

FAMILY ENROLLMENT PACKET

Thank you for choosing St. Vrain Valley Schools. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

Have you ever had or do you currently have students that attend St. Vrain Valley Schools?

Yes No

STUDENT ENROLLMENT CHECKLIST

- 1) In-district families who wish to attend their boundary school can simply check their address on our Maps & Boundaries website to determine which school their student will attend: <http://www.svvsd.org/boundaries>
- 2) Students who desire to attend a school outside of their designated attendance area may apply for Open Enrollment/Non-Residence authorization for the school of their choice. In order to apply, an Open Enrollment/Nonresident Application must be filled out and can be found at: <http://www.svvsd.org/schools/enrollment-registration>

COMPLETE ENROLLMENT PACKET

- Family Enrollment Packet (one copy needed for each school)
- Student Enrollment Form
- Health Information Form
- Request for Records
- Language Survey
- 48 Hour Hold Form
- McKinney-Vento Program (if applicable)
- Migrant Form (if applicable)

REQUIRED DOCUMENTATION* Your child(ren)'s enrollment may NOT be processed without these documents.

VERIFICATION OF ADDRESS

Any one of the following:

- Utility Bill
- Contract to build/purchase a house
- Voter Registration Card
- Emancipated Student Documentation
- Homeless Student as verified by student services
- Student Driver's License

STUDENT'S LEGAL BIRTH CERTIFICATE OR LEGAL NAME CHANGE

To enroll in Kindergarten, a student must be 5 years of age on or before October 1.

To enroll in First Grade, a student must be 6 years of age on or before October 1.

STUDENT'S UP-TO-DATE IMMUNIZATION RECORD

Parents with a religious, personal, or medical objection to immunizations may sign an exemption statement included on the Colorado Certificate of Immunization.

CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)

Any one of the following:

- Notarized letter from other parent acknowledging student will be registered in SVVS.
- Court document stating you are the residential custodian.
- Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

PRIMARY RESIDENCE

Telephone Number for the Primary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____
 City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____
 (if different) City: _____ County _____ State: _____ Zip Code: _____

Is there an additional family living at this address? No Yes If yes, who? _____

If rented/leased, landlord's name _____ Contact Phone # _____

Adult #1 Last Name: _____ First Name: _____ Middle Initial _____
 Living at PRIMARY Address
 Nickname (if applicable) _____ Gender: Male Female
 Cell Phone # _____ E-mail Address _____
 Employer: _____ Work Phone # _____ Ext. _____
 Employer Address: _____

Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Adult #2 Last Name: _____ First Name: _____ Middle Initial _____
 Living at PRIMARY Address
 Nickname (if applicable) _____ Gender: Male Female
 Cell Phone # _____ E-mail Address _____
 Employer: _____ Work Phone # _____ Ext. _____
 Employer Address: _____

Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECONDARY RESIDENCE (IF APPLICABLE)

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.

Do you want mailings to go to this address? Yes No

Telephone Number for the Secondary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____
 City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____
 (if different) City: _____ County _____ State: _____ Zip Code: _____

Adult #3 Last Name: _____ First Name: _____ Middle Initial _____
 Living at
 SECONDARY Nickname (if applicable) _____ Gender: Male Female
 Address Cell Phone # _____ E-mail Address _____
 Employer: _____ Work Phone # _____ Ext. _____
 Employer Address: _____
 Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Adult #4 Last Name: _____ First Name: _____ Middle Initial _____
 Living at
 SECONDARY Nickname (if applicable) _____ Gender: Male Female
 Address Cell Phone # _____ E-mail Address _____
 Employer: _____ Work Phone # _____ Ext. _____
 Employer Address: _____
 Is this parent/guardian active military? Yes No If yes, are they deployed? Yes No

Please list all children living at the SECONDARY Residence

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GENERAL INFORMATION & POLICIES

Your signatures indicate that you have read and understand the information below.

Conditional Enrollment

Students new to the District shall be enrolled conditionally until records, including discipline records, from 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.

CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley Schools to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

Parent/Guardian Signature

Date

St. Vrain Valley Schools encourage you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

Parent/Guardian Signature

Date



ST. VRAIN VALLEY SCHOOLS
academic excellence by design

Spring 2018

To: Parents of Children Entering Kindergarten in the 2018-2019 School Year

Thank you for choosing St. Vrain Valley Schools for your child's Kindergarten experience.

As your child enters Kindergarten, we want to make you aware of the Kindergarten programming options available for the upcoming school year.

- St. Vrain Valley Schools will offer the following Kindergarten program configurations:
 - Traditional Half Day Sections (half days AM/PM, 5 days per week)
 - Half Day, Alternate Day Sections (1 half day, 2 full days per week)
 - Full Day, Every Day Sections (full days, 5 days per week)

***PLEASE CONTACT YOUR SCHOOL OF ATTENDANCE FOR SPECIFIC KINDERGARTEN SCHEDULE INFORMATION.**

- All Full Day, Every Day Kindergarten programs implement the following pay structure:
 - If you choose to enroll your child in Full Day, Every Day Kindergarten, there will be a tuition charge for the "other half" of the day.
 - Full Day Kindergarten Program Tuition - \$295 per month (September – May) *\$145 non-refundable registration fee due at time of registration (will be applied to September payment)*
 - If you would like to enroll your child in Full Day, Every Day Kindergarten, but would need tuition assistance, you will need to complete the following and return to your school:
 - Tuition Assistance Application (determines eligibility for free or reduced lunch)
 - Tuition Assistance Sliding Scale Form******(Please be aware that tuition assistance is limited and may be allocated on a lottery or first-come, first-serve basis to those who qualify. Qualification for free or reduced lunch status does not guarantee enrollment in Full Day Kindergarten.)
 - If the tuition assistance guidelines outlined below do not apply and you feel you may still need assistance, please speak with your building principal for additional options (scholarships or other tuition assistance programs may be available).
- Please visit the District website noted below for a complete breakdown of how tuition dollars are spent.
- The above information applies to all children including children with disabilities who have an Individualized Education Program (IEP). The Half Day District Kindergarten Program is offered at no expense (Free Appropriate Public Education) to families. The services specified in an IEP will be delivered during that portion of the day. In rare instances, when it is necessary to extend the school day, this must be approved by the District Director of Special Education.

We hope this information helps provide assistance to you as your child transitions into Kindergarten. We look forward to the upcoming 2018-2019 school year.

If you have any questions, please don't hesitate to contact your building principal, or visit our District website at: www.svvsd.org/about/departments/early-childhood/kindergarten.

Fall River Elementary School
"The Courage to be Outstanding"

1400 Deerwood Drive
Longmont, CO 80504
Phone: (720) 652-7920
Fax: (720) 494-9868



Dr. Jennifer Guthals
Principal

2018 - 2019
KINDERGARTEN APPLICATION and REGISTRATION
December 1, 2017 – January 17, 2018

For a completed application, please bring the following information:

1. Enrollment Packet
2. Student Enrollment Form
3. Health Information Form
4. Language Survey
5. McKinney-Vento Program (if applicable)
6. Migrant Form (if applicable)
7. Student's Legal Birth Certificate
8. Verification of Address
9. Tuition Assistance Forms (if applicable)

To complete registration, please bring the following information:

1. Registration Fee of \$145 (Full Day Kindergarten only)
2. Immunization Records
3. Custody Documents (if applicable)
4. Tuition Agreement



Fall River Elementary School

"The Courage to be Outstanding"

Kindergarten Application and Registration

IMPORTANT DATES:

Applications accepted December 1, 2017 through January 17, 2018.

Lottery (if needed) will be held by January 19, 2018.

Only **complete** applications will be entered into the lottery.

Parents will be notified of Kindergarten program acceptance by January 31, 2018.

Confirmation of enrollment (complete registration packet and Full Day Kindergarten fee of \$145) is due by February 19, 2018.

Kindergarten sections available for 2018-2019 (all are Monday-Friday):

AM section - 8:55-11:30 a.m.

Full Day - 8:55 a.m.-3:25 p.m.

