



## KING-MURPHY KINDERGARTEN REGISTRATION

Thank you for choosing King-Murphy Elementary School for your child. The following packet contains the forms needed to complete registering your child for the upcoming school year.

- 2017/2018 Census Enrollment Form
- Student Emergency Card
- Clear Creek Health Information Form
- Medication Administration in School or Child Care
- CCSD Open Enrollment Form

In addition to the attached forms, please also include the following:

- Copy of Birth Certificate
- Current Immunizations
  - o Provide updated immunizations once child has had 5 year old shots; records may be faxed to: 303-674-6735

If you have any questions, please contact us at 303-670-0005.

We look forward to having your child join us at King-Murphy Elementary School.



# CLEAR CREEK SCHOOL DISTRICT RE-1

P.O. Box 3399, IDAHO SPRINGS, COLORADO 80452  
PHONE: 303-567-3850 FAX: 303-567-3861

JFBA-E

## APPLICATION/REGISTRATION FORM

### OPEN ENROLLMENT FOR OUT OF DISTRICT STUDENTS

We would appreciate your completing this form in its entirety. Renewal applications must be received by the last day of school of the current school year. Registration for new applications must occur before October 1st of the year for which you are requesting enrollment. Admittance will depend on space available in the building and classes the student wishes to take. Determination will be made by the Building Principal and the Superintendent of Schools. Transportation routes will not be adjusted to meet the need of the out of district student. Student(s) may, however, ride existing routes. NO extensions of bus routes will be considered

I request permission to change schools for the \_\_\_\_\_ school year for the following student(s):

Student's name: \_\_\_\_\_

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

Home/Best Phone: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Grade student will be entering the NEXT school year: \_\_\_\_\_

School student wants to attend: \_\_\_\_\_

School student attending this year: \_\_\_\_\_

School student would normally attend under regular boundary restrictions: \_\_\_\_\_

Has student been denied admission to present district or another district based on disciplinary actions?  
\_\_\_\_\_

Is student presently or in the past received special education services: \_\_\_\_\_

If yes, what type? *Please explain on the backside of this sheet.*

I acknowledge that I have received a copy of the Student Admission Policy and understand its provisions, and I agree to the terms and condition as outlined

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Building Principal's Signature

\_\_\_\_\_  
Superintendent's Signature

## Clear Creek School District Health Information Form

Student's Name \_\_\_\_\_  
Last First Middle Grade

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medication Information:

Is your child taking any medications regularly?  Y  N

If yes, please list Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Is your child allergic to any medication?  Y  N

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

If your child must receive medication OF ANY TYPE (including prescription, non-prescription (over-the-counter), and homeopathic medications) during school hours, we ask you to consider one of the following options: (1) YOU MAY COME TO THE SCHOOL to give the medication to your child at the appropriate time; or (2) YOU MAY OBTAIN A MEDICATION ADMINISTRATION FORM from the school or online and HAVE YOUR DOCTOR indicate on the form the DRUG, DOSE, AND TIME to be given. Please be sure he/she SIGNS THE FORM. We also need a pharmacy-labeled bottle containing the medication and instructions. If the student will self-carry a medication, the physician must indicate this on the form. YOU MAY DISCUSS WITH YOUR DOCTOR an alternative schedule of medication so that it can be given outside of school hours. In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

### Health Concerns: Parents/Guardians are responsible for providing full details on any medical condition to the school nurse.

Please indicate below any health conditions your child has experienced, check all that apply.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Allergies (list below) | <input type="checkbox"/> Fractures              | <input type="checkbox"/> Prosthesis/Limb Braces | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Headaches              | <input type="checkbox"/> Seasonal Allergies     | <input type="checkbox"/> Vision Concerns        |
| <input type="checkbox"/> ADD/ADHD               | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Contacts               |
| <input type="checkbox"/> Bowel/Bladder          | <input type="checkbox"/> Hearing Concerns       | <input type="checkbox"/> Skin Conditions        | <input type="checkbox"/> Glasses                |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hearing Aids           | <input type="checkbox"/> Speech Concerns        | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Emotional/Behavioral   | <input type="checkbox"/> Heart                  | <input type="checkbox"/> Surgeries              | <input type="checkbox"/> Other _____            |

If any health conditions were indicated above, please explain in detail. Specify if an individualized health care plan is needed this school year for the condition (e.g., Allergies, Asthma, Diabetes, Seizures), which must be completed annually by a physician, or if the condition has resolved.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medical Insurance Information

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Clear Creek School District will in no case accept financial responsibility for care, see consent on reverse side.

