



**HYGIENE ELEMENTARY SCHOOL**  
**A STEAM FOCUS SCHOOL - IMAGINE. INNOVATE. INSPIRE.**

**ST. VRAIN VALLEY SCHOOLS**  
*academic excellence by design*

Dear Parents,

Welcome to Hygiene Elementary! We look forward to having your child attend our school. As you begin the registration process, we realize you may have questions as you fill out the forms in the enrollment packet. Here is a brief explanation of each form and the documents we need complete your child's registration.

**Enrollment Packet:** This is a 4 page form specific to the household or households where the student resides. Please fill this form out in its entirety and check to make sure all areas where signatures are required have been signed by the parents.

**Student Enrollment Form:** Please fill out your child's legal name as it appears on his/her birth certificate. If registering your child for Kindergarten, please indicate on the bottom left corner of page 2 of the student enrollment form your preference for morning, afternoon, or all day Kindergarten class. We will try to honor your request, but can not guarantee placement.

**Student Language Survey:** This is a required form and helps us determine if your child is eligible for additional services from the school district.

**Health Information:** (Pink form) This is Important health information that we need on file to meet the needs of your student. Please fill out completely.

In addition to the above, we will need the following information for your child:

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Immunization Records (Colorado law requires proof of immunizations for all students. If the required immunizations are not yet complete, please give us a copy of the immunizations your child has completed to date).**

\_\_\_\_\_ **Proof of Residency (latest phone or utility bill)**

If your student is new to our school and is going to attend 1<sup>st</sup> -5<sup>th</sup> grade there will be a few more forms required to complete the registration process.

Thank you again for taking the time to fill out the required forms and provide all necessary documents. If you have additional questions about Hygiene Elementary, please call the school office at (720)652-8021.

**Renee Collier, Principal**

**11968 N. 75<sup>th</sup> Street**

**Longmont, CO 80503**

**[Http://hes.stvrain.k12.co.us](http://hes.stvrain.k12.co.us)**

## FAMILY ENROLLMENT PACKET

Thank you for choosing St. Vrain Valley Schools. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

Have you ever had or do you currently have students that attend St. Vrain Valley Schools?

Yes       No

### STUDENT ENROLLMENT CHECKLIST

- 1) In-district families who wish to attend their boundary school can simply check their address on our Maps & Boundaries website to determine which school their student will attend: <http://www.svvsd.org/boundaries>
- 2) Students who desire to attend a school outside of their designated attendance area may apply for Open Enrollment/Non-Residence authorization for the school of their choice. In order to apply, an Open Enrollment/Nonresident Application must be filled out and can be found at: <http://www.svvsd.org/schools/enrollment-registration>

### COMPLETE ENROLLMENT PACKET

- Family Enrollment Packet (one copy needed for each school)
- Student Enrollment Form
- Health Information Form
- Request for Records
- Language Survey
- 48 Hour Hold Form
- McKinney-Vento Program (if applicable)
- Migrant Form (if applicable)

**REQUIRED DOCUMENTATION\*** Your child(ren)'s enrollment may NOT be processed without these documents.

- VERIFICATION OF ADDRESS**  
Any one of the following:
  - Utility Bill
  - Contract to build/purchase a house
  - Voter Registration Card
  - Emancipated Student Documentation
  - Homeless Student as verified by student services
  - Student Driver's License
- STUDENT'S LEGAL BIRTH CERTIFICATE OR LEGAL NAME CHANGE**  
To enroll in Kindergarten, a student must be 5 years of age on or before October 1.  
To enroll in First Grade, a student must be 6 years of age on or before October 1.
- STUDENT'S UP-TO-DATE IMMUNIZATION RECORD**  
Parents with a religious, personal, or medical objection to immunizations may sign an exemption statement included on the Colorado Certificate of Immunization.
- CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)**  
Any one of the following:
  - Notarized letter from other parent acknowledging student will be registered in SVVS.
  - Court document stating you are the residential custodian.
  - Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

KINDERGARTEN

Full Day (Fee Based): \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Half Day: \_\_\_\_\_

## PRIMARY RESIDENCE

Telephone Number for the Primary Residence #: \_\_\_\_\_

**Physical Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address (if different)** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is there an additional family living at this address?  No  Yes If yes, who? \_\_\_\_\_

If rented/leased, landlord's name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Adult #1** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at PRIMARY Address

Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

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

Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

**Adult #2** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Living at PRIMARY Address

Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

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

Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SECONDARY RESIDENCE (IF APPLICABLE)

