



Wiggins School District RE-50J
Positively Impacting Every Student, Every Day

New Student Registration Form

Student Information

Date: _____

Student's Legal Name: _____

Last

First

Middle

Date of Birth: _____ Grade: _____ Gender: M _____ F _____ Place of Birth: _____

Physical Address: _____ City, State, Zip: _____ County: _____

Mailing Address: _____ City, State, Zip: _____ County: _____

Is the student considered to be of Hispanic/Latino Origin: Yes _____ No _____ **(Must check one)**

Hispanic or Latino Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

Race (Must check 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 a tribal affiliation or community attachment.

_____ **Asian:** A person having origins in 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 Philippine Islands.

_____ **Black or African American:** A person having origins in any of the black racial groups of Africa

_____ **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, North Africa, or the Middle East.

Previous School History:

Has the student previously been enrolled in Wiggins School District? Yes _____ No _____

Most recent date student was enrolled in a **Colorado** School:

Has this student ever been expelled or had significant disciplinary issues: Yes _____ No _____

List school(s) attended by this student in another district, beginning with the most recent:

School Attended _____ City, State _____ Year(s) _____

School Attended _____ City, State _____ Year(s) _____

Previous and Current Program Participation (check all that apply):

ALP _____ Special Education—Active IEP _____ RTI _____ READ Plan _____ Other: _____

New Student Registration

Page 2

Primary Parent and/or Legal Guardian Information:

Student Resides with:

___ Mother & Father ___ Mother only ___ Father only ___ Mother and Step-father ___ Father and Step-mother

___ Foster Parent(s) ___ Grandparents ___ Legal Guardian(s)

Is there a legal custody agreement in regard to this student? ___ Yes ___ No

***If there is a legal custody agreement regarding this student, please provide a copy to the appropriate school office.**

Parent/Legal Guardian #1:

Name: _____ Relationship to Student: Mother Father Step-parent
Last First Middle Legal Guardian Grandparent

Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Parent/Legal Guardian #2:

Name: _____ Relationship to Student: Mother Father Step-parent
Last First Middle Legal Guardian Grandparent

Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

I will need a translator for communication with the school: Yes ___ No ___

Members of Household:

List all other **students** in your household that will be attending school in the **Wiggins School District**:

Legal Name of Student: _____ Grade: _____

Legal Name of Student: _____ Grade: _____

Legal Name of Student: _____ Grade: _____

New Student Registration

Emergency Contact Information:

Please list local emergency contacts (not parents/guardians) who are **authorized to pick your student up from school**. Your student **will not** be released from school to any person not listed under emergency contacts. Please list emergency contacts in the order you would like them to be contacted.

| Priority | Name(s) | Relationship to Student | Home Phone | Cell Phone |
|----------|---------|-------------------------|------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Parent/Legal Guardian Authorizations:

Parent Portal:

I have a Parent Portal account.

Yes ___ No ___

If no, would you like to have a Parent Portal account set up?

Yes ___ No ___

Parent Email (login info will be sent here) _____ Parent Signature _____

Only parents and legal guardians are allowed to have access to student information unless written permission has been received.

Student Handbook:

I have received a copy of or have access to a student handbook for the student listed above.

Yes ___ No ___

You may pick one up at registration or access it online at www.wiggins50.k12.co.us

Information Release:

I give permission for this student's name, photo and other information to be published to the media or to the district's web site.

Yes ___ No ___

Field Trip Permission:

I give permission for this student to take part in all school sponsored activities and further give my permission for the designated sponsor(s) to secure emergency medical treatment for the above named student.

Yes ___ No ___

I release and hold harmless Wiggins School District RE-50J and sponsor(s) for any accident or injuries received on any activity.

Internet Use Permission:

I give my permission for this student to have internet access. I also agree to comply with

Yes ___ No ___

Wiggins School District Board Policy JS-E regarding internet use and Board Policy

JSA-E regarding student use of electronic mail.

