**Enrollment Packet**

*Form Field Guide & Processing Instructions last updaed May 24, 2024*

Contents

[Student Information & Demographic Form 4](#_Toc167443851)

[Student Information & Demographic - Overview 4](#_Toc167443852)

[Student 4](#_Toc167443853)

[Federal Ethnicity & Race 6](#_Toc167443854)

[Educational Services 6](#_Toc167443855)

[Parent/Guardian Contacts 7](#_Toc167443856)

[Emergency Contacts 7](#_Toc167443857)

[Military Connections 7](#_Toc167443858)

[Language Questionnaire 8](#_Toc167443859)

[Student Name, Date of Birth, Grade: 8](#_Toc167443860)

[Question 1 8](#_Toc167443861)

[Question 2 8](#_Toc167443862)

[Question 3 8](#_Toc167443863)

[Question 4 8](#_Toc167443864)

[Language Questionnaire - Other Considerations 8](#_Toc167443865)

[Request for Student Records 9](#_Toc167443866)

[Student Information 9](#_Toc167443867)

[Signature 9](#_Toc167443868)

[Record Check List 9](#_Toc167443869)

[School/District Representative 9](#_Toc167443870)

[Send Records Request Information 9](#_Toc167443871)

[Student Health Information Form 10](#_Toc167443872)

[Student Health Information - Overview 10](#_Toc167443873)

[Student 10](#_Toc167443874)

[Additional Emergency Contacts 10](#_Toc167443875)

[Education Plan 10](#_Toc167443876)

[Health Checklist 10](#_Toc167443877)

[Insurance 10](#_Toc167443878)

[Medical Care 10](#_Toc167443879)

[Medication 10](#_Toc167443880)

[Doctor Information 10](#_Toc167443881)

[Signatures 10](#_Toc167443882)

[Authorization to Administer Medications at School 11](#_Toc167443883)

[Authorization to Administer Medications at School - Overview 11](#_Toc167443884)

[Student 11](#_Toc167443885)

[Signature 11](#_Toc167443886)

[Prescription Medication 11](#_Toc167443887)

[Healthcare Provider 11](#_Toc167443888)

[Signature 11](#_Toc167443889)

[Authorization to Administer Medications at School - Other Considerations 11](#_Toc167443890)

[Self-Carry Medications at School/School Sponsored Events 12](#_Toc167443891)

[Self-Carry Medications at School - Overview 12](#_Toc167443892)

[Healthcare Provider 12](#_Toc167443893)

[Student 12](#_Toc167443894)

[Parent/Guardian 12](#_Toc167443895)

[Self-Carry Medications - Other Considerations 12](#_Toc167443896)

[Colorado MEP Occupational Survey 13](#_Toc167443897)

[Colorado MEP Occupational Survey - Overview 13](#_Toc167443898)

[Student 13](#_Toc167443899)

[Question 2 13](#_Toc167443900)

[Work Checklist 13](#_Toc167443901)

[MEP Form - Other Considerations 13](#_Toc167443902)

[McKinney-Vento Form - Overview 14](#_Toc167443903)

[Student 14](#_Toc167443904)

[Question 3 14](#_Toc167443905)

[Question 4 15](#_Toc167443906)

[Signature 15](#_Toc167443907)

[For School Use Only 15](#_Toc167443908)

[MKV Form - Other Considerations 15](#_Toc167443909)

[Other - Miscellaneous Forms 16](#_Toc167443910)

[Free & Reduced-Price School Meal Application or Federal Economic Data Survey - Overview 16](#_Toc167443911)

[Free & Reduced-Price School Meal Application or Federal Economic Data Survey 16](#_Toc167443912)

[Colorado Allergy and Anaphylaxis Emergency Care Plan - Overview 16](#_Toc167443913)

[Colorado Allergy and Anaphylaxis Emergency Care Plan 16](#_Toc167443914)

[Colorado Asthma Care Plan - Overview 16](#_Toc167443915)

[Colorado Asthma Care Plan 16](#_Toc167443916)

[Other - Miscellaneous Information 17](#_Toc167443917)

[Migrant Vs. Immigrant Definitions for State Reporting 17](#_Toc167443918)

[Permanent Cumulative Folder – Overview 18](#_Toc167443919)

# Student Information & Demographic Form

## Student Information & Demographic - Overview

The Student Information & Demographic Form gathers information that will be entered in the school’s Student Information System (SIS) and will be commonly used by schools for student emergency contact information, student and guardian correspondence, student and parent portals, and school services including educational services, nutrition, and teacher portals.

