ID #_____
Grade _____
Entry Date _____
EnterCode_____
Teacher/Counselor

School District 51
MESA COUNTY VALLEY

Registration Form

Date: _____

Please print and fill in all information

School Name: _____

Section 1: Student Information

Last Name	First Name	Middle Name

Grade	Gender M F	Date of Birth	Birth State	Birth Country

Resident Address	City	State	Zip	Phone

Mailing Address (if different)

Currently Enrolled in Online School? Yes _____ No _____	Are you a Refugee? Yes _____ No _____	Race/Ethnicity: You must answer both parts of the following questions. **Part A;** Do you consider yourself to be of Hispanic/Latino origin? **Yes** ____ **No** ____ **Part B:** Which of the following groups describe your race? (you may select more than one)
Currently being Homeschooled? Yes _____ No _____	**Does your family qualify for Migrant service?** Yes _____ No _____	_____1=American Indian or Alaska Native _____2=Asian _____3=Black or African American _____5=White _____6= Native Hawaiian or Other Pacific Islander

Section 2: Parent /Guardian Information

1. Parent/Guardian Name	Relationship	2. Parent/Guardian Name	Relationship
Address	Phone Cell	Address	Phone Cell
Employer	Work Phone	Employer	Work Phone
Email:		Email:	

Section 3: Custody: A Custody Statement must be filled out each school year (Form in registration packet)

Section 4:Emergency Information if parent/guardian cannot be reached in case of EMERGENCY , please contact:

1. Last Name	First Name	Phone Home Cell Work	Relationship to Student
2. Last Name	First Name	Phone Home Cell Work	Relationship to Student

Section 5: Person(s) allowed to pick up student PRIOR to end of school day (Dr Dentist appointments etc.)

1. Last Name	First Name	Relationship to Student	Notes:
2. Last Name	First Name	Relationship to Student	Notes:

Section 6: Medical: A Health History Form must be filled out each school year (Form in Registration Packet)

Section 7: Previous School Information

Has student attended a public U.S. school continuously for more than 3 full academic years? Yes_____No____

Has student ever been enrolled in District 51 under another name? List Name(s):

Has student ever attended any District 51 school or Preschool? ___Yes ___No

Has your student ever received Special education Services? _____No ___ Yes - In state ___ Yes-Out of state

Last School Attended?	City/State

Section 8: Home Language Survey **Mark only those that apply to your family (Please don't include languages you've learned in school)**

1. What was the first language spoken by the	English ____	Spanish ____	Other
2. Identify all languages spoken in the home	English ____	Spanish ____	Other
3. List all languages understood by student	English ____	Spanish ____	Other
4. Language spoken in the home by student	English ____	Spanish ____	Other

5. Has your child ever been enrolled in an English as a Second Language Program? No Yes
6. Do you require district information translated in a language other than English? No ___Yes___ If yes, what language?

** I request the school to notify me in case of an emergency or serious illness. If I am unable to be reached, I grant permission for the school to contact appropriate **emergency** agency/facility.

X Parent/Guardian Signature: _____ Date: _____

School District 51
MESA COUNTY VALLEY

Office Use:
Teacher:

Parental Rights/Custody Statement

District 51 requires a new custody agreement to be completed each year for every student.

Student Name: _____ **ID** _____ **Grade** _____

Is there a custody agreement for this student?

☐ YES **Please complete this custody statement.**

Date of Agreement _____

- Attach copy of custody agreement

☐ NO **Please sign and date below.**

1. **Is this student subject to a court order regarding school attendance, custody or a major decision making agreement?**

   Yes_____ No _____

2. **Who has legal custody or major decision making responsibility?**

   _____ Mother _____Father _____Both _____Other –Please Specify _____

Please complete Parent(s) or Legal Guardian(s) name and address: if you need additional space please use the back of the form

Father/Guardian	Mother/Guardian
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone

District 51 is not responsible for enforcing Parenting Rights/Issues, including which days parents have visitation.

