



Enrollment Checklist

You will need to provide all of the following documents in order for your child's enrollment packet to be considered complete and therefore accepted for enrollment at Caprock Academy.

¿Necesita un paquete de inscripción en Español? Si es así, por favor pedirla en recepción. Gracias.

Originals of the following documents:

We **must** see the originals; copies will be made and the originals will be returned to you.

☐ **Birth Certificate**

Please note: If your child's name has been changed; official documentation must be provided.

☐ **Proof of Residency (Utility bill, tax records, lease)**

☐ **Immunization Records**

Please Note: If you do not have your child's immunization card, you may request a copy from their healthcare provider. Otherwise, you may utilize the included Exemption Form. Please be aware that if you sign the Exemption Form and an outbreak were to occur at Caprock Academy, state regulations would be followed for exclusion.

☐ **Child's Social Security Card**

☐ **Parenting Plan (if applicable)**

- ❖ Full-time kindergarten tuition assistance applications are available in the school's office or can be downloaded from our website (www.caprockacademy.org).
- ❖ In the event of a lottery or if your child is placed on a wait list, when a space becomes available you will be contacted by telephone. **Once offered, you have 24 hours to accept the position.**
- ❖ Once a position has been accepted, parents/guardians will need to fill out and return a Request for Records Form within five business days. Forms are available on the website or in the office.
- ❖ Prior to attending classes at Caprock Academy, students enrolled for 1st through 8th grade will be scheduled for Math and Reading assessments to ensure proper placement for ability groups.
- ❖ If you have questions regarding our Special Education services, please contact the Director of Support Services at 970-243-1771, ext. 168.
- ❖ For Gifted and Talented students, Caprock Academy offers flexible ability grouping in both Math and Literacy, as well as, Honors courses and Advanced Placement courses and exams for high school students. For more information, please contact the Gifted and Talented Coordinator at 970-243-1771, ext. 163.
- ❖ Caprock Academy has a process for highly gifted Kindergarten students to apply for Early Access. Please contact the Registrar for more information.



For Office Use Only

Date Enrollment Packet Accepted:		Time Accepted: <input type="checkbox"/> AM <input type="checkbox"/> PM		Accepted By:	
ID#		Parent/Guardian's Initials:			
Sibling:	Grade:	Sibling:		Grade:	
Sibling:	Grade:	Sibling:		Grade:	

Enrollment Profile

(PLEASE PRINT)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

Student Information:

Student's Grade Level in 2019 - 2020:

List Student's Full Name AS IT APPEARS ON THEIR BIRTH CERTIFICATE (or Official Change of Name Form)

Last Name		First Name	
Middle Name		Prefers to be called	
Physical Address		City	State Zip
Mailing Address (<input type="checkbox"/> same as above)		City	State Zip
Home Telephone #		County of Residence	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		

Does this student have a sibling who is currently enrolled and attending at Caprock Academy? ☐ Yes ☐ No

Does this student have a sibling who is currently on a waiting list to enter Caprock Academy? ☐ Yes ☐ No

Student's Ethnicity/Race: You must answer both parts of the following questions.

Part A: Do you consider your child to be of Hispanic/Latino origin? ☐ Yes ☐ No

Part B: Which of the following groups describes your child's race? (you may select more than one)

- ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Military Connection: Does this student have a parent/guardian who is an active duty member of the Armed Forces or on full-time National Guard duty? ☐ Yes ☐ No

Has the above-mentioned student ever been **suspended**? ☐ Yes ☐ No

If Yes, please explain:

Has the above-mentioned student ever been **expelled or recommended for expulsion**? ☐ Yes ☐ No

If Yes, please explain:

Has the above-mentioned student ever been **retained**? ☐ Yes ☐ No

If Yes, at which grade was the student retained?

Last School Attended?

City/State

Directory Permission

I hereby ☐ **DO** ☐ **DO NOT** give my permission to have my child's information included in the Caprock Academy 2019-2020 School Directory. I understand that each family with a child enrolled at Caprock Academy will have access to this directory through ParentsWeb.

Parent/Guardian's Signature

Date:

Parent/Guardian Information

Child lives with: (check one only)

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Parents are Separated or Divorced, but share custody ☐ Legal Guardian

Please Note: If a student does not live with **both** parents in the **same** household, a Parental Rights/Custody Statement must be submitted each year.

Name:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged	Home Phone:		
Cell Phone:	Work Phone:		
Physical Address:	City	State	Zip
Mailing Address (<input type="checkbox"/> same as above):	City	State	Zip
Email:			
Occupation:	Employer:		
Please check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation <input type="checkbox"/> Report Card <input type="checkbox"/> ParentsWeb <input type="checkbox"/> Correspondence <input type="checkbox"/> Financial Responsibility			

Name:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged	Home Phone:		
Cell Phone:	Work Phone:		
Physical Address:	City	State	Zip
Mailing Address (<input type="checkbox"/> same as above):	City	State	Zip
Email:			
Occupation:	Employer:		
Please check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation <input type="checkbox"/> Report Card <input type="checkbox"/> ParentsWeb <input type="checkbox"/> Correspondence <input type="checkbox"/> Financial Responsibility			

Name:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged	Home Phone:		
Cell Phone:	Work Phone:		
Physical Address:	City	State	Zip
Mailing Address (<input type="checkbox"/> same as above):	City	State	Zip
Email:			
Occupation:	Employer:		
Please check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation <input type="checkbox"/> Report Card <input type="checkbox"/> ParentsWeb <input type="checkbox"/> Correspondence <input type="checkbox"/> Financial Responsibility			

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Cell Phone:	Work Phone:		
Physical Address:	City	State	Zip
Mailing Address (<input type="checkbox"/> same as above):	City	State	Zip
Email:			
Occupation:	Employer:		
Please check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation <input type="checkbox"/> Report Card <input type="checkbox"/> ParentsWeb <input type="checkbox"/> Correspondence <input type="checkbox"/> Financial Responsibility			



Parental Rights/Custody Statement

Caprock Academy requires a new Parental Rights/Custody Statement to be completed each year if a student does not live with both parents in the same household.

