

## **Welcome to Legend High School**

### **Registration Check List**

Legend High School must have **all** the items below before a student is allowed to register for classes.

- \_\_\_\_\_ DCSD Enrollment Form
- \_\_\_\_\_ State-certified Birth Certificate
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ Proof of Residency (warranty deed, lease agreement, tax notice are acceptable documents)
- \_\_\_\_\_ Transcript from previous school - Advisors must have for class registration and credit check
- \_\_\_\_\_ Release of Records
- \_\_\_\_\_ Student Residency Questionnaire
- \_\_\_\_\_ Migrant Education Program
- \_\_\_\_\_ IEP (Individual Education Plan) or 504 Plan (if applicable)
- \_\_\_\_\_ Proof of Guardianship (if applicable) -Custody Agreement Document

If you have any questions regarding enrollment, please contact the registrar, Lesley Leighner, at [Lesley.Leighner@dcsdk12.org](mailto:Lesley.Leighner@dcsdk12.org) or 303.387.4533.



## Registration Form

For Office use Only

School:

Legend High

Use Dropdown to Select School

Date of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
Teacher/Counselor: \_\_\_\_\_ Track/Team: \_\_\_\_\_  
Session: ☐ AM ☐ PM Permit Code: \_\_\_\_\_ Bus #: \_\_\_\_\_

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Student Information

Legal Name from Birth Certificate

Grade \_\_\_\_\_ Last \_\_\_\_\_ Gender M ☐ F ☐ First \_\_\_\_\_ Middle (full) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Cell \_\_\_\_\_  
Date First Enrolled in US \_\_\_\_\_ Email \_\_\_\_\_

Race/Ethnicity

**Notice to Parents and Students** - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

**Part A. Is this student Hispanic / Latino?** (choose only one)

- ☐ No. **NOT Hispanic**  
☐ Yes. **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.

**Part B. Which of the following groups describe the student's race?** (choose one or more)

- ☐ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Asian** - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Previous School

**Has the student attended another Douglas County School District school?**Y ☐ N ☐

If Yes, School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

**Last school attended outside the Douglas County School District:**

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_

Is your child presently under an expulsion order from any other school district? Y ☐ N ☐Is your child presently under consideration for expulsion? Y ☐ N ☐Is your child presently involved in the Juvenile Justice system? Y ☐ N ☐

ESL

What language did the student use when he/she first began to talk? \_\_\_\_\_

What language(s) does the student speak / understand? \_\_\_\_\_

Is a language other than English regularly used by the student's parents/guardians? Y ☐ N ☐

If Yes, please specify language: \_\_\_\_\_

What language is primarily spoken in the home by the parent/guardian? \_\_\_\_\_

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y ☐ N ☐

Has your child received any previous testing, evaluations or services in any of the following areas?

- |                                                |                                                  |                                                     |                              |
|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Counseling              | <input type="checkbox"/> Gifted & Talented          | <input type="checkbox"/> ILP |
| <input type="checkbox"/> Speech/Language       | <input type="checkbox"/> Psychological           | <input type="checkbox"/> Remedial Reading (Title 1) |                              |
| <input type="checkbox"/> Physical Therapy      | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> 504 Services               |                              |
| <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Hearing/Visual Impaired | <input type="checkbox"/> Other                      |                              |

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## Registration Form

For Office use Only

Student Name: \_\_\_\_\_  
Last First Middle  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Teacher/Counselor: \_\_\_\_\_ Room: \_\_\_\_\_

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Household Info

Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Household Telephone \_\_\_\_\_ Unlisted? Y ☐ N ☐

Parent / Guardian Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y ☐ N ☐  
Does Student reside with? Legal Guardian ☐ Y ☐ N \*\*Step-Parent Y ☐ N ☐

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y ☐ N ☐  
Does Student reside with? Legal Guardian ☐ Y ☐ N \*\*Step-Parent Y ☐ N ☐

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Pager \_\_\_\_\_ Email \_\_\_\_\_ Receive Mailings Y ☐ N ☐  
Does Student reside with? Legal Guardian ☐ Y ☐ N \*\*Step-Parent Y ☐ N ☐

