



Monument Academy

New Student Registration for Kindergarten - 8th Grade

Enrollment Packet must be completed in its entirety. Incomplete packets will not be accepted and your child's seat will not be guaranteed.

Registration Packet Contents

- ☐ Registration Form
- ☐ Request for Records
- ☐ Home Language Survey
- ☐ Health Information Form
- ☐ Allergies Form (Provided by Request)
- ☐ Conditional Enrollment
- ☐ Mandatory Permission Form
- ☐ Residency Statement
- ☐ Parent/Student Handbook Signature Page
- ☐ Registration Fee Schedule
- ☐ Tuition Payment Plan (Full Day Kindergarten Only)

Parent Provided Documentation

- ☐ Birth Certificate (Copy)
- ☐ Immunization Record (Copy)
- ☐ Proof of Residency
- ☐ Copy of Parent Picture ID
- ☐ Custody Documentation or Power of Attorney
(Only if student will not reside with both parents)

Pay Fees: Tuition Deposit & Materials Fee

Sent to District By: _____ Date: _____

Registration Form

Student Last: _____ Student First: _____ Student Middle: _____ Start Date: _____

Grade: _____ Gender: Male Female Birth Date: _____ Place of Birth: _____

Ethnicity (Choose One): Hispanic/Latino: _____ Not Hispanic: _____

Race (Choose one or more):

American Indian or Alaskan Native- A person having origins in any of the original people of North, Central, or South America.

Asian- A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.

Black or African American- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander- A person having origins in any of the peoples of Hawaii, Guam, Samoa or Pacific Islands.

White- A person having origins in any of the peoples of Europe, Middle East or North America.

Male Head of Household: _____ **Employer:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Legal Guardian: Yes No

Relationship to Student: _____ Reside With: Yes No

Female Head of Household: _____ **Employer:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Legal Guardian: Yes No

Relationship to Student: _____ Reside With: Yes No

Street Address: Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: Address: _____

(If Different) City: _____ State: _____ Zip Code: _____

Names of other children in the household (Please Include Preschool Students)

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Registration Form (Continued)

Emergency Contacts: List individuals that live locally, can be reached and are authorized to pick up your student.

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Has your child ever been in a Colorado School? Yes No

Has your child ever been in the District before? Yes No

Has your child ever been assigned to any Special Programs? Yes No

If Yes, please check which Special Programs?

IEP G/T RTI 504 Plan READ

Child Find Other _____

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

If neither guardian nor emergency contact are available, I authorize school personnel to use their best discretion in caring for my student.

Signed By: _____ Date: _____

School Assignment: _____ Contact /Phone: _____ Transportation: _____

Copies To: Parent: School: ESS(IEP): Accounts Payable: (Pre-K/K)

Information Entered By: _____

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	
	First	
	Middle	

Birth Date: _____ Colorado ID # (SASID#): _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

District Registrar		
Signature	Title	Date

PLEASE MAIL TO:

Lewis-Palmer School District
146 Jefferson St., PO Box 40
Monument, CO 80132
Phone: 719-488-4700
Fax: 719-785-4218

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Home Language Survey

Student Last: _____ Student First: _____ Student Middle: _____

Birth Date: _____ Parent/Guardian Name: _____

What Language(s) did your child use when he/she began to speak? _____

What languages are spoken to the child by the following people?

Mother _____ Father _____ Siblings _____ Others in the Home _____

Yes No Do the adults in your home (parents, guardians, grandparents, others) speak to each other in a language other than English all or part of the time?

If Yes, what language(s) are spoken/how often?

Child's Country of Birth: _____ Date Child Entered Colorado: _____

Date Child Entered USA _____

Can information be sent home in English? Yes No

If a language other than English has been indicated above, your child's English proficiency may be tested.

Yes No Does your child understand the conversations between adults in the home when they are speaking a language other than English?

Yes No Does your child participate in the conversation even though he/she might use English?

What Language(s) did your child read? _____

What Language(s) did your child write? _____

Yes No Did your child ever attend school in another country?

If yes, in which country and during what grades? _____

What languages were used for instruction? _____

Parent or Guardian Signature: _____ Date/Time: _____

Health Information Form

This information will help us provide the best services for your child.