Student demographic information is also extracted from the SIS for use in state reporting.

**NOTE:** An asterisk \* on both the form and the instructions below notates the specific fields used for state reporting.

Completion of all fields should be required unless not applicable.

### Student

* **Legal last name, first name, middle name, suffix, and birthdate must be used in SIS.** Parents may tend to use preferred names and may mistakenly misspell or indicate incorrect birthdates. **Compare this form with a legal document when possible** (ex. State-Issued birth certificate or Passport). If the form is not consistent with legal documents, use the information on legal documents. Parents/Guardians can submit updated legal documents if there is a correction or legal name change. Legal name and date of birth are required to request SASIDS from RITS.

CSI schools should enroll students without delay regardless of documentation provided. CSI schools cannot prevent or discourage a student from enrolling or attending school because the student lacks a birth certificate to prove the student’s age. In such cases, other documents may be used, such as a passport, a state-issued ID, an I-94, an adoption record, an affidavit from a parent, a religious, hospital, or physician’s certificate showing date of birth, an entry in a family bible, or previously verified school records. For more information: chrome-Fact Sheet: Information on the Rights of All Children to Enroll in School

CSI Schools may not ask or require parents to disclose or document their citizenship or immigration status to establish residency. Additionally, CSI Schools may not prevent or discourage a student from enrolling in or attending school because the student has records that indicate a foreign place of birth, such as a foreign birth certificate or passport. CSI Schools may not require parents to provide a government-issued ID or a Social Security number for themselves or their children in order to enroll in or attend school. For more information: Protecting Access to Education for Migratory Children

Families/guardians and unaccompanied students can enroll in school without these documents if they are McKinney-Vento eligible. For more information: <https://resources.csi.state.co.us/mckinney-vento-homeless-act/>

