

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)

Has student ever gone by a different name, if so what was the name: _____

Gender :	Current Grade:	Students Cell Phone #	Birth State	Birth Country
Male _____ Female _____				

Ethnicity: Do you consider yourself Hispanic? Yes _____ No _____
Race: (Check one or more) American Indian/Alaskan Native _____ Asian _____ Black/African _____ American Hawaiian/Pacific Islander _____ White _____

- Was the student's first language a language other than English? Yes _____ No _____
- Does the student speak a language other than English? Yes _____ No _____
- Is a language other than English used at home? Yes _____ No _____
- What is the students primary language? English _____ Spanish _____ Other _____
- In what language do you prefer correspondence to the home? English _____ Spanish _____ Other _____

Mailing Address (if different than Main/Physical Address)

Street Address			Street Address or PO Box #		
City	State	Zip	City	State	Zip

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

If the parents are legally separated or the marriage has been dissolved, which parent has educational decision-making rights?

Mother _____ Father _____ Both _____

If parents are legally separated or the marriage has been dissolved, please provide Parenting Plan as it pertains to the educational decision making rights.

Please provide any No Contact Orders or permanent restraining orders.

Note: District 51 is not responsible for enforcing Parenting Plans including which days parents have visitation.

Parent/Guardian #1

Circle each that is applicable for Parent/Guardian #1: Lives With _____ Educational Rights _____ Has Custody _____ Active Military Service _____

Last Name	First Name	Relationship to student	Primary Email Address

Main/Physical Address	City	State	Zip code

Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

Parent/Guardian #2

Circle each that is applicable for Parent/Guardian #2: Lives With _____ Contact Allowed _____ Educational Rights _____ Has Custody _____ Active Military Service _____

Last Name	First Name	Relationship to student	Primary Email Address

Main/Physical Address	City	State	Zip code

Mailing Address (if different than Main/Physical Address)

Street/PO#	City	State	Zip Code
Phone Numbers: select primary for the phone you wish to receive calls or messages from the Schools/District.	Home	Cell	Work
	Primary: Yes No	Primary: Yes No	Primary: Yes No

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Enrollment History

Last school attended	City	State	Date

Programs & Services

Has student ever been expelled from a school?	If Yes, enter name and address of school	If Yes, enter expulsion date	
Yes No			
Has student ever been referred for a Risk Assessment or Threat Assessment?	Was a Safety Plan developed as a condition for student's return to school?		
Yes No	Yes No		
Is student currently enrolled in another Colorado school or online school?		Yes No	
If Yes, enter name and address of the school:			
Has your child received Special Education services?	Yes-In State of Colorado	Yes-Out of State	No
Has your child received Section 504 services?	Yes No	Is the 504 health related?	Yes No
		Has your child received Gifted Education services?	Yes No

Emergency Contacts other than Parent/Guardian

In cases of emergency, when the Parent/Guardian cannot be reached, the student can be released to individuals listed as Emergency Contacts.

Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter:
 H – Home W – Work C – Cell O – Other

Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	Non-Emergency Release to Yes No

Persons allowed to pick up student prior to end of school day (Dr, Dentist, appointments, etc) but are not emergency contacts. These contacts will not be called in emergency situations.

#1 Name:	Relationship
#2 Name	Relationship

Publicity and Media Consent

I consent to my child being photographed, video/audio taped and/or interviewed by representative of television, radio and other news or broadcast media organization if such are authorized in advance by Mesa County Valley School District 51 ("District") and are supervised by District or school personnel. I also consent to Mesa County Valley School District taking, using, disclosing, posting or publishing photographs or video/audio recordings of my Child for official school or District communication purposes via print or internet-based media, including, but not limited to, District publications, District or school-sponsored websites, including District or school sponsored web pages on third-party social networking websites. I understand that by giving such consent a photograph or video/audio recording of my Child may be disseminated or disclosed to the general public or to television, radio and other news or broadcast media organizations who receive or have access to such District publications, websites or web pages. Yes _____ No _____

