



***TELLURIDE ELEMENTARY SCHOOL
447 WEST COLUMBIA AVENUE
TELLURIDE, COLORADO 81435
970-728-6615***

***REGISTRATION FORMS
Please Complete & Return to
School!***

FOR NEW STUDENTS ONLY!

TELLURIDE ELEMENTARY SCHOOL
721 West Colorado Avenue
Telluride, CO 81435
970-728-6615
Fax: 970-728-5035
jregrut@telluride.k12.co.us

REQUEST FOR TRANSCRIPTS

To: Registrar

Previous School's Name

Address

Phone#

City/State/Zip

Fax #

Name of Student:

Birthdate

Current Grade

PLEASE FORWARD THE FOLLOWING RECORDS TO:

Telluride Elementary School
721 West Colorado Avenue
Telluride, Co 81435

1. Standardized Test Data
2. Scholastic Achievement Data
3. Birth Certificate, Immunization/Medical Data
4. Complete Transcripts with Grades to Date

PLEASE FORWARD ALL SPECIAL EDUCATION RECORDS TO:

Uncompahgre Board of Cooperative Services (UnBOCS)
P. O. Box 728
Ridgway, CO 81432
Phone – 970-626-2977
Fax – 970-626-2978
unbocs@ridgway.k12.co.us

Parent/Guardian

Date

Official School Signature

Date

UnBOCS – 626-2978

NEW STUDENTS ONLY

Uncompahgre Board of Cooperative Services (UnBOCS)

Serving the school districts of

Norwood, Ouray, Ridgway, Telluride and West End School Districts

Please complete if your child has received any of the services checked off below

Student's Legal Name: _____ DOB: _____ State Student ID: _____

Person requesting records: Jennifer Fletcher, UBOCS Date: _____

School/District: Telluride R-1

REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION
(Not required for release to another Administrative Unit)

This permission shall be valid for the following duration. Beginning _____ and shall terminate _____

Indicate Consent	Records/information to be released or secured:	Indicate Consent	Records/information to be released or secured:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Audiometric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychological
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Educational	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physical Therapy
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Work
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: Initial or Triennial Testing Results
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____

Agency _____
 Address _____
 City, State, Zip _____

To: Uncompahgre BOCS

 P O Box 728
 Ridgway, CO. 81432
 970-626-2977 Phone
 970-626-2978 Fax

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

PARENTAL CONSENT

I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above

 Signature (Parent/Guardian/SP)

 Date

Date consent received by District/Administrative Unit:

Student Registration TES 2018-2019

Student Information:

Legal Name on Birth Certificate: _____

Nickname: _____ Gender: _____

Grade for 2018/19 School Year: _____ Previous School: _____

Birthdate: _____ Social Security #: _____ Home Phone #: _____

Ethnicity: Do you consider your student to be of Hispanic/Latino origin? Yes No

Which of the following groups describes your student's race? (Please circle at least one category)

White Latin or American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander

Has your family ever qualified for the Migrant Education Program? Yes No

Household Information:

	Mother Household	Father Household	Other Household
Name:			
Mailing Address:			
Physical Address:			
Email: <i>(Most communication is sent by email only)</i>			
Home Phone:			
Cell Phone:			
Work/Other Phone:			
Student Lives With:			
Please send weekly emails to: <i>(mark all that apply)</i>			
Please send USPS mailings to: <i>(mark all that apply)</i>			

Sibling Information: (Only for siblings enrolled in TSD for 2018/19 School Year)

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name:				
Grade 2018-2019:				
Cell Phone:				

Any additional non-medical information that the TES front desk should know regarding your family situation?

Emergency Local Contact Information, in case we cannot reach you:

	Contact 1	Contact 2	Contact 3
Name:			
Relationship:			
Cell Phone:			
Home Phone:			
Work/Other Phone:			

Residency Requirement: (Mark appropriate line)

Student resides within Telluride R1 School District and can provide proof of residency.

Neighborhood student lives in: _____ (Telluride, Hillside, Lawson Hill, Mtn. Village, Ophir, Placerville, Ski Ranches, etc)

Student is from Out of District. Student lives in _____ District.

Opt Out:

Please opt my student out of the following: _____ Directory Listings _____ Photo/Video

**Student Medical Information
TES 2018-2019**

Student Name: _____

Primary Care Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Medical Alerts: please list any allergies and/or special needs:

Insurance Company: _____ Policy #: _____

Prescription & over-the-counter drugs are administered **only** when the appropriate forms are completed and both the forms & the medication (in the original container) have been brought to the Front Desk.

