



## Falcon Virtual Academy Enrollment Checklist

Please use the following checklist to ensure all paperwork is complete for enrollment in Falcon Virtual Academy. Our goal is to make the enrollment as easy and complete as possible. Incomplete applications will affect your beginning date and delay delivery of materials and course placement.

All documents for FVA can be sent via fax, email or mailed to:

Falcon School District 49  
Central Enrollment  
10850 E Woodmen Rd  
Falcon, CO 80831  
719-494-8902fax  
[centralenrollment@d49.org](mailto:centralenrollment@d49.org)

\*Please only send copies of your documents not originals.

### **You must send the following paperwork with your enrollment application in order to be complete:**

- Photo I.D. of Parent/Guardian
- Documentation of Child's Date of Birth (Birth certificate or passport)
- Proof of Residency
- Immunization Records
- Previous semesters report card for grades 1-8 students or transcripts for high school students
- Copy of 504 or an IEP if applicable
- Affidavit of State of Colorado Residency
- Family Economic Data Survey
- At least one valid email address

For questions regarding enrollment, please contact central enrollment at 719-494-8911.

For information regarding Falcon Virtual Academy, please call 719-494-8940, email at [fvainfo@d49.org](mailto:fvainfo@d49.org) or visit the website at [www.d49.org/school/fva](http://www.d49.org/school/fva)

# FALCON SCHOOL DISTRICT 49

## Documents Required for Enrollment

### 1. PHOTO I.D. OF PARENT/GUARDIAN:

A driver's license or any other photo I.D. is acceptable.

### 2. DOCUMENTATION OF CHILD'S DATE OF BIRTH:

Please bring ONE of the following:

- Birth Certificate (preferred) **Note:** Hospital issued Birth Certificates are not acceptable
- Valid Passport

#### Kindergarten eligibility:

- Falcon Zone, Power Zone & I Connect Zone:** Kindergarteners must be 5 years old on or before September 15<sup>th</sup> of the school year they are being enrolled in.
- Sand Creek Zone:** Kindergarteners must be 5 years old on or before August 15<sup>th</sup> of the school year they are being enrolled in.

### 3. PROOF OF RESIDENCY:

- Warranty Deed, Deed of Trust, or Bill of Sale on your home showing a closing date within the past 60 days
- Purchase contract with possession date or closing date not more than 60 days out
- Current signed lease or rental agreement not expiring within 60 days
- Current utility bill, phone (not cell), or water (both portions of a bill are required, property service address must match mailing address)-last or current month.

**(NOTE: Disconnect notices are not acceptable forms of proof of residency)**

- If the child you are enrolling is NOT your natural child, we will need legal guardianship documents showing you are the legal guardian. For more information contact central enrollment at [centralenrollment@d49.org](mailto:centralenrollment@d49.org)
- If you are **LIVING WITH ANOTHER FAMILY** – ALL of the following are required:
  - A current notarized Affidavit of Residency (**last page of the enrollment packet**)
  - **Proof of address from the owner/renter of the residence** (see required documents above)
  - If possible, current proof of your residence at that address. (i.e.: bank statement, insurance statement, new Colorado drivers license receipt, bills received, etc., with your name and address clearly listed)
  - Additional documentation may be required upon receipt of official student records.

### 4. IMMUNIZATION RECORDS – required by state law

An official Immunization Record from your child's physician or clinic is required at the time of registration. If any of these shots are missing at that time, you will be required to email updated records to the health office before the first day of school or your child will not be allowed to begin attending school until the records are received by the school. Additional information can be found at <http://www.cdphe.state.co.us/dc/Immunization>.

If immunizations are against your religious beliefs, you must download a copy of the Colorado Department of Public Health and Environment-Certificate of Immunization and complete the religious exemption section of the statement of exemption to immunization law. If your child cannot be immunized for medical reasons, a physician must sign the medical exemption section of the statement of exemption to immunization law. If you have a personal belief opposed to immunizations, you must sign the personal exemption section of the statement of exemption to immunization law.

