="checkbox"/> Hog Farms |



Encuesta de Elegibilidad para Programas



Estimado Padre/Tutor:

Nuestro distrito escolar recibe fondos para proveer apoyo y servicios adicionales a los estudiantes que califican para programa específicos. Su cooperación al contestar este formulario nos ayudará a identificar a los estudiantes elegibles y ayudará a nuestro distrito escolar a recibir fondos suplementarios. Toda la información es confidencial y no será utilizada para otros propósitos.

Nombre del padre o tutor: _____ Fecha _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ ¿Mejor hora para llamar? _____

Favor de anotar a todos los menores de 22 años que vivan en su hogar

Nombre y Apellido	Fecha de Nacimiento	Nombre de la Escuela

¿En qué año fue la última vez que su familia se mudó? _____

En los últimos tres años, ¿alguno de los padres o tutores han trabajado o aplicado para trabajar en cualquiera de las siguientes áreas? Si No

Si su respuesta es sí, marque cuál o cuáles

- Siembra/ ganadería
- Plantación/cosecha
- Aves de corral
- Lechería
- Procesadora (preparar) de Alimentos
- Empacadora de carne
- Selección/clasificación/empaque vegetales y/o frutas
- Limpiar/Preparar/empacar vegetales y/o frutas
- Empacadora de granos
- Carga y descarga de frutas o vegetales
- Enlatado (Fábricas de conserva)
- Huertas
- Invernadero/Vivero
- Tratamiento de árboles/Forestación
- Irrigación
- Siembra de zacate
- Ranchos de engorda
- Granja de Cerdos