### Special Services Information

Is your child receiving special education services?  Y  N

Please Indicate Disability: \_\_\_\_\_

Date of last IEP: \_\_\_\_\_

Does your child have a current 504 plan?  Y  N

Please indicate if related to academics or health.  Academics  Health

**This form will be given to the School Nurse after registration**

## Medication Administration in School or Child Care

The parent/guardian of \_\_\_\_\_ ask that school/child care staff give the  
(Child's name)  
following medication \_\_\_\_\_ at \_\_\_\_\_  
(Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

**Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

The Program agrees to administer medication prescribed by a licensed health care provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff.

*By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.*

\_\_\_\_\_  
Parent/Legal Guardian's Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\*\*\*\*\*

### Health Care Provider Authorization

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax Number

*Please ask the pharmacist for a separate medicine bottle to keep at school/child care to ensure consistency in medication administration. Thank you!*

**FOR CHILD CARE USE ONLY**

Copied information onto Medication Log \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Final: Board  
Approved  
02/16/2016

# CLEAR CREEK SCHOOL DISTRICT

## 2017-2018 School Calendar

July 2017						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2017						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2017						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	c	23
24	25	26	27	28	29	30

October 2017						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2017						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2018						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			








February 2018						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	c	17
18	19	20	21	22	23	24
25	26	27	28			






March 2018						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2018						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

-  First Day of School (8/21)
-  Last Day of School (5/24)
-  School Closed
-  Red Font is Qrt End
-  Graduation (5/26)
-  PT Conferences (9/20, 2/14)
-  PT Conferences / Mini Day (9/21, 2/15)

-  New Teacher Training (8/14,15)
-  .5 Tchr Plan / .5 Dist Prof Day (8/16)
-  District Prof Days/No Students
-  Teacher Workdays in Buildings/No Students
-  Teacher Comp Days (9/22, 2/16)

Student Days = 166  
Teacher Days = 180  
Qrt 1 = 36.5 Days  
Qrt 2 = 41 Days  
Qrt 3 = 40.5 Days  
Qrt 4 = 48 Days

Mini Day Dismissal Times:  
KM /Carlson 11:30 AM  
CCMS / HS 11:35 AM

# King-Murphy Kindergarten Program

2017-2018





## King-Murphy Kindergarten

Dear Parents,

I am looking forward to your child entering our kindergarten program next year. The first years of elementary school are so important to a child's school experience. During these early years, the beginnings of academic learning are established and children develop life-long habits and attitudes about learning. The kindergarten program at King-Murphy reflects a belief that children are active learners. They build meaning and understanding by making connections with their existing knowledge and through inquiry. King-Murphy is an accredited **International Baccalaureate School and offers the Primary Years Programme**; an internationally recognized program with student-driven inquiry at the heart of the curriculum (see attached information).

Our kindergarten students bring varied experiences, interests and needs to the classroom. The goals of our program are to foster the educational, social, emotional, and physical needs of children. These goals include:

- Acquire essential academic knowledge and develop problem solving ability.
- Communicate effectively.
- Develop the attributes of the International Baccalaureate Learner Profile.
- Demonstrate social confidence and emotional security.
- Act responsibly.
- Show initiative, self-direction, and motivation.
- Follow classroom expectations and routines.
- Use materials purposefully and respectfully.
- Manage transitions and adapt to new situations and events.
- Collaborate with peers.
- Use knowledge gained in school to make impactful choices (take action).
- Show eagerness and curiosity.
- Sustain attention to work over a period of time.
- Follow multi-step directions.
- Show empathy and caring for others.
- Strive to become life-long learners.
- Approach tasks with flexibility and inventiveness.
- Participate in group life of the class.