**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.

Other Children Under Age 18 in the Home - Names **MUST** be from Birth Certificate

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Registration Form

For Office use Only

Student Name: _____			
_____	_____	_____	_____
School: _____	Grade: _____	Student ID #: _____	
Teacher/Counselor: _____			Room: _____

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**Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident**

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Additional Information \_\_\_\_\_

Phones **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Doctor

Doctor's (full) Name \_\_\_\_\_ Gender \_\_\_\_\_

Name of Practice / Group \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## Registration Form

For Office use Only

Student Name: _____	Last _____	First _____	Middle _____
School: _____	Grade: _____	Student ID #: _____	
Teacher/Counselor: _____	Room: _____		

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Health Info

Is your student taking any medications at home or at school? Y ☐ N ☐ List: \_\_\_\_\_

If your student needs to take medication at school, the "Student Medication Request Release Agreement" or "Permission to Carry" form is available at the school office. These forms must be completed for any medication a student will need to take during school hours. They are also available at [www.dcsdk12.org](http://www.dcsdk12.org) - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

<input type="checkbox"/> Seasonal Reaction: _____	<input type="checkbox"/> Food _____	Reaction: _____
<input type="checkbox"/> Insect Sting Reaction: _____	<input type="checkbox"/> Other _____	Reaction: _____
<input type="checkbox"/> Latex Reaction: _____	<input type="checkbox"/> Other _____	Reaction: _____

Does your student (please check applicable boxes):

<input type="checkbox"/> Wear glasses/contacts?	<input type="checkbox"/> Have heart problems?	<input type="checkbox"/> Hearing impaired?
<input type="checkbox"/> Have asthma/respiratory ailments?	<input type="checkbox"/> Have convulsions/seizures?	<input type="checkbox"/> Have diabetes?
<input type="checkbox"/> Had a head injury/significant bump to the head?	<input type="checkbox"/> Have physical activity limitations?	

Please explain any conditions marked above: \_\_\_\_\_

Other medical conditions the school needs to be aware of: \_\_\_\_\_

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Tylenol Release

## \*\*\* Tylenol Release for ELEMENTARY SCHOOLS ONLY \*\*\*

I request and give permission to Douglas County School District Re. 1 to provide acetaminophen (Tylenol) to my student for the following health problems: headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, and fever over 100F). I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against Douglas County School District Re. 1 and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication.

Y ☐ N ☐

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medicaid

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, if/when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgement

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Notice

**Notice to Parents and Students** - All students new to the district shall be enrolled conditionally until records, including discipline records, from the 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. State law requires immunization records be submitted at the time of registration.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



REQUEST TO OTHER EDUCATIONAL AGENCIES FOR RELEASE OF STUDENT INFORMATION  
TO THE DOUGLAS COUNTY SCHOOL DISTRICT RE. 1



Please send all designated records to:

School Name: Legend High School  
Address: 22219 Hilltop Rd  
City, State, Zip Code: Parker, CO 80138  
School Phone #: 303-387-4500

FAX Phone #: 303-387-4501  
Counseling Phone #:   
Registrar Phone #: 303-387-4533

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I HEREBY AUTHORIZE:

Name of School: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

TO RELEASE THE FOLLOWING RECORDS TO THE DOUGLAS COUNTY SCHOOL DISTRICT:

- |                                                                                                                                                                                  |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Official Administrative Record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline) | <input type="checkbox"/> Medical / Immunization Records                |
| <input type="checkbox"/> Scholastic/Achievement Record                                                                                                                           | <input type="checkbox"/> Personality and Interest Test Scores          |
| <input type="checkbox"/> Intelligence and Aptitude Test Scores                                                                                                                   | <input type="checkbox"/> Special Education / Section 504 / ILP Records |
| <input type="checkbox"/> Standardized Test / ACT / SAT Data                                                                                                                      | <input type="checkbox"/> Gifted & Talented                             |
| <input type="checkbox"/> Discipline File, including record of Suspension / Expulsion                                                                                             | <input type="checkbox"/> Other _____                                   |

Has the above-mentioned student ever been suspended?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

Has the above-mentioned student ever been expelled or recommended for expulsion?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

Has this student received any previous testing, evaluations or services in any of the following areas?

