



Sargent School District

2011-2012

New Student Enrollment Form

SARGENT



Start Date: _____ ID# _____

Grade: _____ Teacher: _____

Bus Route # _____

Student Information

Grade: _____ Last School Attended: _____

Last Name: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: M F Extra Mailings

Birth Place: _____ Birth Date: _____
City State Country

Date Entered USA _____ Date Entered School (K) _____

Date Entered School in Colorado _____ SS# _____

Please Circle the County and District in which you reside.

County : Rio Grande Saguache Alamosa Other
District : Sargent Center Del Norte Alamosa Monte Vista

Please specify if other: _____

Parent/Guardian

Last Name: _____
First Name: _____
Address: _____
City, St, Zip: _____
Relationship to Student: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Last Name: _____
First Name: _____
Address: _____
City, St, Zip: _____
Relationship to Student: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Last Name: _____
First Name: _____
Address: _____
City, St, Zip: _____
Relationship to Student: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Last Name: _____
First Name: _____
Address: _____
City, St, Zip: _____
Relationship to Student: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Information

In case of a school or field trip emergency and parents/guardians cannot be reached at home or work, the school personnel has my permission to contact the following people who are authorized to make medical decisions and provide transportation. These contacts need to be **local** people other than the mother or father listed on the previous page.

Name: _____
 Relationship to Student: _____
 Daytime Phone: _____

Name: _____
 Relationship to Student: _____
 Daytime Phone: _____

Name: _____
 Relationship to Student: _____
 Daytime Phone: _____

Name: _____
 Relationship to Student: _____
 Daytime Phone: _____

Health Information

Family Doctor: _____ Doctor's Phone: _____ Hospital _____

Does your child: (please check applicable boxes below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Wear glasses/contacts? | <input type="checkbox"/> Wear a hearing aid? | <input type="checkbox"/> Prior head injury/concussion? |
| <input type="checkbox"/> Have asthma? | <input type="checkbox"/> Respiratory ailments ? | <input type="checkbox"/> Have allergies? |
| <input type="checkbox"/> Have heart problems? | | |
| <input type="checkbox"/> Have convulsions/seizures | Have diabetes? | <input type="checkbox"/> Physical activity limitations? |

Please explain any conditions marked above: _____

Does your child take medication on a daily basis at school or at home? If so please explain: _____

Medications

Any prescription medications given at school must be sent to school in a labeled prescription bottle and accompanied by a note from the doctor. Labels must include the student's name, medication name, and dosage amounts and times.

The following over the counter medicines are available at school and may be given for the reasons specified with your consent. Please indicate your consent by marking the "yes" box next to any medications you would like your child to be able to have and sign the consent form below.

	Yes	No
Motrin for headaches, toothaches, muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen (s.a. Tylenol) for simple headaches, toothaches, ear aches, and muscle aches —when fever is absent or for fever when school staff are unable to reach you as parents/guardians.	<input type="checkbox"/>	<input type="checkbox"/>
Tums for upset stomachs	<input type="checkbox"/>	<input type="checkbox"/>
Chloraseptic Lozenge or Cough Drop for sore throats, or coughs when fever is absent	<input type="checkbox"/>	<input type="checkbox"/>
Triple Antibiotic Ointment (s.a. Neosporin) for small cuts or minor skin infections.	<input type="checkbox"/>	<input type="checkbox"/>
Caladryl Lotion for minor itching and skin irritations	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Health information will be shared with school personnel to provide for the health and safety of your student.

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgment 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 is considered necessary and is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated:

Parent Signature _____ **Date:** _____

Student Lives With:

- | | | |
|---|--|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother/ Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Foster Parents |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other | |

Specify _____



Student Residency Questionnaire

The Title X McKinney-Vento Assistance Act protects the educational rights of students in crisis or unstable housing and your child may be eligible for services such as free breakfast/lunch, school supplies, information on community resources, basic needs, etc. under this act.

This information is confidential to protect the privacy of the family.

Present Housing Situation:

Please check the box(es) that apply.

- own or rent a home
- in a shelter, ie. La Puente, Tu Casa
- in motel, car, or campsite
- living with friends or extended family members due to financial
- in a transitional housing program, ie Adelante
- inadequate housing (lacks kitchen or bathroom facilities)
- unaccompanied youth (not in the physical custody of parent or guardian) who are in crises or unstable housing.

