

**Guffey Community Charter School**  
**Student Enrollment Form**  
**2022-2023 School Year**

**For Office ONLY to fill out:**

Grade: \_\_\_\_\_

SASID #: \_\_\_\_\_ School ID #: \_\_\_\_\_

\*\*\*\*\*

**STUDENT INFORMATION**

Date: \_\_\_\_\_

Grade of student: K 1 2 3 4 5 6 7 8 (Circle one)

Student Name: \_\_\_\_\_

Sex: F or M (Circle one)

Student Cell Phone #: \_\_\_\_\_

With whom does the student live? Mom Dad Grandparent Other (Circle all that apply)

County of permanent residence: Park Teller Fremont (Circle one)

School District of residence: (Mark one)

\_\_\_\_\_ Park County Re-2

\_\_\_\_\_ Fremont

\_\_\_\_\_ Woodland Park Re-2

\_\_\_\_\_ Cripple Creek/Victor Re-1

Student date of birth: \_\_\_\_\_

What will be the student's age as of October 1 this year: \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address):

\_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Location: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Texting okay? \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

Father's Name: \_\_\_\_\_

Physical Address (if different from mother):

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from mother):

\_\_\_\_\_

Home Phone # (if different from mother): \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Location: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Texting okay? \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

**EMERGENCY INFO:**

In the event your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school or someone who can get here quickly in case of an urgent situation.

1st Emergency Contact Name: \_\_\_\_\_

Best Phone #/s: \_\_\_\_\_

Is this phone # a (circle one): landline cell

Relationship: \_\_\_\_\_

2nd Emergency Contact Name: \_\_\_\_\_

Best Phone #/s: \_\_\_\_\_

Is this phone # a (circle one): landline cell

Relationship: \_\_\_\_\_

3rd Emergency Contact Name: \_\_\_\_\_

Best Phone #/s: \_\_\_\_\_

Is this phone # a (circle one): landline cell

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Known allergies: \_\_\_\_\_

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Guffey Community Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian. Parents have the ability to update contact information in the Alma portal or may contact the office.

\*\*\*\*\* Sick children **CANNOT** remain at school under any condition. Children who have a fever, are vomiting, or cannot participate due to illness will be sent home. Please refer to the detailed version of this policy in the student handbook. \*\*\*\*\*

**EDUCATIONAL HISTORY:**

Has the student attended other schools in the past year? Yes No (Circle one)

If yes, where? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Name and location of last school attended: \_\_\_\_\_

(Please **check** those that apply to your child)

Attended preschool? Full Year \_\_\_ Partial Year \_\_\_

Attended kindergarten? Full Year \_\_\_ Partial Year \_\_\_

Missed more than ten days in a school year? Yes No (Circle one)

Retained a grade? If so, what grade? \_\_\_\_\_

Skipped a grade? If so, what grade? \_\_\_\_\_

Has your child been home schooled in the past? Yes No (Circle one)

If yes, for what grades? \_\_\_\_\_

Difficulty with reading? Yes No (Circle one)

Difficulty with math? Yes No (Circle one)

Difficulty with writing? Yes No (Circle one)

Intense interest in a particular subject? Yes No (Circle one)

If yes, which subject? \_\_\_\_\_

Dislikes going to school? Yes No (Circle one)

If yes, explain why: \_\_\_\_\_

Do you have any concerns about your child's social skills? Yes No (Circle one)

If yes, explain: \_\_\_\_\_

Is the student currently expelled from another district/school? Yes No (Circle one)

\*Please note a student likely cannot be enrolled if he/she is currently expelled from another school district.

**SCHOOL HISTORY:**

<u>GR</u>	<u>Name of School</u>	<u>City/State</u>	<u>Public/ Private/ Charter School</u>	<u>Home School</u>	<u>School Years</u>
PreK					
K					
1					
2					
3					

4					
5					
6					
7					
8					