



R-5 REGISTRATION REQUIREMENTS

IN ORDER TO ATTEND R-5 HIGH SCHOOL you must be **16 years old** and have **Secondary Placement**. SECONDARY PLACEMENT is Working 15+ hours per week at an appropriate place of employment, ATTENDING Western Colorado Community College, Career Center, OR ENROLLED in the PoWeR Classes at R-5 High School from 1:00 to 3:00 PM.

Please PRINT the following:

Student's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Phone #: _____ Secondary Placement: _____

Please COMPLETE the following forms contained in this packet:

- _____ 1. Cover Sheet (R-5 Registration Requirements)
- _____ 2. School District 51 Enrollment Form
- _____ 3. Health History Screening
- _____ 4. Student use of Information Technology Resources (New to District 51 only)
- _____ 5. Pre-Enrollment Disclosure
- _____ 6. R-5 Student Information Sheet
- _____ 7. Candidacy Agreement, School Year _____
- _____ 8. Migrant Education Program (if applicable)

Form Available Upon Request:
 *Application for Free and Reduced Price School Meals
Due no later than the FIRST day of class:
 *\$25 Activity Fee

NEW Students to Mesa Valley School District 51 will need to provide the following:

(We are happy to make copies for you:)

- _____ 1. A copy of the student's birth certificate
- _____ 2. A copy of your immunization records
- _____ 3. An address and phone number where we may obtain the student's transcript

Name of School: _____

School Address: _____

School Phone Number: _____ Fax Number: _____

Please SUBMIT this entire packet along with any copies, if applicable, to the main office.

Please note upon receiving this packet, the information will be reviewed and you will be contacted via phone to schedule an interview with the High School Counselor.

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

Legal first name	Legal middle name (or none)	Legal last name	Date of Birth (mm/dd/yy)
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Has student ever gone by a different name, if so what was the name:

Gender : Male _____ Female _____	Current Grade:	Students Cell Phone #	Birth State	Birth Country
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Ethnicity: Do you consider yourself Hispanic? Yes _____ No _____
 Race: (Check one or more) American Indian/Alaskan Native _____ Asian _____ Black/African _____ American Hawaiian/Pacific Islander _____ White _____

Is English the primary language spoken at home? Yes _____ No _____
 (do not include languages student has learned in school) First Language Spoken by Student
 English _____ Spanish _____ Other _____

Has student ever been enrolled in an English as a Second Language Program? Yes _____ No _____

Main/Physical Address				Mailing Address (if different than Main/Physical Address)		
Street Address				Street Address or PO Box #		
City	State	Zip	City	State	Zip	

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

If the parents are legally separated or the marriage has been dissolved, which parent has educational decision-making rights?
 Mother _____ Father _____ Both _____

If parents are legally separated or the marriage has been dissolved, please provide Parenting Plan as it pertains to the educational decision making rights.

Please provide any No Contact Orders or permanent restraining orders.

Note: District 51 is not responsible for enforcing Parenting Plans including which days parents have visitation.

Parent/Guardian #1

Circle each that is applicable for Parent/Guardian #1: Lives With _____ Educational Rights _____ Has Custody _____ Active Military Service _____

Last Name	First Name	Relationship to student	Primary Email Address
Main/Physical Address			City State Zip code

Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

Parent/Guardian #2

Circle each that is applicable for Parent/Guardian #2: Lives With _____ Contact Allowed _____ Educational Rights _____ Has Custody _____ Active Military Service _____

Last Name	First Name	Relationship to student	Primary Email Address
Main/Physical Address			City State Zip code

Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Enrollment History

Last school attended	City	State	Date

Programs & Services

Has student ever been expelled from a school? Yes No	If Yes, enter name and address of school	If Yes, enter expulsion date	
Has student ever been referred for a Risk Assessment or Threat Assessment? Yes No	Was a Safety Plan developed as a condition for student's return to school? Yes No		
Is student currently enrolled in another Colorado school or online school? If Yes, enter name and address of the school:		Yes No	
Has your child received Special Education services?	Yes-In State of Colorado	Yes-Out of State	No
Has your child received Section 504 services?	Yes No	Is the 504 health related?	Yes No
		Has your child received Gifted Education services?	Yes No

Emergency Contacts other than Parent/Guardian

In cases of emergency, when the Parent/Guardian cannot be reached, the student can be released to individuals listed as Emergency Contacts.

Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter:
H – Home W – Work C – Cell O – Other

Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

Persons allowed to pick up student prior to end of school day (Dr, Dentist, appointments, etc) but are not emergency contacts. These contacts will not be called in emergency situations.

#1 Name:	Relationship
#2 Name	Relationship

Publicity and Media Consent

I consent to my child being photographed, video/audio taped and/or interviewed by representative of television, radio and other news or broadcast media organization if such are authorized in advance by Mesa County Valley School District 51 ("District") and are supervised by District or school personnel. I also consent to Mesa County Valley School District taking, using, disclosing, posting or publishing photographs or video/audio recordings of my Child for official school or District communication purposes via print or internet-based media, including, but not limited to, District publications, District or school-sponsored websites, including District or school sponsored web pages on third-party social networking websites. I understand that by giving such consent a photograph or video/audio recording of my Child may be disseminated or disclosed to the general public or to television, radio and other news or broadcast media organizations who receive or have access to such District publications, websites or web pages. Yes _____ No _____

I verify that the information I have provided above is true and accurate.

Parent/Guardian Signature Date

Mesa County School District 51 will only disclose student education records and personally identifiable information contained therein in accordance with FERPA & Mesa County School District 51 Policy JRA/JRC – Student Records/Release of Information on Students



Staff Use Only:
Date Started: _____
Outcome: _____

Candidacy Agreement 2017-2018

R5 offers an alternative to traditional high schools in District #51. As a vocational readiness school, expectations for students are different than traditional high schools. In order to help students succeed, we have created a 10 day candidacy process. During this 10 day candidacy period, students are required to demonstrate good attendance, positive academic production, maintain appropriate vocational placement, and adhere to the professional R5 dress code.

Students must attend a minimum of 90% of the time they are on candidacy period. Students will be marked absent if they are more than 15 minutes late to any class period. If absence is necessary, the student is responsible for communicating with the attendance secretary and providing requested documentation for the absence.

The students may be placed in an orientation class during their candidacy period. Discovery is designed to provide the students with an introduction to R5, classroom expectations, and school structure. During this time school staff will use student progress to determine the best placement for the student upon successful completion of candidacy. Positive academic production will include daily work assigned in Discovery class.

Vocational placement must meet the guidelines outlined in the student handbook. The work coordinator will confirm the placement during the student's candidacy period. If the work coordinator is unable to confirm appropriate vocational placement, the student may be enrolled in an additional class to assist them in finding a placement. Alternative vocational placements are Career Center, WCCC, and volunteering.

R5 High School strives to provide students with every opportunity to succeed and ultimately achieve the goal of obtaining a high school diploma and a good work history. R5 has a dress code which aims to promote an environment where students are prepared for a smooth transition from school to work. We want to help students gain confidence, learn relevant work skills, a good work ethic, and dress for success; hoping that all this will benefit them in the future. We work hard to assist students however we can, but ultimately the student will be the biggest advocate and the main contributor to their own success! Thank you for choosing to be a part of R5! We look forward to working alongside you toward graduation.

I have read the expectations of attending school at R5 and aware that by not meeting these expectations I will be inactivated and be required to wait one full candidacy period before being accepted into another candidacy period.

Student Signature _____ Date _____

I agree that I have read the expectations of attending school at R5, I understand and agree that I will support the decisions made by R5 administration in response to my student meeting these expectations.

Parent Signature _____ Date _____



Pre-Enrollment Disclosure

Student Name: _____ Grade: _____ Age: _____

Address: _____ City, State, Zip: _____

Legal parent/guardian name(s): _____

Person with whom the student is living: _____ Relationship: _____

Last school attended: _____ City, State, Zip: _____

Last date school or educational institution attended: ____/____/____ Number of credits earned: _____

State the reason(s) the student has applied to this school: _____

Has the student ever been cited for or charged with a law violation (other than minor traffic offense)? _____

Does the student have a probation officer? ____ Name of probation officer: _____

In order to ensure that the student meets the requirements to attend an Alternative Education Campus (AEC), and to ensure school safety, please check any of the following that apply:

- ____ Student has an individualized education plan (IEP)
- ____ Student has been committed to the Department of Human Services OR in detention awaiting charges
- ____ Student has dropped out of school OR not continuously enrolled for at least one semester immediately prior
- ____ Student has been expelled OR engaged in behavior that would justify expulsion
- ____ Student is migrant, as defined in Section 22-23-103 (2), CRS
- ____ Student is homeless, as defined in Section 22-1-102.5 (2), CRS
- ____ Student OR parent(s) use or have a dependency on drugs or alcohol
- ____ Student OR parent(s) have been involved with a gang
- ____ Student has documented history of child abuse or neglect
- ____ Student's parent is in prison, on probation, or on parole
- ____ Student has documented history of domestic violence in the immediate family
- ____ Student has documented history of repeated school suspensions
- ____ Student is under the age of 20 and is a parent or expecting a baby
- ____ Student has documented history of a psychiatric or behavioral disorder
- ____ Student is in foster care
- ____ Student has documented history of truancy

Student Signature

Date

Parent/Guardian Signature

Date



R-5 Student Information Sheet

Student name: _____ Phone number: _____

Former school: _____ Grade: _____ Age: _____

Resources / SPED: _____ YES _____ NO

ELL / ELS: _____ YES _____ NO

Student – Write at least one paragraph response to each of the following questions:

1. What was the reason(s) you left your past school? _____

2. What do you think the barriers were that caused you to get off track? Please explain how you plan to deal with these barriers, if you are accepted at R-5. (i.e. social, drugs, authority issues, attendance, family, other)

3. What do you think R-5 can do for you that you did not find at other schools? What are you willing to do to make this happen? _____



For Office Use:

Grade: _____

Teacher: _____

District 51 requires a new Publicity and Media Consent form be completed each year for every student.

PUBLICITY AND MEDIA CONSENT FORM

(Parent Name) _____

Parent/guardian of (PRINT CHILD'S NAME) _____

I consent to my Child being photographed, video/audio taped and/or interviewed by representatives of television, radio and other news or broadcast media organizations if such photographs, video/audio recordings or interviews are authorized in advance by Mesa County Valley School District 51 ("District") and are supervised by District or school personnel.

I also consent to Mesa County Valley School District taking, using, disclosing, posting or publishing photographs or video/audio recordings of my Child for official school or District communication purposes via print or internet-based media, including, but not limited to, District publications, District or school-sponsored websites, including District or school sponsored web pages on third-party social networking websites. I understand that by giving such consent a photograph or video/audio recording of my Child may be disseminated or disclosed to the general public or to television, radio and other news or broadcast media organizations who receive or have access to such District publications, websites or web pages.

Yes I will allow the above media release

No - I do not allow the above media release

X _____ Date _____
SIGNATURE OF PARENT/GUARDIAN



HEALTH HISTORY

MUST BE COMPLETED BY PARENT / GUARDIAN EACH SCHOOL YEAR

STUDENT:	Last Name:	First Name:	Birthdate	Gender	Grade	School
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Please fill in the information below if your child has been diagnosed and treated for any of the following conditions

✓	DIAGNOSIS / TREATMENT Describe (write details) in the area provided	DATE of DIAGNOSIS	DATE of LAST EPISODE	PRESCRIPTION and/or ROUTINE OVER-THE-COUNTER MEDICATIONS	Med needed at school? YES/NO
	Allergy (Severe) or Allergic Reaction to: Symptoms:				YES/NO
	Asthma:				YES/NO
	Diabetes:				YES/NO
	Seizure Disorder:				YES/NO
	ADD or ADHD (circle one):				YES/NO
	Birth History/Delivery/Congenital problems:				YES/NO
	Concussion diagnosed by physician: (Symptoms usually better after 3 weeks)		Describe:		YES/NO
	Acquired Traumatic Brain Injury: Includes: traumatic brain injuries (TBI), strokes, or any brain injuries acquired after birth.		Describe:		YES/NO
	Other injuries or illnesses		Describe:		YES/NO

My child wears glasses _____ contacts _____.

The Health Offices in Mesa County School District 51 are staffed by Health Assistants under the supervision of a Registered Nurse.

The above information is considered confidential and is shared on a "need to know" basis between the Registered Nurse (District/School Nurse) and School Staff who will be in contact with and responsible for your child during the school day.

Medications given at school must be accompanied by a signed physician order, signed parental permission (forms are available in the school Health Office), and must be in the original labeled container.

Parents/Guardians are responsible for informing the school of any health issues that have changed for their student throughout the school year.