The afternoon portion of Full Day Kindergarten is tuition based. Tuition is \$295/month. The \$145 Full Day Kindergarten registration fee is due by February 9, 2018. This fee will be applied to first month's tuition. This fee is non-refundable UNLESS we are unable to offer a full day spot for your student, or are unable to offer the Full Day Kindergarten due to lack of interest.

If you would like to enroll your child in our Full Day Kindergarten program, but would need tuition assistance, please see attached forms. Students who qualify for free or reduced lunches may also qualify for tuition assistance. Please be aware that tuition assistance is limited and is allocated on a lottery basis to those who qualify. Please circle the scholarship you are applying for on the sliding scale, fill out the tuition assistance application, and include these with your completed application if applicable.

- Please visit the District website noted below for a complete breakdown of how tuition dollars are spent.
- The above information applies to all children including children with disabilities who have an Individualized Education Program (IEP). The Half Day District Kindergarten Program is offered at no expense (Free Appropriate Public Education) to families. The services specified in an IEP will be delivered during that portion of the day. In rare instances, when it is necessary to extend the school day, this must be approved by the District Director of Special Education.

If you have any questions, please don't hesitate to contact us, or visit our District website at: www.stvrain.k12.co.us/kindergarten.

Special note: We offer English Language Learner classes (ELL) primarily full day Kindergarten ONLY at this time.

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Dr. Jennifer Guthals
Principal

2018 - 2019 KINDERGARTEN APPLICATION and REGISTRATION December 1, 2017 – January 17, 2018

The benefits of full day Kindergarten programs include:

- More time and opportunity to play with and be immersed in literacy and numeracy as well as to explore subjects in depth
- More individual and small-group interaction with the teacher
- Reduced ratio of transition time to learning time
- More time to spend with students individually and in small groups
- More time to get to know students and parents and to communicate with parents (half as many students for the teacher as compared to doing two half day programs)
- More time to assess students and individualize instruction to their needs and interests

Please feel free to visit with our Kindergarten teachers, Mrs. Butrick, Ms. Sampish, Mrs. Waters or Mrs. Spencer for more specifics on the differences between full day and half day Kindergarten. We are tentatively planning to continue with three full day classes and one AM half day class, depending on enrollment interest. Please keep in mind the final decision on teacher assignment is not made until the end of the school year along with other staffing assignments

NAME: _____

A.M. Section (8:55 a.m. – 11:30 a.m.) _____

All Day, Fee-based (8:55 a.m. - 3:25 p.m.) _____

Please remember your preference choice **DOES NOT** guarantee the placement of your child in that section; *with the exception* that no children will be placed in All Day Session without parent preference.

STUDENT ENROLLMENT FORM

School: _____ School Year: _____ Grade: _____

STUDENT:

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

Nickname: _____ Birthdate: _____ Gender: Male Female

Student's Cell Phone: _____

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race? (Must select at least one)

 American Indian Asian Black Native Hawaiian/Pacific Islander WhitePrimary Language Spoken at Home: English Spanish Other _____

Schools will communicate in English or Spanish based on this selection.

Parent/Guardian Name _____

Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger

Parent/Guardian Name _____

Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger

Parent/Guardian Name _____

Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal Messenger

Parent/Guardian Name _____

Relationship to Student: Mother Father Step-Mother Step-Father Other _____Select the designations/access this person should receive in regards to the student: Guardian Mailings Portal MessengerChild lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR Other (specify) _____Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____Has this student ever received special education services, such as speech, occupational therapy, etc.? No YesIf yes, is this student currently receiving special education services? No YesIs this student on a current or pending expulsion? No Yes

If yes, from what school/district _____ Dates of Expulsion _____

Reason for expulsion _____

ENROLLMENT HISTORY:

Name of Previous School: _____ Has this student ever attended SVVSD? No Yes

For Students enrolling into Kindergarten; Did this student attend Preschool? No Yes

Name of Preschool: _____

This student started attending a public or private school in the US on what date?

(Use the date of the student's very first enrollment in any grade if the student has never left the US, or the most recent date of enrollment if the student left the US at any time.)

