Welcome to
Coyote Creek Elementary School

2020-2021
New Student Enrollment Packet

Coyote Creek Elementary
Phone: 303-387-6175
Fax - 303-387-6176

ALL the following items are needed to begin the process of enrolling your child:

- Copy of Certified Birth Certificate
- Registration Packet
- Proof of Residency (provide one of the following)
  - Deed of Trust
  - Lease Agreement
  - Purchase Agreement
  - Property Tax Notice
  - Warranty Deed
- Immunization Records
  *From a doctor’s office with a signature from a medical professional
PLEASE COMPLETE THESE FORMS AND RETURN TO COYOTE CREEK:

- Registration Forms (4 Pages)
- Health Information Forms (3 Pages)
- Student Residency Questionnaire
- Migrant Education Form
- Parent/Guardian Media Consent Form
- School Bus Contract (to be signed for field trips)

THESE ITEMS ARE FOR YOUR INFORMATION:
★ Nut Restricted School/General Information
★ 2020-2021 School Calendar
**PLEASE PRINT*** 2020-2021

### Legal Name from Birth Certificate
- **Last**: 
- **First**: 
- **Middle (full)**: 
- **Nickname**: 
- **Gender**: M □ F □ 
- **Date of Birth**: 
- **Phone**: 
- **Cell**: 

### Residence Address
- **City**: 
- **State**: 
- **Zip**: 
- **Email**: 

### Notice to Parents and Students
- **Race/Ethnicity**
  - No. NOT Hispanic
  - Yes. Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - 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

### School Information
- **School**: Coyote Creek Elementary
- **Date of Enrollment**: 
- **Start Date**: 
- **Student ID #:** 
- **Grade**: 
- **Room**: 
- **Teacher/Counselor**: 
- **Track/Team**: 
- **Session**: AM □ PM □ 
- **Permit Code**: 
- **Bus #**: 

### Interpreter Needed?
- **Yes**: Y □ 
- **No**: N □ 

### Has the student attended another Douglas County School District school?
- **Yes**: Y □ 
- **No**: N □ 

### Previous School
- **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?
- **Yes**: Y □ 
- **No**: N □ 

### Is your child presently under consideration for expulsion?
- **Yes**: Y □ 
- **No**: N □ 

### Is your child presently involved in the Juvenile Justice system?
- **Yes**: Y □ 
- **No**: N □

### What is/was the student's first language?

### Does the student speak a language(s) other than English?
- **Yes**: Y □ 
- **No**: N □

### If yes, specify the language(s).

### What language(s) is/are spoken in your home?

### Is your child currently on an Individual Educational Plan for Special Services?
- **Yes**: Y □ 
- **No**: N □

### Has your child received any previous testing, evaluations or services in any of the following areas?
- Learning Disabilities □
- Counseling □
- Gifted & Talented □
- Speech/Language □
- Psychological □
- Remedial Reading (Title 1) □
- Physical Therapy □
- Behavioral Difficulties □
- 504 Services □
- Occupational Therapy □
- Hearing/Visual Impaired □
- Other □
### Household Information

**Name**

**Residence Address**

**City**

**State**

**Zip**

**Relationship to Student**

**Mailing Address**

(if different from above)

**City**

**State**

**Zip**

**Phones:**

Home

Work

Cell

Page

Email

Receive Mailings  Y ☐  N ☐

**P r e s e n t a t i o n**

**Name**

**Residence Address**

**City**

**State**

**Zip**

**Relationship to Student**

**Mailing Address**

(if different from above)

**City**

**State**

**Zip**

**Phones:**

Home

Work

Cell

Page

Email

Receive Mailings  Y ☐  N ☐

**Does Student reside with?** Parent Y ☐  N ☐  Legal Guardian Y ☐  N ☐  **Step-Parent** Y ☐  N ☐

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**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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name (full)</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relation to Student</th>
<th>School Attending</th>
<th>County</th>
</tr>
</thead>
</table>

---

**Parent/Guardian Signature**

**Date**
### Douglas County School District
#### Emergency Information Registration Form

**PLEASE PRINT**

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**2020-2021**

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Additional Information

Gender M [ ] F [ ]

---

Phones **Home** [ ] **Work** [ ] **Cell** [ ]

---

<table>
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Additional Information

Gender M [ ] F [ ]