* + **Last Name\*:** Use legal last name. Only use letters, space, - dash, or ‘ apostrophe in RITS and SIS. Accents and other characters are not available at this time.
	+ **First Name\*:** Use legal first name. Only use letters, space, - dash, or ‘ apostrophe in RITS and SIS. Accents and other characters are not available at this time.
	+ **Middle Name\*:** Use legal middle name. **Note:** Use **NMN** in SIS for students with no middle name. This field must not be left blank in RITS and SIS.
	+ **Suffix\*:** Include if on legal documents.
	+ **Preferred Name (Nickname):** This can be left blank unless the student prefers another first and/or last name other than legal name. The preferred name (known as nickname or alias in some SIS) can be entered in the SIS and teachers can be informed. This name can also be selected when creating SIS ad hoc reports.
	+ **Birthdate\*:** Enter Date of Birth listed on legal documents**.** For birth certificates issued out of country, please note that the birthdate can sometimes be listed as DDMMYYYY as opposed to the SIS and RITS format of MMDDYYY.
	+ **Gender\*:** Enter the gender with which the student identifies. This does not need to match a legal document.
	+ **Pronouns:** This field is optional. If completed, this can be entered in the SIS for school and teacher view.
	+ **Enrollment for Grade\*:** This field is tricky depending on the time of year a family is applying. The form is worded to request the grade that the student will be attending when they are enrolled at your school. **Do not assume that the information in this field is accurate.** In some cases, forms may include a current grade though the intended grade is for the following school year. In other cases, a family may include a grade to accelerate or retain a student. Check grades and birthdates closely to ensure a student is enrolled in the correct grade. For Pre-K and Kindergarteners, be sure the student’s birthdate falls on or before the established cutoff date. Age requirements for kindergarten should be set forth in the school board-approved enrollment policy. A school may count and receive funding for students enrolled in kindergarten who are five years old by October 1. (Students identified as highly gifted who are not five by October 1 may be admitted to kindergarten pursuant to the school’s Early Access Plan. Similarly, eligible highly gifted students who are not six by October 1 may be admitted to first grade.) School attendance is mandatory for any child who is over the age of 6 or under the age of 17 by August 1. For students grades 1st-12t, confirm the student’s grade on the Confirmation of Enrollment or the student records from the previous school since students may have had a grade acceleration and retention in their educational career. If you need immediate confirmation, please reach out to the previous school directly.
	+ **Phone:** This can include a primary contact phone number or a student’s phone number (high school student).
	+ **Email:** This can include a primary contact email or a student’s email (high school student).
	+ **Primary Contact Physical Address\*:** The home address must be a physical address. For state reporting, this address will be used for the following data collections: At-Risk, Summer EBT, and direct certification. Mailing addresses can be used under secondary address. If a family participates in the Address Confidentiality Program (ACP), they will provide a general ACP address.
* **Homeless\*:** For students lacking fixed, regular, adequate nighttime residence, please refer to the McKinney-Vento (MKV) form. This can include students that are living in cars, hotels, doubled up in shared housing. Notify your school’s MKV Liaison immediately if you feel that a student may qualify. Forms with addresses left blank could indicate a student may qualify for MKV. For more information: [https://resources.csi.state.co.us/mckinney-vento-homeless-act/](https://resources.csi.state.co.us/mckinney-vento-homeless-act/%20)
	+ **City, State, Zip\*:** Enter city, state, and 5-digit zip must be entered for state reporting. If a family participates in the Address Confidentiality Program (ACP), this field can be left blank.
	+ **Primary Mailing Address:** A mailing address can be entered if it is different from the physical address like PO Box address.
	+ **Secondary Home Address:** A second household address can be entered here if applicable.
	+ **School District of Residence\*:** Many students and/or families may not know this information, but the district of residence code is required to be entered in your SIS for state reporting.
		- If a school district is entered on the form, you can look up the district code by doing a search on the website: <https://www.cde.state.co.us/schoolview/frameworks/official/8001>.
		- If a district is not entered, the steps to find the district according to the student’s physical address is found here: Finding District of Residence.
* **Immigrant Identification:** The next two questions will help identify a student as Immigrant for purposes of state reporting. If the form indicates “No” to both questions, please indicate “Immigrant” for the student in the SIS.
	+ **Was student born in US\*:** If “NO”, this will help determine immigrant identification. This can also be confirmed by the school if the student’s birth certificate was issued in another country.
	+ **Student attending school in any US state for more than 3 academic years\*:** If “NO”, this will help determine immigrant identification. This can also be confirmed by the school if the student’s birth certificate was issued in another country.

### Federal Ethnicity & Race

* **Ethnicity:** This is a two-part question, and both parts are required for state reporting. Since both fields are required, schools may need to refer to prior education history or choose default selections if families are not willing to complete the section.
	+ **Hispanic or Latino\*:** Select yes or no. For students identified as “yes” for Hispanic or Latino, at least one race or default race must be selected, too.
	+ **Race\*:** Select one or more. If two or more races are selected, the student will be identified as multiple races for data collections.

### Educational Services

* **Education Services:** This section is used as a starting point for requesting additional educational records, informing relevant staff, and testing students. Keep in mind the section could be left blank even though a student was receiving services at a previous school. Alternatively, parents may choose a selection prior to an official school designation. (Ex: A parent identifies the student as GT when a student is taking a GT courses even though the student has not received an ALP.) It is important to request and follow up on records requests for this reason and/or request documents from families during the enrollment process. If any of these sections are checked, it is important to inform the staff member that coordinates the program per your school’s procedures.
	+ **504\*:** Selected if student is receiving Section 504 services and/or accommodations. **If selected, inform your school’s 504 Coordinator right away.** For more information: <https://resources.csi.state.co.us/504/>
	+ **ALP/GT\*:** Advanced Learning Plan/Gifted & Talented is selected if student has an ALP. **NOTE:** This is not the same as taking AP/IB and/or advanced classes. **If selected, inform your school’s Gifted Lead right away.** For more information: <https://resources.csi.state.co.us/gifted-education/>
	+ **EL\*:** English Learner (sometimes referred to as Multi-Language Learner (ML) or English Language Learner (ELL)) is selected if a student is receiving or has received services. **NOTE: Any student that indicates on the Language Questions anything other than English, should be referred to the school’s EL Coordinator right away to start ACCESS testing. Testing must be complete within 30 days of enrollment.** For more information: <https://resources.csi.state.co.us/multilingual-learners/>
	+ **IEP\*:** Individualized Educational Program (IEP) is selected if a student has a current plan. **NOTE:** **It is important that students start school with proper support. If selected, inform your school’s IEP Coordinator right away.** For more information: <https://resources.csi.state.co.us/special-education/>
		- **Disability Type:** Every IEP will have one or more disability type. This is information that can help schools inform IEP Coordinator, Occupational Therapists (OT) and/or Speech Therapists about incoming students.
* **Other Alerts:** This section should be carefully scanned. If any fields are selected, the proper staff should be notified immediately. Alert staff and include SIS flags as required by your schools procedures.
	+ **Medical Alert:** Medical alerts may require additional paperwork and/or a meeting with a nurse and school staff. This field may require a flag in your SIS to alert staff.
	+ **Legal Alert:** Legal alerts should be accompanied with legal documentation to allow schools to help support legal contacts, educational record access, and protection orders especially if the order involving a parent listed on the student’s birth certificate or legal documentation. **Important:** **This information should go to your head of school right away and can include others per your school’s policies.** This field may require a flag in your SIS to alert staff.