_____ My student DOES NOT need medication at school

_____ My student DOES need medication at school

_____ If medication is needed, I have filled out the appropriate paperwork (Student Medical Permission Form) with the School Nurse

By signing this *Student Medical Information* form, I hereby authorize the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Telluride R-1 School District to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Telluride R-1 School District. I understand that Telluride R-1 School District, its administrators, teachers, and staff assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

Parent/Guardian Signature

Date

Comprehensive Sign-Off Form TES 2018-2019

PARENTS:

Sign & Return This Page!

Handbook is online at: <http://tes.tellurideschool.org/>

By signing this form, you acknowledge that you have read and understand the documents below. These documents are contained within the TES Student-Parent Handbook on-line at www.tes.tellurideschool.org or hard copies may be obtained at the TES office.

Student-Parent Handbook: We have reviewed the **on-line version** of the Student-Parent Handbook which contains the Student Activities Code of Conduct. A hard copy of the Student-Parent Handbook may be obtained at the TES office.

Technology Acceptable Usage Policy: We have reviewed the **on-line version** of the Student-Parent Handbook which contains the Technology Acceptable Use Policy and Agreement. A hard copy of the Student-Parent Handbook may be obtained at the TES office.

Field Trip Permission: During the course of the school year, students take a number of academic field trips. Signing this one form gives your child permission to attend all of these field trips. Communication regarding upcoming field trips will come directly from the classroom teachers.

Our signatures indicate that we have read and understand these documents.

Student

Printed Name: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

Printed Name: _____

**Uncompahgre Board of Cooperative Services
Student Health Inventory**

Year 2018/19

Grade _____

School Telluride Public School

To assist in providing health services at school, please complete the following and return to the school. Please call Christine Tschinkel at 728-6615 or 728-4377 with any questions or concerns.

Student Name _____, Birthdate _____ (circle one)
 Last First Middle M F

Does student have private health insurance? Yes No Medicaid? Yes No
 If your child is covered under Medicaid, do we have ID# _____
 permission to bill for health related services? Yes No CHIP _____

If your child does not have health insurance, do you grant the school district Nurse permission to share this information with Medicaid/CHIP+ enrollment counselor? Yes No

Name of parent or guardian _____ Daytime phone _____

Doctor's name _____ Date of last physical _____

Dentist's name _____ Date of last exam _____

Is student under an orthodontist's care Yes No Doctor's name _____

Does student have any of the following?

Allergies Yes No To drugs, food, insects, pollen? Please list _____
 Has the allergy required emergency action in the past? Yes No
 If yes, was an Epinephrine pen prescribed? Yes No
 If yes, can student administer injection on his/her own? Yes No
 Comments _____

Bee Sting Yes No Describe reactions _____
 Difficulty breathing? Yes No Need emergency medication? Yes No

Asthma Yes No Triggered by? _____ Medication or treatment _____
 Diagnosed by doctor _____ Date _____ Date of last episode _____

Does student require medication to be given at school? Yes No

Grades 7-12 can self carry their inhaler after a self carry form is filled out and given to the Nurse.

A back up inhaler for the Nurse's office is recommended.

Diabetes Yes No Takes Insulin? Yes No Date diagnosed _____
 Does student require medication to be given at school? Yes No
 Does student know how to use own medication? Yes No

Epilepsy/ Seizures Yes No Describe seizure _____
 Date of last seizure _____ Medication _____
 Is student currently under doctor care for seizures? Yes No
 Does student require medication to be given at school? Yes No

Tuberculosis Yes No Diagnosed by doctor _____ Date _____

Speech Problems Yes No Describe _____

Heart condition Yes No Describe _____
 List physical restrictions _____

Bone/Joint problems or arthritis Yes No Describe _____
List physical restrictions _____

Chicken Pox Yes No Date of contraction _____

Check all the following regarding health concerns that pertain to student:

Eyes: Date last seen by eye doctor _____ ___ Glasses ___ Contacts Date of last prescription _____ ___ reading ___ distance ___ contacts ___ difficulty seeing ___ lazy eye ___ concerns _____	Ears: ___ known hearing loss ___ frequent infections ___ tubes ___ hearing difficulties, explain: _____ _____ _____	Hearing Aids: ___ right ___ left ___ wear at school ___ other ___ concerns _____ _____ _____
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Other: ___ menstruation ___ blood disorder ___ blood pressure ___ nosebleeds ___ eating ___ sleeping ___ bladder	___ requires catheterization ___ lungs ___ neurological ___ headaches ___ bowel ___ requires diapering ___ phobias	___ ADD/ADHD ___ head Injury ___ dental ___ bedwetting ___ skin ___ other _____ ___ other _____
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Medication:

Is student taking daily medication at home? Yes No At school? Yes No Emergency Only? Yes No
Name of medication and reasons for taking: _____

If student requires medication at school, please obtain the appropriate form found in the school office.

