

**HOUSEHOLD INFORMATION:**

<b>Primary Household Address:</b>	<b>Mailing Address (if different from primary):</b>
_____ Street City	_____ Street City
_____ State Zip Code	_____ State Zip Code

**Primary Household Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ I want to receive text messages at this number\*: Yes  No   
 (Please note all district communications will be sent to primary household phone.) \*Standard text message rate apply

**STUDENT INFORMATION: (Names must match birth certificate or other approved document)**

<input type="checkbox"/> New to District Student <input type="checkbox"/> Currently enrolled in Adams I4	
_____ Last First Middle Birth Date	_____ Gender Grade Level
_____ Date first enrolled in a U.S. school: ____/____/____	
_____ Previous school City State	
<b>Has student ever had any of the following?</b> <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Gifted/Talented (ALP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Attendance Plan <input type="checkbox"/> READ Plan <input type="checkbox"/> Expulsion Process (within the last 12 months)	
<b>Is student considering any of the following (high school only)?</b> <input type="checkbox"/> Online Classes <input type="checkbox"/> Credit Recovery <input type="checkbox"/> GED Program	<b>SCHOOL USE ONLY: Teacher:</b> _____ <b>School Code:</b> _____ <b>ID#</b> _____

<input type="checkbox"/> New to District Student <input type="checkbox"/> Currently enrolled in Adams I4	
_____ Last First Middle Birth Date	_____ Gender Grade Level
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<b>Is student considering any of the following (high school only)?</b> <input type="checkbox"/> Online Classes <input type="checkbox"/> Credit Recovery <input type="checkbox"/> GED Program	<b>SCHOOL USE ONLY: Teacher:</b> _____ <b>School Code:</b> _____ <b>ID#</b> _____

**PARENT / LEGAL GUARDIAN INFORMATION:**

Father  Mother  Legal Guardian (relationship to student): \_\_\_\_\_ (Guardianship documentation required)

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address (if different than household address): \_\_\_\_\_  
Street City State Zip

Parent/Guardian Contact Language: English Spanish Somali Swahili Arabic Abkhaz Akan Tagalog Vietnamese Oromo Bashkir  
Chinese Other \_\_\_\_\_

Email address: \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements

Cell phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements  receive text messages\*

Work phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements  receive text messages\*

Other phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements  receive text messages\*

List first name of student (s) to whom you are a legal guardian to: \_\_\_\_\_

STUDENT (S) LIVE WITH THIS PARENT/LEGAL GUARDIAN:  YES  NO

Father  Mother  Legal Guardian (relationship to student): \_\_\_\_\_ (Guardianship documentation required)

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address (if different than household address): \_\_\_\_\_  
Street City State Zip

Parent/Guardian Contact Language: English Spanish Somali Swahili Arabic Abkhaz Akan Tagalog Vietnamese Oromo Bashkir  
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Email address: \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements

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Work phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements  receive text messages\*

Other phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use for  emergencies  attendance  behavior  news/announcements  receive text messages\*

List first name of student (s) to whom you are a legal guardian to: \_\_\_\_\_

STUDENT (S) LIVE WITH THIS PARENT/LEGAL GUARDIAN:  YES  NO

\*Standard text message rate apply

**EMERGENCY CONTACT INFORMATION:**

Those listed below are adults 18 or older **OTHER THAN PARENT/LEGAL GUARDIAN** and are authorized to pick up my child/children.

Please note: **ID will be required**

Full Legal Name	Relationship to Student (s)	Street Address	Cell #	Work #	Other#

**COURT DOCUMENTS:**

Any applicable Court Order, Power of Attorney, or other legal documentation which currently affects child custody or the educational rights of respective parents/guardians should be produced to the district.

Do such documents exist? Yes No If so, list documents: \_\_\_\_\_

I certify that the information provided herein is accurate and true. I understand that falsification of registration information may result in immediate withdrawal of student by Adams county school district 14. 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 district (board policy JF).

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Only – Rcv'd at Admissions:  BC  Address Verification  Immunization Rec.  Guardianship Docs. Registrar Initials: \_\_\_\_\_