_____/_____/_____
Month Day Year

PERMISSIONS

I give permission to have my child photographed for school pictures and published in the yearbook by a 3rd party vendor authorized by the school. No Yes

I give permission to have my child participate in news media coverage including honor roll publication. No Yes

I give permission for my name, home address and phone number to be published in a school student directory. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites, social media and school district publications. No Yes

It is the goal of St. Vrain Valley School District to cut down on the use of paper and save costs associated with printing. You can help with this effort by opting to receive report cards online via the parent portal. Please indicate if you need a hard copy report card. Online Hard Copy

FOR ALL HIGH SCHOOL STUDENTS: State law requires school district to release directory information for students to military recruiters. I give permission to have this information released. No Yes

K-12 Students will receive a St Vrain District network account, a Google Apps account and then in 6th grade; a St Vrain Google email account. If you wish to opt your 6-12th grade student out of the email account, please visit the school.

EMERGENCY CONTACTS: (Emergency Contacts are NOT the Parent/Guardians)

CONTACT #1 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

CONTACT #2 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

CONTACT #3 Name: _____ Relationship to Student: _____

Phone #1: _____ Phone #2: _____ May Pick up from School
Please Circle: Home / Cell / Work Home / Cell / Work

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date

GETTING READY FOR KINDERGARTEN

Fall River Elementary * 1400 Deerwood Drive * Longmont, CO 80504 * 720-652-7920

Our Kindergarten Program

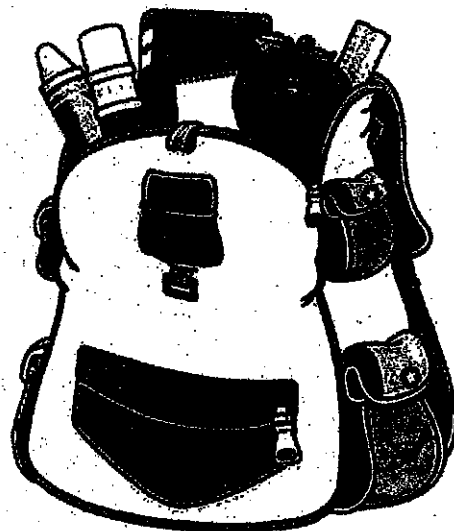
The kindergarten program at Fall River Elementary is built around the District's curriculum referred to as the Standards for Academic Excellence. Children receive instruction in literacy, numeracy, and social skills. They may also participate in other activities such as music, movement, art based activities and library skills.

We have high expectations for all our students. Our primary goal is for children to have a positive and successful first experience in school, preparing them for the remainder of their learning career.

While the St. Vrain Valley School District Board of Education policy states that students entering kindergarten must turn five years of age by October 1st, please consider the following readiness skills:

Academic Readiness

- Does your child show an interest in numbers?
- Can your child count to 20 and begin to write some numbers?
- Does your child recognize some numbers and letters?
- Does your child know the names of colors and basic shapes?
- Does your child show interest in the letters of the alphabet?
- Does your child look at books with pictures and pretend to read?
- Is your child able to retell a story in the order things happened?
- Can your child recite the alphabet?
- Does your child know their full name, names of parents, address and telephone number?
- Does your child recognize his/her name in writing?
- Does your child write his/her name?
- Does your child show interest in rhyming?
- Is your child able to explain things, activities or events with clarity?
- Does your child make up stories, songs and/or poems?
- Can your child keep track of school supplies and pick up after him/herself?



Social Readiness

- Has your child had positive experiences being away from their home and parents for short periods of time?
- Does your child accept authority from adults outside their family?
- Has your child experienced satisfying interaction with a group of peers?
- Is your child acquired such social skills as taking turns, making compromises, and putting away toys when asked?
- Is your child able to dress, use the toilet without assistance, and feed themselves using a fork and spoon?
- Can your child take turns talking and/or wait his/her turn when someone else is talking?

