



POUDRE HIGH SCHOOL

Kathy Mackay
Principal

201 Impala Drive
Fort Collins, CO 80521

(970) 488-488-6000
(970) 488-488-6060 Fax

I am who I am because of who we are...WE ARE POUDRE!

Welcome to Poudre High School!

Registration Procedure

Please follow these steps to register a student at Poudre High School:

1. Complete a **PHS Registration Packet**: *Student Enrollment Form* and *Request to Secure Student Education Records & Confirm Enrollment and Attendance*. Available via email or at Registrar's desk.
2. Provide a copy of student's **Birth Certificate** or **Passport**.
3. Proof of **Vaccinations**
4. Proof of **Residency** by providing one of the following items with the student's address:
 - Utility Bill (gas, electric, water, trash)**OR**
 - Rent/Mortgage paperwork

Please Note: address from mail or driver's license do not work as proof of residency.

Helpful information to provide in addition at time of registration:

1. Student's transcripts from previous school
2. Court papers for guardianship

We look forward to meeting you and getting you started at
Poudre High School.



POUDRE SCHOOL DISTRICT

Student Enrollment Form

—Office Use Only—

Student ID# _____

Student Start Date _____

School _____ School Year _____ Today's Date _____

Student Information

Legal first name		Legal middle name (or none)		Legal last name		Date of Birth (mm/dd/yy)	
Gender M F		Current Grade		Ethnicity is based on your nationality, religion and language. Do you consider yourself Hispanic? Yes No			
Race is based on your inherited physical characteristics (Check one or more)						Student cell#	
American Indian/Alaskan Native		Asian		Black/African American		Hawaiian/Pacific Islander White	
Is English the primary language spoken at home? Yes No				Language to home			
Country of birth				State of birth			
Main/Physical Address				Mailing Address (if different than Main/Physical Address)			
Street Address				Street Address or PO Box #			
City		State		Zip		City	

If your child will be attending this school as School Choice and you would like to **request** transportation, please request a *School of Choice Transportation Application* —or— if you would like to **request** transportation to or from a location other than your home, please request an *Alternative Transportation Application*. For these circumstances, transportation is not guaranteed and is dependent upon existing routes and space availability.

The following section is for Parent/Guardian information only. Emergency contact information is to be entered in the Emergency Contacts section on page 2.

Parent/Guardian Information

Do you have any court orders or legal documents you need added to your student's file (i.e. Custody, Parental Plans, etc.)? Yes No

Parent/Guardian #1

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address						Home Phone Cell Phone Work Phone	
City		State		Zip		Phone Numbers >	
						Primary (select one)	
						SMS (text)	
Mailing Address Same as Physical?		Yes No		Attendance			
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Parent/Guardian #2

Lives With		Mailings Allowed		Financial Responsibility		Active Military Service (see definition of terms below)	
Relation Type		Parent Guardian		Step Parent		Power of Attorney Self	
Last Name		First Name		Relationship to student		Primary Email Address	
Physical Address						Home Phone Cell Phone Work Phone	
City		State		Zip		Phone Numbers >	
						Primary (select one)	
						SMS (text)	
Mailing Address Same as Physical?		Yes No		Attendance			
If you answered no to the above question, please enter mailing address below							
Street/PO#		City		State		Zip	

Lives With: Student lives with this individual in their residence.

Mailings Allowed: Will receive physical mailings from the school and/or District.

Financial Responsibility: Elementary student profiles only – Individual is responsible for Kindergarten tuition payments.

Active Military Service: Individual is an active duty member of the Armed Forces or on full-time National Guard duty.

Individuals listed in the Parent/Guardian section will receive access to the ParentVUE online application which displays student information.

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Student's Siblings (Enter only siblings attending K-12 PSD schools)					
Sibling name	Grade	School Attending	Sibling name	Grade	School Attending

Enrollment History					
Last school attended	City		State	Date	
Has your child ever... (if applicable)	skipped a grade		If so, which grade?		
	been retained in a grade				
Date your student first enrolled in a U.S. school*	mm/dd/yy				

* U.S. school (K-12 public, non-public or U.S. military base schools). Do NOT include home school or Pre-K.