Children in kindergarten learn concepts and skills essential to ensure their readiness to begin first grade. Parents are encouraged to support their child's learning by assisting them in the curriculum areas.

### **Language Arts/Reading**

Students participate in reading, listening, and speaking. Students will:

- listen attentively and follow directions.
- communicate in complete sentences.
- identify forms of print: letters, words and sentences.
- use concepts of print: top to bottom and left to right.
- sequence events.
- sound out words.
- identify rhyming words.
- write their first and last name.
- blend letter sounds to create words.
- recognize and print letters of the alphabet.
- know letter sounds.
- recognize many simple sight words.
- use a variety of strategies to predict words and make sense of text.

### **Writing**

Students will be given daily opportunities to write on a variety of topics. Students will:

- create a message through drawing, telling, and/or writing.
- spell simple words.
- apply letter/sound relationships when writing.
- begin to understand simple capitalization and punctuation rules.

### **Mathematics**

Children will develop an understanding of mathematical concepts and skills through games, the use of manipulatives, and traditional pencil and paper activities. Students will:

- count by ones to 100
- write numerals 0-20
- sort, classify, and describe groups of objects.
- solve problems using objects.
- explore the concept of probability.
- read and create simple graphs.
- compose and decompose numbers demonstrating knowledge of place value.
- recognize, create, and extend patterns.

### **Science and Social Studies:**

Science and Social Studies are taught through integrated units of inquiry. Students will have opportunities to participate in investigations and develop observation skills. Please refer to the section that follows to review the units of inquiry for kindergarten. **In addition to these units**, the children will also explore:

- seasons
- Thanksgiving
- continents
- Native Americans
- Martin Luther King, Jr., President's Day
- animals



### **Art/P.E./Music**

Kindergarten children participate in one special class each day. They attend classes in Music, Physical Education and Art. In addition to special classes, the kindergarten classroom lends itself easily to a variety of art, music and movement experiences. The children perform a holiday program in December and another play in the spring.

### **Spanish**

Kindergarten students will participate in an interactive Spanish class as part of their specials program. Classes in Spanish are attended every other week throughout the year. By using an integrated curriculum, students acquire a second language in a way that is fun and natural. Students become risk-takers, learning that making mistakes is part of the learning process when acquiring a second language. Students will be encouraged to speak by using dialogue and simple words, in keeping with their natural cognitive development. In addition to exposure to the language, students will be introduced to the Hispanic culture (foods, music, dance, and celebrations).

Kindergarten is truly an amazing year of change. At King-Murphy we believe that when children are in an environment that is conducive to learning and expected to learn, they will. All this is done at a level appropriate for their age, respecting each child's unique situation and individual strengths. Students are continually challenged to deepen their understandings and knowledge. Throughout this growth, they are still playing, having fun, and making friends.

If you have further questions about the kindergarten program at King-Murphy, feel free to contact me at (303) 670-6121. I can also be reached via email at the address below. Visitations to our kindergarten are welcome. If you would like to schedule a parent observation, please contact the office at (303) 670-0005.

An informal **Open House** is scheduled for **Friday, May 11<sup>th</sup> 2017, at 3:35 p.m.** This is a time for you and your child to see the classroom and get more information about our program. Please mark your calendar!

I look forward to working with you and your child next year!

Sincerely,

Polly Fisher  
King-Murphy Kindergarten Teacher  
[paulyne.fisher@ccsdre1.org](mailto:paulyne.fisher@ccsdre1.org)



## The International Baccalaureate Primary Years Programme and Units of Inquiry

King-Murphy is an accredited **International Baccalaureate School** and offers a Primary Years Programme of Inquiry (PYP) for children K-6. This internationally recognized program focuses on the total growth of the whole child. PYP touches hearts as well as minds and encompasses the social, physical, emotional, and cultural needs of the child through an inquiry-based program.

