



Douglas County School District

Student Census

Registration Form

For Office use Only

Date of Enrollment: _____ Start Date: _____
 Student ID #: _____ Grade: _____ Room: _____
 Teacher/Counselor: _____ Track/Team: _____
 Session: AM PM Permit Code: _____ Bus #: _____

School: **DCS Montessori Charter**

Use Dropdown to Select School

*** PLEASE PRINT ***

2017-2018

Student Information

Legal Name from Birth Certificate _____

 Last First Middle (full) Nickname _____
 Grade _____ Gender M F Date of Birth _____ Phone _____
 Residence Address _____ Cell _____
 City _____ State _____ Zip _____ Email _____

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)

- No. **NOT** Hispanic
- Yes. **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (choose 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 tribal affiliation or community attachment.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Asian** - A person having origins of 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 Phillipine Islands, Thailand, and Vietnam.
- 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, the Middle East or North Africa

Previous School

Has the student attended another Douglas County School District school? Y N
 If Yes, School _____ Grade _____ School Year _____
Last school attended outside the Douglas County School District:
 School _____ City _____ State _____ Grade _____
 Is your child presently under an expulsion order from any other school district? Y N
 Is your child presently under consideration for expulsion? Y N
 Is your child presently involved in the Juvenile Justice system? Y N

ESL

What language did the student use when he/she first began to talk? _____
 What language(s) does the student speak / understand? _____
 Is a language other than English regularly used by the student's parents/guardians? Y N
 If Yes, please specify language: _____
 What language is primarily spoken in the home by the parent/guardian? _____
 Date most recently enrolled in US? _____ (This question is used only to determine if your child may be exempt from one administration of the reading/language arts State assessment and is not used for any other purpose.)

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y N
 Has your child received any previous testing, evaluations or services in any of the following areas?
 Learning Disabilities Counseling Gifted & Talented READ Plan
 Speech/Language Psychological Remedial Reading (Title 1)
 Physical Therapy Behavioral Difficulties 504 Services
 Occupational Therapy Hearing/Visual Impaired Other

1617 DCSD Reg Form 112415

Parent/Guardian Signature _____

Date _____



Douglas County School District
**Household Information
 Registration Form**

For Office use Only

Student Name: _____	_____	_____	_____
School: _____	Last _____	Grade: _____	First _____ Middle _____ Student ID #: _____
Teacher/Counselor: _____	_____	Room: _____	_____

PLEASE PRINT

Household Info

Residence Address _____
 City _____ State _____ Zip _____
 Household Telephone _____ Unlisted? Y N

Parent / Guardian Info

Name _____ Relationship to Student _____
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: **Home** _____ **Work** _____ **Cell** _____
 Pager _____ Email _____ Receive Mailings Y N
 Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

Name _____ Relationship to Student _____
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: **Home** _____ **Work** _____ **Cell** _____
 Pager _____ Email _____ Receive Mailings Y N
 Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

Name _____ Relationship to Student _____
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: **Home** _____ **Work** _____ **Cell** _____
 Pager _____ Email _____ Receive Mailings Y N
 Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N
(Court Document)

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, a copy should be provided to the school.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature _____ Date _____

Elementary & Middle School Enrollment Acceptance to DCS Montessori

For students not presently enrolled in a Douglas County School

Student First Name	Last Name
Date of Birth	Current School
Home Address Street	
City	Zip Code
Accepting Enrollment for which School year?	Current Grade

ESL

What language did the student use when he/she first began to talk?

What language(s) does the student speak / understand?

Is a language other than English regularly used by the student's parents / guardians? Yes No

If yes, please specify the language:

What language is primarily spoken in the home by the parents / guardian?

Special Services

Is your child currently on an Individual Education Plan for Special Services? Yes No

Has your child received any previous testing, evaluations, or services in any of the following areas?

- | | | |
|--|--|---|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Remedial Reading (Title 1) |
| <input type="checkbox"/> Speech / Language | <input type="checkbox"/> Psychological | <input type="checkbox"/> 504 Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> ILP |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Hearing / Visual Impaired | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Gifted & Talented | |

Comments

Enrollment Policy

I understand that by enrolling my child at DCS Montessori Charter School for Kindergarten or higher grades, this school becomes my child’s assigned school. To return to my neighborhood school, I must submit paperwork in accordance with rules forth by the Douglas County School District. I can find further information on this policy on the District’s website at www.dcsdk12.org.

Admission

All students with a documented IEP, 504, ALP or ESL needs must have a change of placement meeting prior to admission being completed. You must contact DCS Montessori to arrange this meeting before we can accept your child for enrollment and admission. Incorrect or falsified information regarding these documented needs may restrict admission. While Charter Schools aim to serve all students, some significant and/or severe needs situations may prohibit the school’s ability to provide FAPE (Free Appropriate Public Education) and therefore limits enrollment in particular situations.

Acknowledgement

The information contained on this form is true and correct. In accordance with Colorado Revised Statutes Section 22-33-04 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6 – 17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

Parent / Guardian

First Name

Last Name

Signature

Date

Parent / Guardian

First Name

Last Name

Signature

Date

Middle School parents: I understand and agree to the following:

- I understand that Middle School students attend two trips annually. I have reviewed the expected expenses at <http://dcsmontessori.org/admissions/guide-to-fees/middle-school-fees/> and agree to allow my child to attend these trips as they are part of DCS Montessori’s regular Middle School curriculum.

Parent / Guardian

First Name

Last Name

Signature

Date

Parent / Guardian

First Name

Last Name

Signature

Date