



# Welcome to Adams County School District 50

## Student Enrollment Packet

### Check Off Sheet

The District of Choice.

Adams County School District 50



Last Name of Student	Legal First Name	Middle Name	Birth Date
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**The following documents are REQUIRED to register a student in Adams 50 Schools**

- Proof of Residency** *Must have Parent or Guardian name and address **printed** on item. Acceptable proof: Mortgage, lease, utility bill.*
- Current Immunization Record** *Must be current, or student(s) will be delayed in starting school.*
- Student Birth Certificate** *State-issued Birth Certificate or Valid Passport.*
- Name of previous school**
- Phone number of previous school**
- Address of previous school**

**The following information may be required by the school in which your student is enrolling**

- Withdrawal form from previous school**
- Most recent report card from previous school (K-5)**
- Most recent transcript from previous school (6-12)**
- Most recent attendance report from previous school**
- Most recent incident/behavior report from previous school**
- Most recent IEP (if applicable)**

**Documents below have been completed for the student(s)/families enrolling in Adams County 50 Schools**

One per <b>STUDENT</b>	
<input type="checkbox"/>	pg S1 Student Information
<input type="checkbox"/>	pg S2 Home Language Survey
<input type="checkbox"/>	pg S3 Record Request
<input type="checkbox"/>	pg S4 Student Health Information
<input type="checkbox"/>	pg S5 Parent Sign Off Sheet

One per <b>FAMILY</b>	
<input type="checkbox"/>	pg F1 Household Information
<input type="checkbox"/>	pg F2 Siblings/Emergency Contacts
<input type="checkbox"/>	pg F3 Title X
<input type="checkbox"/>	pg F4 Migrant Form

Scantron Testing completed:  Yes  No

Math \_\_\_\_\_  
Date Completed

Reading \_\_\_\_\_  
Date Completed

Authorized ACSD50 employee assisting with this packet: \_\_\_\_\_  
Name / Phone Extension

School Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT INFORMATION

Please complete **ONE** form for **EACH STUDENT** enrolling  
*(new students only)*



Student Information				
<b>Last Name of Student</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Birth Date</b>	<b>Gender M / F</b>	<b>Current Grade</b>	<b>Birth State/Country</b>	<b>Entry Date to US</b>
<b><u>BOTH</u> Race <u>and</u> Ethnicity must be marked.</b>				
<b>Race:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian/White</li> <li><input type="checkbox"/> Pacific Islander</li> <li><input type="checkbox"/> Black / African American</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> American Indian / Alaskan Native</li> <li><input type="checkbox"/> Multiple Race</li> </ul>		<b>Ethnicity:</b> Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous School Information				
Previous School Name, City, State _____				
Did student receive Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last year of Special Education service _____				
Did student have an Individual Literacy Plan (ILP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did student receive Gifted/Talented Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was student in Early Childhood Education (preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was student receiving Title I services (extra reading support)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____				
Has student <b>EVER</b> attended a DISTRICT 50 SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has student received English Language Acquisition (ELA) Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was student in the International Baccalaureate (IB) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was student homeschooled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was student ever retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade Level(s) _____				
Continuous enrollment refers to the student being enrolled in a Colorado Public or United States Public school without a break in enrollment for more than 10 days.				
Student has been <b>continuously</b> enrolled in a <b>Colorado</b> Public School since _____ Month / Year				
Student has been <b>continuously</b> enrolled in a <b>United States</b> Public School since _____ Month / Year				

# HOME LANGUAGE SURVEY

Please complete **ONE** form for **EACH STUDENT** enrolling  
*(new students only)*



## STUDENT LANGUAGE INFORMATION

Last Name of Student	First Name	Middle Name	Birth Date
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Student Language Information

What language(s) did your child speak when he/she first began to talk? \_\_\_\_\_

Please describe the language spoken by your child (check only one)

- Speaks only English
- Speaks mostly English and some of the other language
- Speaks the other language and English equally
- Speaks mostly the other language
- Speaks only the other language and no English

What language or languages does your child write? \_\_\_\_\_

Please describe the language understood by your child (check only one)

- Understands only English
- Understands only English and some of other language
- Understands the other language and English equally
- Understands mostly the other language
- Understands only the other language and no English

What language(s) does your child read? \_\_\_\_\_

## Home Language

Home Language

Please check ONE to indicate the PRIMARY language spoken at home

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> English     | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Spanish     | <input type="checkbox"/> Korean  |
| <input type="checkbox"/> Hmong       | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Vietnamese  | <input type="checkbox"/> Khmer   |
| <input type="checkbox"/> Cambodian   | <input type="checkbox"/> Arabic  |
| <input type="checkbox"/> Other _____ |                                  |

Do the adults in your home speak to each other in a language other than English daily?

