



Sargent School District

New Student Enrollment Form

Student ID _____

School Year _____

School: _____

School Year: _____

Student's LEGAL Full Name (as appears on birth certificate)

Last: _____ First: _____ Middle: _____ Suffix: _____

Name Student Goes By: _____ Gender: ☐ Male ☐ Female

Student's Ethnicity

Grade: _____

Birth Date: _____

Is Student of Hispanic/Latino origin? ☐ Yes

☐ No

mmddyyyy

Student's Race

In addition, select one or more of the following racial categories to describe student:

Student's Place of Birth

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

City: _____

State: _____

Country: _____

If your student was not born in the United States,
how many years has he/she attended U.S. Schools? _____

School District of Residence: _____

Home Address

Street Address: _____ Apt. #: _____ Phone: _____ Type: _____

City: _____ State: _____ Zip: _____

Mailing Address

☐ check here if same as home address

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Communications:

Phone number for automated calls from school:

Primary number: _____ Type: _____

Secondary number (optional): _____ Type: _____

Primary email for school communication: _____

***Sargent School District regularly communicates to parents/guardians via email. Please provide an email address you check often.

Student Information

Parent/Guardian Signature _____

Date _____



Sargent School District

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Household and Parent/Guardian Information

Student Name	_____
School Year	_____
School	_____
Grade	_____ Student ID _____

Student resides with: (Check one)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Both parents same household | <input type="checkbox"/> Both parents different household | | |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Non-Relative |

Our current living situation is: (Check one)

*The following questions address the McKinney-Vento Act 42 U.S.C. 11435.
The responses help us determine if your student is eligible for additional services.*

- ☐ We rent/lease/own our own apartment/condo/house
- ☐ We live in a temporary shelter such as La Puente, Tu Casa, etc. **OR** in "temporary assisted housing" being paid for partially or completely by an organization due to an emergency economic situation.
- ☐ We are living "doubled up" due to economic emergency - not to save money or for cultural preference
- ☐ We are living in a hotel/motel as a guest - not because we own it or work there
- ☐ We are living in a situation due to economic emergency not described above (please specify)

Parent/Guardian Info

Name: _____ Relationship to Student: _____

Residence Address: _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ ☐ Check if resides with student

Name: _____ Relationship to Student: _____

Residence Address: _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ ☐ Check if resides with student

Name: _____ Relationship to Student: _____

Residence Address: _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ ☐ Check if resides with student

Name: _____ Relationship to Student: _____

Residence Address: _____

Phones Home: _____ Work: _____ Cell: _____

Email: _____ ☐ Check if resides with student

Additional parent/guardian information may be provided in Emergency Contacts on pg 5. 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 and guardianship, a copy should be provided to the school.

Parent/Guardian Signature _____

Date _____



Sargent School District

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Previous School History/Special Services Information

Student Name	_____
School Year	_____
School	_____
Grade	_____ Student ID _____

Previous School History

Name and address of school(s) attended in last 3 years (most recent first):

School Name: _____ Years attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ Years attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

Student has been continuously enrolled:

in USA Schools (include K and later grades) since: (mmddyyyy) _____

in Colorado Public School (include 1st and later grades only) since: (mmddyyyy) _____

Has student ever been retained? ☐ Yes ☐ No If Yes, what grade? _____

Has student previously attended Sargent Schools? ☐ Yes ☐ No

If Yes, list school year, and grade: _____

Is your student presently under consideration for expulsion from any school district? ☐ Yes ☐ No

If Yes, list school name and district: _____

Has your student ever been expelled from school? ☐ Yes ☐ No

If Yes, list school district and dates of expulsion: _____

Has your student ever received disciplinary action for behavior that was detrimental to the welfare or safety of other students or school personnel?

☐ Yes ☐ No If Yes, list school district and dates: _____

Special Services

Does your student currently have any of the following plans? If yes, please provide a copy to the school.

- ☐ Advanced Learning Plan (ALP)?
- ☐ Modifications or accommodations under a 504 plan?
- ☐ Individual Education Plan (IEP) for Special Services?
- ☐ None of the above

Has your student participated in any of the following programs?

