

# Parker Core Knowledge 11/12

New to PCK

Yes

Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_ "Name" to be called \_\_\_\_\_

Gender  Date of Birth \_\_\_\_\_

Ethnicity - Hispanic/Latino  Yes  No

Of your students attending PCKCS, is this student the youngest?  Yes

The above is ethnicity, not race. No matter what you selected above, please select one or more from below:

### Student lives with:

- |  |   |
|--|---|
| <input type="checkbox"/> Mother/Father - same household      | <input type="checkbox"/> Mother only            |
| <input type="checkbox"/> Mother/Father - separate households | <input type="checkbox"/> Guardians or relatives |
| <input type="checkbox"/> Mother/Step Father                  | <input type="checkbox"/> Foster Parents         |
| <input type="checkbox"/> Father/Step Mother                  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Father only                         |   |

### Race

- |   |
|---|
| <input type="checkbox"/> 1 - American Indian/Alaskan Native |
| <input type="checkbox"/> 2 - Asian                          |
| <input type="checkbox"/> 3 - Black                          |
| <input type="checkbox"/> 4 - Hawaiian or Pacific Islander   |
| <input type="checkbox"/> 5 - White                          |

### Primary Address

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

### Secondary Address (separate households)

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

Duplicate information requested  yes

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Subdivision \_\_\_\_\_

Subdivision \_\_\_\_\_

County  Douglas (18)  Other  
 Elbert (19)

### Custodial Comments:

### Mother/Guardian Information:

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ mother  
Mother Work/Cell Phone: \_\_\_\_\_  
Would like E-mail communication  Yes  No  
Mother's E-mail: \_\_\_\_\_

### Father/Guardian Information:

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ father  
Father Work/Cell Phone: \_\_\_\_\_  
Would like E-mail communication  Yes  No  
Father's E-mail: \_\_\_\_\_

Has your child received Special Services?  Yes  No If yes, please explain: \_\_\_\_\_

### District Open Enrollment Policy:

- 1) Once a student enrolls in a charter school (or any other school), that school becomes his/her assigned school and s/he must apply for open enrollment into any other district school including his/her former neighborhood school. There will no longer be automatic acceptance of students back into neighborhood schools once they have enrolled elsewhere. Therefore, charter school students are now considered open enrolled students. \_\_\_\_\_ (Initial)
- 2) No annual open enrollment application will be required until the student wishes to change schools. A change from 6th to 7th or from 8th to 9th does not require the open enrollment application.

The information contained on this Student Enrollment form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 7 and 16 under my care and supervision shall attend school. The only exceptions shall be illness or other absences excused by the principal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_