Student Legal Name: _____ Birth Date: _____ Grade: _____

Male Head of Household: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Female Head of Household: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Hospital: _____

Dentist's Name: _____

Dentist's Address: _____

City: _____ State: _____ Zip Code: _____

Check conditions listed below if student currently has any of the following:

- ☐ ADD
- ☐ ADHD
- ☐ Allergies
- ☐ **Student has EpiPen

- ☐ Asthma
- ☐ **Student has Inhaler

- ☐ Autism Spectrum Disorder
- ☐ Congenital Defects
- ☐ Depression
- ☐ Diabetes -Type I
- ☐ **Pen/Injections

- ☐ **Pump
- ☐ Diabetes -Type II
- ☐ Developmental Delays
- ☐ Head Injury
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Migraines
- ☐ Mood Disorder
- ☐ Neurological Disorder
- ☐ Orthopaedic Problems

- ☐ Prematurity
- ☐ Seizures/Epilepsy

Type of Seizures

Other:

Health Information Form Continued

If you check any above, please explain:

Is your child under medical care for any of the above health concerns: Yes No

Please explain medical care provided:

Does your student take medication regularly: Yes No

Medication: _____ Dosage: _____ Times a Day: _____

Taken for:

Has the student had any immunization within the last year? Yes No

Has the student had any serious injuries, illness or surgeries? Yes No

Describe:

Are there any physical conditions limiting the students activity? Yes No

Describe:

Does the student wear any prosthetic devices? (hearing aids, crutches, artificial limbs, braces)

Yes No

Describe:

Does the student wear glasses? Yes No

Does the student wear contact lens? Yes No

Does the student have a known color deficiency? Yes No

Optometrist Name:

Does your student have any hearing, speech or language difficulties? Yes No

Describe:

Date of last eye exam: _____ Date of last physical exam: _____

Date of last dental exam: _____

Does the student have any special dietary limitations? Yes No

Describe:

Any other health, emotional or legal concerns about the student? Yes No

Describe:

Does your student have an IEP, 504 or school action plan? Yes No

Is the student covered by a health insurance plan or Medicaid	Yes	No

Name of Carrier:

Previously reported condition which is now no longer a problem?

Is there anything about your child we need to know?

I give permission for this information to be shared with adults in the school setting who will be working with my child on a need-to-know basis. It is the responsibility of the parent to notify the school nurse whenever there is a change in the student health status or care.

Parent Signature: _____ Date: _____

Conditional Enrollment

Student Legal Name: _____

Conditional Enrollment

In accordance with Operational Policy *JF: Admission and Denial of Admission*, all students new to the district shall be enrolled conditionally until records, including discipline records, from the school previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked by the superintendent. The student's parent/guardian shall be provided with written notice of the denial of enrollment. The notice shall inform the parent/guardian of the right to request a hearing. To the best of my knowledge, the student whom I am enrolling in Lewis-Palmer School District 38 has not been expelled from any school district during the preceding twelve months. Nor are there currently expulsion proceedings pending for this child in any school district. I understand that expulsion or pending expulsion may limit this child's enrollment in Lewis-Palmer School District 38. This is in accordance with Colorado State Statute (C.R.S. 22-33-106(3)).

Parent Signature: _____ Date/Time: _____

Please explain the circumstances below if this child was expelled from his/her previous school or if disciplinary action was pending when this child was withdrawn from the school.

Parent Signature: _____ Date/Time: _____

Mandatory Permissions Form

Please list all children that attend Monument Academy from youngest to oldest:

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Contact Information Release:

Yes, **I give** permission to release my student's phone number to other Monument Academy families ONLY!

No, **I do not** grant permission to release my student's phone number to anyone.

Photograph Release:

Yes, **I give** permission to release my student's photo / name for promotional purposes.

No, **I do not** MA give permission to use my student's photo / name.

Art Project/Work Release:

Yes, **I give** permission to display my student's work.

No, **I do not give** permission to display my student's work, including bulletin boards and displays within Monument Academy

Carpool Sign-Up:

Yes, **I am** interested in being on the carpool list Monument Academy. I have circled closest neighborhood to be included. I would like to be contacted

(Email) at _____

I have students in Preschool _____ Kindie _____ Elementary _____ Middle _____

No, **I am not** interested in being on the carpool list.

Please Check Neighborhood Area:

Woodmoor North:
Woodmoor South:
Glen Eagle:

Black Forest:
Fox Run:
Monument:

Palmer Lake:
Larkspur:
Colorado Springs (ZIP)

Kings Deer:
Jackson Creek:
Other:

Parent Signature: _____ Date/Time: _____

Residency Statement

A STUDENT RESIDENT FOR ADMISSION PURPOSES IN DISTRICT 38 SCHOOLS IS DEFINED AS...A STUDENT WHO LIVES WITHIN THE BOUNDARIES OF DISTRICT 38 SCHOOLS. NOT INCLUDED IS...A BUSINESS ADDRESS, UNOCCUPIED HOUSE OR APARTMENT ADDRESS, A VACANT LOT ADDRESS, POST OFFICE BOX, ETC.

