CHERAW SCHOOL DISTRICT #31
Enrollment Checklist

School Year: _____

Students Name: _____ Grade: _____

Date Received	Form	Routing
	Birth Certificate (Copy)	School Secretary
	Social Security Card (Copy)	School Secretary
	Enrollment Form*	School Secretary
	Emergency Medical Consent*	School Secretary
	Student Release Form*	School Secretary
	Use of Internet Agreement*	School Secretary
	Bus Conduct Agreement*	School Secretary
	Language Questionnaire*	School Secretary
	Permission to Leave at Lunch (Jr/Sr High Only)*	School Secretary

Last School Attended:

Name of School: _____

Address:_____

Phone Number: _____

Date Last Attended: _____

Have you been continuously living in the United States for 3 years? Yes No
Have you been continuously living in Colorado for 3 years? Yes No
Most Recent Date into the United States: _____
Most Recent Date into the State of Colorado: _____

The above listed information must be completed before a student will be allowed to enroll in classes.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

_____ _____
School Official Date

CHERAW SCHOOL DISTRICT #31
Record for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Student Information

Legal Name: Last _____

First _____

Middle _____

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

Grade Level: _____ Last date of attendance (approx): _____

Signature of Parent/Guardian (if available): _____

The following records are hereby requested:

Transcript or Current Grade Card	Attendance Records
Discipline Records	Psychological Records
Test Date/ Standardized Test Scores	Individual Literacy Plan (if applicable)
Immunization Records	Sociological Records
English Language (ELL) Test Scores (if applicable)	IEP (if applicable)
Health/ Medical Records	Copy of Birth Certificate
List of Courses and Grades at Time of Withdrawal	504 Plan (if applicable)
Sports Physical	Other

Signature of Requesting School Representative

_____

Signature Title Date

PLEASE E-MAIL, FAX or MAIL COPIES TO:

Cheraw School District
P.O. Box 160
Cheraw, CO 81030-0160
(719) 853-6655 / Fax (719) 853-6322

Enrollment form for CHERAW SCHOOL					
First Name:		Middle:		Last:	
Preferred Name:	Grade:		Birth Place:		DOB:
Race: Amer. Indian or Alaska Native Asia Black or African American Native Hawaiian/Pac Islander White (circle one)					
Hispanic/Latino? Yes No		Gender:		Home Lang:	
Access Internet?		Cell #:		Email:	
PRIMARY HOUSEHOLD (STUDENT RESIDES AT)					
Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Information for adults living at the above address					
Name:		Relationship:		Employer:	
Cell #:			Work #:		
Email:			Home #:		
Name:		Relationship:		Employer:	
Cell #:			Work #:		
Email:			Home #:		
SIBLINGS (other students living at the same address)					
First Name	Middle Name	Last Name	Grade	Birthdate	School Name
ALTERNATE HOUSEHOLD (NON CUSTODIAL)					
Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Information for adults living at the above address					
Name:		Relationship:		Employer:	
Cell #:			Work #:		
Email:			Home #:		
Name:		Relationship:		Employer:	
Cell #:			Work #:		

Email:	Home #:	
EMERGENCY CONTACTS: Enter additional contacts not listed above.		
Name:	Relationship:	Email:
Home #:	Cell #:	Work #:
Name:	Relationship:	Email:
Home #:	Cell #:	Work #:
Name:	Relationship:	Email:
Home #:	Cell #:	Work #:
Emergency Medical Information		
Physician:	Phone:	Hospital:

Completed by: _____

Signature: _____

Date: _____

CHERAW SCHOOL DISTRICT #31
STUDENT RELEASE FORM

My son/ daughter _____ may only be released to the following people unless I have given written or verbal permission. **Please include yourselves as parents**.
*Picture identification will be requested if the Teacher/ Office is not familiar with individual picking up student.
** Parent/Guardian may add or delete authorized names at any time.

Parent/Guardian's Signature Date

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

CHERAW SCHOOL DISTRICT #31
STUDENT CONDUCT ON SCHOOL BUSES AGREEMENT

The privilege of riding a school/bus vehicle is contingent upon a student's good behavior and observations of established regulations for student conduct, both at bus stops and on board buses/vehicles. The safety and welfare for the students is our first consideration in all matters pertaining to transportation. We appreciate your support and cooperation in working with the school in this matter.