Structured inquiry is the leading vehicle for learning in the PYP. Inquiry, interpreted in the broadest sense, is the process (initiated by the learner or the teacher), which moves the learner from his or her current level of understanding to a new and deeper level of understanding. This can involve:

- Exploring and wondering.
- Questioning.
- Collaborating.
- Experimenting and discussing possibilities.
- Researching and seeking information.
- Collecting data and reporting findings.
- Clarifying and refining existing ideas.
- Deepening understanding through the application of a concept or rule.
- Making and testing theories.
- Making predictions and confirming or changing them based on new information.
- Elaborating on solutions to problems.

Six transdisciplinary themes provide the framework for the exploration of knowledge. The themes and the units of inquiry for kindergarten follow:



### **Theme: Who We Are**

Central Idea: Problems can be solved peacefully.

Lines of inquiry

- Conflict
- Cooperation
- Personal Responsibility
- Identifying a different perspective



### **Theme: Where We Are in Time and Place**

Central Idea: Lifestyles (what we eat, wear, where we live and transportation) are determined by our location and available resources.

Lines of Inquiry:

- Resources
- Connection between location and lifestyle
- Resources vary throughout the world



### **Theme: How We Express Ourselves**

Central Idea: Stories can be brought to life through drama.

Lines of Inquiry: Stories can be brought to life through drama.

- Identifying drama
- Common components in stories
- Dramatic techniques



**Theme: How the World Works**

Central Idea: Living organisms play important roles in the cycle of life.

Lines of Inquiry:

- Food chains and consequences of food chain interruption
- Needs of living things
- The roles of consumers, producers, and decomposers
- Common characteristics of living things



**Theme: How We Organize Ourselves**

Central Idea: People create systems to ensure fairness.

Lines of Inquiry:

- Rights of people – basic needs/rights
- Laws and rules that help ensure fairness
- Unfair situations
- Creating change



**Theme: Sharing the Planet**

Central Idea: Forests are necessary for life on earth.

Lines of Inquiry:

- Trees and their contribution to our world
- Similarities and differences between forests around the world
- Sharing and preserving forests



We recognize that there are no specific indicators to show when a child is ready for kindergarten. However, these are some general skills and areas of exposure that will make the transition into kindergarten easier for your child.

- listen to stories without interruption
- recognize rhyming sounds
- pay attention to adult-directed tasks for short periods of time
- understand actions have both causes and effects
- show understanding of general times of the day
- trace basic shapes
- hold a pencil correctly
- begin to share with others
- cut with scissors using correct hand position
- begin to follow rules
- manage bathroom needs
- button shirts, pants, coats and zip up zippers
- speak understandably
- separate from parents without being upset
- look at pictures and then tell stories
- identify some alphabet letters
- recognize groups of one, two, three, four, and five objects
- count to ten

# Ten Signs of a Good Kindergarten Classroom

(from the National Association for the  
Education of Young Children)

1. Children are playing and working with materials or other children. They are not aimlessly wandering or forced to sit quietly for long periods of time.
2. Children have access to various activities throughout the day, such as block building, pretend play, picture books, paints and other art materials, and table toys such as legos, pegboards, and puzzles. Children are not all doing the same things at the same time.
3. Teachers work with individual children, small groups, and the whole group at different times during the day. They do not spend time only with the entire group.
4. The classroom is decorated with children's original artwork, their own writing with invented spelling, and dictated stories.
5. Children learn numbers and the alphabet in the context of their everyday experiences. Exploring the natural world of plants and animals, cooking, taking attendance, and serving snack are all meaningful activities to children.
6. Children work on projects and have long periods of time (at least one hour) to play and explore. Filling out worksheets should not be their primary activity.
7. Children have an opportunity to play outside every day that weather permits. This play is never sacrificed for more instructional time.
8. Teachers read books to children throughout the day, not just at group story time.
9. Curriculum is adapted for those who are ahead as well as those who need additional help. Because children differ in experiences and background, they do not learn the same things at the same time in the same way.
10. Children and their parents look forward to school. Parents feel safe sending their child to kindergarten. Children are happy; they are not crying or regularly sick.