**Colorado Department of Public Health and Environment-Certificate of Immunization form**

<http://www.cdphe.state.co.us/dc/Immunization/Forms/Certificate%20of%20I%20Z%206-09.pdf>

### 5. PREVIOUS SCHOOL INFORMATION - if applicable

- Name, address, phone and fax number of previous school
- Withdrawal form from previous school
- Report card for students entering grades 1-8/transcripts for students entering high school
- An updated copy of the IEP and 504 if a student is Special Needs

**ALL INFORMATION IS TREATED AS CONFIDENTIAL**

<b>FVA</b>	Grade: _____	Date Received: _____	Start Date: _____
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Student ID: _____
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**Student Enrollment Information** School and Student specific information

(Please fill out for each student enrolling)

**Student's Legal Name** – from Birth Certificate or Legal Name Change Document

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Grade enrolling in \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_

**Please choose one:** Full-Time Student \_\_\_\_\_ Part-Time Student \_\_\_\_\_

Last 4 digits of Social Security Number: 000-00-\_\_\_\_\_ Home Telephone: \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ School District you are residing in: \_\_\_\_\_

Mailing Address (if different from residence address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is this student Hispanic/Latino?**

(A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)

- Yes
- No

**Due to changes in Federal and State laws Hispanic/Latino is considered an ethnic designation and not a race. Therefore in addition, please select one or more of the following racial categories to describe your student. If your student is not Hispanic/Latino please mark all racial categories that apply to your student:**

- American Indian
- Asian
- Native Hawaiian or other Pacific Islander
- Black
- White

**US Public School Attendance Information:**

Has your child ever attended any other D49 school or a Falcon Charter School? **NO YES** Year: \_\_\_\_\_ School: \_\_\_\_\_

- 1) Has your child been enrolled in a public US or DODD school **continuously** since March 1, 2009? **Yes No**
- 2) Has your child been enrolled in a public Colorado school **continuously** since March 1, 2009? **Yes No**
- 3) Into what grade did you enroll your child the first time he/she was enrolled into a public US or DODD school? \_\_\_\_\_ grade
- 4) Has your child ever been retained? **Yes No** If Yes, what grade? \_\_\_\_\_
- 5) Does your student have a College in Colorado account? **Yes No** If yes: \_\_\_\_\_  
account name / school attached to

**Emergency Information for Early Dismissal:**

Children will be unable to use phones due to the number of students and the availability of phones:

Please check **ONE**:

- \_\_\_ Walk home and student will have a way to get into the house
- \_\_\_ Parents will pick up student at school

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

\_\_\_\_\_  
**Date**

# Falcon School District 49 Student Enrollment Form

## Household Information

### Primary Household Information

#### Household Information where student resides

Residence Address \_\_\_\_\_

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

Household Telephone Number \_\_\_\_\_ Unlisted? Yes/No

### Primary Parent(s)/Guardian(s) Information (WITH WHOM STUDENT RESIDES)

#### Parent/Guardian 1

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ **Legal Guardian** Yes / No  
Last First Middle Name **Step Parent** Yes / No

Phone: **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

#### Parent/Guardian 2

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ **Legal Guardian** Yes / No  
Last First Middle Name **Step Parent** Yes / No

Phone: **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Parent(s)/Guardian(s) at Secondary Residence

#### Parent/Guardian 3

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ **Legal Guardian** Yes / No  
Last First Middle Name **Step Parent** Yes / No

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Student Resides With part time:** Yes / No

**Mailings to this address:** Yes / No

#### Parent/Guardian 4

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ **Legal Guardian** Yes / No  
Last First Middle Name **Step Parent** Yes / No

Phone: **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**List all School Age Children Residing in Primary Household**

<i>Legal Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Gender</i>	<i>Birth Date</i>	<i>Name of School Attending</i>	<i>Grade</i>

**Emergency Contact Information** – Please list people **OTHER THAN PARENT/GUARDIAN** who are authorized to pick up the student(s)

**1<sup>st</sup> Contact to be called after parent/guardian:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
 Relationship to student \_\_\_\_\_

