

For office use, only: \_\_\_\_\_ Park Co. \_\_\_\_\_ B.C. \_\_\_\_\_ Imm. \_\_\_\_\_ Card \_\_\_\_\_ Lib \_\_\_\_\_ RR  
Teller Co. PC File Online R/E Returning HL New

LAKE GEORGE CHARTER SCHOOL  
Park County School District Re-2  
Enrollment & Confidential Information Form

School Year: 2017-18 \_\_\_\_\_  
2018-19 \_\_\_\_\_  
2019-20 \_\_\_\_\_  
2020-21 \_\_\_\_\_  
2021-22 \_\_\_\_\_

Online: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus Route: \_\_\_\_\_

SASID #: \_\_\_\_\_ ID #: \_\_\_\_\_

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Date: \_\_\_\_\_ Grade: PS PS PS K 1 2 3 4 5 6 7 8  
(Circle One)

Student's Name: \_\_\_\_\_ Sex: F or M  
Last First Middle (Circle One)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box/Street City Zip Code

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street

School Dist. of Residence: Park County Re-2 Woodland Park Re-2 Cripple Creek/Victor Re-1  
(Circle one)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age as of Sep. 1: \_\_\_\_\_  
Month-Day-Year

Moved to Colorado: \_\_\_\_\_ (if not born here)  
Date

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Location: \_\_\_\_\_  
City

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Location: \_\_\_\_\_  
City

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

With whom does student live: Father Mother Both Guardian(s) (Circle One)

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Int.

**EMERGENCY CONTACTS:**

In the event, your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school (due to weather conditions) and flexible enough to help with emergencies.

1st Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Wk/Cell Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Wk/Cell Phone: \_\_\_\_\_

3rd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Wk/Cell Phone: \_\_\_\_\_

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Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian.

\*\*\*\*\* Sick children CANNOT remain at school under any condition. \*\*\*\*\*  
\*\*\*\*\* Children who have been absent from school should not attend after school activities. \*\*\*\*\*

Please list all siblings of the enrollee. Please give complete names and birth dates.

Full Name

Date of Birth

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Student's Name: \_\_\_\_\_  
 Last First Middle Int.

**EDUCATIONAL HISTORY:**

Entered a Park County School: \_\_\_\_\_  
 Date

Last School Attended: \_\_\_\_\_  
 (If not in Park County Re-2)

Has student attended other schools in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No New to Educ.: \_\_\_\_\_  
 Where: \_\_\_\_\_ New to State: \_\_\_\_\_

(Please **check** those that apply to your child)

- \_\_\_\_\_ Attended preschool? Full Year \_\_\_\_ Partial Year \_\_\_\_
- \_\_\_\_\_ Attended kindergarten? Full Year \_\_\_\_ Partial Year \_\_\_\_
- \_\_\_\_\_ Missed more than ten days in a school year?
- \_\_\_\_\_ Retained a grade? If so, what grade? \_\_\_\_\_
- \_\_\_\_\_ Skipped a grade? If so, what grade? \_\_\_\_\_
- \_\_\_\_\_ Has your child been home schooled in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 For what grades? \_\_\_\_\_
- \_\_\_\_\_ Difficulty with reading?
- \_\_\_\_\_ Difficulty with math?
- \_\_\_\_\_ Difficulty with writing?
- \_\_\_\_\_ Intense interest in a particular subject? If so, what subject \_\_\_\_\_
- \_\_\_\_\_ Dislikes going to school?
- \_\_\_\_\_ Do you have any concerns about your child's social skills? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_ Tested for Special Education in the past? If so, when? \_\_\_\_\_
- \_\_\_\_\_ Has student received special services? (i.e. special ed., title 1,  
 Special Ed. \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Title 1 \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_ Has a 504 plan been considered?
- \_\_\_\_\_ Has a 504 plan been written?

Is the student currently expelled from another district/school? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Please note a student cannot be enrolled if he/she is currently expelled from another school district.

<u>GR</u>	<u>Name of School</u>	<u>City/State</u>	<u>Public/Private/ Charter School</u>	<u>Home Schooled?</u>	<u>School Years</u>
PreK					
K					
1					
2					
3					
4					
5					
6					
7					
8					