

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.

PRIMARY RESIDENCE

Telephone Number for the Primary 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: _____

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 Nickname (if applicable) _____ Gender: Male Female
 Address 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 Nickname (if applicable) _____ Gender: Male Female
 Address 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

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 3rd 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 6th grade; a St Vrain Google email account. If you wish to opt your 6-12th 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



School Use Only		
NEW ELEMENTARY 27		
Student ID	Grade	Date Enrolled

6-3:35

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

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



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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

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

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



¿Está contento con su seguro médico?

La Iniciativa de Niños y Adultos Saludables, en colaboración con el Distrito Escolar de St. Vrain Valley (SVVSD), ayuda a inscribir a niños y familias que son elegibles en los programas de Health First Colorado (el programa de Medicaid de Colorado) y Child Health Plan Plus (CHP+). Health First Colorado y CHP+ son planes de seguro médico gratuitos o a bajo costo.

La Iniciativa de Niños y Adultos Saludables le puede conectar con Connect for Health Colorado, el mercado por internet donde puede comprar un seguro médico y tener acceso a los subsidios en los impuestos para reducir el costo mensual del seguro.

La iniciativa de Niños y Adultos saludables también ayuda a inscribir a las familias a SNAP (Supplemental Assistance Program, también conocido como estampillas de comida). Un beneficio mensual que puede ser usado en los supermercados locales como tarjeta de debito para comprar alimentos saludables incluyendo frutas, verduras, carnes, productos lácteos, y granos.

Elegibilidad por Ingresos Health First Colorado y CHP+	
Miembros en la familia	Ingreso Mensual
1	\$2,613
2	\$3,519
3	\$4,425
4	\$5,330
5	\$6,236
6	\$7,142

Elegibilidad por Ingresos Creditos de Impuestos	
Miembros en la familia	Ingreso Mensual
1	\$4,020
2	\$5,413
3	\$6,803
4	\$8,200
5	\$9,593
6	\$10,986

Eligibilidad por Ingresos SNAP (Supplemental Nutrition Assistance Program)	
Miembros de Familia	Ingreso Mensual
1	\$1,287
2	\$1,736
3	\$2,184
4	\$2,633
5	\$3,081
6	\$3,530

Por favor firme y entregue este formulario a la oficina principal de la escuela de su(s) hijo(s). La escuela lo enviará por medio de fax a la Iniciativa de Niños y Adultos Saludables, al (303) 568-7859, y un especialista de seguro médico se comunicará con usted.

Sí, yo autorizo que mi nombre y la información de cómo contactarme sea compartido con La Iniciativa de Niños y Adultos Saludables.

Firma

Nombre

Número de teléfono

Fecha

(Corte por la línea punteada. Entregue la parte superior a la escuela y quédese con la parte de abajo.)

Llame a SVVSD Niños y Adultos Saludables para obtener más información sobre Health First Colorado, CHP+, Connect for Health Colorado, y SNAP.

720-722-1454



ST. VRAIN VALLEY SCHOOL DISTRICT

McKinney-Vento Referral Form

This form is intended to address the McKinney-Vento Act which provides additional services to students if their **RESIDENCE IS NOT FIXED, REGULAR AND ADEQUATE.**

*****PLEASE NOTICE: YOU DO NOT NEED to complete this form if your housing situation is FIXED, REGULAR, AND ADEQUATE. If you rent, share housing for convenience, or if you are buying a house and do not need support services please Do NOT complete this form. Thank you!**

Presently, where is the student living? (Please check the one that applies to you)

- Sheltered (EFAA, Safehouse, Youth Shelter, Emergency/Temporary/Short Term/Transitional, etc.)
- Doubled Up due to a Natural Disaster, Economic Hardship with Family or Friends
- Unsheltered (Cars, Parks, Campgrounds, etc)
- Hotels/Motels
- Other Form of INADEQUATE Housing _____

The student/students: (Check one box)

- is/are in the physical custody of a parent or guardian
- is/are NOT in the physical custody of a parent or guardian (example: living alone, with a relative who is not your legal guardian, living with other people)

<u>Student(s)</u>	<u>ID #</u>	<u>DOB</u>	<u>Age</u>	<u>Gender</u>	<u>School</u>	<u>Grade</u>