Parent/Guardian Signature: _____ Date _____

Oficina de Adquisición del Idioma Inglés

Si Ud. necesita una traducción en español favor de llamar a 254-5339. Estamos para servirle. Update: 11/12/14

Mesa County Valley School District 51

JS-E

STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES

(Responsible Use Agreement)

Superintendent Effective Date: May 4, 2010

Revised: February 29, 2012

Page 1 of 1

Mesa County Valley School District 51 offers students access to computers and the Internet to support the District vision and mission. In order to provide open access to the resources, tools and equipment we believe are essential to teaching and learning, it is important that users understand their responsibilities and conduct themselves as responsible learners at all times. Students and parents should read the District's policy (JS) and regulation (JS-R) on Student Use of Information Technology Resources, which can be found online at the District's website using the following links:

<http://www.d51schools.org/board/policies/documents/JS.pdf>

<http://www.d51schools.org/board/policies/documents/JS-R.pdf>

Alternatively, students or parents may request a printed copy from school administration.

Listed below are guidelines that outline responsible use.

I will:

- Keep private information private. (My password and identity are mine and not to be shared.)
- Treat others with respect, both online and offline.
- Report anyone who tries to use the computer to hurt or harass me to a teacher or other adult.
- Tell adults when someone makes me uncomfortable.
- Strive to be and encourage others to be a responsible digital citizen.
- Have appropriate conversations in all my interactions with others.
- Use computers and personal devices for school-related purposes; realizing we share limited bandwidth and wireless connections.
- Credit my sources when I am using other people's information, images, audio or other material.
- Respect the work of other students and not try to copy, damage, or delete their work.
- Follow District policies, rules, and regulations; including copyright policies.
- Ask for permission before connecting my own devices to the District network.

I will not:

- Read another student's private communications without permission.
- Use improper language or pictures.
- Use communication tools to spread lies about others.
- Pretend to be someone else online.
- Give out my full name, password, address or any other personal information to someone I don't know.
- Give out the full name, address, or picture of others.
- Send e-mail to anyone who asks me not to.
- Look for, read, view, or copy inappropriate pictures or information.
- Load software on District computers or network, unless I have received permission.
- Try to get access to or make the computer or network do things not approved by my school and the District.
- Use technology to intimidate, hurt or harass another individual.

Consequences for misuse:

Depending on the nature of the misuse:

I might not be allowed to use the computers or the District network.

I may be suspended or expelled from school or be referred to law enforcement

Student ID	Student's Name (Printed)	Student's Signature (Grades 6-12)	Date
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I have made sure my child understands the expectations of this document and the District's policy and regulation.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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NOTE: Completed forms will remain on file at the student's school for as long as the student is attending the school.

R-5 HIGH SCHOOL

OFF-CAMPUS SITE VISIT PERMISSION FORM

2019/2020 School Year

As an integral part of the R-5 High School learning opportunities and curriculum, students will have the opportunity to visit off-campus sites. Transportation will be provided by the school in district approved activity vehicles.

Off-campus sites to be visited may include, but are not limited to businesses, agricultural production sites, farms, manufacturing facilities and local government sites.

While participating in an off-campus site visit, students are expected to follow all staff directives, school regulations, and maintain appropriate behaviors.

Parents are required to sign and return the below permission slip for their student to participate in off-campus site visits. The below permission slip will be in effect for the entire school year.

My student, _____, has permission to participate in off-site campus visits from R-5 High School for the _____ school year. I acknowledge my student will be expected to abide by District 51, R-5 High School and specific trip policies, rules and regulations. I acknowledge if my student violates any of the district/school policies, rules or regulations while participating in off-site visits, my student may not be allowed to attend additional off-site visits. I acknowledge my child will be transported by R-5 staff in a District 51 owned vehicle.

In case of emergency, I grant permission for emergency procedures/hospitalization to be provided for my student.

____ My student has no medical concerns and **will not** require medication to be available while on site visits.

____ My student does have a medical concern and will require medication to be available while on the site visits as listed:

(Parent/Guardian Signature)

(Date)

**Student-Parent Handbook
Acknowledgement Form**

Please review the information in the 2019-2020 Student & Parent Handbook, including the Attendance, Conduct and Discipline Code (see pages 18-29), Directory Opt Out procedure (see page 10) and referenced Board Policies (see page 30) with your child, and sign and return this acknowledgment form to your child's school.