- ☐ Gifted and Talented?
- ☐ English as a Second Language Program? ☐ Other special programs? (specify) _____

Contact at previous school for further information about special services your student received:

School: _____ Name of person to contact: _____

Contact Phone: _____ Contact Email: _____

Parent/Guardian Signature _____

Date _____



Sargent School District

New Student Enrollment Form

Home Language/Agriculture/Title VII Surveys

Student Name	_____
School Year	_____
School	_____
Grade	_____ Student ID _____

Home Language Survey

1. What language(s) did your child use when he/she first began to talk? _____
2. What language(s) does your child speak with you at home? _____ Phone number: _____
3. Did your student ever receive English as a Second Language instruction? ☐ Yes ☐ No
4. Is a language other than English spoken at home by a parent, sibling, or this child? ☐ Yes ☐ No

If **YES**, please complete **questions 5 - 7**. If **NO**, proceed to **question 8**.

5. What is the language? _____
6. Who in the home communicates in this language? (Please respond to each statement)

- | | | | | |
|------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|
| a. This child | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| b. Mother/Guardian | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| c. Father/Guardian | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| d. Sisters and Brothers | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| e. Others living in the home | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |

7. This Child: (Please respond to all statements)

- | | | | |
|---|--|--------------------------------|--|
| Understands and speaks English fluently | <input type="checkbox"/> Yes <input type="checkbox"/> No | Needs help in speaking English | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reads in English | <input type="checkbox"/> Yes <input type="checkbox"/> No | Needs help in reading English | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Writes in English | <input type="checkbox"/> Yes <input type="checkbox"/> No | Needs help in writing English | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Needs help in understanding English | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Did this child experience any problem or difficulty in learning to speak, read or write in his/her first language?

☐ Yes ☐ No If Yes, please explain: _____

Parents: The information on this form will assist us in meeting your child's needs. Based on the information given, we may need to assess your child for appropriate support as an English language learner using the state approved assessment tool. This is done to ensure that your child's rights are protected. By signing below, you acknowledge that your child will be tested if a second language is indicated.

Agricultural Survey

8. Did you or your family move within the last three years (36 months)? ☐ Yes ☐ No
9. Was the primary purpose of your move to seek temporary or seasonal agricultural work? ☐ Yes ☐ No
Examples: Farming, irrigating, ranching, food processing, poultry and eggs, meat and food packing plant, feedlots, orchards, tree processing/forestry, preserved and canned foods, dairy or dairy products, planting, hoeing, harvesting, vegetable and fruit seeds, green houses, and other activities related to agriculture and fishing.
10. Do you or anyone in your family have prior history of moving to perform temporary or seasonal agricultural work? ☐ Yes ☐ No

Title VII Eligibility

11. If Native American, please list name of Tribe, Band or Group: _____
Tribe, Band or Group is: (check one) ☐ Federally recognized, including Alaska Native ☐ State recognized ☐ Terminated ☐ Organized Indian Group
12. Name of individual with tribal membership: _____
Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's Grandparent

Parent/Guardian Name (print): _____

Parent/Guardian Signature _____

Date _____



Sargent School District

New Student Enrollment Form

Emergency Contacts

Student Name _____

School Year _____

School _____

Grade _____ Student ID _____

Please provide at least one (1) local emergency contact OTHER THAN THE PARENTS/GUARDIANS LISTED ON PG 2 and any day care provider's information.

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones Home: _____ Work: _____ Cell: _____

Permission to pick up child from school: ☐ Yes ☐ No ☐ Check if resides with student

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones Home: _____ Work: _____ Cell: _____

Permission to pick up child from school: ☐ Yes ☐ No ☐ Check if resides with student

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones Home: _____ Work: _____ Cell: _____

Permission to pick up child from school: ☐ Yes ☐ No ☐ Check if resides with student

The information contained on this New Student Enrollment 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 under my care and supervision who is six years old by August 1 and under seventeen years old attends school. The only exceptions shall be illness and other absences excused by the Principal.

I understand all students new to the district are 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.

