



# Round 2 Pre-enrollment Form 2016-2017 School Year

**Welcome to Denver Public Schools! This form is required for students new to Denver Public Schools (DPS) pursuing enrollment in 2016-17. Verification of birthdate and residence must accompany this form. Note: You may be required to submit these documents again.**

- Central Office – 3131 Eliot St., Denver, CO 80211
- Evie Dennis Campus – 4800 Telluride St., Bldg. 5, Rm. 144, Denver, CO 80249

## Student Census/Enrollment Information

**Provide verification of birth:** birth certificate, baptismal record, hospital record showing birth, or passport.

**Please print:**

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle  
 Grade in 16-17: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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.

|   |   |  |
|---|---|--|
| <b>What is the student's ethnic background?</b>   | Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Which of the following groups describes the student's race?</b><br>(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

|  |  |
|--|--|
| Has the student attended a DPS School in the past? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>School: _____<br>Grade: _____ School Year: _____ |
| List the last school attended outside of DPS       | School: _____ Current Grade: _____<br>School Year: _____ City: _____ State: _____                            |

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Is your child presently under consideration or under an expulsion order from any other school district? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child presently involved in the Juvenile Justice system?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Household Information – Primary Residence of Student

**Provide verification of address:** Accepted documents include 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 Stepparent             | <input type="checkbox"/> Relatives: _____ |
| <input type="checkbox"/> Father only                 | <input type="checkbox"/> Father and Stepparent             | <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: ____/____/____ |  |



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**Please print:**

Student's Full Legal Name: \_\_\_\_\_

## Denver Public Schools Students Living in the Household

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

### Parent/Guardian #1 - Contact Information

In case of emergency contact this person#  1  2  3  4 (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    | Teacher                  |
|---------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Email(required):          | 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:<br>( ) - | 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:<br>( ) -      | 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:<br>( ) - 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:<br>( ) - 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

In case of emergency contact this person#  1  2  3  4 (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    | Teacher                  |
|---------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Email(required):          | 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:<br>( ) - | 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:<br>( ) -      | 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:<br>( ) - 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:<br>( ) - 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"/> |

# Home Language Questionnaire (HLQ)

In order to best support your student with the 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month*
*Day*
*Year*

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

- |  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English           | <input type="checkbox"/> French       | <input type="checkbox"/> Somali     | <input type="checkbox"/> Arabic                        |
| <input type="checkbox"/> Spanish           | <input type="checkbox"/> Nepali       | <input type="checkbox"/> Amharic    | <input type="checkbox"/> Khmer                         |
| <input type="checkbox"/> Russian           | <input type="checkbox"/> Karen, _____ | <input type="checkbox"/> Burmese    | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna     | <input type="checkbox"/> Vietnamese |  |

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

- |  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English           | <input type="checkbox"/> French       | <input type="checkbox"/> Somali     | <input type="checkbox"/> Arabic                        |
| <input type="checkbox"/> Spanish           | <input type="checkbox"/> Nepali       | <input type="checkbox"/> Amharic    | <input type="checkbox"/> Khmer                         |
| <input type="checkbox"/> Russian           | <input type="checkbox"/> Karen, _____ | <input type="checkbox"/> Burmese    | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna     | <input type="checkbox"/> Vietnamese |  |

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

- |  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English           | <input type="checkbox"/> French       | <input type="checkbox"/> Somali     | <input type="checkbox"/> Arabic                        |
| <input type="checkbox"/> Spanish           | <input type="checkbox"/> Nepali       | <input type="checkbox"/> Amharic    | <input type="checkbox"/> Khmer                         |
| <input type="checkbox"/> Russian           | <input type="checkbox"/> Karen, _____ | <input type="checkbox"/> Burmese    | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Tigrigna     | <input type="checkbox"/> Vietnamese |  |



\_\_\_\_\_  
*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 in Infinite Campus: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- 4) Scan and upload HLQ (page 3) into Infinite Campus, with naming convention: School ID#, "HLQ", Student ID# (i.e. 450HLQ712345)
- 5) Date scanned: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_