

**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 rates apply

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

**STUDENT #1**     New to District Student     Currently enrolled in Adams 14

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     M  F    \_\_\_\_\_

**Last** \_\_\_\_\_    **First** \_\_\_\_\_    **Middle** \_\_\_\_\_    **Birth Date** \_\_\_\_\_    **Gender** \_\_\_\_\_    **Grade Level** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **Date first enrolled in a U.S. school:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Previous school** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_

**Has student ever had any of the following?**  
 Special Education (IEP)     Gifted/Talented (ALP)     504 Plan     Attendance Plan     READ Plan  
 Expulsion Process (within the last 12 months)

**Is student considering any of the following (high school only)?**  
 Online Classes     Credit Recovery     GED Program

**SCHOOL USE ONLY: Teacher:** \_\_\_\_\_  
**School Code:** \_\_\_\_\_    **ID#** \_\_\_\_\_

**STUDENT #2**     New to District Student     Currently enrolled in Adams 14

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     M  F    \_\_\_\_\_

**Last** \_\_\_\_\_    **First** \_\_\_\_\_    **Middle** \_\_\_\_\_    **Birth Date** \_\_\_\_\_    **Gender** \_\_\_\_\_    **Grade Level** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **Date first enrolled in a U.S. school:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Previous school** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_

**Has student ever had any of the following?**  
 Special Education (IEP)     Gifted/Talented (ALP)     504 Plan     Attendance Plan     READ Plan  
 Expulsion Process (within the last 12 months)

**Is student considering any of the following (high school only)?**  
 Online Classes     Credit Recovery     GED Program

**SCHOOL USE ONLY: Teacher:** \_\_\_\_\_  
**School Code:** \_\_\_\_\_    **ID#** \_\_\_\_\_

**STUDENT #3**     New to District Student     Currently enrolled in Adams 14

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     M  F    \_\_\_\_\_

**Last** \_\_\_\_\_    **First** \_\_\_\_\_    **Middle** \_\_\_\_\_    **Birth Date** \_\_\_\_\_    **Gender** \_\_\_\_\_    **Grade Level** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **Date first enrolled in a U.S. school:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Previous school** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_

**Has student ever had any of the following?**  
 Special Education (IEP)     Gifted/Talented (ALP)     504 Plan     Attendance Plan     READ Plan  
 Expulsion Process (within the last 12 months)

**Is student considering any of the following (high school only)?**  
 Online Classes     Credit Recovery     GED Program

**SCHOOL USE ONLY: Teacher:** \_\_\_\_\_  
**School Code:** \_\_\_\_\_    **ID#** \_\_\_\_\_

**STUDENT #4**     New to District Student     Currently enrolled in Adams 14

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     M  F    \_\_\_\_\_

**Last** \_\_\_\_\_    **First** \_\_\_\_\_    **Middle** \_\_\_\_\_    **Birth Date** \_\_\_\_\_    **Gender** \_\_\_\_\_    **Grade Level** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **Date first enrolled in a U.S. school:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Previous school** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_

**Has student ever had any of the following?**  
 Special Education (IEP)     Gifted/Talented (ALP)     504 Plan     Attendance Plan     READ Plan  
 Expulsion Process (within the last 12 months)

**Is student considering any of the following (high school only)?**  
 Online Classes     Credit Recovery     GED Program

**SCHOOL USE ONLY: Teacher:** \_\_\_\_\_  
**School Code:** \_\_\_\_\_    **ID#** \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION:**

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

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

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

Parent/Guardian Contact Language:  English  Spanish  Other \_\_\_\_\_

	Use for:	Emergencies	Attendance	Behavior	News/Announcements	Text*
Email address: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone#: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work phone#: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other phone #: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/guardian is an active duty member of the Armed Forces or on full-time National Guard Duty:  Yes  No

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

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

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

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

Parent/Guardian Contact Language:  English  Spanish  Other \_\_\_\_\_

	Use for:	Emergencies	Attendance	Behavior	News/Announcements	Text*
Email address: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone#: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work phone#: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other phone #: (____) _____ - _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/guardian is an active duty member of the Armed Forces or on full-time National Guard Duty:  Yes  No

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

\*standard text message rates 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)	DOB	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 \_\_\_\_/\_\_\_\_/\_\_\_\_