Things you can do to prepare for Kindergarten:

- Read to your child every day.
- Get involved with play groups or invite friends over to play.
- Help your child practice writing their name (upper and lower case, e.g. Joey).
- Find things around the house to count.
- Strengthen your child's hands and legs by playing with clay, Legos, small objects, cutting with scissors, hopping on one foot, catching a ball and running/stopping on signal.
- Practice tying shoes, fastening buttons and zippers.
- Assemble puzzles.
- Talk positively about going to school.
- Be sure he/she knows the route to and from school. Walk or travel the route with him/her several times this summer. Teach him/her to cross streets safely at crosswalks and corners.
- Establish regular bedtime hours. Your child needs twelve hours of sleep (including the weekend.)
- Mark coats and backpacks with your child's name on them and show them where they are marked.
- Help your child learn to follow a short sequence of simple directions by giving them easy chores around the house.

Kindergarten Comparison Chart

Here is a chart showing some of the similarities and differences between Full Day and Half-Day Kindergarten here at Fall River Elementary.

	FULL DAY	HALF DAY
Whole group reading instruction	✓	✓
Small group reading instruction	✓	✓
Writer's Workshop (writing instruction)	✓	✓
Math instruction	✓	✓
Science	✓	✓
Social Studies	✓	✓
Specials (Art, Music, PE)	✓	✓
Recess & Snack	✓ (2 recesses)	✓
Lunch	✓	
In depth Science experiments and extensions	✓	
Weekly social stories and teachings with the teacher and school counselor	✓	
Math extension activities	✓	
Exploration and practice of various writing genres	✓	
Reading extensions (plays, puppets, class books)	✓	



ST. VRAIN VALLEY SCHOOLS
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Full Day, Every Day Kindergarten
Tuition Assistance Sliding Scale
2018-2019

St. Vrain Valley Schools encourage parents to consider Full Day Kindergarten as an option for students who would benefit from a full academic day of Kindergarten.

If you choose to enroll your child in Full Day, Every Day Kindergarten, there will be a tuition charge for the “other half” of the day.

If you would like to enroll your child in Full Day, Every Day Kindergarten, but would need tuition assistance, you will need to complete the application that determines eligibility for free or reduced lunch. (Please be aware that tuition assistance is limited and may be allocated on a lottery or first-come, first-serve basis to those who qualify. Qualification for free or reduced lunch status does not guarantee enrollment in Full Day Kindergarten.)

If the tuition assistance guidelines outlined below do not apply and you feel you may still need assistance, please speak with your building principal for additional options (scholarships or other tuition assistance programs may be available.)

Sliding Scale Tuition for Full Day, Every Day Kindergarten Programs

\$295		Full Tuition
\$175	Partial Scholarship *Hardship	Not eligible for F/R Lunch *Hardship
\$135	Reduced Tuition	Eligible for Reduced Lunch
\$95	Reduced Tuition *Hardship	Eligible for Reduced Lunch *Hardship
\$0	Free/No Tuition	Eligible for Free Lunch

*Hardship cases are defined as unique circumstances as DETERMINED BY THE BUILDING PRINCIPAL that may include but not be limited to:

- loss of income due to change in employment status, divorce/separation, and medical issues
- multiple siblings enrolled in Full Day Kindergarten

Please make an appointment with your school’s principal to discuss your particular circumstances.

Parent Name: _____ Student Name: _____

For office use only:

Decision: _____

Principal Signature: _____ Date: _____

**St. Vrain Valley School District
Tuition Assistance Application**

Please fill out the entire form and return in it to the office at your school of attendance. The information you provide will be used to determine your family's eligibility for tuition assistance.

Students Attending St. Vrain Valley Schools

First Name	MI	Last Name	Birthdate			Grade
			M	D	Y	

List Everyone Living In Household NOT Attending St. Vrain Valley Schools

First and last name of all adults and children not listed above	Earnings from work before Deductions	Welfare payments Child support/Alimony	Payments from Pension Retirement/Soc. Sec.	Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

--	--

Signature

X

Printed Name

X

Date

--

I hereby promise that all information on this application is true and that all income is reported.