List serious illness or injuries _____
List any operations _____ Conditions that prevent PE participation?
Explain: _____

If student requires a change in PE participation, please obtain the appropriate form found in the school office.

Check services student currently receives:
___ Special Education services (i.e., resource room) ___ Counselor ___ Title I ___ Special diet
___ Speech/Language ___ OT/PT services
___ requires special health care, please explain: _____

Do you give us permission to input your child's vaccine record into CIIS-Colorado Immunization Information System
Please circle -Yes or No

Any other health concerns:

Signature of legal parent/guardian Date

Telluride School District 2018-2019
Home Language Questionnaire

Student: _____
 First name Middle name Family name(s)

Grade _____ Date of Birth _____ / _____ / _____ Country of Birth _____

Parent or Guardian Names: _____

Phone Numbers: (home/work/cell) _____

Please answer these questions and return this form with your enrollment packet.
 Please contact you're English as a Second Language specialist, Rachel Lackey with questions. 970-728 6615, x6926

What is the native language/s of each parent/guardian? (Indicate one)

English only English + _____ Other _____

What languages are spoken in your home? (Indicate one)

English only English + _____ Other _____

What language/s did your child learn first? (Indicate one)

English only English + _____ Other _____

What language does your child use most frequently at home? (Indicate one)

English only English + _____ Other _____

What language do the parents most frequently speak to the child? (Indicate one)

English only English + _____ Other _____

What other languages does your child understand and use?

School Spanish Other _____

Describe the language your child is able to READ.

- _____ **Not** in any language.
- _____ **Only** in another language.
- _____ **In another language and** some English.
- _____ **In English and another language equally.**
- _____ **Mainly in English** and some of another language.
- _____ **Only** in English.

Describe the language your child is able to WRITE:

- _____ **Not** in any language.
- _____ **Only** in another language.
- _____ **In another language and** some English.
- _____ **In English and another language equally.**
- _____ **Mainly in English** and some of another language.
- _____ **Only** in English.

Parent or Guardian Signature **Date**



Dear Parents,

Telluride School District is working to reduce the amount of funds spent on paper and postage. During the 2018-2019 school year, all pertinent school information will be sent home via email. If you do not have an email account and are in need of paper copies being sent home in your child's backpack please check the line below.

Would like hard copies sent home _____

Student Name: _____

Grade for 2018-2019: _____

Parent Name: _____

If you want to be included, please list your email below:

Email Address: _____

Please return to TES office.

Thank you,

Judy Regrut

Administrative Asst.

970-728-6615

jregrut@telluride.k12.co.us

www.tellurideschool.org

Migrant Education Program

Attn: Molly Greenlee, Coordinator 596 North Westgate Dr. Grand Junction, CO 81505



Student Name: _____

School: _____

Telephone: _____

Does your family qualify for services?

Please answer 'yes' or 'no' to the following questions.

- 1.) **Did your child move and change school districts in the last 18 months?** _____
- 2.) **Was the purpose of the move to obtain work in temporary/seasonal *agriculture (farming, ranching, fishing, dairy, etc.?)*** _____
- 3.) **Was the work an important part of providing a living for the worker and his or her family?**

Please return the form to school staff. Questions? Call 970-254-5495



¿Califica su familia para los servicios del programa?

Favor de contestar las siguientes preguntas, con 'sí' o 'no'.

- 1.) **¿Dentro de los últimos 18 meses, su niño se mudó y cambió de un distrito escolar a otro?** _____
- 2.) **¿Fue el propósito del cambio para obtener trabajo temporal en la *agricultura (cosecha, ranchos, pesca, lechería, etc?)*** _____
- 3.) **¿Fue el trabajo una parte importante para proveer económicamente a la familia?**

Por favor, devuelva este formulario al personal de la escuela.

¿Preguntas en español? Llame al 970-254-5495.