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Phones **Home** [ ] **Work** [ ] **Cell** [ ]

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Additional Information

Gender M [ ] F [ ]

---

Phones **Home** [ ] **Work** [ ] **Cell** [ ]

---

**Doctor**

Doctor's (full) Name

Name of Practice / Group

Phone [ ] Extension [ ]

Address

City [ ] State [ ] Zip Code [ ]

---

Parent/Guardian Signature [ ]

Date [ ]
Is your student taking any medications at home or at school?  □ Y  □ N  List:

If your student needs to take medication at school, the "Provider Medication Authorization Form" or "Permission to Carry" form is available at the school office. *These forms must be completed for any medication a student will need to take during school hours. They are also available at [www.dcsdk12.org](http://www.dcsdk12.org) - search "medication form." (Contained in the Nursing Services web page.)*

Does your student have any known allergies?

- □ Seasonal  Reaction:
- □ Insect Sting  Reaction:
- □ Latex  Reaction:
- □ Food  Reaction:
- □ Other  Reaction:
- □ Other  Reaction:

Does your student (please check applicable boxes):

- □ Wear glasses/contacts?
- □ Have heart problems?
- □ Have convulsions/ seizures?
- □ Have a head injury/significant bump to the head?
- □ Have physical activity limitations?
- □ Hearing impaired?
- □ Have diabetes?

Please explain any conditions marked above:

____________________________________________________

Other medical conditions the school needs to be aware of:

____________________________________________________

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature ____________________________ Date ____________

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature ____________________________ Date ____________

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, 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 illness and other absences excused by the Principal.

Parent/Guardian Signature ____________________________ Date ____________

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.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.
HEALTH INFORMATION – (NEW students)

This information will be reviewed and maintained in confidential manner
by the School Nurse assigned to your student's school.

STUDENT NAME: ___________________________ BIRTH DATE: ____________
  First                      Middle                      Last

SCHOOL: ____________________ GRADE / TRACK: ____________

EARLY CHILDHOOD HEALTH HISTORY
Were there any significant problems during the pregnancy, labor or delivery?  No □ Yes □
If yes, is this concern a current issue?  No □ Yes □
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  Comment: ____________________

Allergies – Life Threatening – Comment required
□ Life threatening allergy – Dairy  Comment: ____________________
□ Life threatening allergy – Food  List Food(s):
□ Life threatening allergy – Insect Sting  Comment: ________________
□ Life threatening allergy – Latex  Comment: ____________________
□ Life threatening allergy – Peanut  Comment: ____________________
□ Life threatening allergy – Tree Nuts  Comment: ____________________
□ Life threatening allergy – Other  List: ____________________
□ Life threatening allergy – Unknown  Comment: ____________________

Allergies – Comment required where indicated
□ Animal
□ Environmental/Seasonal
□ Food  List Food(s):
□ Insect Sting
□ Latex
□ Medication  List Medication(s):
□ Non-Specific

Other Conditions – Comment required where indicated
□ ADD/ADHD – Name of medication: ____________________
□ Alopecia
□ Arthritis Juvenile
□ Asthma  Comment: ____________________
□ Autism Spectrum  Comment: ____________________
□ Auto-Immune Condition  Comment: ____________________
□ Blood Disorder  Comment: ____________________

620 Wilcox Street  Castle Rock, Colorado 80104  303-387-0100  

Revised 10/29/18
HEALTH INFORMATION - (NEW students)