### Parent/Guardian Contacts

* **Primary Contacts:** The primary and secondary contacts for parent/guardian.
	+ **Primary/Secondary Contact Name:** Includes names of primary and/or secondary contact.
	+ **Relationship to Student:** Relationship to student.
	+ **Phone Number:** Initial phone number for contact.
	+ **Alternate Phone:** Additional phone number for contact.
	+ **Email:** Contact email address.

### Emergency Contacts

* **Emergency Contacts:** The emergency contact should be included as a backup in case primary and secondary contacts are not available in an emergency. All primary contact phone numbers should be attempted before reaching out to emergency contacts.
	+ **Alternative Contact Name:** Name of emergency contacts.
	+ **Relationship to Student:** Relationship to student.
	+ **Phone:** Phone number for emergency contacts.

### Military Connections

* **Military Connections\*:** If checked, add military connections in SIS.

# Language Questionnaire

**Language Questionnaire – Overview**

The Language Questionnaire or Home Language Survey is required by the Colorado Department of Education for all students enrolling at your school. This information will be used to determine the influence of language/s the student has or does speak and/or hear in the home. If any language is indicated other than English, the information must be passed onto your school’s EL Coordinator right away. Once the language is determined, this information is entered in the SIS as student language. Please follow your school’s procedures for sharing this information. **This form must remain in your school’s Permanent Education or Cumulative folder.**

### Student Name, Date of Birth, Grade:

Includes student’s name, birthdate, and current grade.

### Question 1

If any language is indicated other than ENGLISH, flag for your EL coordinator.

### Question 2

If any language is indicated other than ENGLISH, flag for your EL coordinator.

### Question 3

If any language is indicated other than ENGLISH, flag for your EL coordinator.

### Question 4

If YES, is selected, flag for your EL coordinator.

## Language Questionnaire - Other Considerations

Regardless of what is entered on this form, there are other indications that could inform school staff that the student may have a home language other than English including a guardian with a translator or a student that translates for parent or guardian.

# Request for Student Records

**Request for Student Records – Overview**

The Request for Student Records form is intended to request and receive student records from the student’s previous school. After completion, this form should be sent to the former school as soon as possible. Former school records help confirm educational plans (IEP, ALP, EL, 504, READ), behavior plans, grade reassignments, etc. that may not have been indicated by the parent or guardian. Schools can complete the request without the parent signature to request former records for the student. **This form must remain in your school’s Permanent Education or Cumulative folder.** Update the yellow highlighted area of the form with your school’s information.

**Date of Request**

Date of request would be the date the form is completed. The request should be sent to the previous school right away.

**Originating School or Institution**

The name of Previous School should be included. The previous school’s street, city, and state are helpful to differentiate schools with similar names. It may be necessary to search for the school’s fax number or reach out to a records contact at the previous school to get information about how each school accepts requests. Some previous schools will have a secure email, portal, or fax number. Some schools will ask that requests are sent to the school district instead of the school directly.

### Student Information

* Name: **Use legal name.** Include preferred name if student uses a nickname or requests to go by another name.
* Date of Birth: Include birthdate.
* Grade Level: Include grade level the student attended at the former school.
* Last date of attendance (approx.): Use to help schools or districts find the student. This is especially helpful if the student has not attended this school for a number of years.