**2<sup>nd</sup> Contact:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
 Relationship to student \_\_\_\_\_

**3<sup>rd</sup> Contact:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
 Relationship to student \_\_\_\_\_

**4<sup>th</sup> Contact:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
 Relationship to student \_\_\_\_\_

**Military/Government Employment Information**

**1. Are one or both parents on active or reserve duty?** Yes/No

Mother/Legal Guardian: \_\_\_\_\_ Father/Legal Guardian: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch: \_\_\_\_\_

Installation of Service: \_\_\_\_\_ Installation of Service: \_\_\_\_\_

**2. Do either, or both parents work as civilian employees for the federal government on government owned property?** Yes/No      Civilian Employee for Private Company/Civil Service Employee / Civilian (please circle one)

Please list place of employment: \_\_\_\_\_ mother / father (please circle one)

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the Information Form are not legal residents of School District 49; such students will be withdrawn immediately from Falcon District Schools. I further understand and agree that pursuant to School Board Policy 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 Falcon School District. In the event such records indicate a reason to deny admission, the student’s conditional enrollment shall be revoked. Finally, I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



**HEALTH INFORMATION**  
*Must be updated annually*

Forward  
this page to  
the Health  
Office

***'Confidential information will be shared with school staff on a need to know basis'***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does your child currently have any of the following health concerns: (please circle if applicable)?

- |               |               |                 |                 |              |
|---------------|---------------|-----------------|-----------------|--------------|
| ADD/ADHD      | Bone/Joint    | Emotional       | Hearing Loss    | Stomach      |
| Allergies     | Bowel/Bladder | Eating Concerns | Heart Condition | Other: _____ |
| Asthma        | Diabetes      | Head Injuries   | Respiratory     | Other: _____ |
| Blood Disease | Ear Problems  | Headaches       | Seizures        | Other: _____ |

Please describe the issues: \_\_\_\_\_

List any current medical diagnoses: \_\_\_\_\_

Does your child have any activity/dietary restrictions? Yes / No If yes, please list: \_\_\_\_\_

Is your child currently taking medication? Yes / No If yes list: Medication/Dose: \_\_\_\_\_

Medication/Dose: \_\_\_\_\_ Medication/Dose: \_\_\_\_\_

Does your child have any **significant life threatening allergies** that you feel school personnel need to know about? **Yes / No**  
If yes, list allergy and reaction: \_\_\_\_\_

**Required Parent Information:** (circle one) **I WILL / I WILL NOT**  
be providing rescue medication such as Epinephrine for severe allergy noted above. I understand that by NOT providing rescue medication, EMS (911) will be called if an emergency arises and agree to Emergency Care Permit listed below.

Glasses or Contacts? \_\_\_\_\_ Date and Location of last vision exam: \_\_\_\_\_

Hospitalizations or Surgeries? \_\_\_\_\_

Student's Physician/Address/Phone #: \_\_\_\_\_

Student's Dentist/Address/Phone #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

*Colorado has a health insurance plan for uninsured children. If your child is not covered by an insurance plan, would you like the nurse to send home an information packet with your child? Yes / No*

Medicaid? Yes / No

Consent for Medicaid Billing: I give consent to and authorize Falcon School District 49 to release to Colorado Health Care Policy and Financing (HCPF) information related to Medicaid eligible services the District provides to the student identified above, as necessary, to apply for and recover partial Medicaid reimbursement. If at any time you would like to revoke this permission, please contact the school Medicaid Office.

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

**Emergency Care Permit:** In case of serious illness or injury, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility. If I cannot be reached by telephone in the event of an emergency, please send my child to (Hospital/Address) \_\_\_\_\_ or the nearest medical facility.

\_\_\_\_\_  
Parent/Guardian Signature Best Contact Phone Number(s)

Form Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

Last School Child attended: \_\_\_\_\_

# CONFIDENTIAL AND SPECIAL NEEDS INFORMATION

*NOTE: this form needs to be filled out whether Special Education is applicable or not. Thank you.*

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**1) Has your child ever received help through special education? (circle one)                      NO                      YES**