YES  NO      If so, what is the language? \_\_\_\_\_

In what language do you prefer to receive communications from the school(s)? \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Date



# RECORDS REQUEST

Please complete **ONE** form for **EACH STUDENT** enrolling  
*(new students only)*

Name of Previous School or Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Student's Information**

Student Name:	Last	
	First	
	Middle	

Birth Date: \_\_\_\_\_ Colorado ID # (SASID#) \_\_\_\_\_

Grade Level: \_\_\_\_\_ Last date of attendance (approx:) \_\_\_\_\_

Signature of Parent/Guardian (if necessary\*) **X** \_\_\_\_\_

*For Office Use*

The following records are hereby requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Transcripts or report cards<br><input type="checkbox"/> Test data/standardized test scores<br><input type="checkbox"/> English Language (ELL) test score (if applicable)<br><input type="checkbox"/> List of courses and grades at time of withdrawal<br><input type="checkbox"/> Attendance records<br><input type="checkbox"/> Individual Literacy Plan (ILP), if applicable<br><input type="checkbox"/> Individual Education Program (IEP), if applicable<br><input type="checkbox"/> 504 Accommodations Plan (if applicable) | <input type="checkbox"/> Discipline records<br><input type="checkbox"/> Immunization records<br><input type="checkbox"/> Health / medical records<br><input type="checkbox"/> Sports physical documentation<br><input type="checkbox"/> Psychological records<br><input type="checkbox"/> Sociological records<br><input type="checkbox"/> Copy of birth certificate<br><input type="checkbox"/> Other _____ |
|---|--|

Signature of Requesting School Representative:

Signature	Title	Date
<b>PLEASE FAX OR E-MAIL TO:</b>		<b>PLEASE MAIL TO:</b>

\*The Family Educational Rights and Privacy Act (20 U.S.C. § 123g; 34 CFR part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or eligible student if: (1) The disclosure is to other school officials, including teachers, within the agency or institution determined to have legitimate educational interests; (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

(jj) To require the replacement of damaged textbooks or library resources or the return of loaned textbooks or library resources by withholding the diploma, transcript, or grades of any student who fails to return or replace any such textbooks or library resources at the completion of any semester or school year. The school district shall make a reasonable effort to obtain payment for lost or damaged textbooks or library resources. If the school district determines that a student is unable to pay, the school district may obtain payment through other methods, including but not limited to payment plans or service within the school in which the student is enrolled. The school district may also refuse to allow any student who completes graduation or continuation requirements to participate in any graduation or continuation ceremony if the student has failed to return or replace any such textbooks or library resources prior to the date of the graduation or continuation ceremony.

# STUDENT HEALTH INFORMATION

Please complete **ONE** form for **EACH STUDENT**

(This is an **ANNUAL** form to be completed **each school year**)

Last Name of Student	First Name	Middle Name	Birth Date
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### Health Conditions

<b>Health Conditions</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Severe	<input type="checkbox"/> Mild	<input type="checkbox"/> Uses an inhaler
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type I	<input type="checkbox"/> Type 2	
	<input type="checkbox"/> Heart Conditions	Please Describe:		
	<input type="checkbox"/> Seizures (Convulsions)	Type:		

### Allergies

<b>Allergies</b>	<input type="checkbox"/> Bees/Wasps/Insects	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other Allergies
	If any are checked, please list: _____		
	Are the student's allergies <b>LIFE THREATENING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES for any above, does the student have an EPI-Pen? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### Student Medications

<b>Student Medication</b>	<i>Medication will only be given at school with completed Medication Permission Form signed by the Parent/Guardian AND Doctor. Medication Permission forms are available at the schools or printed from the District website.</i>		
	Please list ALL medications taken routinely by the student	<input type="checkbox"/> At Home	
		<input type="checkbox"/> At School	