☐ Cancer
Comment: ________________________________

☐ Celiac Disease
Comment: ________________________________

☐ Cerebral Palsy
Comment: ________________________________

☐ Chromosomal Anomalies
Comment: ________________________________

☐ Crohn’s Disease
Comment: ________________________________

☐ Cystic Fibrosis
Comment: ________________________________

☐ Diabetes
Comment: ________________________________

☐ Down Syndrome
Comment: ________________________________

☐ Emotional Condition
Comment: ________________________________

☐ Encopresis
Comment: ________________________________

☐ Enuresis
Comment: ________________________________

☐ Fetal Alcohol Syndrome
Comment: ________________________________

☐ Frequent Headaches
Comment: ________________________________

☐ Gastrointestinal Disorder
Comment: ________________________________

☐ Head Injury/Concussion
Comment: ________________________________

☐ Hearing Impaired
Comment: ________________________________

☐ Heart Condition – No Restriction
Comment: ________________________________

☐ Heart Condition – Restrictions
Comment: ________________________________

☐ Hepatitis B Carrier
Comment: ________________________________

☐ Hepatitis C Carrier
Comment: ________________________________

☐ History of Injuries
Comment: ________________________________

☐ Hypoglycemia
Comment: ________________________________

☐ Immune Compromised
Comment: ________________________________

☐ Kidney Problem
Comment: ________________________________

☐ Lactose Intolerant
Comment: ________________________________

☐ Long QT Syndrome
Comment: ________________________________

☐ Migraine Headaches
Comment: ________________________________

☐ Myalgia Myositis Fibromyalgia
Comment: ________________________________

☐ Neurologic Disorder
Comment: ________________________________

☐ Nosebleeds
Comment: ________________________________

☐ Orthopedic – Physical Limitation
Comment: ________________________________

☐ Orthopedic – No Restrictions
Comment: ________________________________

☐ Other

☐ Paraplegia
Comment: ________________________________

☐ Quadriplegia
Comment: ________________________________

☐ Scoliosis
Comment: ________________________________

☐ Seizure Disorder
Comment: ________________________________

☐ Shunt/Hydrocephalus
Comment: ________________________________

☐ Skin Condition
Comment: ________________________________

☐ Syncopeal Episodes
Comment: ________________________________

☐ Syndrome
Comment: ________________________________

☐ Thyroid Condition
Comment: ________________________________

☐ Tourette Syndrome
Comment: ________________________________

☐ Tracheostomy
Comment: ________________________________

List:

Comment: ________________________________
HEALTH INFORMATION – (NEW students)

☐ Traumatic Brain Injury  
Comment: __________________________

☐ Urinary Problem  
Comment: __________________________

☐ Wears Glasses/Contacts  
Comment: __________________________

☐ Vision Impaired  
Comment: __________________________

☐ Von Willebrand’s Disease  
Comment: __________________________

☐ Wolff Parkinson White Syndrome  
Comment: __________________________

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.

_________________________________________________________________________ None

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

□ Is your student currently taking any medication, including over-the-counter medication? Yes

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

□ Is your student currently taking any medication, including over-the-counter medication? Yes

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)? No

□ Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc)? Yes

If yes, please explain: ____________________________________________

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

□ Is there anything else you would like us to know about your student? Yes

Parent/Guardian Name (please print) ________________________________

Parent/Guardian Signature ___________________________ Date __________
Parent/Guardian Media Consent Form

Student: 

School: 

The Douglas County School District (DCSD) is committed to the safety of our students, as well as respecting the privacy of their families. We also know the importance of celebrating our students' achievements and providing them with engaging learning opportunities, which today often means connecting with the world outside our classroom walls.

Under Board Policy JRA/JRC and the Family Educational Rights and Privacy Act (FERPA):
- DCSD schools and our District may disclose information that is generally not considered harmful or an invasion of privacy without written consent of the parent/guardian, if the primary purpose is to allow the District to include this type of information in certain school publications, such as yearbooks, newsletters, websites, social media, playbills, team rosters or honor rolls.

Additionally, unless indicated below, students may:
- Publish digital or social media online as part of their lessons.
- Participate in interviews, photography, audio or video recording by our schools, District or news media.

Check items below ONLY if you wish to opt out your student.

**MEDIA BLACKOUT**: Do not publish information about my student, including basic information (student’s name, their school, grade and accomplishments).

**MEDIA BLACKOUT** - All information, including basics.

This Opt Out restricts our schools and the District from releasing any personally identifiable information about a student, including basic details like their name, school, grade and their school photo.

As a result, the student will NOT be included in:
- The yearbook portrait section (this includes their name and school photo)
- Official class (group) photos
- Any type of celebratory posts by a school, i.e., the list of students who received an award

This is the most restrictive option and therefore results in the automatic opt out of ALL MEDIA LEVELS.

By initialing here I have read and understand this Opt Out.

**INSTRUCTIONAL MEDIA**: Do not allow my student to publish digital and/or social media online as part of their lessons.

**INSTRUCTIONAL MEDIA** - Digital and/or social media online during lessons.

Great learning opportunities often encourage our students to create work that has a real-world impact outside of their schools. We, however, understand that when these projects involve digital or social media, there may be accompanying concerns about privacy.