Programs & Services					
Has student ever been expelled from a school?		If Yes, enter name and address of school		If Yes, enter expulsion date	
Yes	No				
Has student ever been referred for a Risk Assessment?		Was a Safety Plan developed as a condition for student's return to school?			
Yes	No	Yes	No		
Is student currently enrolled in another Colorado school including distance or online school?				Yes	No
If Yes, enter name and address of the school:					
Has your child received Special Education services?		Yes	No	Has your child received Section 504 services?	
What year was IEP last reviewed?				Is the 504 health related?	
Yes		No		Yes	No
Has your child had a specialized health care plan?		Yes	No	Has your child received Gifted Education services?	
Yes		No		Yes	No

Emergency Contacts other than Parent/Guardian						
In cases where the parent/guardian cannot be reached, the student and pertinent data can be released to individuals listed as Emergency Contacts.						
Enter phone numbers in the order they should be called in case of an emergency. Under Type (of phone), enter a letter: H – Home W – Work C – Cell O – Other						
Emergency Contact #1		Contact #1 last name		Contact #1 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	
Emergency Contact #2		Contact #2 last name		Contact #2 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	
Emergency Contact #3		Contact #3 last name		Contact #3 first name		Relationship to student
Phone	Type	Phone	Type	Phone	Type	

I verify that the information I have provided above is true and accurate.		_____ Parent/Guardian Signature		_____ Date
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Poudre School District will only disclose student education records and personally identifiable information contained therein in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

Student first name	Student last name	Birth date

-Office Use Only-

Student ID# _____

Health Information

Doctor	First Name:	Last Name:	Phone Number:	Name of Practice:

Student Health Conditions (Check Yes or No below and explain when necessary.) Please contact the school's Health Office to provide additional comments

ADD	Yes	No	ADHD	Yes	No	Developmental delay	Yes	No		
Allergies to animals	Specify:		Yes	No	Diabetes: Type I	Yes	No	Diabetes: Type II	Yes	No
Reaction:					Head injury/concussion			Yes	No	
Allergies to insects	Specify:		Yes	No	When?					
Reaction:					Heart problems	Specify:			Yes	No
Allergies to medication	Specify:		Yes	No	Restrictions:					
Reaction:					Kidney/urinary problems			Yes	No	
Allergies/environmental	Specify:		Yes	No	Explain:					
Reaction:					Headaches	Yes	No	Migraines	Yes	No
Allergies to food	Specify:		Yes	No	Orthopedic problems			Yes	No	
Reaction:					Explain:					
Other dietary needs	Specify:		Yes	No	Seizures	Specify:			Yes	No
Explain:					Explain:					
Food intolerance	Specify:		Yes	No	Neurological problems	Specify:			Yes	No
Explain:					Explain:					
Anxiety	Depression		Bipolar		Stomach problems			Yes	No	
Yes	No	Yes	No	Yes	No	Explain:				
Asthma	Yes	No	Rescue Inhaler	Yes	No	Other			Yes	No
Autism	Yes	No	Asperger's	Yes	No	Explain:				
Cancer			Yes	No						
Explain:										

Student Vision and Hearing Conditions

Does your child have vision problems?	Yes	No	If Yes, are glasses/contacts worn for reading at close range?	Yes	No
			If Yes, are glasses/contacts worn for distance vision?	Yes	No
Does your child have hearing problems?	Yes	No	If Yes, is a hearing aid worn?	Yes	No
			If Yes, is preferential seating needed?	Yes	No

Student Emergency Steps

Could your child's health condition warrant special EMERGENCY steps that his/her bus operator should know?	Yes	No
If Yes, please explain		

A separate written **Authorization and Release** must be submitted each school year for each medication to be administered to a student at school

Student Medications (List medications student is taking.)

For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No

I verify that the information I have provided above is true and accurate.

Parent/Guardian Signature

Date

Request to Secure Student Education Records & Confirm Enrollment and Attendance*

Use this form to request records from a school outside of Poudre School District for a student who intends to enroll, or has enrolled, in a PSD School.

Student Info

Student Name: _____ Grade _____

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

Current PSD School Information

Remit Records VIA:

- US Mail
 FAX



TO: POUDRE HIGH SCHOOL

ATT: Registrar
201 Impala Drive
Fort Collins, CO 80521

PHONE: 970-488-6076

FAX: 970-488-6060

Previous School

School _____

City/State/Zip _____

Telephone _____ Fax Number _____

Email _____

Requested Information

Please send the following records. Thank you.

- | | |
|--|---|
| <input type="checkbox"/> All Academic Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Transcript or Report Card | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Withdrawal Grades/Courses at time of Withdrawal | <input type="checkbox"/> Advanced Learning Plan/GT Data |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Response to Intervention Data and/or Read Plan |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Legal/Court Orders |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Other: _____ | |

IEP/Special Education records are processed through the PSD Records Center only and require a separate release form -- psdrecords@psdschools.org

Confirmation of Enrollment and Attendance

(The previous school should keep a copy of this form for verification of transfer.)

The Student listed above enrolled in our school on _____ (date).

The Student began attending classes on _____ (date).

The Student is pre-registered in our school with a tentative start date of _____ (date).

Signature of the School/District Representative providing this information:

School/District Signature

Title

Date

*FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) as revised, states 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. Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students

11/14/18 PSD Records 970-490-3146