PLEASE READ THE FOLLOWING STATEMENTS A AND B AND COMPLETE THE STATEMENT THAT APPLIES TO YOUR RESIDENCY IN DISTRICT 38.

I, (print name) _____ (date) _____

DO ATTEST, THAT MY CHILD IS, ACCORDING TO THE DEFINITION LISTED ABOVE, NOW A RESIDENT LIVING WITHIN THE BOUNDARIES OF DISTRICT 38 SCHOOL.

OR

I, (print name) _____ (date) _____

DO ATTEST, THAT MY CHILD, WILL BE, ACCORDING TO THE DEFINITION LISTED ABOVE, A RESIDENT LIVING WITHIN THE BOUNDARIES OF DISTRICT 38 SCHOOLS. SUBMISSION OF A PURCHASE/CONSTRUCTION CONTRACT OR RENTAL CONTRACT WILL BE PROVIDED AS PROOF OF RESIDENCY BEFORE REGISTRATION IS COMPLETED.

DATE _____

STUDENT NAME _____

PARENT/GUARDIAN (signature) _____

ADDRESS _____

City _____ State: _____ Zip Code: _____

PHONE

(home) _____

(work) _____

Student Handbook Letter of Agreement

The student handbook is available online for you to read and review. By signing below, we acknowledge that we have reviewed, understood and are committed to abide by the policies and procedures as outlined in the Monument Academy Parent/Student Handbook.

We are a school community made up of students, parents and staff; therefore, we ask all community members to declare that they have read and are willing to abide by the policies and procedures.

Disclaimers written by the parent on this form or failure to sign and return this form does not release the student or parent from the responsibility of abiding by the policies and procedures contained in the handbook.

Grade K-5

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Grade 6-8

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Parents (At least one signature is required)

Parent Signature: _____ Date: _____ Grade: _____

Printed Name: _____

Parent Signature: _____ Date: _____ Grade: _____

Printed Name: _____

Registration Fee Schedule

Student Legal Name: _____ Birth Date: _____ Grade: _____

Instructional Materials Fee

This fee supports the following:

Textbooks	Kindergarten	\$110
Workbooks and all consumables		
Art department materials	Grades 1-5	\$165
Fine Arts department supplies		
Foreign language supplies	Grade 6-8	\$275*
Technology / Library		
Testing and assessment materials		
Other learning materials		
Lab equipment		

* Included is the \$75.00 iPad Tech Fee which covers in part technical support, insurance coverage, internet security software and routine device management/maintenance.

Educational Partner Donation

This tax deductible **donation** enables Monument Academy to further enhance your student's educational experience of a private school quality learning environment, **tuition free**.

(Tax ID #27-0014128)

Kindergarten	\$100
Grades 1-6	\$150
Grades 6-8	\$200
TOTAL \$	_____

Please make checks payable to Monument Academy, 1150 Village Ridge Point, Monument, CO 80132

Check # _____ Cash: _____ Amt. Paid: _____ Balance: _____
Payment Options are available

Date/Time: _____

Full Day Kindergarten Tuition Contract

Dear Parent/Guardian,

Congratulations! Your child has been accepted to the Full Day Kindergarten program at Monument Academy. We are delighted you and your family will be with us for the 2017-18 school year.

Your tuition for Monument Academy's Full Day Kindergarten is \$2750 plus a \$110 materials fee.

A deposit of \$ 275 is due at this time. This is a **non-refundable deposit** that ensures your child's seat in the program. The remaining nine payments of \$275 are due the first day of each month from August to April. The \$100 materials fee is due by 9/1/2017.

Please sign the bottom of this form and return it with your non-refundable deposit. Make checks payable to Monument Academy. Call Julie Shook at 481-1950, extension 1248, if you are interested in paying by credit card, PayPal or automatic check withdrawal. Monthly tuition statements will be posted on your Infinite Campus Parent Portal. Please visit monumentacademy.net for information on how to sign up for a Parent Portal.

Late Fees: If payment has not been received by the 10th of the month a \$10 late fee will be added to the balance due. If no arrangement for payment has been made and payment is 30 days past due, the Principal will be notified and your child may be removed from the Full Day Kindergarten program. By signing this acceptance letter you agree to make payment(s) when due and to abide by the policies and regulations of Monument Academy.

If you have any questions or concerns, please contact us at 719-481-1950.

Student Legal Name: _____

Date/Time _____

Responsible Party Signature: _____

Responsible Party Printed Name: _____

Address: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____