This Opt Out restricts a student from participating in learning opportunities that result in the school or District publishing of a student's basic information (like their name, school, grade and their school photo) and class work (writing, drawings, paintings, photography, etc.).

As a result, the student will NOT be included in classroom activities which involve publishing of digital/social media online, including:
- Publicly visible or archived videos, web chats or live streams
- Podcasts
- Publishing of scientific/scholarly reports by outside organizations

This Opt Out, however, still ALLOWS students to work in secured digital environments*, like Google Sites, where a student's work is protected from the outside world.

*Digital media includes photos, video, audio recordings and documents placed on a computer or the Internet.

**Secured digital environments are when a password is required to view these items outside of the school.

By initialing here I have read and understand this Opt Out.
MEDIA COVERAGE: Do not allow my student to be interviewed, photographed or recorded by school staff, our District or news media for coverage of school events or achievements.

MEDIA COVERAGE - Interviews, photographs or recordings by our schools, District or news media.

On a daily basis we celebrate the accomplishments of our students and schools. We want to share this news with our community, including on our schools' websites or social media accounts.

This Opt Out restricts schools, DCSD and outside media organizations from taking photos or videos of the student or allowing the student to participate in interviews during academic activities.

As a result, the student will NOT be included in media coverage, including:
- Photos or videos taken in the student's academic environment
- Interviews (audio or video) with representatives from the school, DCSD or outside media

Please note: There is no expectation of privacy during school assemblies or other large school gatherings, sporting events, off-campus field trips or extra-curricular activities. Privacy cannot be guaranteed in public locations.

_______ By initializing here I have read and understand this Opt Out.

Please Read and Sign Below

I understand that unless I have made a selection above, my school, our District and/or outside media may use information, images or video of my child. In the event the school or District uses those photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form will apply for the duration of my child’s enrollment in DCSD. I acknowledge by my signature below that I understand the above-stated information.

Signature: ____________________________ Date: ____________________________
School Bus Contract
Douglas County School District

Directions for Parents and Students
Please read carefully, check the 4 boxes, then sign and return this agreement to your school office within 3 days after enrollment in school.

General Information
- Bus drivers, students, parents, teachers, and school administrators share the responsibility for bus safety, following all bus rules, and behaving in a responsible manner.
- Riding a school bus is a privilege and not guaranteed by law. When students behave appropriately, they are allowed to ride the bus.
- A monitoring system may be installed and used in school buses for purposes related to safety.

If you have any questions, please contact the Area Transportation Manager or School Administrator.
West Terminal 303-387-0413
North Terminal 303-387-6153
East Terminal 303-387-0574

NOTE: Board of Education policy concerning bus transportation is in the Student Code of Conduct and Discipline booklet.

☐ I (student) promise to ride my bus safely. (Safety)
  Including
  - DO stay seated (seat to seat; back to back)
  - DO talk softly, especially at bus stops
  - DO stop talking at railroad crossings
  - DO give the driver your name when asked
  - DO stay away from the bus until it stops

  DO NOT distract the driver
  DO NOT put any part of your body or any objects outside the bus window
  DO NOT put anything in the aisle
  DO NOT push or shove others

☐ I (student) promise to follow all bus rules. (Order/Responsibilities)
  Including
  - DO keep hands and feet to yourself
  - DO respect bus property
  - DO respect personal property at bus stop and on bus
  - Do show student ID when boarding bus (Middle/High School)

  DO NOT possess weapons including Laser pens
  DO NOT possess alcohol, tobacco, or illegal drugs
  DO NOT tamper with emergency door or equipment

☐ I (student) promise to treat the bus, the driver, and all passengers with respect. (Rights)
  Including
  - DO obey directions from your bus driver
  - DO talk kindly to others

  DO NOT leave trash, food, etc. on the bus
  DO NOT throw, spit, kick, or hit
  DO NOT use foul language, tease, threaten others, or use inappropriate gestures

☐ If I (student) break my promises, I understand this will happen:
Minor Problem: Usually the bus driver reminds students to follow the rules, to act safely, and to respect other people.
Warning: My parent(s) will be contacted in writing or by phone by my bus driver if I choose not to follow the rules.
Bus Referrals: NOTE: If bus privileges are suspended, I must arrange my own transportation to and from school. Students must continue to attend school.