- |                                                          |                                              |                                        |
|----------------------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Individual Education Plan (IEP) | Disability Area: _____                       | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Individual Literacy Plan (ILP)  | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> 504 Services        |                                        |

FALSE INFORMATION ON THIS FORM MAY JEOPARDIZE THE STUDENT'S ENROLLMENT IN SCHOOL.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: (circle one) Parent/Guardian Student (18 years and older) Registrar Other \_\_\_\_\_

*According to the Family Educational Rights and Private Act, a student's education records can be disclosed without parental consent to school officials of another school or school system where the student seeks to enroll. Under limited circumstances, Colorado law allows withholding only of a student's diploma, transcript, or grades for unpaid book fees. All other records must be provided.*

(Office Use Only)

Records Requested \_\_\_\_\_ By \_\_\_\_\_ Via FAX ☐ Via Mail ☐ Received Records \_\_\_\_\_

## Student Residency Questionnaire

Douglas County School:

Student's Legal Name:

Date of Birth:  Age:  Grade:  Gender: M ☐ F ☐

Parent(s) / Legal Guardian(s):  Phone/Pager:

Address:  City:  State / Zip Code:

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

### 1. Presently, where is the student living? (check one box)

Section A	Section B
<input type="checkbox"/> Choices in Section B do not apply  <b>STOP:</b> If you checked this section, you <b>do not</b> need to complete the remainder of this form. <b>Submit to school personnel.</b>	<input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship <input type="checkbox"/> A student not living with parent or legal guardian <input type="checkbox"/> Other? Explain: <input type="text"/>

### 2. The student lives with:

- |                                                   |                                                                                |
|---------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 (one) parent           | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 (two) parents          | <input type="checkbox"/> alone with NO adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that IS NOT the parent or the legal guardian |

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date:

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date:

#### Notes:

**Section A** - If Section A is checked, completion of form is not required. Signed form is returned to school personnel.

**Section B** - If Section B is checked, this form **MUST** be completed and returned to school personnel.

\*\*\*\* Completed form is kept in the student's cum file. \*\*\*\*

#### School Contact who may know of the family's situation:

Name / Title:  Phone:



# Douglas County Schools Migrant Education Program



## Attention Parents!

You and your children may be eligible to receive important services such as: job referrals, financial support for dental services, free school breakfast & lunch, summer school opportunities, books, community resource information, etc. Please fill out the survey below and return it to your school staff. All of the information is confidential. Thank you.

**Have you or spouse ever looked for, worked in, or are currently working in any of the following types of jobs:**

- |                                                                                                           |                                                              |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Planting or harvesting (e.g., beans, corn)                                       | <input type="checkbox"/> Orchards                            |
| <input type="checkbox"/> Packing of eggs, fruits, vegetables, etc.                                        | <input type="checkbox"/> Farms or ranches (e.g., irrigation) |
| <input type="checkbox"/> Packing plants, meat-packing plants or the loading and transportation of animals | <input type="checkbox"/> Dairies                             |
| <input type="checkbox"/> Planting at nurseries/green houses/sod farms.                                    | <input type="checkbox"/> Animal Farming/Ranching             |
|                                                                                                           | <input type="checkbox"/> NO                                  |

• **Has your family moved from home (city, state, or country) within the last 3 years?**

☐ No    ☐ Yes, From \_\_\_\_\_ to \_\_\_\_\_  
(School District, City, State, Country)                      (School District, City, State, Country)

Name of Parents: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Today's date: \_\_\_\_\_

Full Name of All Children	Date of Birth	Name of School Your Child Attends	Grade

For Office use only:

NGS Family ID \_\_\_\_\_ CAMPUS \_\_\_\_\_

Comments: \_\_\_\_\_

Schools, please send to Migrant Education Program - Multicultural Student Services, Ed Center

Metro Region I Migrant Education Program 303-238-4447

Revised 01-27-09