**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.

**Note:** \*\*Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Do you want mailings to go to this address?  Yes  No

Telephone Number for the Secondary Residence #: \_\_\_\_\_

**Physical Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 (if different) City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Adult #3** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Living at \_\_\_\_\_  
 SECONDARY \_\_\_\_\_  
 Address Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female  
 Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

**Adult #4** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Living at \_\_\_\_\_  
 SECONDARY \_\_\_\_\_  
 Address Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female  
 Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Is this parent/guardian active military?  Yes  No If yes, are they deployed?  Yes  No

Please list all children living at the SECONDARY Residence

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## GENERAL INFORMATION & POLICIES

Your signatures indicate that you have read and understand the information below.

### Conditional Enrollment

Students new to the District shall be enrolled conditionally until records, including discipline records, from schools previously attended by the student are received by the District. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked.

### CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley Schools to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

---

Parent/Guardian Signature

Date

St. Vrain Valley Schools encourage you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

---

Parent/Guardian Signature

Date



School Use Only		
<b>HYGIENE ELEMENTARY SCHOOL</b>		
Student ID	Grade	Date Enrolled

**2018/2019**  
**HOME LANGUAGE SURVEY**

**SCHOOLS:** Please send FULLY completed original form to the ELA Office if a language other than English is indicated. File copy in student cum. folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate a valid English language proficiency assessment will be administered within 30 days to determine the most appropriate Language Instructional Educational Program (LIEP) for your child.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth:     /     /	
Did your child attend school in another country?		Yes _____ No _____	
_____ Which country?	_____ How many years?	_____ Language(s) of instruction	
Has your child previously attended St. Vrain Valley School District?		Yes _____ No _____	
_____ Which pre school?	_____ Which school(s)?	_____ Language(s) of instruction	

1. What is the primary language of the home? \_\_\_\_\_
2. What language(s) did your **child** use when he/she first began to talk? \_\_\_\_\_
3. What language(s) does your **child** speak at home? \_\_\_\_\_
4. In what language(s) does **your child** read and write?     read                             write  
\_\_\_\_\_
5. What language(s) do **adults in home** use when they speak to your **child**? \_\_\_\_\_

\_\_\_\_\_ parent/guardian signature

School Use Only					
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students					
	school initials			Bilingual	ESL

## SAFE SCHOOLS LEGISLATION REGISTRATION ADDENDUM

### NOTIFICATION OF 48-HOUR REGISTRATION HOLD

Your student's registration as a student in the St. Vrain Valley School District may be held up to 48 hours (two working days). State law, C.R.S. 22-33-106(3)(c and f), provides the school in which he/she wishes to enroll the ability to deny admission if the student has:

- a) been expelled from any school district during the preceding 12 months; and/or,
- b) engaged in behavior in another school district during the preceding 12 months that is detrimental to the welfare or safety of other pupils or school personnel.

### PURPOSE

During the 48-hour hold, the receiving St. Vrain Valley School will contact the school(s) your student attended during the past 12 months to verify that neither of the conditions described above exists. Additionally, previous school personnel may be able to alert the receiving school to ways in which we may best serve your student.

It is not the intent of the receiving school or the district to cast doubt upon the ability of your student to perform academically or behaviorally as a pupil in the receiving school. This process assists the receiving school in remaining within parameters described in district policy and state law. Further, it reduces the probability of inappropriate speculation as to the nature of the student's disciplinary record at their previous school.

### DECLARATION

AS THE PARENT/GUARDIAN OF THE ENROLLING STUDENT, YOU ARE REQUESTED TO DECLARE THE STUDENT'S STATUS AT HIS/HER PREVIOUS SCHOOL. PLEASE CHECK ALL THAT APPLY.

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

- This student has not been expelled from any school district during the preceding 12 months.
- This student had no significant disciplinary problems (multiple suspensions or serious infractions of school policy/rules at his/her previous school).

Name of Previous School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Person to Contact: \_\_\_\_\_

### SIGNATURES:

I have read and understand the above. I verify that the information provided is true to the best of my knowledge.  
I have provided enrolling school with a full disclosure of all information outlined above.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR USE BY ENROLLING SCHOOL ONLY

School Contacted on \_\_\_\_\_ by \_\_\_\_\_

Name of Person Contacted \_\_\_\_\_ Title \_\_\_\_\_

Information Provided Above is Correct  Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_  
Principal/Administrator Signature

\_\_\_\_\_  
Date



ST. VRAIN VALLEY SCHOOLS  
*academic excellence by design*

Spring 2018

To: Parents of Children Entering Kindergarten in the 2018-2019 School Year

Thank you for choosing St. Vrain Valley Schools for your child's Kindergarten experience.