### Signature

Parent signatures are NOT required for a school to request records.

### Record Check List

Select ALL records. Select all records in case the previous school has records that you are not aware of in the student’s educational history.

### School/District Representative

The person requesting records from your school will complete the signature line with name, title, and phone number in case the former school needs to reach you directly.

### Send Records Request Information

Complete this information to include where and how you want to receive records. This can include mail, fax, or secure email.

# Student Health Information Form

## Student Health Information - Overview

The Student Health Information form is used to inform the school of any health background, concerns, and contact information for the school’s health office. Please follow your school’s procedures for sharing and storing this information.

### Student

* **Student name, nickname, birthdate, gender, Pronoun, grade and student contact.** This information should match information in the SIS. It can also be used for the health office when addressing students by nickname and pronoun in the health setting.

**Parent/Guardian Emergency Contacts**

* **Primary Contacts:** The contacts should be used in the order entered on this form or as entered in the SIS if contact have been updated.

### Additional Emergency Contacts

* **Emergency Contacts:** The emergency contact should be used only as a backup contact in case primary and secondary contacts are not available. All primary contacts phone numbers should be attempted before reaching out to emergency contacts.

### Education Plan

If IEP or 504 are indicated. The Health Coordinator will want to partner with SPED and 504 Coordinator’s for possible meetings and support.

### Health Checklist

Families can indicate any health issues that the student has had in the past or that is present. The School Nurse can follow up with the student, parent, or guardian for more information if necessary.

### Insurance

Families can specify insurance type in case of an emergency.

### Medical Care

If yes, Health Coordinators can follow up with parent/guardians in case school support is required.

### Medication

If yes, School Nurse can follow up with parent/guardians in case school support is required. A Medication Authorization for OTC and Rx form and/or Self-Carry Medications at School form may be required. For emergency medication, an Allergy and Anaphylaxis Emergency Care Plan and/or Asthma Care Plan may be required. Other care plans may also need to be established prior to the student starting school.

### Doctor Information

Families can specify doctor information.

### Signatures

Parent signature and date are required.

# Authorization to Administer Medications at School

## **Authorization to Administer Medications at School - Overview**

Please refer to and follow your school’s Medication Administration Policy for the administration of medications on campus. This form is only required if part of your school’s policy. The Authorization to Administer Medications at School form can be used by schools that would like the option to track and administer over the counter (OTC) medications for students during school. If school elected, the OTC medications that your school chooses to administer can be changed and updated in the check list by deleting medications that your school will not administer. If your school will only administer medication perscribed by a doctor, the entire top portion of this form can be deleted. When/if this form is completed by a family, the information must be passed onto your school’s health coordinator right away. Please follow your school’s procedures for sharing this information. **This form should be completed each year with new signatures and a current date.**

### Student

Full name of the student.

**OTC Medication Checklist**

Parents should initial for the over-the-counter medication that they authorize the school to administer.

### Signature

Parent signature and date are required.

### Prescription Medication

For prescription medication that must or can be administered during school hours or for OTC medication not included on the checklist, the bottom portion of this form can be completed by the prescribing doctor to include medication name, dosage, administration route, and times for medication to be administered. In addition, the purpose of medication and side effects should also be completed.

### Healthcare Provider

Name of the healthcare provider.

### Signature

Signatures and dates from both the healthcare provider and parent are required. This form should be updated each school year.

## Authorization to Administer Medications at School - Other Considerations

 Please refer to and follow your school’s Medication Administration Policy for the administration of medications on campus.

# Self-Carry Medications at School/School Sponsored Events

## **Self-Carry Medications at School - Overview**

Please refer to and follow your school’s Medication Administration Policy for the administration of self-carry medications on campus. The Self-Carry Medications at School form is a suggestion form for schools that allow medication to be self-carried by students at school and school events. If completed, the information must be passed onto your school’s health coordinator right away. Please follow your school’s procedures for sharing this information. **This form should be completed each year with a new signatures and a current date.**

Student

Student’s full name.

**Medication**

The student’s healthcare provider will complete the top section of the form to include the medication, dosage, administration route, time of administration, purpose of medication, special instructions and possible side effects.