#1 My parent(s)/guardian will be contacted by phone by my bus driver and I will be warned about the consequences of not following the rules.

#2 My parent(s)/guardian will be notified by an administrator and I will lose all bus privileges for 3-5 school days.

#3 My parent(s)/guardian will be contacted by an administrator and I will lose all bus privileges for 10 school days.

#4 My Parent(s)/guardian will be contacted by an administrator and I will lose all bus privileges for 30 school days.

Additional referrals may result in removal from the bus for the remainder of the school year.

NOTE: A serious problem, such as a weapon, drug or physical violence, may result in bus privileges being suspended immediately. The student may be required to remain at school and law enforcement may be called.

Please print legibly. Signatures indicate that you have discussed, understand, and agree to the above statements. Thank you.

Student Name ___________________________ Home Phone _____________ School ___________________________ Grade ______ Route Number ___________

Address __________________________________________________________ City __________ State ____________ Zip __________

Mother's Name ___________________________ Daytime Phone _____________ Father's Name ___________________________ Daytime Phone _____________

Student's Signature ___________________________ Parent/Guardian Signature ___________________________ Date _____________

Please sign and return this contract to the school within 3 days.
White - School Yellow - Parents

Stock 3189 03/05
Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td></td>
<td>GRADE:</td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household?</td>
<td></td>
</tr>
</tbody>
</table>

1) In the past three years, has your family moved to another state, city, school district, and/or county?
   ☐ YES ☐ NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
   ☐ YES ☐ NO

CIRCLE all that apply below, even if the work was only for a short period of time.

- Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)
- Agriculture or Field Work (planting, picking, sorting crops, soil preparation, irrigation, fumigation)
- Dairy & Cattle Raising (feeding, milking, rounding up)
- Nursery or Greenhouse (planting, potting, pruning, watering, harvesting)
- Forestry (soil preparation, planting, growing, cutting trees)
- Fishing & Fish Processing (catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY'S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>ZIP:</td>
<td>CITY:</td>
</tr>
<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td>TELEPHONE (WITH AREA CODE):</td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>BEST DAY AND TIME TO CALL:</td>
</tr>
<tr>
<td>PREFERRED LANGUAGE:</td>
<td>PREFERRED LANGUAGE:</td>
</tr>
</tbody>
</table>

This form and the data recorded within are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact:

Metro Migrant Education Program
14707 E 2nd Ave, Suite 180
Aurora, CO, 80011
P. 303-365-5817 F. 303-856-7294
Encuesta Ocupacional de Colorado MEP

Sus hijos pueden ser candidatos para recibir servicios suplementarios gratuitos, como tutoría, transporte y útiles escolares, además de otros servicios. Le agradeceríamos responder las siguientes preguntas para poder determinar su elegibilidad. Una vez contestada, envíela a la escuela o a la oficina regional de MEP que se detalla al pie de la página.

<table>
<thead>
<tr>
<th>NOMBRE DEL MENOR:</th>
<th>APELLIDO DEL MENOR:</th>
<th>FECHA DE NACIMIENTO:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>ESCUELA:</th>
<th>GRADO:</th>
<th>¿Cuántas personas de menos de 22 años viven en su domicilio?</th>
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1) ¿Durante los últimos tres años, su familia se ha cambiado a otro estado, ciudad, escuela, y/o condado?

☐ SI    ☐ NO

2) ¿Usted o alguien de su familia directa está trabajando o ha trabajado durante los últimos tres años, en alguna de las siguientes ocupaciones relacionadas con el trabajo agrícola o pesquero?

☐ SI    ☐ NO

CIRCULE todo lo que corresponda, incluso si el trabajo fue por un período corto.

- Procesamiento & Empaquetado (fruta, vegetales, huevos, carne de pollo, cerdo, res, o cualquier otro tipo de ganado)
- Agricultura o Trabajo de Campo (cosecha, recolección y clasificación de cultivo, preparación del suelo, riego, fumigación)
- Lechería & Cria de Ganado (alimentar, ordeñar, acorralar/arrear)
- Silvicultura (preparación del suelo, cosecha y crecimiento, corte de árboles)
- Pesca & Procesamiento de Pescado (captor, clasificar, empaquetar, transportar pescado)

Si contestó "SI" a cualquier pregunta anterior, por favor continúe. De lo contrario, su encuesta está completa.