Clear Creek School District  
Registration Form-Student Census/Enrollment Information

**Student Census/Enrollment Information**

Student's Full Legal Name \_\_\_\_\_  
Last First Middle (Full)

Grade \_\_\_\_\_ Gender  M  F Birth date \_\_\_\_\_ State/Country of Birth \_\_\_\_\_  
Month Day Year

Mailing Address \_\_\_\_\_  
City State Zip

Physical Address \_\_\_\_\_  
City State Zip

Household Telephone (\_\_\_\_\_) \_\_\_\_\_ Unlisted?  Yes  No Resident County \_\_\_\_\_

Student's Email \_\_\_\_\_ Student's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Race and Ethnicity**

*Ethnic Background* Is your child Hispanic or Latino?  Yes  No

*Race – Please select all that apply*

- American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander  
 Asian  White  
 Black or African American

Note: Failure to answer race and ethnicity questions will result in use of prior racial/ethnic data or an observer identifying for you.

**Previous School Information**

Has the student attended another Clear Creek School District school?  Yes  No  
School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Last School Attended Outside the Clear Creek School District?  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Has the student attended public school continuously, excluding Kindergarten, in CO for the last 3 years?  Yes  No  
Date your child first or most recently enrolled in the United States \_\_\_\_\_ \* Definition attached

Is your child presently under an expulsion/suspension order from any other school district in the last year?  Yes  No

Is your child presently under consideration for expulsion?  Yes  No

Is your child presently involved in the Juvenile Justice system?  Yes  No

If yes to any of these three questions, please explain: \_\_\_\_\_

**ELA Information (All new students should fill out a Home Language Questionnaire)**

- Does the student speak a language other than English?  Yes  No
- Is a language other than English regularly used by the student's parents or guardians?  Yes  No
- What language does the student speak/understand? \_\_\_\_\_
- The student speaks:  No English  Some English  Another Language and English Equally  Mostly or Only English
- What language is spoken in the home by the parent/guardian? \_\_\_\_\_
- Which language do you prefer for school communications?  English  Spanish  Other

**Special Services Information**

<p><b>Is the student receiving special education services?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Does the student have a current 504 Plan?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is it related to:</p> <p><input type="checkbox"/> Academics <input type="checkbox"/> Health</p>	<p><b>Does your student have any medical alerts?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>
--	--	--

**Registration Form - Household Information**

Household Information Complete One Per Household Please Print

*With Whom Does the Student Live?*

- Both Parents   
  Mother Only   
  Father Only   
  Mother and Stepfather   
  Father and Stepmother  
 Foster Parents   
  Relatives \_\_\_\_\_   
  Other \_\_\_\_\_

*Current Residence Status*

- House/Apt/Condo/Townhouse/Duplex   
  Motel/Hotel   
  Campground /RV/ Car   
  Emergency Shelter  
 Are you living with Friends or Family due to the loss of housing or financial hardship?   
  Transitional Housing Program  
 Are you a student not living with a parent or legal guardian?   
  Other, explain? \_\_\_\_\_

\* Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act

**Parent/Guardian Information**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

Check here if household information is same as student's Call Priority  1  2

Mailing Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Telephone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell/Alt Telephone ( ) \_\_\_\_\_

Parents/Guardian Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

Check here if household information is same as student's Call Priority  1  2

Mailing Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Telephone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell/Alt Telephone ( ) \_\_\_\_\_

Parents/Guardian Email \_\_\_\_\_

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. Where the arrangement is less formal, the school will provide the necessary form for the parent/guardian to complete.

**Other Children Under Age 18 Living in the Home (Please Print)**

First Name	Middle (Full)	Last Name	Birthdate	Gender	Relation to Student	School Attending

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



## STUDENT EMERGENCY INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_  
Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

To Parents - That we may be of greatest service to your child in case of accident or sudden illness, it is necessary that you give the following information.

Please check legal relationship to student.