If both parents share joint decision making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the district has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.
PLEASE NOTE: If possible, both parents must sign this statement indicating they agree with the above information. If there is only one signature, District 51 requires an explanation as to why there is only one signature.

X _____
Parent/Guardian Signature Date

_____
Parent/Guardian Signature Date

If only one signature, please explain why:_____

For Office Use:
Teacher: _____

School District 51
MESA COUNTY VALLEY
Every student, every day, learning for life!

HEALTH HISTORY

MUST BE COMPLETED BY PARENT / GUARDIAN EACH SCHOOL YEAR

STUDENT:	Last Name:	First Name:	Birthdate	Gender	Grade	School

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?
	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

Staff Use Only:
Date Started: _____
Outcome: _____

Candidacy Agreement 2016-2017

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 _____

R-5 STUDENT INFORMATION SHEET

Student name_____ Phone Number_____

Former School_____ Grade_____ Age_____

Resource/SPED____ yes____ no ELL/ELS_____ yes _____no

STUDENT – write at least a one paragraph response to 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? (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?

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

____ Students 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

STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES

(Responsible Use Agreement)

Superintendent Effective Date: May 4, 2010
Revised: February 29, 2012

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

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

NOTE: Completed forms will remain on file at the student's school for as long as the student is attending the school.

School District 51
MESA COUNTY VALLEY

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

Revised 1/13/16

School District 51
MESA COUNTY VALLEY
Every student, every day, learning for life!

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.

Migrant Education Program

Attn: Molly Greenlee, Coordinator Basil T Knight Center, 596 North Westgate Dr. Grand Junction, CO

Student Name: _____

School: _____

Telephone: _____

Does your family qualify for services?

Please answer 'yes' or 'no' to the following questions.

1.) Did your child move and change school districts in the last 18 months? _____

2.) Was the purpose of the move to obtain work in temporary/seasonal ***agriculture (farming, ranching, fishing, dairy, etc.?)*** _____

3.) Was the work an important part of providing a living for the worker and his or her family?

_____

Please return the form to school staff. Questions? Call 970-254-5495

¿Califica su familia para los servicios del programa?

Favor de contestar las siguientes preguntas, con 'sí' o 'no'.

1.) ¿Dentro de los últimos 18 meses, su niño se mudó y cambió de un distrito escolar a otro? _____

2.) ¿Fue el propósito del cambio para obtener trabajo temporal en la **agricultura (cosecha, ranchos, pesca, lechería, etc?)** _____

3.) ¿Fue el trabajo una parte importante para proveer económicamente a la familia?

Por favor, devuelva este formulario al personal de la escuela.

¿Preguntas en español? Llame al 970-254-5495.

Please return forms to Migrant Ed. Program, 596 North Westgate Dr. Grand Junction, CO 81505

School District 51

Do you have a student(s) in District 51???

Are you in a temporary housing situation?

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), bus or train station.
- Migratory, living in any of the above circumstances.
- Unaccompanied youth not in the physical custody of a parent or guardian.

If any of these apply to you or someone you know, your child(ren) may be eligible for services under the McKinney-Vento Homeless Education Assistance Act of 2001.