Child's full name _____

Date of birth _____

School _____

Current address _____

Phone number _____

Parent/Guardian name _____

Services Needed/Requesting _____

Please return this form to _____ by _____

For more information or to request services, please contact:

McKinney-Vento Liaison Lauren Shel Drake



Sargent School District Home Language Survey



Student's Name: _____ Date _____

Date of Birth _____ Grade _____

Address _____

Please complete the following information to determine the language and program needs of your child.

1. Does this student understand any languages other than English? Yes___ No___
If yes, which language? _____
2. Does this student fluently speak any languages other than English? Yes___ No___
If Yes, which language? _____
3. Does this student read or write any languages other than English? Yes___ No___
If yes, which language? _____
4. Which language did this student first learn to speak? _____
5. Which language does this student use most often at home? _____
6. Which language do you (parent) most often speak to this student? _____
7. Which language does this student's mother speak? _____
8. Which language does this student's father speak? _____
9. Which language does this student's grandparent's speak? _____

Printed Name of person completing this form

Signature of person completing this form

For Official Use:

School: _____Sargent Elementary School_____Sargent Junior High School _____Sargent High School

Primary /Home Language _____

Signature/Title

Date



**Sargent School District
2011-2012
NCLB Form**



The passage of the No Child Left Behind Act (NCLB) by Congress in 2001 requires that all school districts to collect data on certain student characteristics. This information is confidential and is used by the district to determine who participates in federal and state mandated testing and accountability procedures. Please provide the following information accordingly. If you have any questions, please contact the district at 719-852-4023.

Student's Full Legal Name: _____

Grade _____ Gender _____ Birth date _____ Ethnicity _____

*****PLEASE READ THE FOLLOWING DATES CAREFULLY*****

Has the student attended school in COLORADO continuously since 3/10/2007? (does not apply for grades K, 1, or 2) Yes No
 If no, what was the date of enrollment in COLORADO? _____

Has the student attended school in the UNITED STATES continuously since 3/10/2007? (does not apply for grades K, 1, or 2) Yes No
 If no, what was the date of enrollment in the UNITED STATES? _____

Is the student part of a migrant family? Yes No
(Migrant refers to a person or family who, within the past 36 months, has moved across school district boundaries with the intent to obtain seasonal or temporary employment in agriculture, fishing, dairy, or food processing.)

Has the student participated in an English as a Second Language or Bilingual Education program in any district continuously since 3/10/2007? Yes No

Parent Signature: _____ Date: _____



Sargent School District 2011-2012 Non-resident Enrollment Form



Student's Full Legal Name: _____

Grade _____ Birthdate _____

Parent/Guardian Name: _____

Address _____

Telephone Number: _____

School last attended: _____

Reason for request to attend Sargent Schools:

Previous school record:

GPA (approximate): _____

Disciplinary Record: _____

Other Info: _____

Information obtained by: _____

Date information obtained: _____

For school use only:

Date received: _____

Approved: Date: _____ Principal's Signature

Denied: Date: _____

Requests received after October 1st of each year must be approved by the superintendent per policies JFBB and JFBB-R.

Approved: Date: _____ Superintendent's Signature

Denied: Date: _____

Racial/Ethnicity Questionnaire for Parents/Guardians Sargent School District RE-33J