As your child enters Kindergarten, we want to make you aware of the Kindergarten programming options available for the upcoming school year.

- St. Vrain Valley Schools will offer the following Kindergarten program configurations:
  - Traditional Half Day Sections (half days AM/PM, 5 days per week)
  - Half Day, Alternate Day Sections (1 half day, 2 full days per week)
  - Full Day, Every Day Sections (full days, 5 days per week)

**\*PLEASE CONTACT YOUR SCHOOL OF ATTENDANCE FOR SPECIFIC KINDERGARTEN SCHEDULE INFORMATION.**

- All Full Day, Every Day Kindergarten programs implement the following pay structure:
  - If you choose to enroll your child in Full Day, Every Day Kindergarten, there will be a tuition charge for the "other half" of the day.
    - Full Day Kindergarten Program Tuition - \$295 per month (September – May) *\$145 non-refundable registration fee due at time of registration (will be applied to September payment)*
  - If you would like to enroll your child in Full Day, Every Day Kindergarten, but would need tuition assistance, you will need to complete the following and return to your school:
    - Tuition Assistance Application (determines eligibility for free or reduced lunch)
    - Tuition Assistance Sliding Scale Form

**\*\***(Please be aware that tuition assistance is limited and may be allocated on a lottery or first-come, first-serve basis to those who qualify. Qualification for free or reduced lunch status does not guarantee enrollment in Full Day Kindergarten.)
  - If the tuition assistance guidelines outlined below do not apply and you feel you may still need assistance, please speak with your building principal for additional options (scholarships or other tuition assistance programs may be available).
- Please visit the District website noted below for a complete breakdown of how tuition dollars are spent.
- The above information applies to all children including children with disabilities who have an Individualized Education Program (IEP). The Half Day District Kindergarten Program is offered at no expense (Free Appropriate Public Education) to families. The services specified in an IEP will be delivered during that portion of the day. In rare instances, when it is necessary to extend the school day, this must be approved by the District Director of Special Education.

We hope this information helps provide assistance to you as your child transitions into Kindergarten. We look forward to the upcoming 2018-2019 school year.

If you have any questions, please don't hesitate to contact your building principal, or visit our District website at: [www.svvsd.org/about/departments/early-childhood/kindergarten](http://www.svvsd.org/about/departments/early-childhood/kindergarten).




  
**ST. VRAIN VALLEY SCHOOLS**  
*academic excellence by design*

**Full Day, Every Day Kindergarten  
 Tuition Assistance Sliding Scale  
 2018-2019**

St. Vrain Valley Schools encourage parents to consider Full Day Kindergarten as an option for students who would benefit from a full academic day of Kindergarten.

If you choose to enroll your child in Full Day, Every Day Kindergarten, there will be a tuition charge for the “other half” of the day.

If you would like to enroll your child in Full Day, Every Day Kindergarten, but would need tuition assistance, you will need to complete the application that determines eligibility for free or reduced lunch. (Please be aware that tuition assistance is limited and may be allocated on a lottery or first-come, first-serve basis to those who qualify. Qualification for free or reduced lunch status does not guarantee enrollment in Full Day Kindergarten.)

If the tuition assistance guidelines outlined below do not apply and you feel you may still need assistance, please speak with your building principal for additional options (scholarships or other tuition assistance programs may be available.)

**Sliding Scale Tuition for Full Day, Every Day Kindergarten Programs**

\$295		Full Tuition
\$175	Partial Scholarship *Hardship	Not eligible for F/R Lunch *Hardship
\$135	Reduced Tuition	Eligible for Reduced Lunch
\$95	Reduced Tuition *Hardship	Eligible for Reduced Lunch *Hardship
\$0	Free/No Tuition	Eligible for Free Lunch

\*Hardship cases are defined as unique circumstances as DETERMINED BY THE BUILDING PRINCIPAL that may include but not be limited to:

- loss of income due to change in employment status, divorce/separation, and medical issues
- multiple siblings enrolled in Full Day Kindergarten

Please make an appointment with your school’s principal to discuss your particular circumstances.

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

For office use only:

Decision: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Health Entered - <input type="checkbox"/>
Student ID: _____

# ST. VRAIN VALLEY SCHOOLS

*academic excellence by design*

## STUDENT HEALTH INFORMATION

To better meet the needs of your student, we ask you to please provide health information about any significant or ongoing health conditions that your child may have. Having this health information in advance will enable our School Nurse and our Health Clerk to provide you with any necessary paper work that *may* be needed.