Mother  Stepmother  Guardian \_\_\_\_\_ (Name) Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Address \_\_\_\_\_

Father  Stepfather  Guardian \_\_\_\_\_ (Name) Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Address \_\_\_\_\_

Name of person(s) with whom student lives: \_\_\_\_\_ Relationship \_\_\_\_\_

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED, CALL:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### CONSENT

In the event reasonable attempts to contact me or the emergency contacts at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

- The transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.
- Do you have ambulance insurance?  Yes /  No With whom? \_\_\_\_\_

The school will attempt to reach one of the above persons, but if none of these can be reached the school nurse, principal, or teacher in charge, has our permission to use his or her discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED. This authorization does not cover surgery. In such cases, the provisions of Colorado Law governing informed consent and such other authorization(s) as may be required by law, shall apply.

Facts concerning the child's medical history including: allergies, medications, and any physical impairments to which a physician should be alerted are as noted on the reverse side of this form in the Health Information.

If Parent/Guardian fails to grant this consent, the school will call 911 in the event immediate medical care is indicated.

DATED \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

### STUDENT INSURANCE

The school has the moral responsibility to encourage each participant in athletics to be covered by an accident insurance policy. The school does not provide a policy; however, the school provides an insurance option in which students may voluntarily participate. If you decide to take the school insurance option, the policy must be paid for before practice begins for that sport.

1. I will carry the policy option offered by the school.

2. I am carrying a policy outside of school insurance. I will assume the responsibility for costs occurred during athletic participation. The

insurance company I will use is \_\_\_\_\_

DATED \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

## Clear Creek School District Health Information Form

Student's Name \_\_\_\_\_  
Last First Middle Grade  
 Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medication Information:

Is your child taking any medications regularly?  Y  N

If yes, please list Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Medication name: \_\_\_\_\_ Associated health condition: \_\_\_\_\_

Is your child allergic to any medication?  Y  N

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication name: \_\_\_\_\_ Reaction: \_\_\_\_\_

If your child must receive medication OF ANY TYPE (including prescription, non-prescription (over-the-counter), and homeopathic medications) during school hours, we ask you to consider one of the following options: (1) YOU MAY COME TO THE SCHOOL to give the medication to your child at the appropriate time; or (2) YOU MAY OBTAIN A MEDICATION ADMINISTRATION FORM from the school or online and HAVE YOUR DOCTOR indicate on the form the DRUG, DOSE, AND TIME to be given. Please be sure he/she SIGNS THE FORM. We also need a pharmacy-labeled bottle containing the medication and instructions. If the student will self-carry a medication, the physician must indicate this on the form. YOU MAY DISCUSS WITH YOUR DOCTOR an alternative schedule of medication so that it can be given outside of school hours. In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

### Health Concerns: Parents/Guardians are responsible for providing full details on any medical condition to the school nurse. Please indicate below any health conditions your child has experienced, check all that apply.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Allergies (list below) | <input type="checkbox"/> Fractures              | <input type="checkbox"/> Prosthesis/Limb Braces | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Headaches              | <input type="checkbox"/> Seasonal Allergies     | <input type="checkbox"/> Vision Concerns        |
| <input type="checkbox"/> ADD/ADHD               | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Contacts               |
| <input type="checkbox"/> Bowel/Bladder          | <input type="checkbox"/> Hearing Concerns       | <input type="checkbox"/> Skin Conditions        | <input type="checkbox"/> Glasses                |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hearing Aids           | <input type="checkbox"/> Speech Concerns        | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Emotional/Behavioral   | <input type="checkbox"/> Heart                  | <input type="checkbox"/> Surgeries              | <input type="checkbox"/> Other _____            |

If any health conditions were indicated above, please explain in detail. Specify if an individualized health care plan is needed this school year for the condition (e.g., Allergies, Asthma, Diabetes, Seizures), which must be completed annually by a physician, or if the condition has resolved.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medical Insurance Information

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Clear Creek School District will in no case accept financial responsibility for care, see consent on reverse side.

### Special Services Information

Is your child receiving special education services?  Y  N

Please Indicate Disability: \_\_\_\_\_

Date of last IEP: \_\_\_\_\_

Does your child have a current 504 plan?  Y  N

Please indicate if related to academics or health.  Academics  Health

**This form will be given to the School Nurse after registration**