Student's Legal Name/ Nombre Legal de estudiante	Birthdate/ fecha de nacimiento	Grade - Grado
<p>Do you consider yourself to be of Hispanic/Latino origin (choose only one)?</p> <p><input type="checkbox"/> No, not Hispanic/ Latino</p> <p><input type="checkbox"/> Yes, Hispanic/ Latino A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>You must answer both part 1 and part 2 questions. Part 1 question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by selecting one or more races from five racial groups.</p> <p>Which of the following groups describe your race? (choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Black or African American. A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><small>Note: Failure to answer both questions will result in use of prior racial/ ethnic data or an observer identifying for you. Note: The United States Department of Education has directed how various combinations of race/ethnicity are to be reported. All persons identifying Hispanic/ Latino/a will be reported as 'Hispanic'. Non-Hispanic persons who identify with a single race will be reported within the specified category. Non-Hispanic persons who identify with multiple races will be reported within 'Two or more races'.</small></p>	<p>¿Se considera usted ser de origen Hispano/Latino? (escoja sólo uno)</p> <p><input type="checkbox"/> No, Hispano o Latino</p> <p><input type="checkbox"/> Sí, Hispano o Latino: personas de origen cubano, mexicano, puertorriqueño, de Suramérica, Centroamérica o de cualquier otra cultura española u origen español, independientemente de su raza. El término "origen español" puede ser usado adicionalmente a "Hispano/Latino o Latino".</p> <p>Usted debe contestar ambas parte 1 y despidir 2 preguntas. Despida 1 pregunta está acerca de etnia, no carrera. No importa lo que usted seleccionara arriba, continúa por favor para contestar el siguiente seleccionando uno o más carreras de cinco grupos raciales.</p> <p>¿Cuál de los siguientes grupos describe mejor su raza? (puede elegir más de uno)</p> <p><input type="checkbox"/> Norteamericano o Nativo de Alaska: Una persona que tiene orígenes en cualquiera de los pueblos originales de Norte y Sudamérica (inclusive América Central), y que mantiene fijación tribal de afiliación o comunidad.</p> <p><input type="checkbox"/> Asiático: Una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, Asia del sudeste, o el subcontinente indio incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas filipinas, Tailandia, y Vietnam</p> <p><input type="checkbox"/> Negro o Afro-americano: Una persona que tiene orígenes en cualquiera de los grupos raciales negros de África.</p> <p><input type="checkbox"/> Nativo de Hawai o de otra de las Islas del Pacífico: Una persona que tiene orígenes en cualquiera de los pueblos originales de Hawai, de Guam, de Samoa, o de otras Islas pacíficas.</p> <p><input type="checkbox"/> Blanco: Una persona que tiene orígenes en cualquiera de los pueblos originales de Europa, el Medio Oriente, o el Norte de África: del Oriente Próximo, o de África del Norte</p> <p><small>La nota: El fracaso para contestar que ambas preguntas tendrán como resultado el uso de antes de racial/los datos étnicos o un observador que identifican para usted. La nota: La Secretaría de Educación de Estados Unidos ha dirigido cómo varias combinaciones de carrera/etnia son de ser reporteadas. Todas personas que identifican a hispano/el latina Un será reportado como "hispano". Las personas no-hispanos que identifican con una sola carrera serán reporteadas dentro de la categoría especificada. Las personas no-hispanos que identifican con múltiples carreras con es reportado dentro 'Dos o más carreras'</small></p>	

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	
	First	
	Middle	

Birth Date: _____ Colorado ID # (SASID#): _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature	Title	Date
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PLEASE MAIL TO:

Sargent Elementary School
7090 North Road 2 East
Monte Vista, CO 81144
Phone: 719-852-4024
Fax: 719-852-0399

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

SARGENT SCHOOL DISTRICT
7090 North Road 2 East
Monte Vista, CO 81144
Phone: 719-852-4023 Fax: 719-852-9890



NEW STUDENT TRANSPORTATION REQUEST

STUDENT NAME

GRADE

PARENT/GAURDIAN NAME

MAILING ADDRESS

PHONE NUMBERS

(Home)_____

(Work)_____

(Cell)_____

IN DISTRICT _____ OUT OF DISTRICT _____

Location and description of your house. (Color, previous resident, owner, etc.)

If you need transportation or have questions—please contact **Sue Plane**, Transportation Director, at 719-754-0145 or 719-850-5618.

Notes: _____

SARGENT ELEMENTARY SCHOOL
7090 North Road 2 East
Monte Vista, CO 81144
719-852-4024



INFORMATION FOR PARENTS ABOUT FLUORIDE VARNISH

What is fluoride varnish?

Fluoride Varnish is one type of topical fluoride. This type of fluoride is painted on the teeth. Fluoride varnish helps to prevent cavities by putting minerals into the tooth enamel, making the tooth stronger.

Why do we recommend putting fluoride varnish on children's teeth?

Cavities are one of the most common preventable diseases seen in children. Cavities can cause pain and effect children's ability to eat, speak, sleep and learn properly. Fluoride varnish is used to help prevent new cavities and to help stop cavities that have already started.

Is Fluoride varnish safe?

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used and little or no fluoride is swallowed by the child. Fluoride varnish is endorsed by the American Dental Association. Although rare, children with allergies to colophony (colophonium) and pine nuts could have allergic reactions to fluoride varnish.

How is it put on the teeth?

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. Your child's teeth may be dull or yellow after the fluoride varnish is painted on. This is normal, and your child's teeth will be white and shiny again once the fluoride varnish is brushed off the next morning!

SARGENT ELEMENTARY SCHOOL
7090 North Road 2 East
Monte Vista, CO 81144
719-852-4024



FLOURIDE VARNISH PROGRAM PARENT/GUARDIAN CONSENT

Dear Parent/Guardian,

A preventive dental program is available for your child through the Colorado Department of Public Health and Environment. Twice during the school year, a licensed professional will provide a free basic dental screening and apply a protective coating call fluoride varnish to your child's teeth as a preventive measure against tooth decay.