**Student's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH THE CLASSROOM TEACHER AND ANY OTHER STAFF MEMBERS THAT HAVE A NEED TO KNOW. NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE PHYSICIAN REGARDING DOSAGE, FREQUENCY OF DOSAGE AND PARENT SIGNATURE.

**HEALTH INFORMATION:** List any significant or on-going health condition

Examples: severe allergies / epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to school or athletics.

---



---



---

**MEDICATIONS – Taken by Student**

AT SCHOOL \_\_\_\_\_

AT HOME \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

DESCRIBE REACTION: \_\_\_\_\_

**Wears glasses/contacts for Distance?**    Yes    No                      **Reading Glasses Only:**    Yes

The following signature will be applicable for as long as enrollment continues in St. Vrain.

I, the undersigned, do hereby authorize officials of the St. Vrain Valley School District to contact directly my emergency contacts, and do authorize the treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, my emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district liable for the emergency care given. If school personnel are unable to contact parents or my emergency contacts to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs.

ALL COSTS WILL BE ASSUMED BY PARENT(S).

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## STUDENT ENROLLMENT FORM

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT:**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male  Female

Student's Cell Phone: \_\_\_\_\_

Are you Hispanic/Latino?  No  Yes

Which of the following groups describe your race? (Must select at least one)

 American Indian  Asian  Black  Native Hawaiian/Pacific Islander  WhitePrimary Language Spoken at Home:  English  Spanish  Other \_\_\_\_\_  
Schools will communicate in English or Spanish based on this selection.

Parent/Guardian Name \_\_\_\_\_

Relationship to Student:  Mother  Father  Step-Mother  Step-Father  Other \_\_\_\_\_Select the designations/access this person should receive in regards to the student:  Guardian  Mailings  Portal  Messenger

Parent/Guardian Name \_\_\_\_\_

Relationship to Student:  Mother  Father  Step-Mother  Step-Father  Other \_\_\_\_\_Select the designations/access this person should receive in regards to the student:  Guardian  Mailings  Portal  Messenger

Parent/Guardian Name \_\_\_\_\_

Relationship to Student:  Mother  Father  Step-Mother  Step-Father  Other \_\_\_\_\_Select the designations/access this person should receive in regards to the student:  Guardian  Mailings  Portal  Messenger

Parent/Guardian Name \_\_\_\_\_

Relationship to Student:  Mother  Father  Step-Mother  Step-Father  Other \_\_\_\_\_Select the designations/access this person should receive in regards to the student:  Guardian  Mailings  Portal  MessengerChild lives with:  Both Parents in same household OR  Joint Custody OR  Mother Only OR  Father Only OR Other (specify) \_\_\_\_\_Is this student **Open Enrolling**?  No  Yes

If yes, what school is this student's Designated Neighborhood School/District? \_\_\_\_\_

Is this student attending on a non-immigrant VISA?  No  Yes If yes, list type of VISA \_\_\_\_\_Has this student ever received special education services, such as speech, occupational therapy, etc.?  No  YesIf yes, is this student currently receiving special education services?  No  YesIs this student on a current or pending expulsion?  No  Yes

If yes, from what school/district \_\_\_\_\_ Dates of Expulsion \_\_\_\_\_

Reason for expulsion \_\_\_\_\_

## ENROLLMENT HISTORY:

Name of Previous School: \_\_\_\_\_ Has this student ever attended SVVSD?  No  Yes

For Students enrolling into Kindergarten; Did this student attend Preschool?  No  Yes

Name of Preschool: \_\_\_\_\_

This student started attending a public or private school in the US on what date?

(Use the date of the student's very first enrollment in any grade if the student has never left the US, or the most recent date of enrollment if the student left the US at any time.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

## PERMISSIONS

I give permission to have my child photographed for school pictures and published in the yearbook by a 3<sup>rd</sup> party vendor authorized by the school.  No  Yes

I give permission to have my child participate in news media coverage including honor roll publication.  No  Yes

I give permission for my name, home address and phone number to be published in a school student directory.  No  Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites, social media and school district publications.  No  Yes

It is the goal of St. Vrain Valley School District to cut down on the use of paper and save costs associated with printing. You can help with this effort by opting to receive report cards online via the parent portal. Please indicate if you need a hard copy report card.  Online  Hard Copy

**FOR ALL HIGH SCHOOL STUDENTS:** State law requires school district to release directory information for students to military recruiters. I give permission to have this information released.  No  Yes

K-12 Students will receive a St Vrain District network account, a Google Apps account and then in 6<sup>th</sup> grade; a St Vrain Google email account. If you wish to opt your 6-12<sup>th</sup> grade student out of the email account, please visit the school.

