



Pre-enrollment Form: Grades 1 – 12 2015-2016 School Year

This form is required for students new to Denver Public Schools pursuing enrollment in 2015-16. Verification of birth date and residence must accompany this form. Submit all documents directly to the school to which you are requesting enrollment. Forms received by mail, e-mail or fax will not be processed.

Student Census/Enrollment Information

Provide verification of birth to the school: e.g., – birth certificate, baptismal record, hospital record showing birth, or passport.

Please print:

Student's Full Legal Name: _____
Last First Middle

Grade in 15-16: _____ Gender: M F Birth date: _____/_____/_____ State/Country of Birth: _____
Month Day Year

Race/Ethnicity

This information is required by federal law. Failure to answer questions will result in use of prior racial/ethnic data or observer identification.

Is your student Hispanic or Latino? Yes No

Race: American Indian or Alaskan Native Asian Black or African American
(select all that apply) Native Hawaiian or Pacific Islander White

Current/Previous School Information

Has the student attended a Denver Public Schools School in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No School: _____ Grade: _____ School Year _____
Last school attended outside Denver Public Schools	School: _____ Grade: _____ School Year: _____ City: _____ State: _____

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 to the school, 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*

- Both Parents
 Both Parents, but different households
 Mother Only
 Father Only
 Mother/Stepfather
 Father/Stepmother
 Foster Parents
 Relatives
 Other _____

Primary Address: _____
 Primary Household Phone Number: _____

SCHOOL USE ONLY

Date Received: ____/____/2015 Time received: ____:____ am/pm
 Copy given to parent/guardian
 Page Quality-Checked

PreEnrollment Form Received by: _____
 School Number _____

Pre-enroll Form

Student Name _____
 DPS Student ID # _____

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

In case of emergency contact this person: 1st 2nd 3rd 4th (check only one) Gender: M F
 Legal Guardian? Yes No

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
Email:	Email	<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"/>
Household Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cell Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other Phone: () - x	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Work Phone: () - x	Voice Text(SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Parent/Guardian #2 - Contact Information

In case of emergency contact this person: 1st 2nd 3rd 4th (check only one) Gender: M F
 Legal Guardian? Yes No

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
Email:	Email	<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"/>
Household Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cell Phone: () -	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other Phone: () - x	Voice Text (SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Work Phone: () - x	Voice Text(SMS)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



Home Language Questionnaire (HLQ)

Student's Full Legal Name: _____
Last *First* *Middle*

Current Grade: _____ Birth date: _____/_____/_____
Month *Day* *Year* Student ID# _____

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) Date entered into ELA School tab in Infinite Campus: _____/_____/_____
- 4) Scan to ocesforms@dpsk12.org, with naming convention: *Last Name, First Name ID# HLQ*
- 5) Date scanned: _____/_____/_____