To receive these no-cost services, you must provide consent.

_____ Yes, I want my child to receive fluoride varnish

_____ No , I do not want my child to receive these preventive fluoride varnish services.

Name of Child:_____ Date of Birth_____

Male:_____ Female:_____ Age:_____ Grade_____ Teacher_____

HEALTH HISTORY:

1. Has your child ever had serious health problems? No:_____ Yes_____ If yes, please

Explain_____

2. Is your child allergic to food or medicine? If yes, please list_____

I understand that fluoride varnish helps to protect teeth from cavities. My child's teeth may look yellow for 24 hours. After fluoride application, I should not give my child crunchy foods for one day.

Parent /Guardian Signature_____ Date_____

FOR OFFICE USE ONLY

Varnish placed on:_____ and _____ by:_____

Comments:_____

This service does not replace a comprehensive evaluation. It is our recommendation that a dentist regularly examine your child.

SARGENT ELEMENTARY SCHOOL
7090 North Road 2 East
Monte Vista, CO 81144
719-852-4024

Información para los padres sobre el barniz de fluoruro



¿Qué es el barniz de fluoruro?

El barniz de fluoruro es un tipo de fluoruro tópico. Este tipo de fluoruro se pinta sobre los dientes. El barniz de fluoruro ayuda a prevenir caries al aplicar minerales en el esmalte dental, fortaleciendo el diente.

¿Por qué recomendamos aplicar barniz de fluoruro en los dientes de los niños?

Las caries son una de las enfermedades evitables más comunes en los niños. Las caries pueden causar dolor y afectar la capacidad de los niños para comer, hablar, dormir y aprender de forma adecuada. El barniz de fluoruro se usa para evitar nuevas caries y para ayudar a detener las que ya han comenzado.

¿Es seguro el barniz de fluoruro?

Sí, el barniz de fluoruro puede usarse en bebés desde el momento que tengan sus primeros dientes. Se usa solamente una pequeña cantidad de barniz de fluoruro y el niño traga muy poco o nada del mismo. La American Dental Association apoya la aplicación de barniz de fluoruro. Aunque es poco común, los niños con alergias a la colofonia y a los piñones podrían tener reacciones alérgicas al barniz de fluoruro.

¿Cómo se aplica a los dientes?

El barniz se pincela sobre los dientes. Se aplica fácil y rápidamente, y no tiene sabor desagradable. Los dientes de su hijo pueden verse opacos o amarillos luego de aplicarse el barniz de fluoruro. Esto es normal, ¡y los dientes de su hijo estarán blancos y brillantes nuevamente una vez que quite el barniz de fluoruro con el cepillado a la mañana siguiente!

SARGENT ELEMENTARY SCHOOL
7090 North Road 2 East
Monte Vista, CO 81144
719-852-4024

Programa de barniz de fluoruro Consentimiento para padre/madre/tutor legal



* Estimado padre/madre/tutor:

Existe un programa dental preventivo disponible para su hijo a través del Departamento de Salud Pública y Medioambiente de Colorado. Dos veces durante el año escolar, un profesional certificado realizará un examen dental de detección básico gratuito y aplicará un revestimiento protector llamado barniz de fluoruro a los dientes de su hijo como medida preventiva contra las caries dentales.

Para recibir estos servicios **sin costo**, debe otorgar su consentimiento.

Sí, quiero que mi hijo reciba el barniz de fluoruro.

No, no quiero que mi hijo reciba estos servicios preventivos de barniz de fluoruro.

Nombre del niño: _____ Fecha de nacimiento: _____

Varón: Niña: Edad: _____ Grado: _____ Maestro: _____

ANTECEDENTES DE SALUD:

1. ¿Su hijo ha tenido problemas graves de salud? No: Sí: Si respondió "Sí", explique: _____

2. ¿Su hijo es alérgico a algún alimento o medicamento? No: Sí: Si respondió "Sí", indique cuáles: _____

Entiendo que el barniz de fluoruro ayuda a proteger los dientes de las caries. Los dientes de mi hijo pueden verse amarillos durante 24 horas. Luego de la aplicación del barniz de fluoruro, no debo darle a mi hijo comidas crujientes por un día.

Firma del padre/madre/tutor: _____ Fecha: _____

PARA USO DE LA OFICINA ÚNICAMENTE

Barniz colocado el: _____ y _____ por: _____

Comentarios: _____

Este servicio no reemplaza una evaluación exhaustiva. Nuestra recomendación es que un dentista examine a su hijo regularmente.