*If YES, please complete the following (1a through 1d):*

**a) Does your child have an active IEP (Special Education Individualized Plan)? (circle one)**

**NO** (skip to # 2)

**YES** please complete the following:

**b) What is the current primary disability?** \_\_\_\_\_

**c) Does your child need any accommodations for the primary disability? If yes, please list here:** \_\_\_\_\_

\_\_\_\_\_

**2) Does your child have an active 504 Plan? (circle one)                      NO                      YES**

*If yes, what are the accommodations:* \_\_\_\_\_

\_\_\_\_\_

**3) Has your child been placed on an ILP (Individualized Literacy Plan)?    NO                      YES**

**4) Has your child participated in a program for Talented and Gifted (TAG) children at your previous school?**

**NO                      YES,**  
*If YES please list the grade \_\_\_\_\_ and year \_\_\_\_\_*

**5) Has your child been identified as gifted and talented?                      NO                      YES**

*If YES in what area/subject: \_\_\_\_\_*

**6) Has your child participated in a Title I or Chapter I program?                      NO                      YES**

**7) Does your child speak a language other than English?                      NO                      YES,**

*If YES, please specify the language: \_\_\_\_\_*

**8) Has your child participated in an English Language Learner (ELD) program?                      NO                      YES**

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

\_\_\_\_\_  
Date

Falcon School District 49  
HOME LANGUAGE SURVEY

\*Federal rules and regulations require that school districts be aware of students who speak or understand a language other than English.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Previous School / City / State: \_\_\_\_\_

1. What language(s) did your child first learn to speak? \_\_\_\_\_

2. What language is spoken at home by the Student?: \_\_\_\_\_

By the Parent?: \_\_\_\_\_

3. Does the **student speak and / or understand** a language other than English? Yes / No

If yes, what language? \_\_\_\_\_

4. Can the student **read** in a language other than English? Yes / No

5. Can the student **write** in a language other than English? Yes / No

6. Has your child ever been enrolled in an ESL Program? Yes / No

If "YES," where and when: \_\_\_\_\_  
School/District/State - Name Dates of service Number of Years in Program

If "YES," did your child ever **EXIT** the ESL/ELD Program? Yes / No  
If yes Date of Exit: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

7. Date of student's entry into this country if born outside the USA / Military Installation: \_\_\_\_\_ / \_\_\_\_\_  
month/year

- Note** Federal law also requires that:
- a. If you list a language other than English, your child WILL be tested for ESL services, unless one of the following documents can be provided:
    - 1) proof of previous ESL testing from a former school / district
    - 2) documentation of EXIT status from a former school / district
    - 3) an FEP score on a valid state test
  - b. If testing is required and your child qualifies for ESL services, and you *do not* want your child in an ESL program, it is your right to *deny* this service.

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

Date \_\_\_\_\_

revised 03/12/12



# Falcon School District 49

## Authorization to Release Pupil Records and Information

**Requesting School:** **FALCON VIRTUAL ACADEMY**  
(719) 494-8940

I hereby authorize the release of the following information to Falcon School District 49 regarding:

**Student Name:** \_\_\_\_\_ **Last Grade:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Counselors Name:** \_\_\_\_\_

**Date of withdrawal:** \_\_\_\_\_

### For Office Use Only

**Please send the following information where applicable:**

- \_\_\_\_\_ Progress Records (grades, attendance, etc)
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Health Records (including immunization records)
- \_\_\_\_\_ Special Education Records (including current testing material, I.E.P. reports)
- \_\_\_\_\_ Psychological tests and reports
- \_\_\_\_\_ Standardized testing (including CSAP scores)
- \_\_\_\_\_ Speech/Hearing testing
- \_\_\_\_\_ 504
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ ELD
- \_\_\_\_\_ A.L.P./GT
- \_\_\_\_\_ Alpine Records

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

\*As outlined in Section 99,32 of the Buckley Amendment, written consent is not necessary for the transfer of records between schools.

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

\_\_\_\_\_  
**Date**

Student Name: \_\_\_\_\_

**PARENT ACKNOWLEDGEMENT OF STUDENT BEHAVIOR AND RESIDENCE**

**Explanatory Note:** The questions asked on this form will assist us as we provide a safe environment for all students. Colorado law provides that a school district may deny admission to any student who was expelled from any school district during the prior 12 months or who, within the last twelve (12) months, engaged in behavior that was detrimental to the welfare or safety of other students or of school personnel. C.R.S 22-33-106(3)(C&F). Any person who has been denied admission may be entitled to a hearing before the Board of Education of the school district denying admission. C.R.S 22-33-105 (2)(C).

My child has not been expelled from any school district in the past 12 months. Also, my child has not engaged in behavior in another school in the past 12 months that was detrimental to the welfare or safety of other students or of school personnel. If my child did engage in such conduct, I am submitting along with this formal written explanation detailing the circumstances of the negative behavior in the previous school district in the past 12 months. Such behavior shall not automatically bar a student from enrollment; each case shall be evaluated on its specific facts and understand that failure to disclose such information could result in my child being withdrawn from Falcon School District 49.

Initial: \_\_\_\_\_

I agree to waive all rights to the confidentiality of student records relating to my child dealing with student conduct, including school records from any other school or school district, which my child has attended in the past. I also release from liability relating to records distribution any person, school, or school district releasing to Falcon School District 49 Public Schools student records relating to my child.

Initial: \_\_\_\_\_

Additionally, by signing this form, I am verifying my residence in Falcon School District 49 or have an approved School of Choice form on file and understand that if for any reason it is found that I have falsified my address or have failed to notify the district of a crime, conviction, or expulsion. Falcon School District 49 reserves the right to withdraw my child immediately.

Name of school \_\_\_\_\_

Date of Expulsion \_\_\_\_\_

Reason \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**\*\*Admission in Falcon School District #49 is conditional pending arrival, review, and approval of the student cumulative record.**

## STUDENT RELEASE OF INFORMATION FOR PUBLICATION

During the school year opportunities arise to provide positive information and publicity about school related programs and events to the general public. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news publications, television or radio broadcasts, district/school websites or for educational information and training or various publications and brochures printed by Falcon School District 49.

Permission is needed for your child to be the subject of any news media publicity or for educational information. Please sign this form and return it to the school where it will be kept on file for future reference.

Students will not be identified by personal details other than first and last name. These details include email or postal address, telephone number or fax numbers.

HAS MY PERMISSION

DOES **NOT** HAVE MY PERMISSION

To be interviewed, photographed, and/or filmed for public information for use in the news media or professional education information.

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

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

**FALCON SCHOOL DISTRICT PARENT AGREEMENT**  
**Electronic Web Access Agreement for Viewing Student Information**  
**Via Falcon Schools Infinite Campus Parent/Student Portal**

I am requesting to review my child(ren's) student information on the Falcon Schools Internet web site. I have read the Falcon Schools User and Expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at any time. By signing this agreement I, as parent/guardian, release Falcon Schools from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account.

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that *three* unsuccessful logins will disable my account. If my account becomes locked I will email [parentportal@d49.org](mailto:parentportal@d49.org) and request the account to be unlocked. I will provide the answers to questions to verify my identity. At the sole discretion of the school and the District, the account may be unlocked, but I understand that it may take up to 3-5 days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on Falcon Schools Web site.

**Student names:**

LAST NAME	FIRST NAME	SCHOOL	GRADE

**Valid parent email address: (please print legibly)**

PARENT LAST NAME	PARENT FIRST NAME	EMAIL ADDRESS

\_\_\_\_\_

Print Your Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# Falcon Schools

## Infinite Campus Parent/Guardian and Student Portal

### **Section I: User Expectations**

The Internet and secure web access have altered the ways that confidential information may be accessed, communicated, and transferred by members of society. Those changes are influencing instruction and student learning. The School Board supports access by students, parents/guardians, teachers, and administrators to informational resources that will improve participation in a child's education and improve communication between students, parents/guardians and the student's teachers.

The Falcon Schools manages student information electronically and will make the student education records available for viewing only to authorized parents/guardians and students with a secure connection over the Internet. All parents/guardians and students will comply with the Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

### **Electronic Access to Student Information Regulation**

Falcon Schools uses a secure Internet site to enable electronic access to student information; enhancing communication between our parents/guardians, students, teachers, principals, and administrators.