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

Parent/Guardian Signature

Date



HEALTH HISTORY

MUST BE COMPLETED BY PARENT / GUARDIAN EACH SCHOOL YEAR

STUDENT:	Last Name:	First Name:	Birthdate	Gender	Grade	School
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Please fill in the information below if your child has been diagnosed and treated for any of the following conditions

	DIAGNOSIS / TREATMENT Describe (write details) in the area provided	DATE of DIAGNOSIS	DATE of LAST EPISODE	PRESCRIPTION and/or ROUTINE OVER-THE-COUNTER MEDICATIONS	Med needed at school? YES/NO
	Allergy (Severe) or Allergic Reaction to: Symptoms:				YES/NO
	Asthma:				YES/NO
	Diabetes:				YES/NO
	Seizure Disorder:				YES/NO
	ADD or ADHD (circle one):				YES/NO
	Birth History/Delivery/Congenital problems:				YES/NO
	Concussion diagnosed by physician: (Symptoms usually better after 3 weeks)		Describe:		YES/NO
	Acquired Traumatic Brain Injury: Includes: traumatic brain injuries (TBI), strokes, or any brain injuries acquired after birth.		Describe:		YES/NO
	Other injuries or illnesses		Describe:		YES/NO

My child wears glasses _____ contacts _____.

The Health Offices in Mesa County School District 51 are staffed by Health Assistants under the supervision of a Registered Nurse.

The above information is considered confidential and is shared on a “need to know” basis between the Registered Nurse (District/School Nurse) and School Staff who will be in contact with and responsible for your child during the school day.

Medications given at school must be accompanied by a signed physician order, signed parental permission (forms are available in the school Health Office), and must be in the original labeled container.

Parents/Guardians are responsible for informing the school of any health issues that have changed for their student throughout the school year.

Parent/Guardian Signature: _____ Date _____

Oficina de Adquisición del Idioma Inglés

Si Ud. necesita una traducción en español favor de llamar a 254-5339. Estamos para servirle. Update: 11/12/14



Mesa County School District 51 offer many programs to support our students, your school office has details on all of them. If you have any questions contact your student's school or the numbers listed below.

**Are you in a temporary housing situation?
Does one of the following fit your housing status?**

- Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
- Living in a motel or hotel, or campground due to lack of alternative adequate accommodations.
- Living in emergency or transitional shelters.
- Have a primary residence that is a public place not ordinarily used as regular sleeping accommodation.
- Living in a car, park, public place, abandoned building, substandard housing (according to HUD standards), bus, or train station.
- Migratory, living in any of the above circumstances.
- Unaccompanied youth not in the physical custody of a parent or guardian.

If any of these apply to you or someone you know, your child(ren) may be eligible for services under the McKinney-Vento Homeless Education Assistance Act of 2001.

Secondary schools advocate: **Belinda Howery** - Cell: (970) 270-6234 Office: (970) 254-5528

Elementary schools advocate: **Carrie Colosimo** - Cell: (970) 270-5352 Office: (970) 254-5526

District 51 has the REACH program to support your students.

Come meet with a REACH Advocate and sign up for the REACH program. We provide access to the free breakfast/lunch program through the schools, transportation to/from school (case by case basis), backpacks, school supplies, hygiene items, community resources, coats, socks, and underwear.

Migrant Education Program



If you answer 'yes' to the following questions you may qualify for special services.

- 1) In the past three years, has your family moved?
- 2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?

For more information, call (970) 683-8686



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation)



Dairy & Cattle Raising
(feeding, milking, rounding up)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting)



Forestry
(soil preparation, planting, growing, cutting trees)



Fishing & Fish Processing
(catching, sorting, packing, transporting fish)

Nutrition Services – Free and Reduced Application Information

Free or reduced-price breakfast and/or lunch are available to children from families qualifying under Federal guidelines. Applications for free or reduced-price meals will be available ONLINE after July 1st, 2022 at [My School Apps](#) and on ParentVUE. Parents without internet access can pick up the paper application at any D51 school or the Nutrition Services office located at 2280 E. Main St. Grand Junction, CO 81501 Contact: 970-254-5181





Office use only Date: _____ Entered By: _____

ParentVUE Registration

Please complete the following information, and then return this form to your student’s school in person or email it to parentvue@d51schools.org . After your account is created, you will receive an email with your user name and password.