<table>
<thead>
<tr>
<th>DOMICILIO:</th>
<th>FECHA:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>CIUDAD:</th>
<th>ESTADO:</th>
<th>CODIGO POSTAL:</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>TELEFONO (CON CODIGO DE AREA):</th>
<th>IDIOMA PREFERIDO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Esta encuesta y los datos registrados en la misma están protegidos para mantener la confidencialidad de la familia y los menores.

Personal del distrito escolar: Envíe la encuesta por correo o fax. Si tiene preguntas, comuníquese a:

Programa Metropolitano Educacional Para Migrantes
14707 E 2nd Ave Suite 180
Aurora, CO, 80011
303-365-5817 F: 303-856-7294
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)

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Choices in Section B do not apply</td>
<td>[ ] In an Emergency Shelter</td>
</tr>
<tr>
<td>[ ] In a motel, car or campsite</td>
<td>[ ] With friends or family members due to the loss of housing or financial hardship</td>
</tr>
<tr>
<td>[ ] A student not living with parent or legal guardian</td>
<td>[ ] Other? Explain:</td>
</tr>
</tbody>
</table>

2. The student lives with:

[ ] 1 (one) parent  [ ] a relative, friend(s) or other adult(s)
[ ] 2 (two) parents  [ ] alone with NO adults
[ ] 1 parent & another adult  [ ] 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.

**** Completed form is kept in the student's cum file. ****

School Contact who may know of the family's situation:
Name / Title: [ ] Phone: [ ]
## 2020-2021 Conventional Calendar

### July
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### August
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### September
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 30

### October
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### November
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 30

### December
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### January
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### February
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 28

### March
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### April
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 30

### May
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 31

### June
- Sun: 1, Mon: 2, Tue: 3, Wed: 4, Thu: 5, Fri: 6, Sat: 7
- Dates: 1 to 30

### Key:
- **No School/District Closed**
  - Holidays
    - Aug 3 - New Teacher Orientation
    - Aug 4 - Teacher work day
    - Jan 6 - Teacher work day
    - Feb 12 - Professional Development
    - Apr 19 - Professional Development
    - May 26 - Teacher work day
- **No Students**
  - Fall Break - Oct 12-16, 2020
  - Thanksgiving Break - Nov 23-27, 2020
  - Winter Break - Dec 21, 2020 - Jan 4, 2021
  - Spring Break - Mar 15-19, 2021
  - Comp Days - Nov 25, 2020 & Apr 16, 2021

### School in Session

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Approved by the Board of Education: Aug 2018
Revised by the Board of Education: October 2019
Nut Restriction Policy

We have several students at CCE who have life threatening allergies to nuts and/or peanuts. To ensure the safety of all students we serve, we ask that **peanut products or nuts not be brought for classroom snacks.** (This would include walnuts, almonds, hazelnuts, pecans, macadamia nuts, Brazil nuts, etc, and of course, peanut butter and nut butters.) **These products are only allowed in the lunch room during grade level lunches.**

While in the lunchroom:
- Students will sit at identified tables that are either nut restricted or allow nuts
- The same identified tables are used each day for nut restriction to ensure safety
- The towels used to clean tables after each lunch will be separate for the nut restricted tables
- Students eating food containing nuts will wash their hands before returning to the classroom
- If a student without a nut restriction would like to join a friend at the nut restricted table, they must bring or purchase a nut free lunch.

**Birthdays** - We do not celebrate students' birthdays with any type of **outside** food. Birthdays are celebrated by displaying student’s picture on the TV in the lobby for the week. Students may share small trinkets with classmates (ie. pencils, bouncy balls or other fun items.)

**School Day**

School is in session from 8:40am until 3:30pm. Doors open at 8:30am and can enter at their leisure until 8:40am. After 8:40am, students must be checked in at the office.
Students may not be dropped off prior to 8:20am. There is no adult supervision on the playground before or after school.

**Office Hours**

The school office will be open from 7:30am to 4:00pm on regular days. These times may be adjusted on days that are not on a regular schedule, such as weather-impacted days or staff in-service days. Check Coyote Creek website for summer hours.

**Attendance Line**
303-387-6177

**Weather Hotline**
303-387-7669 (snow)

**Coyote Creek has an app!** Available on the App Store or Google Play. Search for Coyote Creek Elementary. You can record an absence, check the lunch menu and get important notifications and alerts.