### Additional Health Concerns, Illnesses and Medical Information

<b>Additional Concerns</b>	Does the student have any other health issues that may need to be addressed at the school or by the nurses? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Please list: _____		
	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Prosthesis , physical aids or wheelchair
	<input type="checkbox"/> Other vision concerns	<input type="checkbox"/> Other hearing concerns	<input type="checkbox"/> Breathing or feeding tube

**Health Information will only be shared with the staff of Adams 50 School District on a need-to-know basis for the safety and /or educational progress of your student.**

### Health Insurance Information

<b>Health Insurance Information</b>	Does this student have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING		
	<b>IF "YES" please mark one of the following:</b>		
	<input type="checkbox"/> Medicaid Number	<input type="checkbox"/> CHP+ Number	
	<input type="checkbox"/> Sliding Scale Discount Program: Clinic Name/Phone		
	<input type="checkbox"/> Private Insurance Name: _____		
	Doctor/Clinic Name/Phone: _____		
	Hospital Preference Name: _____		

**IF "NO", please mark one of the following:**

I give my permission to Adams 50 school officials to share my information with Medicaid/CHP+ staff, who will use this information to determine if this student may be eligible for Medicaid/CHP+ and/or to verify current eligibility. I also agree to allow Medicaid/CHP+ staff to contact me with information about the Medicaid/CHP+ application process.

YES, you may share my information for this purpose.     NO, you may not share my information for this purpose.

**X** \_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_ Parent/Guardian Home Phone Number Parent/Guardian Work Phone Number



# PARENT/GUARDIAN SIGNOFF SHEET

Please complete **ONE** form per **STUDENT** enrolling  
 (This is an **ANNUAL** form to be completed each school year)

The District of Choice.

Adams County School District 50



Last Name of Student	First Name	Middle Name	Birth Date
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### Adams County School District 50 Student Attendance Policy

Frequent absences from the regular classroom disrupt the student's education. The Colorado legislature has adopted compulsory attendance laws (COLO.REV.STAT § 22-33-101 et seq.), to ensure regular school attendance for children between six and seventeen years old. These attendance laws place the responsibility of regular attendance on the student and parents. If a student has four unexcused absences from school in any one month or 10 unexcused absences during a school year, the student is in violation of the Colorado School Attendance Law and District Policy (JE); therefore, the district may commence disciplinary and/or legal action.

X \_\_\_\_\_  
 Parent/Guardian Signature

### Adams County School District 50 Field Trip Permission Slip

Each year classes participate in several field trips and other educational activities that require the children to leave the building for several hours. When a field trip is taken, a letter will be sent home explaining where the class is going and the purpose, date and time of the trip. This signed permission slip is needed so your child can participate in the field trips and will be kept on file for the entire school year.

I will notify the school in writing if a field trip is scheduled that I DO NOT want my child to attend. X \_\_\_\_\_  
 Parent/Guardian Signature

### Adams County School District 50 Media Release / Internet / Real-e Books

There may be times during the school year when different media groups (newspapers, television, etc.) will cover activities at the various Adams County Schools using articles, video or still photography that may be published locally or nationally. In addition, university, school production class, etc. will cover schools or the District may want to include school-oriented articles, video photography in their own publications and/or on their own web sites. I **GIVE** my permission for my student to be included and identified in both District and Non-District media coverage, including articles, videos and photographs. Unless it is a last minute activity, the school will send out information in advance about these events.

I understand that if my student participates in Middle/High school sports, the sporting events at which he/she competes are public events and may be covered by the media. I also understand his/her photo, name and other identifying information may be published by district and/or non-district media in print and/or electronic coverage of sporting events in which he/she participates.

- SELECT ONE**
- YES I **GIVE** permission for my student to be photographed, videotaped, or have their picture on the internet or newspapers.
- NO I **DO NOT** give permission for my student to be photographed, videotaped, or have their picture on the internet or newspapers.

X \_\_\_\_\_  
 Parent/Guardian Signature

### Adams County School District 50 Student Code of Conduct

The goal in Adams County School District 50 is to provide a safe and successful environment for your child. Research on Effective Schools states that if children feel safe at school they are productive and successful. Upon receipt, please review the Student Rights and Responsibility Handbook with your child so that you both understand the district's behavioral expectations and the consequences for failure to meet those expectations. I understand that in order to participate in Middle and High school sports, I must agree to the rules and regulations in the athletic code of conduct.