Student's Name:	Grade:
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Is there a custody agreement for this student?

☐ **Yes** Please complete this custody statement.

Date of Agreement: _____

❖ Attach a copy of custody agreement/parenting plan

☐ **No** Please sign and date below.

1. Is this student subject to a court order regarding school attendance, custody or a major decision-making agreement?

☐ **Yes** ☐ **No**

2. For the purpose of school attendance only, the child's primary residence is with:

☐ Mother ☐ Father ☐ Other (please specify): _____

3. Who has educational decision-making rights?

☐ Mother ☐ Father ☐ Both ☐ Other (please specify): _____

4. Who has extra-curricular decision-making rights?

☐ Mother ☐ Father ☐ Both ☐ Other (please specify): _____

Please complete Parent(s) or Legal Guardian(s) name and address (if you need additional space, please use the back of the form):

Father/Guardian
Address:
City, State, Zip
Cell Phone
Work Phone
Email

Mother/Guardian:
Address:
City, State, Zip
Cell Phone
Work Phone
Email

Caprock Academy is not responsible for enforcing Parenting Rights/Issues, including which days parents have visitation.

If both parents share joint decision making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the school has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, both parents must sign this statement indicating they agree with the above information. If there is only one signature, Caprock Academy requires an explanation as to why there is only one signature.

Father/Guardian's Signature:	Date:
Mother/Guardian's Signature:	Date:

If only one signature, please explain why: _____



Emergency Contact/Permission

List Local Emergency Contacts and please ensure that the people included on this list are aware that they are considered emergency contacts. **Adult persons (18 years or older)**, who may be contacted in the event of an emergency other than parent(s)/guardian(s). **Please list only one person per line.**

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Transportation

Name(s) of person(s) other than the Parent or Legal Guardian to whom the child may be released.

Must be 18 years or older. Please list only one person per line.

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relationship to student:	
Home Phone:	Cell Phone:	Work Phone:	

In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and, if necessary, to be treated by a qualified physician. Caprock Academy will not transport my child to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Caprock Academy will telephone 911 for emergency medical assistance, for which I will be financially responsible.

Parent/Guardian's Signature	Date:
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2019-2020 Health Screening

If a child has any medical conditions, it is the parent/guardian's responsibility to make the school nurse aware of the condition and provide appropriate medication. If your child has asthma and/or allergies, you must see the school nurse to fill out either an "Asthma Care Plan" or an "Allergy/Anaphylaxis Action and Medication Order".

Student's Name:	D.O.B.	Gender	Grade
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Current Health/Medical Care:

Child's Local Physician:		Phone Number:	
Address		Date of Last Visit	
Insurance Provider	Policy #	Group #	

If your child is covered by Medicaid, please provide their number:

Is your child currently diagnosed or being treated for any of the following conditions?

(Note: The Health Technician may contact you to assure appropriate care is provided for your child while they are at school.)

Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ADD/ <input type="checkbox"/> ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Both
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Specifically:		
Congenital Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Specifically:		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Recent Hospitalization or Surgery:		

Please list current prescription medications that your child takes on a regular basis:

Medication:	Prescribed For:
Medication:	Prescribed For:
Medication:	Prescribed For:

Past Medical History (conditions which your child is no longer being treated for):

<input type="checkbox"/> Acquired Traumatic Brain Injury	Date of Injury:
<input type="checkbox"/> Seizures/Convulsions	Date of Last Seizure:
<input type="checkbox"/> Other Injuries or Illness:	

I hereby give my permission for Caprock Academy's Nurse, Health Technician or designated staff member to treat my child for minor injuries or to secure emergency medical treatment for him/her while under their supervision. The information listed above is considered confidential and is shared on a need to know basis by the school nurse. The Health Office is staffed by a Health Technician who is overseen by a Registered Nurse. **Prescription medications** given at school must be accompanied by a signed physician's order. Parents/Guardians are responsible for providing any medication(s) that their child needs, whether it is prescription or over the counter. **All medications** must be in their original container and labeled with the child's name. Parents/Guardians are responsible for informing the school of any health issues that have changed for their child throughout the school year.

Parent/Guardian's Signature	Date:
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Name _____ Date of Birth _____

Parent/Guardian _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW
(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) _____ Date (Fecha) _____

Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) _____ Date (Fecha) _____

Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) _____ Date (Fecha) _____

Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)



English Language Acquisition Program

Home Language Survey

Our school needs to know the language(s) spoken and heard at home by each child. The information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions.

Thank you for your help.

Child's Legal Name:

First	Middle	Last
Age	Grade	

1. Which language did your child first learn to speak?
2. What language does your child use most often at home?
3. What language do you most often use to speak to your child?
4. In what country was your child born?
5. If your child was not born in the USA, what date did they enter the USA?

Parent/Guardian's Signature	Date:
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Preguntas del Lenguaje Hablado en Casa

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos. Por favor de contestar las siguientes preguntas.

Gracias por su ayuda.

Nombre del alumno:

Primer nombre	Segundo	Apellido
Edad	Grado	

1. ¿Que idioma comenzó su hijo/a hablar primero?
2. ¿Que idioma usa más su hijo/a en la casa?
3. ¿Que idioma usa usted con más frecuencia para hablar con su hijo/a?
4. ¿En que país nació su hijo?
5. ¿Si no nació en los EEUU en qué fecha entró su hijo/a a los EEUU?

Firma del Padre o Guardian:	Fecha:
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