

# MANITOU SPRINGS SCHOOL DISTRICT 14

## NEW STUDENT ENROLLMENT

School Year: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_

Has student attended Manitou Springs School District in the past? No Yes If Yes, Grade/Year: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Primary Phone Number (xxx-xxx-xxxx): \_\_\_\_\_ Enrollment (Start) Date: \_\_\_\_\_

Choice Student: No Yes If Yes, District of Residence: \_\_\_\_\_

Siblings in District (Name/Grade): \_\_\_\_\_

### FEDERAL RACE AND ETHNICITY

ETHNICITY: Is student Hispanic or Latino? Yes No

RACE: In addition, please select one or more of the following racial categories to describe student:

*White*

*Black or African American*

*Asian*

*American Indian or Alaska Native*

*Native Hawaiian /Other Pacific Islander*

### PREVIOUS SCHOOL INFORMATION

Name of School: \_\_\_\_\_ Name of District: \_\_\_\_\_

Phone (xxx-xxx-xxxx): \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Student retained at any time? No Yes If Yes, Grade: \_\_\_\_\_

Date first began public or non-public schooling in the US (mm/dd/yyyy): \_\_\_\_\_

### SPECIAL PROGRAMS

Please check if student has received services for any of the following programs and provide a copy of any documentation that you may have for these programs.

*Special Education (Including Speech/Language)*

*Gifted and Talented*

*Title 1 Reading/Math*

*ILP*

*504 Plan*

*Other Services Plan*

Office Use Only: If any of the above special programs are checked, please make a copy and send to appropriate staff member within the building for further inquiry.

# Manitou Springs School District 14

## Student Information Form

Name (Last, First, Middle): \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_

Choice Student: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, District of Residence: \_\_\_\_\_

Date began public schooling in Colorado (mm/dd/yyyy): \_\_\_\_\_

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

Street

City

State

Zip Code

Mailing Address (If different): \_\_\_\_\_

Street

City

State

Zip Code

Primary Phone #1: \_\_\_\_\_ Primary Phone #2: \_\_\_\_\_

*Please enter the phone # (xxx-xxx-xxxx) where notifications of school delays and closures are to be sent. Enter 2nd # if applicable.*

Primary Email #1: \_\_\_\_\_ Primary Email #2: \_\_\_\_\_

*Please enter the email where notifications such as school functions, delays and closures are to be sent. Enter 2nd email if applicable.*

### FATHER

Father Name (Last, First): \_\_\_\_\_

Phone: Work/Day: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

### MOTHER

Mother Name (Last, First): \_\_\_\_\_

Phone: Work/Day: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

### LEGAL GUARDIAN (other than parent)

(If student has a step-parent they are living with, please enter their information here.)

Name (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Work/Day : \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_



### LIVING AND CUSTODY ARRANGEMENTS

Single Parent Household? Yes \_\_\_\_\_ No \_\_\_\_\_ Lives With: \_\_\_\_\_

Custody/Guardianship: \_\_\_\_\_

### Parent/Guardian Not Living With Student Who Needs Mailings

Name (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street

City

State

Zip Code

Phone: Work/Day: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACTS

Someone other than listed on previous page. Please list in order of contact.

Emergency 1 (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: 1st : \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

Emergency 2 (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: 1st : \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

Emergency 3 (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: 1st : \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

Emergency 4 (Last, First): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: 1st : \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

*In case of a US HWY 24/Ute Pass road closure, please specify an adult that your student has permission to go home with (if applicable):* Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Transportation Information: Walk \_\_\_\_\_ Bus \_\_\_\_\_ Drive \_\_\_\_\_ Other \_\_\_\_\_

If student rides the bus, please specify the bus route, number and stop. Route \_\_\_\_\_ # \_\_\_\_\_ Stop \_\_\_\_\_

*The McKinney Vento Act requires schools to help support homeless children. Would you like us to send McKinney Vento materials?*

Bus schedule and additional district and school information are available online at [www.mssd14.org](http://www.mssd14.org)