



Pre-Enrollment Form 2018-2019 School Year

Welcome to Denver Public Schools! This application is for new students to DPS who wish to begin the enrollment process at their boundary school for the 18-19 school year. Please submit your Pre-Enrollment directly to your boundary school along with valid proof of address and proof of birth.

Student Census/Enrollment Information

Provide verification of birth: e.g., – birth certificate, baptismal record, hospital record showing birth with doctor signature, or passport.

Student's Full Legal Name: _____
Last First Middle

Grade in 18-19: _____ Gender: M F Birth date: _____ / _____ / _____ State/Country of Birth: _____
Month Day Year

Race/Ethnicity

The information below is required by federal law. Failure to answer questions will result in use of prior racial/ethnic data or an observer identifying for you.

What is the student's ethnic background?	Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following groups describes the student's race? (Select all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black or African American

Current/Previous School Information

List the name of the school your student last attended or is currently attending:	School: _____ Grade: _____ School Year: _____ City: _____ State: _____
Has the student ever attended a DPS school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please list the DPS school: School: _____ Grade: _____ School Year: _____
Is your child presently under consideration or under an expulsion order from any other school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child presently involved in the Juvenile Justice system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information – Primary Residence of Student

Provide verification of address, e.g., current utility bill with service address, current rental agreement, warranty deed, bill of sale, settlement statement from closing, current Denver County tax notice, or signed contract stating your name, closing date and property address. In some cases, additional address/residence verification may be required.

When a student does not reside with both parents, additional information must be on file so that it is clear who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy must be provided to the school. Where the arrangement is less formal, the school may provide the necessary form(s) for the parent/guardian to complete. In a shared/dual household situation, only one address will be listed as primary and the other will be a secondary household.

Student Primarily Resides With: Please check one box

- | | | |
|--|--|---|
| <input type="checkbox"/> Both Parents Same Household | <input type="checkbox"/> Both Parents Different Households | <input type="checkbox"/> Foster Parents |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Mother and Step-parent | <input type="checkbox"/> Relatives: _____ |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Father and Step-parent | <input type="checkbox"/> Other: _____ |

Primary Address: _____

Primary Household Phone Number: _____

District Use Only

1) Date received: _____ / _____ / _____	4) Student ID# _____
2) Received by: _____ School Number: _____	5) Date of email confirmation to Parent/Guardian: _____ / _____ / _____
3) Date entered into Infinite Campus: _____ / _____ / _____	



Discover a World of Opportunity™

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Student's Full Legal Name: _____

Denver Public Schools Students Living in the Household

	Last Name	First Name	Middle Name	Gender	Parent/Guardian Relation to Student		DPS School Attending
					Parent/Guardian #1	Parent/Guardian #2	
1							
2							
3							

Parent/Guardian #1 - Contact Information

For school communication, contact this person: 1st 2nd Legal Guardian? Yes No Gender: M F

Full Name: _____ Relationship to Student: _____

Residence Address: _____

Phone numbers to be used for automated messenger: *Check the boxes that apply*

Contact Info	Delivery Device	Emergency	Attendance	Behavior	General Notification	Priority Notification	Teacher
Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone: () - x	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone: () - x	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian #2 - Contact Information

For school communication, contact this person: 1st 2nd Legal Guardian? Yes No Gender: M F

Full Name: _____ Relationship to Student: _____

Residence Address: _____

Phone numbers to be used for automated messenger: *Check the boxes that apply*

Contact Info	Delivery Device	Emergency	Attendance	Behavior	General Notification	Priority Notification	Teacher
Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email:	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone: () -	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone: () - x	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text (SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone: () - x	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Welcome to Denver Public Schools

Welcome & Home Language Questionnaire

In order to best support your child with appropriate services, it is very important that you answer all questions accurately and to the best of your ability.

Once you have completed this packet, please submit it to a Denver Public Schools staff member.

Home Language Questionnaire

Student's Full Legal Name: _____
Last First Middle

Current Grade: _____ Birth date: _____/_____/_____
Month Day Year

1) What is the primary language used in the home, regardless of the language spoken by the student?

- English Spanish Russian Chinese, Mandarin
- French Nepali Karen Tigrigna
- Somali Amharic Burmese Other - please specify: _____
- Vietnamese Arabic Khmer

2) What is the language most often spoken by the student?

- English Spanish Russian Chinese, Mandarin
- French Nepali Karen Tigrigna
- Somali Amharic Burmese Other - please specify: _____
- Vietnamese Arabic Khmer

3) What is the language that the student first acquired?

- English Spanish Russian Chinese, Mandarin
- French Nepali Karen Tigrigna
- Somali Amharic Burmese Other - please specify: _____
- Vietnamese Arabic Khmer



Signature of Person Completing Form

Date

Relationship to Student

SCHOOL USE ONLY – Steps to follow:

- 1) Date received: _____/_____/_____
- 2) Received by: _____ School Number: _____
- 3) Student ID #: _____
- 4) Date entered into Infinite Campus: _____/_____/_____
- 5) Tear off page 1 and scan into IC with naming convention: *School#, "HLQ", StudentID*
- 6) Date scanned: _____/_____/_____