



OFFICE USE ONLY

Student ID# _____

School _____

Student Registration Form – *One per Student* (Please Print)

Student's Legal Name

Household language _____

Last: _____ First: _____ Middle: _____

Birth Date: _____ / _____ / _____ Country of Birth: _____
Month Day Year

Gender: Male Female Name student goes by: _____ Grade: _____

Student's Cell Phone # _____

Has your child ever been enrolled in Aurora Public Schools? Yes No If yes, when? _____

Race/Ethnicity (You must answer both questions)

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

- No, not **Hispanic/Latino**
- 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 Alaska Native:** A person having origins in any of the original people on North and South America (including Central America), and who maintain 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, Thailand, and Vietnam.
- 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, the Middle East, or North Africa.

Special Programs - Your information will assist us in making educational decisions for your student.

Is your student currently receiving special needs services? YES NO

Description of service _____
e.g. IEP, speech therapy, physical therapy

Is your student currently enrolled in a Gifted /Talented program? YES NO

Description of service: _____

Is your student currently receiving any additional services? (Please check all that apply)

504 Plan Title 1 Math Title 1 Reading Health Care Plan (NOT insurance)
(For severe health needs)

Counseling Services English Language Acquisition Services

Description of service: _____

If you need additional information about these or other support resources for your student, please check with your student's school at the time of enrollment.

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The answer to this residency information helps determine the services the student may be eligible to receive.

What is the student's present housing situation?

Please check the box(es) that apply.

- in a shelter (emergency or transitional housing or safe house)
- in a motel, hotel, car or campsite
- living with friends or extended family members due to loss of housing or hardship
- in a transitional housing program
- inadequate housing (lacks kitchen or bathroom facilities)
- unaccompanied youth (not in the physical custody of parent or guardian)

the above housing situations **do not** apply

Expulsion

Is your child in good standing with his/her previous school and would be able to return? Yes No

If no, please explain: _____

Has your child been expelled, placed on extended suspension, or asked to leave any other school, in or out of state, in the past twelve (12) months? Yes No

If yes, check all that apply: Expelled Extended Suspension Asked to leave

If yes, provide start and end dates: ____/____/____ to ____/____/____

Please see the last page for additional information.

Please print parent/guardian name: _____

 **Signature of Parent/Guardian:** _____ **Date:** _____

Media Release

I hereby give permission for my child to be photographed and I release the use of his/her name, photograph and/or school work in the yearbook, mass media, school district publications, the Aurora Public School Internet Web Site and/or Aurora Public School Video and television programs about activities in APS.

I do not give permission.

This Media Release shall remain in effect during the entire time my child attends Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Field Trip Permission

Each year classes may participate in field trips and other educational activities that require the students 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.

I give my permission for my student to participate in field trips taken during the year. If a field trip is scheduled that I do not wish my child to attend, I will notify the school in writing.

I do not give permission.

This Field Trip Permission shall remain in effect during the entire time my child attends Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Grade Consent

In many cases, recent interpretation of federal law restricts a school from disclosing grade point averages of students without prior parental consent. This may be true even when grade point averages are disclosed for the purpose of recognizing positive academic student achievement (e.g. Honor Roll).

We are asking for your permission to share your student's grade point average. Please complete the following information and sign below:

I consent to the disclosure of my student's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).

I do not consent to the disclosure of my student's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).

This Grade Consent shall remain in effect during the entire time my child attends Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Please print parent/guardian name: _____

 **Signature of Parent/Guardian:** _____ **Date:** _____

CONTINUED ON OTHER SIDE →

NEW STUDENTS TO AURORA PUBLIC SCHOOLS

FORM TO BE FILLED OUT BY THE PARENTS/GUARDIANS OF NEW STUDENT (OR BY STUDENTS WHO ARE AT LEAST EIGHTEEN [18] YEARS OLD). NEW STUDENTS ARE STUDENTS WHO DID NOT COMPLETE THE PREVIOUS SCHOOL YEAR IN AURORA PUBLIC SCHOOLS OR WHO ARE CURRENTLY WITHDRAWN.

Explanatory Note: The questions asked on this form are asked in order that we may provide a safe environment for all students. Colorado law provides that a school district may deny admission to any student who was expelled from any school district during the prior twelve (12) months or who, within the last twelve (12) months, engaged in behavior which was detrimental to the welfare or safety of other students or of school personnel. C.R.S. 22-33-106 (3) (c&f). Any person who has been denied admission may be entitled to a hearing before the Board of Education of the school district denying admission. C.R.S. 22-33-105 (2) (c). (Such behavior shall not automatically bar a student from enrollment; each case shall be evaluated on its specific facts.)

My child has not been expelled, placed on extended suspension, or asked to leave any other school in the past twelve (12) months for behavior on or off campus. My child has not engaged in behavior in another school in the past twelve (12) months which was detrimental to the welfare or safety of other students, school personnel or others. If my child did engage in such conduct, I am submitting, along with this form, a written explanation detailing the circumstances of the negative behavior in the previous school district in the past twelve (12) months.

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the Family Admissions Form are not legal residents of Adams/Arapahoe 28J School District (Aurora Public Schools) such students will be withdrawn immediately from Aurora Public Schools. I further understand and agree that pursuant to School Board Policy all students new to the District shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the Aurora Public School District. In the event such records indicate a reason to deny admission, the student's conditional enrollment shall be revoked.

I agree to waive all rights to the confidentiality of student records relating to my child, including any such records from any other school or school district which my child has attended in the past. I also release from liability relating to records distribution, any person, school or school district releasing to the Aurora Public Schools student records relating to my child.

Please print parent/guardian name: _____

Last

First

Middle

 **Parent/Guardian Signature:** _____ **Date:** _____