Parent Information

Parent First Name: _____ Parent Last Name: _____

Mailing Address: _____

City, State Zip _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Student Information

	Name	School	Grade
Student 1:			
Student 2:			
Student 3:			
Student 4:			

ParentVUE utilizes server side certificates and SSL (Secure Socket Layer) encryption.

Secondary Students: Class grades are current to the last entry of each teacher. Teachers will upload class grades approximately every two weeks.

Please note that none of the information you obtain from the website is considered to be official. All official transcripts and attendance records should be obtained in the traditional manner from the counseling department or attendance office.

Student schedule and lunch information is updated from our student system nightly. Please notify the school secretary if you have questions regarding the data content.

Mesa County Valley School District 51 is not responsible if parents/guardians provide their ParentVUE password to a third party. Nor is the district responsible for any disclosure of information the parents/guardians give a third party.

Mesa County Valley School District 51 makes no warranties of any kind, whether expressed or implied for the service it is providing.

I have read and understand the above guidelines for accessing ParentVUE

Signature: _____ Date: _____

STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES

(Responsible Use Agreement)

Superintendent Effective Date: May 4, 2010

Revised: February 29, 2012

Revised: July 2, 2018

Mesa County Valley School District 51 offers students access to computers and the Internet to support the District vision and mission. In order to provide open access to the resources, tools and equipment we believe are essential to teaching and learning, it is important that users understand their responsibilities and conduct themselves as responsible learners at all times. Students and parents should read the District's policy (JS) and regulation (JS-R) on Student Use of Information Technology Resources, which can be found online at the District's website using the following links:

<http://www.d51schools.org/board/policies/documents/JS.pdf>

<http://www.d51schools.org/board/policies/documents/JS-R.pdf>

Alternatively, students or parents may request a printed copy from school administration.

Listed below are guidelines that outline responsible use.

I will:

- Keep private information private. (My password and identity are mine and not to be shared.)
- Treat others with respect, both online and offline.
- Report anyone who tries to use the computer to hurt or harass me to a teacher or other adult.
- Tell adults when someone makes me uncomfortable.
- Strive to be and encourage others to be a responsible digital citizen.
- Have appropriate conversations in all my interactions with others.
- Use computers and personal devices for school-related purposes; realizing we share limited bandwidth and wireless connections.
- Credit my sources when I am using other people's information, images, audio or other material.
- Respect the work of other students and not try to copy, damage, or delete their work.
- Follow District policies, rules, and regulations; including copyright policies.
- Ask for permission before connecting my own devices to the District network.

I will not:

- Read another student's private communications without permission.
- Use improper language or pictures.
- Use communication tools to spread lies about others.
- Pretend to be someone else online.
- Give out my full name, password, address or any other personal information to someone I don't know.
- Give out the full name, address, or picture of others.
- Send e-mail to anyone who asks me not to.
- Look for, read, view, or copy inappropriate pictures or information.
- Load software on District computers or network, unless I have received permission.
- Try to get access to or make the computer or network do things not approved by my school and the District.
- Use technology to intimidate, hurt or harass another individual.

Consequences for misuse:

Depending on the nature of the misuse:

I might not be allowed to use the computers or the District network.

I may be suspended or expelled from school or be referred to law enforcement

Student ID	Student's Name (Printed)	Student's Signature (Grades 4-12)	Date
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I have made sure my child understands the expectations of this document and the District's policy and regulation.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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NOTE: Completed forms will remain on file at the student's school for as long as the student is attending the school.