Welcome to Castle View High School

2023 – 2024 Sports Enrollment Packet

The parent/Guardian of the student is required to provide the following documents at the time of enrollment:

- **Completed DCSD Registration Packet (Attached)**
- **Birth Certificate**
    - Must be a copy of a state-issued birth certificate, not a hospital certificate. If providing a passport, a state-issued certificate must be provided within 2 weeks.
- **Immunizations Record**

Douglas County School District
Student Census
Registration Form

For Office use Only

Date of Enrollment: _____ Start Date: _____
Student ID #: _____ Grade: _____ Room: _____
Teacher/Counselor: _____ Track/Team: _____
Session: ☐ AM ☐ PM Permit Code: _____ Bus #: _____

School: Castle View High
Use Dropdown to Select School

PLEASE PRINT **2023-2024**

Student Information

Legal Name from Birth Certificate
Last _____ First _____ Middle (full) _____ Nickname _____
Grade _____ Gender M☐ F☐ Date of Birth _____ Phone **Cell** _____
Residence Address _____
City _____ State _____ Zip _____ Email _____

Interpreter Needed?

Would you like an interpreter for school meetings and events? In accordance with Federal law, DCSD provides parents/guardians interpretation and translation at no charge. Y☐ N☐
If yes, what language? _____

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)

☐ Yes, Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
☐ No, not Hispanic/Latino

The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (choose one or more)

☐ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
☐ **Asian** - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Previous School

Has the student attended another Douglas County School District school? Y☐ N☐
If Yes, School _____ Grade _____ School Year _____
Last school attended outside the Douglas County School District:
School _____ City _____ State _____ Grade _____
Is your child presently under an expulsion order from any other school district? Y☐ N☐
Is your child presently under consideration for expulsion? Y☐ N☐
Is your child presently involved in the Juvenile Justice system? Y☐ N☐

Home Language Survey

What is/was the student's first language? _____
Does the student speak a language(s) other than English? Y☐ N☐
This does not include a language learned in school courses or academic enrichment programs or American Sign Language (e.g., world language classes or clubs)
If yes, specify the language(s). _____
What language(s) is/are spoken in your home? _____

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y☐ N☐
Has your child received any previous testing, evaluations or services in any of the following areas?

☐ Learning Disabilities ☐ Gifted & Talented ☐ READ Plan
☐ Speech/Language ☐ Psychological ☐ English Language Development/ESL
☐ Physical Therapy ☐ Behavioral Difficulties ☐ 504 Services
☐ Occupational Therapy ☐ Hearing Impaired ☐ Other

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Household Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2023-2024

Household Info

Residence Address _____

City _____ State _____ Zip _____

Household Telephone _____ Unlisted? Y ☐ N ☐

Parent / Guardian Info

Name _____ Relationship to Student _____

Residence Address _____ City _____ State ___ Zip _____

Mailing Address _____ City _____ State ___ Zip _____
(if different from above)

Phones: **Home** _____ **Work** _____ **Cell** _____

Pager _____ Email _____ Receive Mailings Y ☐ N ☐

Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

Name _____ Relationship to Student _____

Residence Address _____ City _____ State ___ Zip _____

Mailing Address _____ City _____ State ___ Zip _____

Phones: **Home** _____ **Work** _____ **Cell** _____

Pager _____ Email _____ Receive Mailings Y ☐ N ☐

Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

Name _____ Relationship to Student _____

Residence Address _____ City _____ State ___ Zip _____

Mailing Address _____ City _____ State ___ Zip _____
(if different from above)

Phones: **Home** _____ **Work** _____ **Cell** _____

Pager _____ Email _____ Receive Mailings Y ☐ N ☐

Does Student reside with? Parent Y ☐ N ☐ Legal Guardian Y ☐ N ☐ **Step-Parent Y ☐ N ☐
(Court Document)

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. A parent/guardian can identify the step-parent as someone that will be attending meetings, calling student in sick, portal access, etc.

Other Children Under Age 18 in the Home - *Names MUST be from Birth Certificate*

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Emergency Information

Registration Form

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

PLEASE PRINT

2023-2024

Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____ Gender M ☐ F ☐

Phones **Home** _____ **Work** _____ **Cell** _____

Acknowledge-ment

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statues Sections 22-23-104 and 2-23-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be for illness and other absences excused by the Principal.

Notice

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the 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. State law requires immunization records be submitted at the time of registration.

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2023-2024

Name: _____ **Birth Date:** _____

School: _____ **Grade:** _____

Early Childhood Health History

Were there any significant problems during the pregnancy, labor or delivery? Yes ☐ No ☐

If Yes, is this concern a current issue: Yes ☐ No ☐

If Yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Dietary Needs - Comment required

Student has Special Dietary Needs

Allergies - Life Threatening - Comment required

- ☐ Life threatening allergy - Dairy — Comment: _____
- ☐ Life threatening allergy - Eggs — Comment: _____
- ☐ Life threatening allergy - Food — List Food(s): _____
- ☐ Life threatening allergy - Insect Sting — Comment: _____
- ☐ Life threatening allergy - Latex — Comment: _____
- ☐ Life threatening allergy - Medication — Comment: _____
- ☐ Life threatening allergy - Peanut — Comment: _____
- ☐ Life threatening allergy - Tree Nuts — List: _____
- ☐ Life threatening allergy - Other — Comment: _____
- ☐ Life threatening allergy - Unknown — Comment: _____

Allergies - Comment required where indicated

- ☐ Animal — Comment: _____
- ☐ Environmental / Seasonal
- ☐ Food — List Food(s): _____
- ☐ Insect Sting
- ☐ Latex
- ☐ Medication — List Food(s): _____
- ☐ Non-Specific