Parent/Guardian Signature: _____ **Date:** _____

Health Questionnaire

Current Grade: _____

Date of Birth: _____

Gender: Male ___ Female ___

| | | | |
|---------------------|--|--------------|--|
| Family Doctor: | | Telephone #: | |
| Preferred Hospital: | | Telephone #: | |
| Dentist: | | Telephone #: | |

Please Mark the following as they apply to this student:

| | Yes | No |
|-------------------------------|-----|----|
| Asthma: | | |
| Seizure Disorder: | | |
| Migraines: | | |
| Allergies: | | |
| Hay Fever: | | |
| Bladder/Kidney Problems: | | |
| Had Chicken Pox Disease: | | |
| Had Chicken Pox Immunization: | | |
| Other: | | |

| | Yes | NO |
|-----------------------------------|-----|----|
| Diabetes: | | |
| Surgeries: | | |
| ADD/ADHD: | | |
| Heart Problems: | | |
| Rheumatic Fever: | | |
| Accidents/Injuries: | | |
| Wears Glasses or Contacts: | | |
| Vision/Hearing Problems | | |
| Food Allergies: Meal Modification | | |

Please explain any "yes" answers to the above: _____

Food Allergies: Meal Modification

"Medical Statement for Dietary Disability - School Meal Modification" form must be completed and signed by a physician and a parent/guardian.

Is any medication taken daily? Yes ___ No ___ Will medication be necessary at school? Yes ___ No ___

If yes, a "Permission for Medication Form" must be completed and signed by a parent/guardian. If it is necessary for prescription medication to be given at school, a form must be completed and signed by a physician and a parent/guardian.

PHYSICAL ACTIVITY ALLOWED: Full ___ Limited ___

*Limited activity requires written documentation from you physician.

Parent/Guardian Signature: _____

Date: _____



Wiggins School District RE-50J

Positively Impacting Every Student, Every Day

Home Language Questionnaire

School: _____

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Thank you for your help.

Name of child: _____
Last First Middle Grade Age

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____

Signature of Parent or Guardian

Date

Preguntas del Lenguaje Hablado en Casa

Escuela: _____

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos. Por favor de contestar las siguientes preguntas y regrese esta forma con su hijo/a al profesor. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primer nombre segundo Grado Edad

1. Que idioma comenzó su hijo/a hablar primero? _____
2. Que idioma usa más su hijo/a en la casa? _____
3. Que idioma usa usted con más frecuencia para hablar con su hijo/a? _____
4. En que país nació su hijo? _____
5. Si no nació en los EEUU en qué fecha entró su hijo/a a los EEUU? _____

Firma del Padre o Guardian

Fecha



Wiggins School District RE-50J

Positively Impacting Every Student, Every Day

McKinney-Vento Eligibility Questionnaire

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Your answers help determine the free services the student(s) may be eligible to receive, such as free breakfast and lunch, school supplies, community resource information, basic needs, an advocate, etc. This sensitive information will be kept confidential to maintain family privacy.

Present Housing Situation:

Please check any/all that apply to your current housing situation.

- Living with friends or extended family members due to your family's economic hardship or lack of affordable housing.
- In a shelter (emergency or safe house)
- In a transitional housing program
- Awaiting foster care placement
- Living in car, campground, motel, abandoned building, etc.
- Highly mobile, moving every few nights
- Inadequate housing (lacks kitchen, bathroom facilities, water or electricity)
- Unaccompanied youth (not in physical custody of parent or guardian)

***If you checked one or more of the choices above, PLEASE CONTINUE BELOW**

Child's full name: _____ Date: _____

Address (if available): _____

How long have you lived at this address? _____

Phone number: _____

Would you like help with school supplies? _____

Please speak with the front office staff of your child's school or Wiggins School District's Homeless Educational Liaison: Erica Gilliland (970)483-7762 Ext. 4216



Colorado MEP Occupational Survey

Your child may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

| | | |
|-----------------------------|--|------------|
| CHILD'S FIRST NAME: | CHILD'S LAST NAME: | BIRTHDATE: |
| SCHOOL: | | GRADE: |
| PARENT/GUARDIAN NAME: | How many children under the age of 22 live with you in your household? | |
| HOME ADDRESS: | TODAY'S DATE: | |
| CITY: | STATE: | ZIP CODE: |
| TELEPHONE (WITH AREA CODE): | | |
| BEST DAY AND TIME TO CALL: | PREFERRED LANGUAGE: | |

- In the past three years, has your family moved to another state, city, school district, and/or county?
 YES NO
- Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
 YES NO

CIRCLE all that apply below, even if the work was only for a short period of time.



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation)



Dairy & Cattle Raising
(feeding, milking, rounding up)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting)



Forestry
(soil preparation, planting, growing, cutting trees)



Fishing & Fish Processing
(catching, sorting, packing, transporting fish)

This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:

Centennial BOCES
2020 Club House Drive-Suite 230
Greeley, CO 80634
970-352-7404