The bus/vehicle rider shall observe the following rules:

1. Observe the same conduct as in the classroom.
2. Be courteous to the driver and other students.
3. Do not eat or drink on the bus, per state law.
4. Keep the bus/vehicle clean.
5. Cooperate with the driver.
6. Do not be destructive.
7. Stay in your seat and seated at all times.
8. Keep head, hands, feet and all other objects inside the bus.

The driver has the authorization to assign seats.

The disciplinary procedure for bus infractions is as follows:

- **First Referral**: Verbal warning to the student and written notification to the parent/legal guardian.
- **Secord Referral**: Loss of all bus riding privileges for 16 consecutive days (four weeks).
- **Third Referral**: Loss of all bus privileges for the remainder of the school year. If you wish to appeal this decision, you may contact the Superintendent, in writing, within ten days to request a hearing with the Superintendent.

**** **Pre-School Students Only**- This form only applies to activity usage of school**** transportation as Pre- School students are not transported to and from school.

CHERAW SCHOOL DISTRICT #31
CHROMEBOOK MANUAL AGREEMENT

Student Pledge

I, _____, (student's name) agree to the following conditions:

1. I will follow all of the policies and regulations included in the Chromebook manual while at school as well as outside of the school day.
2. I will file a police report in case of theft, vandalism, and other acts covered by insurance
3. I agree to return the District chromebook, carrying cases and power cord in good working condition.

Parent Pledge

I, _____, (parent's name) recognize that it is my responsibility to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for any materials acquired by my child. I will assume full responsibility for any harmful or illegal content on the chromebooks. I also will take full responsibility for any damage that occurs to the chromebook while the device is in my child's possession. I hereby give permission to allow my child to check out a chromebook for the current school year.

Agreement

I agree to the stipulations set forth in the above documents including the Chromebook handbook; the Acceptable Use Policy, Chromebook Protection Plan, and the Student Pledge for Chromebook Use.

Student Name (please print): _____

Student Signature: _____ Date:_____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

CHERAW SCHOOL DISTRICT #31
STUDENT USE OF THE INTERNET
(Acceptable Use Agreement)

In order to provide for the appropriate use of the Internet in keeping with Board of Education policy, the following "Acceptable Use Agreement" has been developed. (A copy of this agreement will be distributed to students and parents/guardians for signature before a student is issued an Internet account.)

Terms and Conditions

All computers having Internet access must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this Agreement will result in revocation of access privileges.

1. Acceptable use: the use of your Internet account must be consistent with the educational objectives of the Cheraw School District. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to:
    a. Copyrighted material
    b. Threatening or obscene material
    c. Material protected by trade secret
2. Privilege: The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator(s) will deem what is inappropriate use and that decision is final. The system administrator(s) may close an account at any time, as required. The administrator, faculty and staff may request the system administrator to deny, revoke or suspend specific user accounts.
3. No warranty: The CherawSchool District #31 makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Cheraw School District #31 will not be responsible for any damages you suffer in using the Internet, This includes loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions. Use of any information obtained via the Internet is at your own risk. The Cheraw School District #31 specifically denies any responsibility for the accuracy or quality of information obtained through this service.
4. Security: Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a system administrator. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to log on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk, or as having a history of problems with other computer systems, may be denied access to the Internet.
5. Vandalism: Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses.

I understand and will abide by the above Agreement. I further understand that a violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Your signature on the Acceptable Use Agreement is legally binding and indicates that the party (parties) who signed has (have) read the terms and conditions carefully and understands their significance.

Student's Signature: _____ Date: _____

Parent or Guardian

If the user is under 18 years of age, a parent or guardian also must sign this Agreement.

As the parent or guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes and that the Cheraw School District #31 has taken precautions to eliminate controversial material. I also recognize, however, that it is impossible for the Cheraw School District #31 to restrict access to all controversial materials and I will not hold the district responsible for materials acquired on the network. Further, I accept full responsibility for supervision if any when my child's use is not in a school setting.

I hereby give permission to issue an account for my child and certify that the information contained on this form is true and correct.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

CHERAW SCHOOL DISTRICT #31
EMERGENCY MEDICAL CONSENT FORM

(A form to be filled out by parent/guardian for permission in case of an emergency)

Name of Student: _____

Parent/Guardian: _____

Home Address: _____

Phone Number: Home: _____ Work: _____

Emergency Number if not at home or work: _____

** Insurance Company: _____ Policy #: _____

Family Doctor: _____ Phone #: _____

- List any significant health problems this student has of which teachers should be aware:

  _____

  _____

- Does this student have any known allergies to any food/drugs/elements?