I understand there is a standard district Student Rights and Responsibility Handbook and will review it with my child upon receipt. X \_\_\_\_\_  
 Parent/Guardian Signature

X \_\_\_\_\_  
 Parent/Guardian Signature Date

X \_\_\_\_\_  
 Student Signature Date

# PARENT /GUARDIAN INFORMATION

Please complete **ONE** form per **SCHOOL**  
*(new students only)*

The District of Choice.

Adams County School District 50

Student	Last Name of Student	Legal First Name of Student	Middle Name of Student	Birth Date of Student	Grade Level
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**Unless otherwise indicated, parents will be listed as first emergency contacts for students.**

Household	Parent/Guardian Information where student(s) resides the majority of the time.				
	Family Residence Address		Apt/Unit Number	Post office box, if applicable	School District where house is located
	City	State	Zip	County	Home Phone Number

**All legal Parent/Guardians must be listed. If rights have been altered or terminated, a copy of court document must be furnished to school.**

Parent/Guardian #1	Parent/Guardian #1 – Living at the <b>Above</b> Address				
	Legal Last Name of Parent/Guardian #1	Legal First Name of Parent/Guardian #1	Language Spoken	Relationship to Student	
	Work Phone Number	Cell Phone Number	E-mail Address	Gender M F	
	Does Parent/Guardian #1 have access to the internet at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you wish to receive school communications at your e-mail address? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Parent/Guardian #1 is allowed access to all educational / behavioral records concerning this student? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Parent/Guardian #1 ever been a student in District 50? If so, when? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			

Parent/Guardian #2	Parent/Guardian #2– Living at the <b>Above</b> Address				
	Legal Last Name of Parent/Guardian #2	Legal First Name of Parent/Guardian #2	Language Spoken	Relationship to Student	
	Work Phone Number	Cell Phone Number	E-mail Address	Gender M F	
	Does Parent/Guardian #2 have access to the internet at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you wish to receive school communications at your e-mail address? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Parent/Guardian #2 is allowed access to all educational / behavioral records concerning this student? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Parent/Guardian #2 ever been a student in District 50? If so, when? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			

## AND / OR

Parent/Guardian #1 Living at Different Address	Parent/Guardian #1 – Living at a <b>DIFFERENT</b> address <b>THAN ABOVE</b>					
	Legal Last Name of Parent/Guardian #1	Legal First Name of Parent/Guardian #1	Language Spoken	Gender M F	Home Phone Number	
	Parent/Guardian #1 Address		Apt #	City	State	Zip
	Work Phone Number	Cell Phone Number	E-mail Address	Relationship to Student		
	Does Parent/Guardian #1 have access to the internet at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you wish to receive school communications at your e-mail address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please provide a copy of the court orders.</b>			
	Is this Parent/Guardian allowed to make decisions for or pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian #1 is allowed access to all educational / behavioral records concerning this student? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Parent/Guardian #1 ever been a student in District 50? If so, when? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO				

Parent/Guardian #2 Living at Different Address	Parent/Guardian #2 – Living at a <b>DIFFERENT</b> address <b>THAN ABOVE</b>					
	Legal Last Name of Parent/Guardian #2	Legal First Name of Parent/Guardian #2	Language Spoken	Gender M F	Home Phone Number	
	Guardian #2 Address		Apt #	City	State	Zip
	Work Phone Number	Cell Phone Number	E-mail Address	Relationship to Student		
	Does Parent/Guardian #2 have access to the internet at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you wish to receive school communications at your e-mail address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please provide a copy of the court orders.</b>			
	Is this Parent/Guardian allowed to make decisions for or pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian #2 is allowed access to all educational / behavioral records concerning this student? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has Parent/Guardian #2 ever been a student in District 50? If so, when? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO				



# SIBLINGS AND EMERGENCY CONTACTS

Please complete **ONE** form per **SCHOOL**  
(*new students only*)



**Please provide the following information for all school-age students in your family**

School-Age Students	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending
	Last Name of Student	First Name	Middle Name	Birth Date/Age	Gender M F	School Attending

