

STONE CREEK CHARTER

GO BOLDLY

Enrollment Checklist

- ✓ Original and copy of the following documents:
 - Proof of Residency (Utility Bill, Tax Record, Lease)
 - Birth Certificate
 - Child's Social Security Card
- ✓ Copy of Immunization Records
- ✓ Previous School Records including Gifted, Talented or Special Needs Plans (IEP's) etc.

Mailing Address
PO Box 208
Vail, CO 81658-0208

(970) 748-4535
www.stonecreekschool.org

Physical Address
0375 Yoder Avenue
Avon, CO 81620

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Contact Form for Enrollment Acknowledgement

Please Read Carefully

Please provide the information below for Stone Creek School Staff to contact you when your child is placed as a student at Stone Creek School.

When you receive a phone call from us you have **24 hours only** to respond to guarantee placement. If you do not respond or we are not able to get in contact with you, your child will be placed on a waiting list.

Please give all information and verify before turning it in.

Name of Student _____

Name of Parent/Guardian _____

1st Contact Number _____

2nd Contact Number _____

Parent Signature _____

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Enrollment Profile

All student information is protected by the by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

Applicant Information

Today's Date: ___/___/___

Grade for 2008-2009 _____

Does this student have a sibling(s) currently seeking enrollment at Stone Creek School?
YES NO

If "Yes," please list them by name and grade for 2007-2008 year.

List Student's Name fully as it appears on the birth certificate (please provide copy):

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____ Mother Cell # _____

Father Cell# _____

How long has this student lived in Colorado? _____

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Gender (please circle): Male/Female

Date of Birth: ___/___/___ **Age:**_____ **Social Security #**_____

Birthplace City: _____

Student's Primary Race/Ethnicity: (Check one only)

0998 Alaskan Native or American Indian (Please specify):

Cherokee, Chippewa, Choctaw, Navajo, Pueblo, Sioux
Other: _____

0999 = Asian (Please specify)

Asian, Indian, Chinese, Filipino, Japanese, Korean, Vietnamese
Other : _____

1000 = Black or African American (Please specify if known)

Other: _____

1001 = Hawaiian or other Pacific Islander (Please specify)

Guamanian, Hawaiian, Samoan,
Other:_____

2304 = Hispanic or Latino (Please specify):

Argentinean, Colombian, Cuban, Dominican, Mexican Amer.
Nicaraguan, Puerto Rican, Salvadoran, Spaniard,
Other:_____

1002 = White (Please specify if known)

Other:_____

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Name and Address of Most Recent School: _____

Previous Grade: _____

Has your student taken a standardized test and determined to be Gifted? YES NO

Has your student participated in a program for Talented and Gifted children at your previous school? YES NO

Has your student been classified by Special Education Services with any disabilities? YES NO

If Yes, please describe disabilities: _____

Has your child previously received help through special education? YES NO

Does your child have an IEP or 504 Plan? YES NO

If YES, please provide a copy to school.

Does your student require specialized equipment (i.e. glasses, hearing aid etc.)?

YES NO If Yes, please describe equipment: _____

Is your child currently receiving or does your child require English as a Second Language (ESL) services? YES NO

Has your child been expelled from any school during the preceeding 12 months?

YES NO

Is your child in the process of being expelled as a habitually disruptive student or for a serious violation in a school building, on school property or at a school function?

YES NO

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Home Language Survey (Required by Colorado Law)

1. Does your child speak a language other than English? YES NO
2. Has the child ever spoken a language other than English? YES NO
3. Is the language other than English spoken in your household? YES NO
4. What was the first language the student learned? _____
5. What language is mostly spoke by student at home? _____
6. What language does this child read? _____
7. What language does this student write? _____

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Parent / Guardian Information

Child lives with: (check one (1) only)

Both Parents Mother Only Father Only Legal Guardian

Both Parents Alternately

(If Both Parents Alternately please indicate Custodial Parent)

Custodial Parent's Name: _____

Is this student subject to a court order regarding school attendance, custody, or a major decision making agreement? Yes No If yes, please provide custody statement.