Address _____

City _____

Zip _____

Phone _____

For Office Use Only:		Qualification Category	
Total Monthly Income _____	Free	Reduced	DNQ
Total # Household _____	Date _____	Official _____	



School Use Only		
FALL RIVER ELEMENTARY SCHOOL		
Student ID	Grade	Date Enrolled

2018/2019
HOME LANGUAGE SURVEY

SCHOOLS: Please send FULLY completed original form to the ELA Office if a language other than English is indicated. File copy in student cum. folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate a valid English language proficiency assessment will be administered within 30 days to determine the most appropriate Language Instructional Educational Program (LIEP) for your child.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth: / /	
Did your child attend school in another country?		Yes _____	No _____
_____ Which country?	_____ How many years?	_____ Language(s) of instruction	
Has your child previously attended St. Vrain Valley School District?		Yes _____	No _____
_____ Which pre school?	_____ Which school(s)?	_____ Language(s) of instruction	

1. What is the primary language of the home? _____
2. What language(s) did your *child* use when he/she first began to talk? _____
3. What language(s) does your *child* speak at home? _____
4. In what language(s) does *your child* read and write? read _____ write _____
5. What language(s) do *adults in home* use when they speak to your *child*? _____

_____ parent/guardian signature

School Use Only						
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students						
	school initials			Bilingual		ESL

FOR OFFICE USE ONLY

Health Entered -

Student ID: _____

ST. VRAIN VALLEY SCHOOLS

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STUDENT HEALTH INFORMATION

To better meet the needs of your student, we ask you to please provide health information about any significant or ongoing health conditions that your child may have. Having this health information in advance will enable our School Nurse and our Health Clerk to provide you with any necessary paper work that *may* be needed.

Student's Name: _____ Birthdate: _____

HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH THE CLASSROOM TEACHER AND ANY OTHER STAFF MEMBERS THAT HAVE A NEED TO KNOW. NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE PHYSICIAN REGARDING DOSAGE, FREQUENCY OF DOSAGE AND PARENT SIGNATURE.

HEALTH INFORMATION: List any significant or on-going health condition

Examples: severe allergies / epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to school or athletics.

MEDICATIONS – Taken by Student

AT SCHOOL _____

AT HOME _____

ALLERGIC TO: _____

DESCRIBE REACTION: _____

Wears glasses/contacts for Distance? Yes No Reading Glasses Only: Yes

The following signature will be applicable for as long as enrollment continues in St. Vrain.

I, the undersigned, do hereby authorize officials of the St. Vrain Valley School District to contact directly my emergency contacts, and do authorize the treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, my emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district liable for the emergency care given. If school personnel are unable to contact parents or my emergency contacts to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs.

ALL COSTS WILL BE ASSUMED BY PARENT(S).

Signature of parent or guardian

Date

Mandatory Immunization Requirements for Incoming Elementary Students

Dear Parents and Guardians,

We thank you and your family for being our valued partners as we work together to continue advancing student success and wellbeing.

As part of the new student registration process, there is some important information and documentation that we will need before your student starts school. In order for your kindergartener to be admitted on the first day of school, they **MUST** have one of the following immunization documents on record:

- Written proof of immunization from your health care provider
- Signed non-medical exemption from CDPHE
- Medical exemption from CDPHE signed by your physician
- Proof of immunization submitted within 14 days of notification
- A signed, written plan demonstrating that the required immunizations for the student will be obtained within the required time frame

2018-2019

Colorado law requires children in school to have an immunization record on file and to have the required immunizations. If your child cannot receive immunizations because of medical, religious or personal reasons, please go to the Colorado Department of Public Health and Environment (CDPHE) Immunization Exemption website at <http://www.colorado.gov/vaccineexemption> for instructions on exemption requirements for school. Forms are also available at all St. Vrain schools.

Following are the required immunizations for entering elementary school students:

- 5 – DTaP (4th or 5th dose must be given after 4th birthday)
- 4 – OPV (3rd or 4th dose must be given after 4th birthday)
- 2 – MMR (1st dose must be given after 1st birthday)
- 3 – HEPATITIS B (last one must be given after 6 months of age)
- 2 – VARICELLA (1st dose must be given after 1st birthday)
Chicken pox or written verification from your doctor if your child has had the disease

Students new to St. Vrain Valley Schools must present an immunization record at the time of registration to the school. They will not be able to start classes until an immunization record has been presented to the school.

If you have any questions or concerns, please don't hesitate to contact your school or the district Health Services Office at 303-772-7700.

Are you happy with your health insurance?