Parent(s)/Legal Guardian(s): _____

TEMPORARY Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Add'l Phone: _____

EMAIL: _____

Are there transportation needs for the student(s)? ONLY if temporarily living out of the walking zone/attendance areas?
 YES NO If so, please specify: _____

How long has/have the student(s) mentioned above been in the TEMPORARY place? _____

Form Completed By: _____ Date: _____

Important: School or Agency Contact Person who may know of the family's situation:

School or Agency: _____ Name: _____ Phone: _____ Date: _____

Please send this Referral Form completed to Luis Chavez-Education Liaison - LSC. Scan and email form-- chavez_luis@svvvsd.org Fax: (303) 682-7395

For Additional Information contact:

Luis Chavez, Homeless Coordinator at (303) 682-7262

Patrick Kilcullen, Priority Programs Coordinator – 303-682-7434 – kilcullen_patrick@svvvsd.org

The McKinney-Vento Homeless Education Assistance Act of 2001

Homeless children and youth are...

Children and youth aged birth-21 years old that:

- Lack a fixed, regular, and adequate nighttime residence
- Share housing with other persons due to loss of housing, economic hardship, or similar reason
- Live in campgrounds, motels, hotels, 5th Wheels, or RVs due to the lack of adequate accommodations
- Live in emergency or transitional shelters
- Are abandoned in hospitals
- Are awaiting foster care placement
- Have a primary residence not designed for, or ordinarily used as, a regular sleeping accommodation
- Live in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or a similar setting
- Are migratory children living in these circumstances
- Are unaccompanied youth not in the physical custody of a parent or guardian

Rights of Homeless Children and Youth

Enrollment:

In the best interests of the child:

- Continue attending the school of origin in which they were attending when the loss of housing occurred through the end of the school year in which they are permanently housed; or
- Attend the school in the attendance area in which they are currently living

Comparable Services:

- Special Education
- Limited English proficiency programs
- Vocational Programs
- Gifted and Talented Programs

No Child Left Behind Updates:

- Access to transportation
- Free Meal Program
- Automatically eligible for Title I programs

Homeless Education Program

- Student/Family Assistance
- Transportation Arrangements
- Collaboration with Community Agencies and Resources
- After School Tutoring Programs
- Crayons to Calculators: School Supplies/Backpacks
- Support to Schools
- Enrollment Assistance
- Home Visits, School/Family Meetings
- Unique Solutions to Remove Homeless Barriers



Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Best time to call: _____

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: _____

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X:

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots |
| <input type="checkbox"/> Seed Packaging | |

SCHOOLS: Please send completed form to the ELA OFFICE/LSC



Encuesta de Elegibilidad para Programas



Estimado Padre/Tutor:

Nuestro distrito escolar recibe fondos para proveer apoyo y servicios adicionales a los estudiantes que califican para programa específicos. Su cooperación al contestar este formulario nos ayudará a identificar a los estudiantes elegibles y ayudará a nuestro distrito escolar a recibir fondos suplementarios. Toda la información es confidencial y no será utilizada para otros propósitos.

Nombre del padre o tutor: _____ Fecha _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____ ¿Mejor hora para llamar? _____

Favor de anotar a todos los menores de 22 años que vivan en su hogar

Nombre y Apellido	Fecha de Nacimiento	Nombre de la Escuela

¿En qué año fue la última vez que su familia se mudó? _____

En los últimos tres años, ¿alguno de los padres o tutores han trabajado o aplicado para trabajar en cualquiera de las siguientes áreas? Si No

Si su respuesta es sí, marque cuál o cuáles

- Siembra/ ganadería
- Plantación/cosecha
- Aves de corral
- Lechería
- Procesadora (preparar) de Alimentos
- Empacadora de carne
- Selección/clasificación/empaque vegetales y/o frutas
- Limpiar/Preparar/empacar vegetales y/o frutas
- Empacadora de granos
- Carga y descarga de frutas o vegetales
- Enlatado (Fábricas de conserva)
- Huertas
- Invernadero/Vivero
- Tratamiento de árboles/Forestación
- Irrigación
- Siembra de zacate
- Ranchos de engorda