Please check if applicable

_____ Non-Custodial Parent does not reside locally

_____ The non-custodial parent is legally prohibited from contact (legal documentation must be provided for school records)

Mother: _____

Occupation: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____

Email: _____

Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____

Business email: _____

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Father: _____ Occupation: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____

Email: _____

Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____

Business email: _____

If the student is living with Guardian(s) complete this section

Guardian: _____ Occupation: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____

Email: _____

Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business email: _____

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Emergency Contact/Permission

I understand that providing current emergency contact information is critical to the safety and well being of my child. My signature on this forms certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s),

Name of Child: _____ Age: _____ DOB: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cellular Phone: _____

Best contact number for emergencies during school hours: _____

Mother/Guardian: _____

_____ Address: Check if Same as Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Father/Guardian: _____

_____ Address: Check if Same as Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

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Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

1. Name: _____ Relationship: _____

Phone: _____ Cellular/Other Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Cellular/Other Phone: _____

3. Name: _____ Relationship: _____

Phone: _____ Cellular/Other Phone: _____

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I hereby give my permission to the staff of Stone Creek School to secure emergency medical treatment for the named child while under their supervision.

Name of child's physician or health clinic: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number _____

After-Hours Emergency Number _____

Hospital preferred for Emergency Treatment: _____

Health Insurance Policy Name: _____

Policy Number: _____

Please list any special services your child has received in the last three (3) years:

Medical conditions the school needs to be aware of: _____

Does your child take medications on a daily basis at school or home? YES NO
If YES, please name medications _____

Please list any allergies: _____

If you child Medicaid eligible? YES NO If YES, please provide Medicaid # _____

Date of last Tetanus Shot: ___/___/___

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Name(s) of Person other than Parent or Legal Guardian to Whom Child may be released.

Must be 18 years or older:

1. _____

2. _____

3. _____

4. _____

In the event emergency medical treatment is required, I give consent for my child(ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. Stone Creek School will not transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Stone Creek School will telephone 911 for emergency medical assistance, for which I will be financially responsible.

Parent/Guardian Signature: _____ Date: ___/___/___

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Release of Student Records Form

Today's Date: ___/___/___ Child's Date of Birth: ___/___/___

Child's Full Name (Please Print) _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Name of school in your attendance area _____

In the event that my child is enrolled at Stone Creek School for the 2007-2008 Academic year, I give my permission to

_____ (school most recently attended by student)

to release my child's academic records to Stone Creek School. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions, If a student's Special Education records are kept at another district location, please notify Stone Creek School.

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Certificate Of Immunization

Last Name: _____ First Name: _____

Middle Name: _____ Date Of Birth: ___/___/___

Home Phone: _____

Parent/Guardian Name: _____

Home Address: _____

Grade: _____

If Immunization records are provided please disregard the chart below.

Vaccine

Circle Appropriate Item

Enter Month, Day, and Year Each Immunization was Given

DOSES

Diphtheria and Tetanus DtaP, DTP, Td, or DT ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___	Polio (OPV or IPV) ___/___/___ ___/___/___ ___/___/___ ___/___/___	Hepatitis B ___/___/___ ___/___/___ ___/___/___	Measles-Mumps-Rubella (MMR) ___/___/___ ___/___/___ Or Measles Serology ___/___/___ titer:	Varicella (Vaccine or Disease) ___/___/___ ___/___/___ Or Rubella Serology ___/___/___ titer: Other ___/___/___ ___/___/___
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Mumps disease diagnosed by a physician: Yes Date: ___/___/___

Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations.

Source: Written Verbal Both (circle applicable source(s))

Signed: _____ Date: ___/___/___
(Physician, Public Health Official, School Nurse, or other Designee)

Statement for Exemption To Immunization Law (If applicable)

Medical Exemption

Child's Name: _____ DOB: ___/___/___

The physical condition for the above named child is such that immunization would endanger life or health.

Signed: _____ Date: ___/___/___
(Physician's

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Religious Exemption

Includes a strong moral or ethical conviction similar to a religious belief.

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption:

Signed: _____ Date: ___ / ___ / ___
Parent/Guardian Signature

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Photograph/Videotape Permission

Dear Parent:

From time to time Stone Creek School records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at Stone Creek School or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference for the following:

_____ 1. I (do) give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as. To be used for public display and/or published for the benefit of the school.

_____ 2. I (do not) give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____

Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below:

_____/____/____
Parent/Guardian Signature Date Signed

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