The Sargent School District does not unlawfully discriminate on the basis of race, color, sex (which includes marital status) sexual orientation, religion, national origin, ancestry, creed, age, genetic information, disability or need for special education service in admissions, access to, treatment or employment in educational programs or activities which it operates. Specific complaints or alleged discrimination under Section 504/ADA (handicap or disability) Title VI (race, national origin) or Title IX (sex, gender) or Title II (disability) should be referred to Steven Marantino, Superintendent of Schools, 7090 N. Road 2 E., Monte Vista, CO 81144, phone 719-852-4023, email smarantino@sargent.k12.co.us. Complaints may also be filed with the Office of Civil Rights, US Dept of Education, Region VII, Federal Office Building, 1244 N. Speer Blvd. Suite 310, Denver, CO 80204. Complaints regarding violations of Title VII (employment) and ADEA (age) may be filed directly with the Federal Office of Equal Employment Opportunity Commissions, 301 E. 17th Ave. Suite 510, Denver, CO 80202 or Colorado Civil Rights Commissions, 1560 Broadway, Suite 1050, Denver, CO 80202.

Parent/Guardian Signature _____ Date _____

For Office Use Only

_____ Birth certificate
_____ Shot records
_____ Proof of residence

_____ Records requested
_____ Records received
_____ Entry date

Distribution:

_____ McK-V
_____ ESL
_____ RN



Sargent School District Student Health Information Update

*Student Name: _____
 *School: _____
 *Student ID: _____ *Grade: _____
 *School Year: _____
 * required information

NOTE: The following information is confidential and will be shared with school staff on a need to know basis.

Does your child have any of the following health problems?

Birth Date: _____
 mmddyyyy

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Bone/joint | <input type="checkbox"/> Emotional concerns | | |
| <input type="checkbox"/> Autoimmune problems | <input type="checkbox"/> Bowel/bladder | <input type="checkbox"/> Genetic/congenital abn. | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Vision concerns |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Head injury/concussion | <input type="checkbox"/> Sleep disorder | |

Comments/Concerns: _____

Allergies: Does your child have any significant allergies that school personnel should know about? ☐ Yes ☐ No

If yes, list allergy and symptoms of allergic reaction: _____

How is it treated? _____

NOTE: If your child has a food allergy, please contact the Kitchen Manager at your child's school.

Medications: Does your child take medications? ☐ Yes ☐ No If yes, what is it for? _____

Please list name of medication(s) and dosage: _____

Will this medication be given at school? ☐ Yes ☐ No

(Please note: Sargent Schools require completion of the "Medication Form" by parent and physician for all medications given at school.)

Activity Restrictions: Has your child's doctor placed any current restrictions on your child's physical activities? ☐ Yes ☐ No

If yes, please describe and provide written documentation from your physician. _____

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Health information will be shared with school personnel to provide for the health and safety of your student.

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

If I cannot be reached by telephone in the event of an emergency involving _____

please send my child to _____ for any available medical service. (Child's name)
 (Hospital preferred)

What is your daytime phone number? _____

Parent/Guardian Signature _____

Date: _____



Sargent School District
New Student Enrollment Form
Non-resident Form

Student ID	_____
School Year	_____

Student's Full Legal Name: _____

Grade: _____ Birthdate: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

School last attended:

Please explain in detail why you're requesting to attend Sargent Schools: _____

For school use only:

Date received: _____

Approved OR Denied: _____

Principal's Signature and Date: _____

Requests received after October 1st of each year must be approved by the superintendent per policies JFBB and JFBB-R.

Approved OR Denied: _____

Superintendent's Signature and Date: _____



Sargent School District
New Student Enrollment Form
Transportation Request

Student ID _____
School Year _____

Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

Cell Number: _____ Home: _____ Work: _____

Email Address: _____

☐ IN DISTRICT ☐ OUT OF DISTRICT

Location/description of your house. (Color, previous resident, owner, etc.) _____

***If you need transportation or have questions--- please call or e-mail Sue Plane, Transportation Director. Phone: 719-852-4026 or 719-850-5618, Email: splane@sargent.k12.co.us

Notes:
