

Student Enrollment Form

—Office Use Only—

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

Legal first name		Legal middle name (or none)		Legal last name		Date of Birth (mm/dd/yy)	
Gender		Current Grade		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic?			
M F				Yes No			
Race is based on your inherited physical characteristics (Check one or more)						Student cell#	
American Indian/Alaskan Native		Asian		Black/African American		Hawaiian/Pacific Islander White	
Is English the primary language spoken at home?				Language to home			
Yes No							
Country of birth				State of birth			
Main/Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address				Street Address or PO Box #			
City		State		Zip		City	

The Early College of Arvada is a choice charter school and does not currently offer student transportation to and from school. Students who qualify for free or reduced lunch services may be eligible to receive free or discounted transportation services provided through the RTD light rail and bus service. For more information, please contact Early College of Arvada administration after receiving your lunch services application decision.

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

Do you have any court orders or legal documents you need added to your student's file (i.e. Custody, Parental Plans, etc.)? Yes No

Parent/Guardian #1

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Home Phone		Cell Phone	
				Work Phone			
City				State		Zip	
				Phone Numbers >			
				Primary (select one)			
				SMS (text)			
Mailing Address Same as Physical?				Yes No		Attendance	
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Parent/Guardian #2

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address				Home Phone		Cell Phone	
				Work Phone			
City				State		Zip	
				Phone Numbers >			
				Primary (select one)			
				SMS (text)			
Mailing Address Same as Physical?				Yes No		Attendance	
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Lives With: Student lives with this individual in their residence.

Mailings Allowed: Will receive physical mailings from the school and/or District.

Financial Responsibility: Individual is responsible for all fees and technology payments.

Active Military Service: Individual is an active duty member of the Armed Forces or on full-time National Guard duty.

Individuals listed in the Parent/Guardian section will receive access to the PowerSchool online application which displays student information.

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Health Information

Doctor	First Name:	Last Name:	Phone Number:	Name of Practice:

Student Health Conditions (Check Yes or No below and explain when necessary.) Please contact the school's Health Office to provide additional comments

ADD	Yes	No	ADHD	Yes	No	Developmental delay	Yes	No
Allergies to animals	Specify:			Yes	No	Diabetes: Type I	Yes	No
Reaction:						Diabetes: Type II	Yes	No
Allergies to insects	Specify:			Yes	No	Head injury/concussion	Yes	No
Reaction:						When?		
Allergies to medication	Specify:			Yes	No	Heart problems	Specify:	
Reaction:						Restrictions:	Yes	No
Allergies/environmental	Specify:			Yes	No	Kidney/urinary problems	Yes	No
Reaction:						Explain:		
Allergies to food	Specify:			Yes	No	Headaches	Yes	No
Reaction:						Migraines	Yes	No
Other dietary needs	Specify:			Yes	No	Orthopedic problems	Yes	No
Reaction:						Explain:		
Food intolerance	Specify:			Yes	No	Seizures	Specify:	
Explain:						Explain:	Yes	No
Anxiety	Yes	No	Depression	Yes	No	Neurological problems	Specify:	
Bipolar	Yes	No	Stomach problems	Yes	No	Explain:		
Asthma	Yes	No	Rescue Inhaler	Yes	No	Other	Yes	No
Autism	Yes	No	Asperger's	Yes	No	Explain:		
Cancer	Yes	No		Yes	No			
Explain:								

Student Vision and Hearing Conditions

Does your child have vision problems?	Yes	No	If Yes, are glasses/contacts worn for reading at close range?	Yes	No
			If Yes, are glasses/contacts worn for distance vision?	Yes	No
Does your child have hearing problems?	Yes	No	If Yes, is a hearing aid worn?	Yes	No
			If Yes, is preferential seating needed?	Yes	No

Student Emergency Steps

Could your child's health condition warrant special EMERGENCY steps that his/her teacher should know?	Yes	No
If Yes, please explain		

A separate written **Authorization and Release** must be submitted each school year for each medication to be administered to a student at school

Student Medications (List medications student is taking, including oxygen.)

For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
		Yes No
		Yes No
		Yes No

I verify that the information I have provided above is true and accurate.

Parent/Guardian Signature

Date