#### **A) Rights and Responsibilities**

This access is a free service offered to all current and active parents/guardians and students of Falcon Schools. Access to student information from the Internet is a privilege, not a right. Only after a family has enrolled their child(ren) in Falcon Schools will a parent/guardian be authorized to activate a web account. Once a student withdraws or graduates from Falcon Schools their access will be inactivated. Parents/guardians, students, and staff must understand and practice proper and ethical use.

#### **B) Information Accuracy Responsibilities**

Information accuracy is the joint responsibility between schools, parents/guardians, and students. Each school will make every attempt to ensure information is accurate and complete. If a parent/guardian or student discovers any inaccurate information, parent/guardian will notify their school immediately and provide proof of the inaccurate information.

#### **C) Information Accessible**

Falcon Schools reserves the right to add, modify or delete functions viewed via the Internet site at any time without notice, including, but not limited to, the functions listed below.

- 1) Attendance
  
- 2) Class Schedule
  
- 3) Report Cards
  
- 4) Transcripts
  
- 5) Student Demographics
  
- 6) Course Requests
  
- 7) Emergency Information
  
- 8) Immunizations
  
- 9) Assessment data and work in process

Parents/Guardians from the Charter School or Alternative program may request a secure account.

#### **D) Electronic Web Access Agreement**

Each parent/guardian must complete and sign an Electronic Web Access Agreement for Viewing Student Information Form. After verification of information on the form, the school will follow the process outlined in this regulation to establish an account. If a parent/guardian is unable to visit the school, they may download the Electronic Web Access Agreement for Viewing Student Information at a website to be determined or by contacting their schools attendance secretary. The parent/guardian must have the form certified by a notary public and mail the completed and signed form with the notary public seal and current date to their child's school. The school will keep the completed and signed form in the cumulative record folder of each student.

## E) Use of the System

Parents/guardians and students are required to adhere to the following guidelines:

- 1) Parents/guardians and students will act in a responsible, ethical and legal manner.
- 2) Parents/guardians and students will not attempt to harm or destroy the school or the district's data or networks.
- 3) Parents/guardians and students will not attempt to access Information or any account assigned to another user.
- 4) Parents/guardians and students will not use this Internet site for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws would be subject to Civil and/or Criminal prosecution.
- 5) Parents/guardians and students who identify a security problem within the Portal must notify their school immediately, without demonstrating the problem to anyone else.
- 6) Parents/guardians and students will not share their password with anyone, including their own child(ren).
- 7) Parents/guardians and students will not set their computer to automatically login to the Internet site.
- 8) Parents/guardians and students identified as a security risk will be denied access to the site.

## F) Security Features

- 1) Access is made available with a secure Internet site.

Note: Account holders are responsible for not sharing their passwords and to properly protect or destroy any printed/electronic documentation generated from this site.

- 2) Three unsuccessful login attempts will disable the user's account. Until the school has verified the assigned user to the locked account, the account will remain locked. In order to use the account again the user will need to contact their child's school.
- 3) The users will be automatically logged off if they leave their web browser open and inactive for a period of time.
- 4) The student's account will be inactivated when the student withdraws or graduates from Falcon Schools.
- 5) The Parent/guardian account will be inactivated when all their child(ren) have either withdrawn or graduated from Falcon Schools, or a court action denies the parent/guardian access to the student's information.

## **Section II: System Requirements and Support:**

### A) System Requirements

- 4) The most current system requirements will be posted to and the Falcon Schools Infinite Campus Web site:  
<https://campus.d49.org/campus/portal/falcon.jsp>
- C) Limitation of School District Liability

Falcon Schools will use reasonable measures to protect student Information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District does not promise any particular level or method of access to the Internet site for viewing student Information. The District will not be responsible for actions taken by the parent/guardian or student that would cause compromise of their student Information. The District reserves the right to limit or terminate the Internet site for viewing student Information without notice. All parents/guardians and students of the District network by requesting an Internet site for viewing student Information account consent to electronic monitoring and understand that this is a private network used as an educational tool by Falcon School employees and students. Account activity is electronically recorded.

### **Section III: Parent Portal Access and use:**

#### **A) Initial Account Request and Setup**

- 1) For Parents/Guardians new to the District:
  - i) When parent/guardians are enrolling their child(ren), the parent/guardians can complete the Electronic Web Access Agreement for Viewing Student Information.
  - ii) The parent/guardians only need to complete one Electronic Web Access Agreement form for all children in their household.
  - iii) For security reasons, all parent/guardians must sign the form in the presence of a school principal or designated staff.
  - iv) School will verify parent/guardians identification with official government identification.
  - v) If the parent/guardian cannot visit the school, a notary public must witness the parent/guardian signing the form and use their public seal with a current date.
  - vi) After the student is enrolled into the student information system, the parent/guardians requesting the account will be e-mailed or mailed an activation key and "Person login ID".
    - (1) The activation key is used by the parent/guardians to create their secure account.
    - (2) The "Person Login ID" is used by the schools to verify a person requesting an account unlock.
  - vii) The school will keep the completed and signed form in the cumulative record folder of each student.
- 2) For Parents/Guardians who do not currently have an Internet access account but have a child already enrolled
  - i) Each parent/guardian only needs to complete one Electronic Web Access Agreement form for all children in their household.
  - ii) For security reasons, each parent must sign the form in front of the school principal or designated staff.
  - iii) School will verify parent identification with official government identification.
  - iv) The parent requesting the account will be given an activation key and "Person Login ID".
    - (1) The activation key is used by the parent to create their secure account.
    - (2) The "Person Login ID" is used by the schools to verify a person requesting an account unlock.
  - v) The school will file the completed and signed form in the student's cumulative record folder.
- 3) For Schools:
  - i) The activation key will not be given to a parent/guardian or student without first verifying the identity of the requestor.
  - ii) The Electronic Web Access Agreement form signed by a parent will be maintained in the student's cumulative record folder.

#### **B) Account Unlock Procedures**

- 1) Parents/Guardians or Students may request unlocking their account either by person or email.
  - a. Via Email –
    - i. The requestor will be asked to verify the Person ID given to the person at the time the account was setup by the school administration. The questions will be limited to information in the student management system that only the requestor would know.
  - b. In Person – The Parent/guardian or student will make the request to the secretary at the school.
  - c. For Schools - Once the school has confirmed the Parent/Guardian identification, they will request an account reset via an email to the Dept of Technology. The Technology staff will reply to the school's request by providing a new password. The School would notify the user of the new password.

*Note: Depending on the volume of requests and District/School workload, this process could take 3 - 5 full school days, or longer during peak times.*

# AFFIDAVIT OF RESIDENCE

**To be filled out ONLY if residing with another family (you do not own or rent your own home)**

**!!! Please attach proof of address of owner/renter of the residence !!!**

I, (PARENT/GUARDIAN): \_\_\_\_\_, of the minor child/children named below, attest that I and said minor child/children reside with:

(RESIDENT): \_\_\_\_\_ at

(Street): \_\_\_\_\_

(City): \_\_\_\_\_

I, (RESIDENT): \_\_\_\_\_, attest that the person named above and the person's minor child/children listed below reside with me at my residence listed above.

STUDENT NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

GRADE: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

GRADE: \_\_\_\_\_ GRADE: \_\_\_\_\_

We hereby attest and affirm that the information contained in this AFFIDAVIT OF RESIDENCE is accurate and true. We understand that we are required to immediately notify the office of any change to the provisions of this AFFIDAVIT OF RESIDENCE, and that failure to do so in a timely manner may result in immediate withdrawal of the child from school.

\_\_\_\_\_  
Signature of Resident Date

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

STATE OF COLORADO, COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR EL PASO COUNTY, COLORADO



## ***Proof of Residency***

### **AFFIDAVIT OF STATE OF COLORADO RESIDENCY**

Pursuant to 1CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon initial enrollment and annually thereafter. Colorado residency is determined by the student and Parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes.

Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency from the student's parent/guardian pursuant to Section 8.06.4:

#### **Instructions:**

The "I swear statement" on the next page, is an example of valid documentation for establishing proof of residency for an online student, per Rule 1CCR301-71 Section 8.06.4.