- *We have received and reviewed the Mesa County Valley School District 51 2019-2020 Parent Student handbook.*
- *We understand the districts procedures, regulation and policies referred to in this handbook.*

Print Student Name

Grade

Student Signature

Date

Parent/Guardian Signature

Date

Please return the signed form to the main office at your child's school.

Mesa County School District 51 offer many programs to support our students, your school office has details on all of them. If you have any questions contact your student's school or the numbers listed below.



REACH program to support your student!

Come meet with a REACH Advocate and sign up for the REACH program. We provide access to the free breakfast/lunch program through the schools, transportation to/from school (case by case basis), backpacks, school supplies, hygiene items, community resources, hoodies, socks and underwear.

Does one of the following fit your housing status?

- Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
- Living in a motel or hotel, or campground due to lack of alternative adequate accommodations.
- Living in emergency or transitional shelters.
- Have a primary residence that is a public place not ordinarily used as a regular sleeping accommodation.
- Living in a car, park, public place, abandoned building, substandard housing (according to HUD standards), and bus or train station.
- Migratory, living in any of the above circumstances.
- Unaccompanied youth not in the physical custody of a parent or guardian.

Telephone: 970-270-6234

• 596 North Westgate Dr. Grand Junction, CO



Migrant Education Program

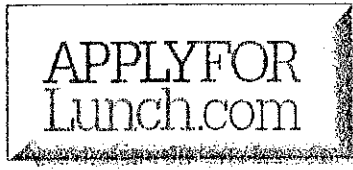
Does your family qualify for services?

If you answer 'yes' the following questions you may qualify for special services.

- Did your child move and change school districts in the last 18 months?
- Was the purpose of the move to obtain work in temporary/seasonal agriculture (farming, ranching, fishing, dairy, etc.?)
- Was the work an important part of providing a living for the worker and his or her family?

• Please contact 970-254-5495 for more information

Nutrition Services - Free and Reduced



Free or reduced-price breakfast and/or lunch are available to children from families qualifying under Federal guidelines. Applications for free and reduced price meals will be available ONLINE as of July 1, 2018 at www.d51schools.org and on ParentVUE. Parents without internet access can pick-up the paper application at school or the Nutrition offices at 2280 E. Main Street, Grand Junction, Colorado. Contact : 970-254-5181



Official Notice: Students with Food Allergies

School District 51 recognizes that many students are being diagnosed with potentially life-threatening food allergies. To address this issue and meet state law requirements concerning the management of food allergies and anaphylaxis among students, the Board of Education sets forth policy JLCDA *Students with Food Allergies*. The district encourages parents to keep a supply of the prescribed medication used to treat the food allergy/anaphylaxis at school, unless the student has an approved treatment plan that authorizes the student to carry the medication with him/her and can self-administer the medication. Any food allergy/anaphylaxis health care plan must be developed in conjunction with the school's Registered Nurse.

Please contact your school or 254-5417 for the number of the Registered Nurse to start the process of developing the plan. An Allergy and Asthma Action Plan form complete with Health Care Provider and parent/guardian signature will be required.

Aviso Oficial: Estudiantes con Alergias de Alimentos

El Distrito Escolar 51 reconoce que a muchos estudiantes les han diagnosticado las alergias de alimentos, los cuales pueden ocasionar la muerte. Para responder a este asunto y cumplir con las leyes y requisitos estatales respecto al manejo de las alergias de alimentos y anafilaxis de los estudiantes, la Mesa Directiva expone la póliza *JLCDA-Estudiantes con Alergias de Alimentos*. El distrito escolar anima a los padres a mantener un suministro de los medicamentos recetados para el trato de la alergia/anafilaxis en la escuela, a menos que el estudiante tenga un plan de tratamiento aprobado el cual le permite llevar consigo los medicamentos y también auto-administrar los medicamentos. Cualquier plan de tratamiento para las alergias de alimentos debe ser desarrollado en colaboración con la enfermera de la escuela.

Por favor, póngase en contacto con la escuela o al 254-5417 para obtener el número de la enfermera de su escuela y comenzar el proceso de establecer un plan de tratamiento. Se necesitará completar el formulario del Plan de Acción para Alergias y Anafilaxia incluyendo las firmas del Proveedor de Servicios Médicos y el padre/tutor.