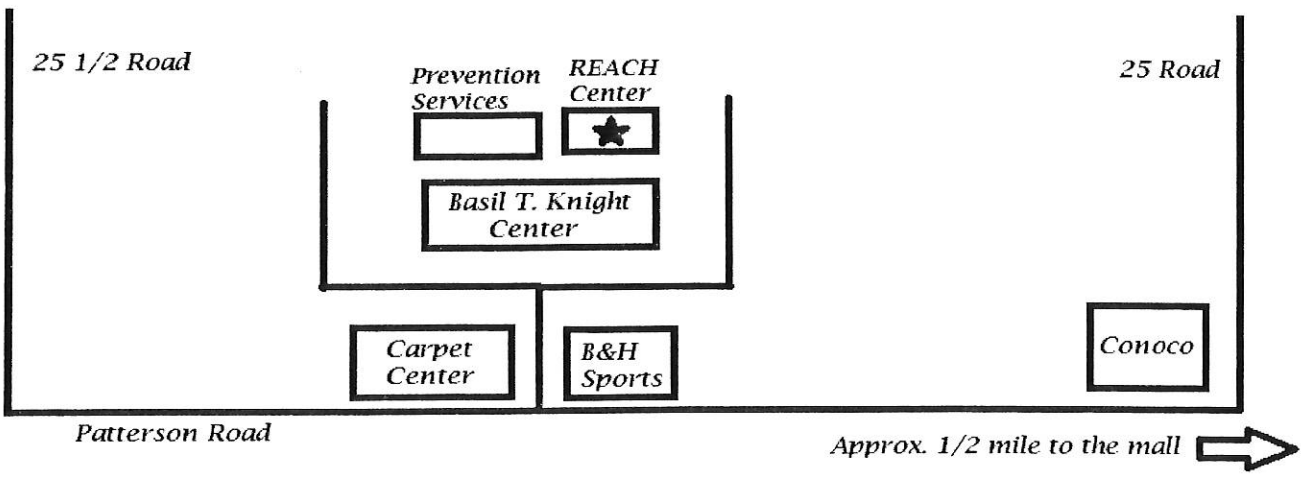
District 51 has the REACH program to support your student!

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.

Basil T. Knight Center
(Off Patterson Road behind B&H Sports)
Located in west modular behind main building
596 N. Westgate Dr.
Grand Junction, CO 81505

Open: Mon. - Thurs. 9:00-1:30

Monday & Wednesday – Belinda Howery – Cell: 270-6234
Tuesday & Thursday – Michelle Harmon – Cell: 270-5352 (Medicaid and bi-lingual support on Thursday)



School District 51

¿Tiene usted un estudiante(s) en el Distrito 51???

¿Está usted en una situación de vivienda temporal?

¿Uno de lo siguiente se adapta a su situación de vivienda?

- ☐ Comparte vivienda con otras personas a causa de perdida de hogar, problemas económicos, o razones similares.
- ☐ Vive en un motel u hotel, o en un campamento debido a la falta de alternativas de alojamiento adecuado.
- ☐ Vive en refugios de emergencia o transición.
- ☐ Tiene una residencia primaria que es un lugar público que normalmente no se usa como un alojamiento regular para dormir.
- ☐ Vive en un carro, parque, lugar público, edificio abandonado, vivienda deficiente (acuerdo a los estándares de HUD), autobús o estación de tren.
- ☐ Migratoria, vive en cualquier de las circunstancias anteriormente mencionadas.
- ☐ Menor no acompañado no bajo la custodia física de un padre o tutor.

Si cualquier de estos se aplican a usted u a alguien que usted conozca, su hijo(s) pueden ser elegibles para recibir servicios bajo el McKinney-Vento Homeless Education Assistance Act of 2001.

¡El Distrito 51 tiene el programa REACH para apoyar a su estudiante!

Venga a encontrarse con un representante de REACH e inscríbase para el programa REACH. Ofrecemos acceso al programa del desayuno / almuerzo a través de las escuelas, el transporte a / de la escuela (caso por caso), mochilas, útiles escolares, artículos de higiene, recursos comunitarios, sudaderas, calcetines y ropa interior.

Basil T. Knight Center

(Fuera de la calle Patterson atrás de B&H Sports)

Situado en el oeste del modular detrás del edificio principal

596 N. Westgate Dr.
Grand Junction, CO. 81505
254-5520

Abierto: lunes - jueves de 9:00 - 1:30
(información de inscripción de Medicaid y apoyo bilingüe los jueves)

(De vuelta a la página para ver el mapa de cómo llegar al Centro REACH)