**Non-parent emergency contacts for the school-age students enrolling**

Emergency Contacts	<b>Priority</b>	Contact Last Name	Contact First Name	Home Phone Number	Relationship to Student
	<b>1</b>	Address		Cell Phone Number	Language Spoken
	<b>Priority</b>	Contact Last Name	Contact First Name	Home Phone Number	Relationship to Student
	<b>2</b>	Address		Cell Phone Number	Language Spoken
	<b>Priority</b>	Contact Last Name	Contact First Name	Home Phone Number	Relationship to Student
	<b>3</b>	Address		Cell Phone Number	Language Spoken
	<b>Priority</b>	Contact Last Name	Contact First Name	Home Phone Number	Relationship to Student
	<b>4</b>	Address		Cell Phone Number	Language Spoken
	<b>Priority</b>	Contact Last Name	Contact First Name	Home Phone Number	Relationship to Student
	<b>5</b>	Address		Cell Phone Number	Language Spoken

The emergency contacts above are authorized to give consent for urgent health, dental, surgical procedures or hospital care for my student in the event that the authorized Parent/Guardian is not reachable. Every attempt will be made to contact the Parent/Guardian first.

Are the above emergency contacts for ALL students enrolling?

Yes

No

If NO, please fill out another Emergency Contact sheet for each student.

X

Parent / Guardian Signature

Date

OFFICE STAFF: Please make a copy for EACH student enrolling; then highlight the student's name and put one copy in CUM file.





# TITLE X / TITLE I EDUCATION PROJECT

Please complete **ONE** form per **FAMILY**

(This is an **ANNUAL** form to be completed **each school year**)

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvement Act, 42 U.S.C. 11435. **All information obtained for this purpose will remain confidential.** The answers to this residency information help determine the services the student may be eligible to receive.

Please provide the following information for all school-age students:

Last/First Name of Student	Grade	School	Birth Date

**Check the box that best describes with whom the student(s) reside(s).** Under McKinney-Vento legislation, students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. Legislation mandates that a school appointed district liaison assist in the enrollment of unaccompanied youth. **Please immediately contact the Adams 50 Title X Liaison to assist with the enrollment process of unaccompanied youth at 720.542.5301**

- Legal Guardian(s)
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- Temporary Foster Care
- Unaccompanied Youth (High School)
- Other: \_\_\_\_\_

Name of person(s) with whom the student resides: \_\_\_\_\_

- 1 Is the student's current address a **temporary** living arrangement?  Yes  No
- 2 Is the living arrangement due to loss of housing or economic hardship?  Yes  No
- 3 Is the student's current address a permanent living arrangement or the family owns or rents their home?  Yes  No

**If you answered YES to questions 1 or 2, please continue the questionnaire.**  
**If you answered YES to question 3, please stop here and sign below.**

Where is the student currently living? **(Please check only one)**

- We temporarily live with more than one family or relative, in a house, apartment or mobile home because we cannot afford or find affordable housing. (Examples include: Grandparent(s), aunt, uncle, friend, other.)
- We temporarily live in a motel.
- We temporarily live in an emergency/transitional shelter.
- We temporarily live in a place not designated for ordinary sleeping accommodations (car, park, trailer park or campground without running water/electricity, or substandard housing.)
- We frequently move from place to place because of economic reasons.
- Alone without an adult.
- Other: \_\_\_\_\_

Under penalty of perjury under the laws of state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Guardian/Caregiver/Unaccompanied Student



# MIGRANT EDUCATION SURVEY

Please complete **ONE** form per **FAMILY**  
*(new students only)*



Please answer the following questions and return this form to school as soon as possible. All information you give us is confidential. *Thank you.*

1) Please list all children in your home from birth to 21 years of age:

First and Last Name of Student	Date of Birth	School

2) Have you lived at your present address for less than 3 years?  YES  NO

3) Has either parent / guardian ever **intended**, looked for employment, on or worked in the following areas in the past 3 years?  
 YES  NO

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

- Vegetables / fruits / seeds
- Farm / Ranch (including dairy and sod)
- Meat Packing Plant / Slaughter House
- Poultry
- Greenhouse / Nursery
- Orchards
- Christmas Tree Processing / Forestry

4) Parent/Guardian Name: \_\_\_\_\_

(Please print)

(Date)

Address: \_\_\_\_\_

Apt. # \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Best time to call: \_\_\_\_\_

*Schools please send completed forms to:*  
 James Duffy, Director  
 Learning Services