### Healthcare Provider

The student’s healthcare provider name, signature and date are required.

### Student

The student should also agree to follow the medication plan.

### Parent/Guardian

The student should also agree to follow the medication plan.

## Self-Carry Medications - Other Considerations

This form could be included in enrollment packets or given out by the front desk/health coordinator upon request.

# Colorado MEP Occupational Survey

## **Colorado MEP Occupational Survey - Overview**

The Colorado MEP Occupational Survey is used to help identify students that qualify for the Migrant Education Program (MEP). The Migrant Education Program provides supplemental support to eligible migrant children and youth. The purpose of the program is to ensure that migratory children are not penalized in any manner by disparities among curriculum, graduation requirements, academic content and student academic achievement standards, and ensure that migratory children are provided with appropriate educational services and opportunities so they can succeed in school and graduate from high school being postsecondary education or employment ready. For more information visit: <https://resources.csi.state.co.us/migrant-education-program/>. **Please offer this form to all students in enrollment packets.**

Please follow your school policy and procedures for the appropriate school contact to submit this form to CSI. This form will be submitted to CSI right away through the G-Drive>Student Services>ELL-Migrant folder and an email sent to the CSI contact on the MEPs form to let CSI know that a new form is waiting approval. CSI will then send the forms to MEP and they will reach out to families to confirm their status. Once a family is approved, schools will be informed and the “Migrant” status can be added to the SIS. In addition, The family will remain in the program for 3 years.

### Student

This form should be completed to include the student’s name, birthdate, school, guardian name and contact information. A contact from the Migrant Education Program will reach out to the family by phone to confirm their status.

**Question 1**

MEP will follow up with families that indicate YES in this section.

### Question 2

MEP will follow up with families that indicate YES in this section.

### Work Checklist

One or more work types should be circled.

## MEP Form - Other Considerations

In addition, free lunch eligibility should also be added upon Migrant approval with FRL identification code 2 – Other Categorical. Families do not need to reapply within the 3 years. Please follow your school policy and procedures for the appropriate school contact to submit this form to CSI.

 **Residency Information Form for the McKinney-Vento Act**

## **McKinney-Vento Form - Overview**

The McKinney-Vento (MKV) form is used to help identify students who may be eligible through the McKinney-Vento Homeless Act, which provides specific provisions ensure the enrollment, accessibility, and educational stability for students lacking a fixed, regular, and adequate nighttime residence. For more information visit: <https://resources.csi.state.co.us/mckinney-vento-homeless-act/>. **Please offer this form to all students in enrollment packets.** If eligible, this form will be submitted to CSI right away through the G-Drive>Student Services>McKinney-Vento folder. Please follow your school policy and procedures for the appropriate school contact to submit this form to CSI. Once a student qualifies, they remain in the program for the entire year even if their housing status changes. Parents/Guardians and/or unaccompanied minors will need to reapply each school year. This form should be included in all returning student’s enrollment packet. Parents/Guardians & unaccompanied minors should complete one form per student. School staff may assist the parent/guardian/unaccompanied minor to complete the form if needed. Not completing a form correctly or completely is not a reason for ineligibility.

### Student

* **Date of Submission:** MKV forms should be completed throughout the school year. Students who are found eligible and have a signed eligibility form by the October Count date will be counted in October Count. It is important that this form is uploaded to the G-Drive quickly so it can be processed in a timely manner.
* **Student Name:** Full legal name of student.
* **School Name:** Current school name.
* **Parent/Guardian Name**: Can be left blank if student is completing the form.
* **Phone**: Phone number for parent/guardian or student’s phone number if the student is completing the form and they have a contact number.
* **Age**: Age of student.
* **Grade**: Student’s grade.
* **DOB**: Student’s date of birth.
* **Current Address**: Current address if available. Could be a temporary address including friend or family home, shelter address, motel/hotel. Can be left blank if unknown, not applicable, in a protected shelter, or participating in the Address Confidentiality Program (ACP).
* **Student SASID**: **The school will add the SASID number to process the form.**

**Question 1**

Check one situation. If “House or apartment with parent or guardian (00), the remaining form does not need to be completed because the student would not qualify. However, it is possible that the selection was a mistakenly and the student is living with a parent that is not a home or apartment or doubled up in housing. Keep this in mind because the question can cause some confusion. If unsure, please consult with CSI s MKV Liaison.