## EMERGENCY CONTACTS: (Emergency Contacts are NOT the Parent/Guardians)

**CONTACT #1 Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_  May Pick up from School  
Please Circle: Home / Cell / Work Home / Cell / Work

**CONTACT #2 Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_  May Pick up from School  
Please Circle: Home / Cell / Work Home / Cell / Work

**CONTACT #3 Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_  May Pick up from School  
Please Circle: Home / Cell / Work Home / Cell / Work

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

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

\_\_\_\_\_  
Date

## 2018-2019 Immunization Requirements

Dear Parents and Guardians,

We thank you and your family for being our valued partners as we work together to continue advancing student success and wellbeing.

As part of the student registration process, there is some important documentation that we will need before your student starts school. In order for your student to be admitted on the first day of school, they **MUST** have one of the following immunization documents on record:

- Written proof of immunization from your health care provider
- Signed non-medical exemption from CDPHE
- Medical exemption from CDPHE signed by your physician
- Proof of immunization submitted within 14 days of notification
- A signed, written plan demonstrating that the required immunizations for the student will be obtained within the required time frame

**All students are required to have a TDAP before entering school. Please bring in proof of your child's immunization to your school's health office.**

Colorado law requires children in school to have an immunization record on file and to have the required immunizations. If your child cannot receive immunizations because of medical, religious or personal reasons, please go to the Colorado Department of Public Health and Environment (CDPHE) Immunization Exemption website at <http://www.colorado.gov/vaccineexemption> for instructions on exemption requirements for school. Forms are also available at all St. Vrain schools.

The following are the required immunizations for the 2018-2019 school year:

- 5/4 – DTP, DTAP
- 1 – TDAP
- 4/3 – POLIO
- 2 – MMR
- 3 – HEP B (last one after 6 months of age)
- 2 – VARICELLA (or history of the disease)

*For MMR and Varicella--1st shots must be given after 1st birthday*

Students new to St. Vrain Valley Schools must present an immunization record at the time of registration to the school. They will not be able to start classes until an immunization record has been presented to the school.

If you have any questions or concerns, please do not hesitate to contact your school or the district Health Services Office at 303-772-7700.

# Are you happy with your health insurance?

Boulder County Healthy Kids and Adults, in partnership with the St. Vrain Valley School District (SVVSD), enrolls eligible children and families in Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+). Health First Colorado and CHP+ are free or low-cost comprehensive health insurance plans with no monthly premiums. Benefits include well-child and doctor visits, sports physicals, immunizations, hospital services, prescriptions, mental/behavioral health, prenatal care, dental and vision care.

Don't qualify for Health First Colorado or CHP+? Healthy Kids and Adults can also connect families to Connect for Health Colorado, where people can shop for health insurance and access tax credits to reduce monthly premiums.

Healthy Kids and Adults can also enroll eligible families into SNAP (Supplemental Nutrition Assistance Program, also known as food stamps), a monthly benefit that can be used like a debit card at local retailers to buy a variety of healthy foods including fruit, vegetables, meat, dairy, and grains.

Income Limits for Health First Colorado and CHP+		Income Limits for Tax Credits		Income Limits for SNAP (Supplemental Nutrition Assistance Program)	
Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income
1	\$2,613	1	\$4,020	1	\$1,287
2	\$3,519	2	\$5,413	2	\$1,736
3	\$4,425	3	\$6,803	3	\$2,184
4	\$5,330	4	\$8,200	4	\$2,633
5	\$6,236	5	\$9,593	5	\$3,081
6	\$7,142	6	\$10,986	6	\$3,530

Please sign below and give the form to your school's main office. The school will fax this form to Healthy Kids and Adults at (303) 568-7859 and an Enrollment Specialist will contact you.

*Yes, I give my permission to have my name and contact information forwarded to Healthy Kids and Adults to learn more about Health First Colorado, CHP+, Connect for Health Colorado and SNAP.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

(Cut on line. Give top portion to school and keep bottom.)

**Call SVVSD Healthy Kids and Adults for more information about Health First Colorado, CHP+, Connect for Health Colorado and SNAP.**

**720-722-1454**

