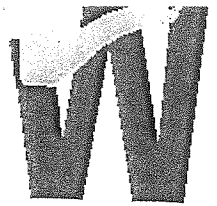


Wiggins School District
New Student Registration Packet



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: _____

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 ___ Stepparent ___
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 ___ Stepparent ___
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: ___

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		Yes	NO
Asthma:			Diabetes:		
Seizure Disorder:			Surgeries:		
Migraines:			ADD/ADHD:		
Allergies:			Heart Problems:		
Hay Fever:			Rheumatic Fever:		
Bladder/Kidney Problems:			Accidents/Injuries:		
Had Chicken Pox Disease:			Wears Glasses or Contacts:		
Had Chicken Pox Immunization:			Vision/Hearing Problems		
Other:					

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

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: _____

Student Use of the Internet and Electronic Communications
(Annual Acceptable Use Agreement)

Student

I have read, understand and will abide by the district's policy on Student Use of the Internet and Electronic Communications. Should I commit any violation or in any way misuse my access to the school district's technology devices, including use of the Internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the school district from all costs, claims, damages or losses resulting from my use of district technology devices including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand its significance.

Student's Name (printed)

Date of Birth (day/mo/yr)

Student's Signature

Date

Parent or Guardian

If the user is under 18 years of age, a parent or guardian must also sign this Agreement.

As the parent or guardian of this student, I have read the district's policy on Student Use of the Internet and Electronic Communications. I understand that access to the Internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child's Internet or electronic communications use is not in a school setting.

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use of district technology devices, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an Internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the district's policy on Student Use of the Internet and Electronic Communications carefully and understand its significance.

Parent/Guardian's Name (printed)

Parent/Guardian's Signature

Date

Revised: January 9, 2013

WIGGINS SCHOOL DISTRICT RE-50J, WIGGINS, COLORADO



WIGGINS SCHOOL DISTRICT
Release of Student Directory Information

According to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), directory information about students may be released by the district without parental consent, provided annual notification has been given and the school does not have on file written denial to release directory information; however, we do use discretion when we receive requests for directory information and will not release such information if it is the principal's judgment that releasing such information would not be in the best interest of the student.

Examples of general directory information are:

- name, address, telephone listing, electronic mail address
- date and place of birth, photographs
- participation in officially recognized activities and sports
- field of study
- weight and height of athletes
- enrollment status
- degrees and awards received
- dates of attendance
- most recent previous school attended
- grade level

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to, colleges and universities, scholarship providers, trade/technical schools and potential employers.

In addition, Federal No Child Left Behind legislation provides that all branches of the military have access to three directory information categories – names, addresses and telephone listings – unless parents (or students) have advised the school that they do not want their student's information disclosed without prior written consent.

Parents have the right to have directory information withheld upon written request. If you prefer to deny release of your student's directory information, please complete the form below and return it to your child's school.

Only return this form to your child's school if you are requesting to withhold directory information.

RELEASE OF STUDENT INFORMATION – REQUEST FOR WAIVER

I request that directory information for my child NOT be released:

- Withhold information from Military only Withhold directory information from all agencies and organizations.
(applies to high school students only)

Student Name _____ Date of Birth _____

Address _____ Telephone # _____

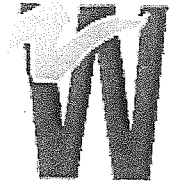
Grade _____

Parent Name (Print) _____ Parent Signature _____

Date Signed _____ Date Received by School _____

The written request to withhold directory information is due to Wiggins Secondary School by **October 1st**. If enrolled after October 1st, the written request is due within two weeks of enrollment. The request to withhold directory information will be in effect from the date it is received by the school. **Please be aware that prior to this date information may have been released.**

Wiggins School District RE-50J
320 Chapman Street Wiggins, Co 80654
Challenging and Empowering Young Minds



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 & 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

Wiggins School District RE-50J
320 Chapman Street Wiggins, Co 80654
Challenging and Empowering Young Minds

Program Eligibility Survey

Dear Parents/Guardians,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parent/Guardian Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____ Best time to call: _____

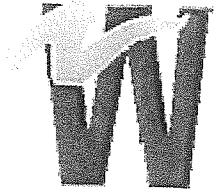
Please list all children in your home from birth to 22 years of age.

Name	Date of Birth	School

- When did you arrive to this school district? Year: _____
- Has either parent/guardian ever intended to work in, looked for employment or worked in any of the following areas in the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X.

- | | |
|---|---|
| <input type="checkbox"/> Farming/Ranching
<input type="checkbox"/> Planting/Harvesting Field Crops
<input type="checkbox"/> Poultry
<input type="checkbox"/> Dairy
<input type="checkbox"/> Food Processing Plant
<input type="checkbox"/> Meat Packing Plant
<input type="checkbox"/> Sort/Grade/Sack Vegetables and or Fruits
<input type="checkbox"/> Clean/Prepare/Pack Vegetables and or Fruits | <input type="checkbox"/> Hauling Fruits or Vegetables
<input type="checkbox"/> Canning
<input type="checkbox"/> Orchards
<input type="checkbox"/> Greenhouse/Nursery
<input type="checkbox"/> Tree Processing/Forestry
<input type="checkbox"/> Irrigation
<input type="checkbox"/> Sod Farms
<input type="checkbox"/> Feed Lots |
|---|---|



Home Language Questionnaire

School: _____ Teacher: _____

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 Idioma Hablado en Casa

Escuela: _____ Profesor/a: _____

Nuestra escuela necesita saber el idioma(s) hablado y escuchado en casa por cada niño/a. Esta información es necesaria para que podamos ofrecer la mayor instrucción posible a todos los estudiantes. Por favor, conteste las siguientes preguntas y regrese esta forma con su hijo/a al profesor/a. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primer Nombre Segundo Nombre 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/a? _____
5. Si su niño/a no nació en los Estados Unidos, en qué fecha entraron los Estados Unidos?

Firma del Padre o Guardian

Fecha