**Question 2**

One cause should be selected.

### Question 3

One cause should be selected if applicable

### Question 4

Yes or No should be selected.

### Signature

Parent/guardian or unaccompanied minor signature and date is not required. If the parent/guardian or unaccompanied minor is unable to sign, the school’s MKV Liaison should note where the information was provided, ie., over the phone, parent unable to sign, aunt provided, child reported, etc.

### For School Use Only

School MKV Liaison should print & sign their name and date.

CSI will approve and send results back to the school’s MKV Liaison via Google Drive.

## MKV Form - Other Considerations

School staff can complete the form for families if they know that the student would qualify then submit the form to CSI. It is important that the school MKV Liaison communicates the final CSI eligibility status to the appropriate school data contact or have access to update the SIS. Once CSI has approved the form, this should then be entered into SIS as homeless status, living situation, and cause of housing crisis. In addition, free lunch eligibility should also be added upon MKV approval with identification code 2 – Other Categorical.

# **Other - Miscellaneous Forms**

## **Free & Reduced-Price School Meal Application or Federal Economic Data Survey - Overview**

State statute requires every school to include the federal Application for Free and Reduced-Price Meals (FRL App) or the state Family Economic Data Survey (FEDS) form in its registration materials. The materials must include the form instructions. Both the annually udpated form and instructions can be found on the CSI website: [<https://resources.csi.state.co.us/free-and-reduced-lunch-eligibility/>.](https://resources.csi.state.co.us/free-and-reduced-lunch-eligibility/)

### Free & Reduced-Price School Meal Application or Federal Economic Data Survey

For schools participating in the CSI SFA, they complete online applications through the Titan system. If the school is not participating with a SFA, the school should keep all FEDS forms on file. CSI may ask that these forms are scanned and submitted to CSI for at-risk audit annually.

Colorado Allergy and Anaphylaxis Emergency Care Plan - Overview

This is an optional form that can be used by the School Nurse and/or included in enrollment packets at the school’s discretion.

### Colorado Allergy and Anaphylaxis Emergency Care Plan

This form requires that a healthcare provider signs the form.

## **Colorado Asthma Care Plan - Overview**

This is an optional form that can be used by the School Nurse and/or included in enrollment packets at the school’s discretion.

### Colorado Asthma Care Plan

This form requires that a healthcare provider signs the form.

# **Other - Miscellaneous Information**

## Migrant Vs. Immigrant Definitions for State Reporting

**Immigrant**- a student not born in the U.S. or any U.S. Territory, and have not attended U.S. schools for more than three full academic years.

To help determine Immigrant identification, there are two questions on the student Demographic Form.

  1) Was student born in US

2) Has the student been attending one or more school in one or more states for more than 3 academic years

If families have selected no to both questions, “Immigrant” should be selected in the school’s SIS for this student. A birth certificate and student records or records request out of country can also help with identification.

**Migrant** - a student that moves from one school district to another within the last 3 years and parent, guardian, or student working in agricultural related work. Agriculture work does not need to be current work to qualify.

To help determine Migrant Identification, families will complete the MEPs Form. For families that qualify, these forms will be submitted to CSI right away through the G-Drive>Student Services>ELL-Migrant folder. CSI will then send the forms to the Migrant Education Program (MEP) and they will reach out to families to confirm their status. Once a family is approved, schools will be informed, and the “Migrant” status can be added to the SIS. The family will remain in the program for 3 years. In addition, free lunch eligibility should also be added upon Migrant approval with FRL identification code 2 – Other Categorical. Families do not need to reapply within the 3 years.

Permanent Cumulative Folder – Overview

The following requirements and best practices pertain to student academic records, including transcripts. A checklist is provided for school and district personnel to help ensure that students are fully supported during each step.



Include this NOTICE in the front of Cumulative Folders for students with educational services:

NOTICE

Of

Educational Services

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

* IEP Plan – SPED Services
* ALP Plan – GT Services
* 504 Plan– 504 Accommodations
* EL Plan – EL Services

Please request these additional records:

YOUR SCHOOL NAME

RECORDS REQUEST

CONTACT INFORMATION