Other Conditions - Comment required where indicated

- ☐ ADD/ADHD — Name of medication: _____
- ☐ Adrenal Insufficiency
- ☐ Alopecia
- ☐ Arthritis Juvenile
- ☐ Asthma — Comment: _____
- ☐ Autism Spectrum — Comment: _____
- ☐ Auto-Immune Condition — Comment: _____
- ☐ Blood Disorder — Comment: _____
- ☐ Cancer — Comment: _____
- ☐ Celiac Disease
- ☐ Cerebral Palsy
- ☐ Chiari Malformation
- ☐ Chromosomal Anomalies — Comment: _____
- ☐ Cleft lip/Palate

Health Info

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information (Continued)

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2023-2024

Health Info

Other Conditions - Comment required where indicated

- ☐ Color Blind
- ☐ Colitis
- ☐ Crohn's Disease
- ☐ Cystic Fibrosis
- ☐ Diabetes — Comment: _____
- ☐ Diabetes Insipidus
- ☐ Dietary Restrictions
- ☐ Down Syndrome
- ☐ Ear, Nose, Throat Condition
- ☐ Emotional Condition — Comment: _____
- ☐ Encopresis — Comment: _____
- ☐ Endocrine Condition
- ☐ Enuresis — Comment: _____
- ☐ Eye Issues — Comment: _____
- ☐ Fetal Alcohol Syndrome
- ☐ Frequent Headaches — Comment: _____
- ☐ Gastric Tube/Feeding Tube
- ☐ Gastrointestinal Disorder — Comment: _____
- ☐ Gluten Intolerance
- ☐ Growth Hormone
- ☐ Head Injury/Concussion — Comment: _____
- ☐ Hearing Impaired — Comment: _____
- ☐ Heart Condition - No Restriction — Comment: _____
- ☐ Heart Condition - Restrictions — Comment: _____
- ☐ Hepatitis B Carrier
- ☐ Hepatitis C Carrier
- ☐ History of Injuries — Comment: _____
- ☐ Hospitalized within the last year — Comment: _____
- ☐ Hypoglycemia — Comment: _____
- ☐ Immune Compromised — Comment: _____
- ☐ Kidney Problem — Comment: _____
- ☐ Lactose Intolerant
- ☐ Liver Condition
- ☐ Long COVID
- ☐ Long QT Syndrome
- ☐ Major Accident within the last year — Comment: _____
- ☐ Major Illness within the last year — Comment: _____
- ☐ Migraine Headaches
- ☐ "Multiple" Head Injury/Concussion
- ☐ Myalgia Myositis Fibromyalgia — Comment: _____
- ☐ Neurologic Disorder — Comment: _____
- ☐ Nosebleeds
- ☐ OBGYN Conditions
- ☐ Orthopedic - No Restrictions — Comment: _____
- ☐ Other — List: _____
- ☐ Paramedic Info

Parent/Guardian Signature _____ **Date** _____

Douglas County School District

Health Information (Continued)

Registration Form

PLEASE PRINT

For Office use Only

Student Name: _____ (Last) (First) (Middle)

School: _____ Grade: _____ Student ID #: _____

Teacher/Counselor: _____ Room: _____

2023-2024

Other Conditions - Comment required where indicated

- ☐ Paraplegia
- ☐ Post-Traumatic Stress Disorder
- ☐ Quadriplegia
- ☐ Respiratory Condition — Comment: _____
- ☐ Scoliosis
- ☐ Seizure Disorder — Comment: _____
- ☐ Shunt/Hydrocephalus — Comment: _____
- ☐ Skin Condition — Comment: _____
- ☐ Spina Bifida
- ☐ Syncopal Episodes — Comment: _____
- ☐ Syndrome — Comment: _____
- ☐ Temperature Control Disorder
- ☐ Thyroid Condition
- ☐ Tourette Syndrome — Comment: _____
- ☐ Tracheostomy — Comment: _____
- ☐ Traumatic Brain Injury — Comment: _____
- ☐ Urinary Problem — Comment: _____
- ☐ Wears Glasses/Contacts
- ☐ Von Willebrand's Disease
- ☐ Wolff Parkinson White Syndrome

Additional Information

List any illness, hospitalization, surgery, accidents your student had in the past year. None ☐

_____ Date: _____

_____ Date: _____

_____ Date: _____

List any emotional, social or other conditions that might affect your student's school performance.

_____

Is your student currently taking any medication, including over-the-counter medication? Yes ☐ No ☐

_____ Date: _____

If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.

Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc.)? Yes ☐ No ☐

If yes, please explain: _____

_____

Is there anything else you would like us to know about your student? Yes ☐ No ☐

_____

_____

_____

Health Info

Parent/Guardian Signature _____ **Date** _____

Douglas County School District
Learn today. Lead tomorrow.

School Use Only – *Administrator's determination of Section A circumstances*

_____

Student Residency Questionnaire

Douglas County School: _____

Student's Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: M ☐ F ☐

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

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

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

Section A	Section B
☐ Choices in Section B **do not apply**	☐ With friends or family members due to the loss of housing or financial hardship ☐ In a motel, car or campsite ☐ In an Emergency Shelter ☐ A student not living with parent or legal guardian ☐ Other? Explain _____ _____

2. The student lives with:

- ☐ 1 (one) parent
- ☐ 2 (two) parents
- ☐ 1 parent & another adult
- ☐ a relative, friend(s) or other adult(s)
- ☐ alone with NO adults
- ☐ an adult that IS NOT the parent or the legal guardian

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date: _____

Notes:

Section B – If Section B is checked, this form **MUST** be completed and returned to school personnel.

School Contact who may know of the family's situation:

Name / Title: _____ Phone: _____