Rule 1CCR301-71 8.06 states that "an Online Program must verify and document student residency in the State of Colorado upon enrollment and annually thereafter and retain a copy of the document or written statement offered as verification in the student's mandatory permanent record."

The written statement of residency should follow Section 1-2-102(a) and (b) C.R.S. with regard to physical presence within the state and a purpose and intent to remain for an undetermined period. In addition for Colorado Online Programs, the student and Parent or legal guardian must be currently residing within the State of Colorado boundaries, except for students in military families pursuant to Section 8.06.5 of the Rules.

The "I swear statement" on the next page should be completed by the Parent or legal guardian of the student(s). All of the requested information must be completed and the statement signed and dated by the Parent or legal guardian. The form is not valid if dated after October 31<sup>st</sup> of that applicable school year (October 31, 2012 for the 2012-2013 school year).

**Note:** *Address cannot be post office box or general delivery at a post office. No vacant lot or business address shall be considered a residence.*

For the 2012-2013 school year, if the "I swear statement" is signed and dated prior to July 1<sup>st</sup> of the 2012-2013 school year, this document may be subject to additional audit review procedures to verify that the student and Parent or legal guardian are currently residents of the State of Colorado during the 2012-2013 school year.

For the 2013-2014 school year, a new form must be completed for each new school year and may be completed during the spring enrollment period, but not later than October 31<sup>st</sup> of that applicable school year (such as October 31, 2013 for the 2013-2014 school year).

Student's Name: \_\_\_\_\_

### ***Proof of Residency***

#### **AFFIDAVIT OF STATE OF COLORADO RESIDENCY**

Pursuant to 1CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon initial enrollment and annually thereafter. Colorado residency is determined by the student and Parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes.

Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency from the student's parent/guardian pursuant to Section 8.06.4:

Please complete the below affidavit as evidence of your residency status for the Colorado State Board of Education.

+++++

#### **Affidavit by Parent or Legal Guardian:**

I, \_\_\_\_\_, do hereby swear and affirm, under  
(Print Parent/Guardian Name)

penalty of perjury, that my child(ren) and me are currently and will continue to be residents of the State of Colorado for the 2012/2013 school year.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City County State Zip

**Note:** Address cannot be post office box or general delivery at a post office. No vacant lot or business address shall be considered a residence.

Children Enrolled at: **Falcon Virtual Academy (FVA)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **2012-2013 FAMILY ECONOMIC DATA SURVEY FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

## **INSTRUCTIONS**

This survey is used by the **D49's Falcon Virtual Academy** to maximize available funding from state and federal sources, as well as to provide certain other benefits that may be available for your child. In many cases, the eligibility for these funds and programs is linked to whether or not your child is currently eligible for free or reduced price meals in the federal School Lunch (and Breakfast) programs.

**Falcon Virtual Academy** does not participate in the federal School Lunch or Breakfast programs. For this reason, we are asking that you complete the attached survey as an alternate means of qualifying your child's school for state and federal programs that will provide much needed funding. Additionally, this may also qualify your child for certain other benefits. (We have a very limited number of loaner computers. This information is part of our qualification to be eligible for district technology assistance).

**2012-2013 FAMILY ECONOMIC DATA SURVEY  
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

**Please list below all students in your household attending Falcon Virtual Academy:**

Student Last Name _____	First Name _____
Student Last Name _____	First Name _____
Student Last Name _____	First Name _____
Student Last Name _____	First Name _____
Student Last Name _____	First Name _____
Student Last Name _____	First Name _____

**Please answer the question(s) that apply to you below:**

1. Do you currently receive SNAP benefits (Food Stamps)? YES      NO

If YES, please provide the (7) Digit alpha-numeric Case Number: \_\_\_\_\_

2. Is your family receiving Free or Reduced Benefits from Falcon D49 for the 2011-12 school year?

YES      NO

(If YES, please provide a copy of the 2011-2012 approval letter to the FVA Office)

3. Is your student(s) a Foster Child? YES      NO

**If the above doesn't apply to your household, please answer the questions below:**

1. How many people are living in your household? \_\_\_\_\_
2. What is your Gross Monthly or Annual Income? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Adult Household Member**

\_\_\_\_\_  
**Date**