  _____

  _____

- Please list all medications that this student is taking now and or will take along on a trip?

  _____

  _____

I, _____ parent/guardian of _____, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/ or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Cheraw School District #31, any of its agents or employees, arising out of such medical treatment.

_____ We waive the option to purchase accident insurance through Cheraw School District #31 or any other provider. By waiving this option to purchase, we as a parent/guardian of said student will be responsible for all medical expenses incurred by the above mentioned student. **

_____

Parent/Guardian Signature

** (If insurance information is not provided you must waive the option to purchase insurance)**

_____

Parent/Guardian Signature Date

CHERAW SCHOOL DISTRICT #31
110 LAKEVIEW
P.O. BOX 160
CHERAW, CO 81030
719-853-6655

LANGUAGE HISTORY QUESTIONNAIRE

All students enrolled in Cheraw School District #31 need to have their parent(s) or guardian(s) complete and sign this form. We value a student's ability to speak a language other than English and we encourage him/her to maintain those language skills. However, if a student has difficulty speaking, reading or writing the English language, we want to help them improve their English language skills.

STUDENT'S NAME: _____ DATE: _____

SCHOOL: _____ GRADE: _____

DATE OF BIRTH: _____ GENDER: Male / Female (Circle One)

1. YES / NO Does the student speak a language other than English? (Do not count languages learned in foreign language classes.) *What language*? _____

2. YES / NO Does the student understand a language other than English? (Do not count languages learned in foreign language classes.) *What language?* _____

3. What was the student's first language spoken?
What language? _____

4. YES / NO Does anyone in the student's home speak a language other than English? (Count parents, guardians, babysitter, siblings, grandparents and others only **if they live or work in the student's home**.)

5. YES / NO Is the student attending the school as a foreign exchange student?

PARENT(S) NAME(S)	ADDRESS	TELEPHONE

Signature of Parent/Guardian providing information:

CHERAW SCHOOL DISTRICT #31
ENROLLMENT SIGNATURE PAGE

Please initial each box and sign at the bottom

☐ I have looked over my enrollment paper and made any and all corrections to it in colored pen and returned to the office

☐ I have completed and returned the Emergency Medical Consent Form, Student Profile, Language History Questionnaire, and Acceptable Use Agreement to the office.

☐ I have read with my student and understand the rules laid out in the Cheraw Student Handbook.

☐ I understand that as a parent or legal guardian of a Cheraw School Student, I have the right to look at my students personal file anytime I feel necessary. I also understand that a Military Recruiter can request student data that the district must provide within 90 days of the request.
However, I may Opt Out my student from such requests by submitting a written document stating so to the district office.

☐ We have read and understand the bus procedure that I have read in the Student Handbook, along with the Student Conduct on School Bus Agreement.
Bus Stop You Child(ren) Will Be Riding (No intown pickup): CIRCLE ONE: HOLBROOK DE BOURGH EAST CHERAW HILL
My Child(ren) Will Ride The Bus: ___AM ___PM ___ Always ___ Sometimes (CHECK ALL THAT APPLY)
NAME AND PHONE NUMBER OF ADULT THAT WILL BE AT THE BUS STOP:

☐ My contact information to be notified via text message about School related events, (Remind App and ALMA). Names & Phone Number(s)

PHOTO RELEASE FORM

☐ I hereby give my permission for my son/daughter _____ to be photographed during Cheraw Schools activities and events. These photos may be used for school use or published in the newspapers.

MIDDLE SCHOOL & HIGH SCHOOL STUDENTS

Cheraw School District has an open campus policy during the lunch period for students in 6th-12th grade.

☐ **PERMISSION** TO LEAVE SCHOOL GROUNDS FOR LUNCH. If your student has permission to leave campus during lunch, please initial the box to the left.

☐ **NOT AUTHORIZED** TO LEAVE SCHOOL GROUNDS FOR LUNCH. If your student **IS NOT** permitted to leave campus during lunch, please initial the box to the left.

☐ I have read and understand the Chromebook Manual and paid the insurance fee.

☐ I have turned in a current physical and CHASA paperwork to the office. This is a must to participate in any Middle School or High School sport.

Student Name (Please Print) Grade Date

Parent/Guardian (Please Print) Signature Date