



Last Name _____ First Name _____ MI _____ Grade _____ Student ID # _____ School # _____

Please Print (use black/blue ink) Student Information Card 2010-11 Please Print (use black/blue ink)

Student Information

STUDENT'S LEGAL NAME

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Nickname _____ Grade _____ Gender _____ Birth date ____/____/____

Home Phone _____ Student's Email _____

Is this your youngest or only student in the school? Yes ___ No ___

Primary Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

(If different than above)

Country of Student's Birth _____ If not born in U.S., date of entry into U.S. _____

Last school attended _____ City _____ State _____

District _____ Phone Number of School _____ Withdraw Date _____ Grade _____

Since ____/____/____ my student has been continuously enrolled in any United States school.
(mm/dd/yyyy)

Since ____/____/____ my student has been continuously enrolled in a Colorado public school.
(mm/dd/yyyy)

Has your student been enrolled in Special Education Services? Yes ___ No ___

Has a 504 Plan been developed for your student? Yes ___ No ___

Current Residence Status

- House/Apt/Condo/Townhouse/Duplex
- Motel/Hotel
- Campground /RV/ Car
- Emergency Shelter
- Transitional Housing Program

- Are you living with Friends or Family due to the loss of housing or financial hardship?
- 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

Race Ethnicity

Please use the new Student Race and Ethnicity Collection Form to complete this information.

Parents/Guardians Who Reside With Student

Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
 Home Phone _____ Work _____
 Cell _____ Contact Seq.(1-4) _____
 Email Address _____

Last Name _____
 First Name _____ MI _____
 Gender _____ Relationship to Student _____
 Home Phone _____ Work _____
 Cell _____ Contact Seq.(1-4) _____
 Email Address _____

Parents/Guardians Who Reside at Another Address

Is there a court order restricting this parent/guardian's access to the student? Y ___ N ___ (If yes, provide a copy of the court order)

Is Parent allowed to make decisions for/pickup student? Y ___ N ___

Is Parent allowed to view student's data on Portal? Y ___ N ___

Last Name _____

First Name _____ MI _____

Gender _____ Relationship to Student _____

Primary Address _____

City _____ State _____ Zip _____

Mailing Address _____

(If different than above)

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell _____ Contact Seq.(1-4) _____

Email Address _____

Is there a court order restricting this parent/guardian's access to the student? Y ___ N ___ (If yes, provide a copy of the court order)

Is Parent allowed to make decisions for/pickup student? Y ___ N ___

Is Parent allowed to view student's data on Portal? Y ___ N ___

Last Name _____

First Name _____ MI _____

Gender _____ Relationship to Student _____

Primary Address _____

City _____ State _____ Zip _____

Mailing Address _____

(If different than above)

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell _____ Contact Seq.(1-4) _____

Email Address _____

Household Information

Emergency Contacts

Local Emergency Contacts: Non-parent

Last Name _____
 First Name _____ MI _____
 Gender ____ Relationship to Student _____
 Home Phone _____ Work _____
 Cell _____ Contact Seq.(1-4) _____

Last Name _____
 First Name _____ MI _____
 Gender ____ Relationship to Student _____
 Home Phone _____ Work _____
 Cell _____ Contact Seq.(1-4) _____

Health Information

Does your student have Health Insurance? Private ____ Medicaid/CHP* ____ None ____
 Name of Health Provider _____ Phone Number _____
 Are your student's immunizations current? Yes ____ No ____
 Please list any student health concerns (including allergies, asthma or breathing, bowel/bladder, diabetes, heart/cardiovascular, headaches, special feeding needs, hyperactivity, emotional/behavioral, mobility, seizures, other needs):

 Does your child use any of the following? Glasses ____ Contacts ____ Hearing Aids ____ Prosthesis or Physical Aids ____
 Is your child allergic to any medications? Yes ____ No ____
 If yes, please list the medication and reaction: _____
 Does your child currently have a Student Health Plan in place for the school day? Yes ____ No ____
 Medication: Acetaminophen (Tylenol or other brand names of Acetaminophen) will be given as outlined in the District's Medication Procedures and with the signed consent of a parent/guardian. The Medication Procedures are available at the school.
 Permission for Acetaminophen: Yes ____ No ____ (Acetaminophen is supplied by the parent)

Complete This Section ONLY if student is NEW to Jefferson County Public Schools

Language Information

Federal and State laws require schools to determine the languages spoken and understood by each student. The information you provide will help decide whether your child is given the Colorado English Language Assessment (CELA) in reading, writing, listening, and speaking. This information is necessary for schools to provide appropriate instruction for your child.

Does the student speak/understand a language other than English? YES ____ NO ____ (if YES, please complete this section)

What language other than English does the student speak/understand? _____ (Student's Language Background)
 Check one of the following to describe the student's **current** language skills:
 (1) __ No English spoken/understood (3) __ English /another language spoken/understood
 (2) __ Some English spoken/understood (4) __ Mostly English spoken/understood

Which language did the student learn when he/she first began to talk? _____ (Student's First Language)
 What language is used most often between parent/guardian and child? _____
 Has the student attended school in another country? Yes ____ No ____ If yes, which country? _____ How Long? ____
 Has the student been enrolled in: (1) English as a Second Language Program? Yes __ No __ (2) Bilingual program? Yes __ No __

Signature Information

In addition to English, in what other language would you prefer to receive communication, if available (written translations and/or oral interpretation for meetings/conferences)

In the **primary household**, if available? Spanish Russian Vietnamese Other _____
 In the households where another parent resides? Spanish Russian Vietnamese Other _____

Permission for Publishing Name, Address and Phone Number in Student Directory Yes ____ No ____

Please check this box if you do not want to receive the District Parent Newsletter
 I do not wish to receive the District Parent Newsletter

The school will attempt to reach one of the people listed on this card, but if none of these people can be reached, the school personnel have my permission to use 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.** To the best of my knowledge the above information is correct. I agree to and approve all information.

Parent/Guardian Signature _____ Date _____