Boulder County Healthy Kids and Adults, in partnership with the St. Vrain Valley School District (SVVSD), enrolls eligible children and families in Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+). Health First Colorado and CHP+ are free or low-cost comprehensive health insurance plans with no monthly premiums. Benefits include well-child and doctor visits, sports physicals, immunizations, hospital services, prescriptions, mental/behavioral health, prenatal care, dental and vision care.

Don't qualify for Health First Colorado or CHP+? Healthy Kids and Adults can also connect families to Connect for Health Colorado, where people can shop for health insurance and access tax credits to reduce monthly premiums.

Healthy Kids and Adults can also enroll eligible families into SNAP (Supplemental Nutrition Assistance Program, also known as food stamps), a monthly benefit that can be used like a debit card at local retailers to buy a variety of healthy foods including fruit, vegetables, meat, dairy, and grains.

Income Limits for Health First Colorado and CHP+	
Family Size	Monthly Income
1	\$2,613
2	\$3,519
3	\$4,425
4	\$5,330
5	\$6,236
6	\$7,142

Income Limits for Tax Credits	
Family Size	Monthly Income
1	\$4,020
2	\$5,413
3	\$6,803
4	\$8,200
5	\$9,593
6	\$10,986

Income Limits for SNAP (Supplemental Nutrition Assistance Program)	
Family Size	Monthly Income
1	\$1,287
2	\$1,736
3	\$2,184
4	\$2,633
5	\$3,081
6	\$3,530

Please sign below and give the form to your school's main office. The school will fax this form to Healthy Kids and Adults at (303) 568-7859 and an Enrollment Specialist will contact you.

Yes, I give my permission to have my name and contact information forwarded to Healthy Kids and Adults to learn more about Health First Colorado, CHP+, Connect for Health Colorado and SNAP.

Signature

Print Name

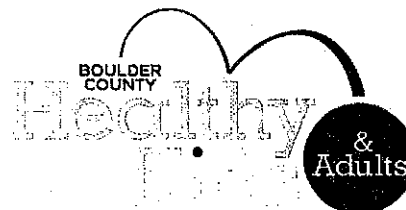
Phone Number

Date

(Cut on line. Give top portion to school and keep bottom.)

Call SVVSD Healthy Kids and Adults for more information about Health First Colorado, CHP+, Connect for Health Colorado and SNAP.

720-722-1454



ST. VRAIN VALLEY SCHOOL DISTRICT

McKinney-Vento Referral Form

This form is intended to address the McKinney-Vento Act which provides additional services to students if their **RESIDENCE IS NOT FIXED, REGULAR AND ADEQUATE.**

*****PLEASE NOTICE: You DO NOT need to complete this form if your housing situation is FIXED, REGULAR, AND ADEQUATE. If you rent, share housing for convenience, or if you are buying a house and do not need support services please do not complete this form. Thank you!**

Presently, where is the student living? (Please check the one that applies to you)

- Sheltered (EFAA, Safehouse, youth shelter, emergency/temporary foster care, etc.)
- Doubled Up due to Economic Hardship with Family or Friends
- Unsheltered (Cars, Parks, Campgrounds, etc)
- Hotels/Motels
- Other Form of Inadequate Housing _____

The student/students: (Check one box)

- is/are in the physical custody of a parent or guardian
- is/are NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not your legal guardian, living with other people)

Student(s)	ID #	DOB	Age	Gender	School	Grade

Parent(s)/Legal Guardian(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Add'l Phone: _____

Are there transportation considerations? YES NO if so, please specify _____

How long have you lived at this address or place? - _____

Form Completed By: _____ Date: _____

Important: School or Agency Contact Person who may know of the family's situation:

School or Agency: _____ Name: _____ Phone: _____ Date: _____

Please send this Referral Form to Luis Chavez-Homeless Coordinator at LSC, Fax (303) 682-7395
For Additional Information contact:

Regina Renaldi, LSC at (303) 682-7413 renaldi_regina@svvsd.org
Luis Chavez, Homeless Coordinator at (303) 682-7262 chavez_luis@svvsd.org



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 | |

SCHOOLS: Please send completed form to the ELA OFFICE/LSC