2020-2021 Patriot Student Registration

**REMINDER:** All returning and new students must register, including kindergarten students who completed the intent to enroll form AND those who intend to enroll in our FFC Virtual Academy.

- You may access online enrollment at this web address: [https://www.ffc8.org/Page/292](https://www.ffc8.org/Page/292)
- Free and Reduced Lunch Application can be found at this link: [https://fountainftcarson.rocketscanapps.com/default.aspx](https://fountainftcarson.rocketscanapps.com/default.aspx)

In addition to having the online registration completed, there are several forms that have to be filled out for each NEW student or a student who would like to update a form previously completed:

- Birth certificate
- Shot records/Immunization
- Proof of address
- Attached forms – Student records request; student health form; student transportation/lunch form; Home Language Survey and the MFLC form

*If you need a hard copy, please stop by the front office. The forms will be available in the waiting room. If you have the ability to make copies of birth certificates, shot records, and proof of address, your wait time will be decreased. We are unable to take electronic copies of those items via email as they contain confidential information for you and your children.*

Please bring in completed forms to Patriot during office hours 7:30-3:00. New students will be on hold until all forms are completed and turned in.

If you have a need to utilize a school computer to complete your child’s online registration, please call our office at 719-382-1460 to make an appointment to use one of our devices. We ask that you come by yourself so that we can maintain appropriate social distance practices and masks must be worn.

Our student packets are included in this email and are posted on our school website. Please feel free to call if you have any questions, 719-382-1460.

Looking forward to a wonderful, positive, safe school year!

*Michele Canon*
Mrs. Canon
Principal
Patriot After School Transportation/lunch Information

Student: ____________________________________________

Siblings at Patriot: _____________________________ Grade: ____________

At the end of each school day, student will:
_____ Walk home
_____ Daycare
_____ Car rider

For lunch:
_____ School lunch
_____ Lunch from home

Effective date: ______________________________________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you need to change how your student gets home on any given day, call the office at 719-382-1460 by 2:00pm or communicate with teacher (using their preferred mode of contact). If we do not receive parental communication, your student will go home as advised above.

Parent/Guardian signature: ____________________________ Date: _________
Nurse’s Health Information Form

Date: ______________________

Student Name: ____________________________________________

Date of Birth: ______________________ Grade: ______________________

Allergies:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Health conditions:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Medications:
_________________________________________________________________

Parent/Guardian name: ____________________________________________

Phone #: __________________________________________________________
Fountain-Fort Carson School District #8
HOME LANGUAGE AND CULTURAL QUESTIONNAIRE
(Parent Checklist Grades Preschool-12)

Date first enrolled in any U.S. School: ____________________________

Federal rules and regulations require that school districts be aware of languages other than English used by students in order to protect their civil rights and provide appropriate instruction. We sincerely appreciate your help in completing this form.

Student's Name: ______________________  ______________________  Male ______ Female ______
(Family or Last Name)  (First Name)

School: ____________________  Country of Birth: ____________________  Date of Birth: ____________________

Name(s) of Parent or Guardian: _____________________________________________________________

Address: ____________________________________________________________  Phone Number: ______________________

1. Did your son/daughter learn to speak another language before he/she learned English? ___Yes ___No

2. How often is a language other than English used in your home? (CHECK ONLY ONE)
   a. Only the other language and no English.
   b. Other language more often than English.
   c. Other language and English equally.
   d. English more often than the other language.
   e. Only English.

3. Please describe the language spoken by your son/daughter. (CHECK ONLY ONE)
   a. Speaks only the other language and no English.
   b. Speaks mostly the other language and some English.
   c. Speaks the other language and English equally.
   d. Speaks mostly English and some of the other language.
   e. Speaks only English.

4. Please describe the language understood by your son/daughter. (CHECK ONLY ONE)
   a. Understands only the other language and no English.
   b. Understands mostly the other language and some English.
   c. Understands the other language and English equally.
   d. Understands mostly English and some of the other language.
   e. Understands only English.

5. If your son/daughter speaks or understands a language other than English, what is the language? ________________
   What language should the school use to communicate with you? ____________________________

6. Has your child ever been in an ESL program? Yes ___ No  Bilingual Program? ___ Yes ___ No
   If yes, where and when? ____________________________

* Parents: The information on this form will assist us in meeting your child's needs. Based on the information given, we may want to assess your child for appropriate support as an English language learner using a state approved assessment tool. This is done to ensure that your child's rights are protected. Please sign below to give permission for this testing.

______________________________________________  ______________________
Parent or Guardian’s Signature  Date
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:

☐ Transcripts or report cards
☐ Test data / standardized test scores
☐ English Language (ELL) test score (if applicable)
☐ List of courses and grades at time of withdrawal
☐ Attendance records
☐ Individual Literacy Plan (if applicable)
☐ IEP (Individual Education Plan) if applicable
☐ 504 Plan (if applicable)
☐ Discipline records
☐ Immunization records
☐ Health / medical records
☐ Sports physical documentation
☐ Psychological records
☐ Sociological records
☐ Copy of birth certificate
☐ Other ______________________

Signature of Requesting School Representative:

Signature __________________________ Title __________________________ Date ____________

☐ Please fax Unofficial Records as soon as possible
☐ Please mail Official Records

Patriot Elementary School
Kari Leach, Student Records
7010 Harr Avenue, Colorado Springs, CO 80902
Phone: 719-382-1460 Fax: 719-576-4237 Email: kleach@ffcs8.org

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.

Colorado Department of Education

Recommended Request for Records
Form updated 1/10/06
MEMORANDUM:

FROM: [Insert name of installation, school, camp, facility]

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling (CYB-MFLC) program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member’s children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.

2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
   - Observe, participate and engage in activities with children and youth.
   - Provide direct interaction with military children.
   - Model behavioral techniques and provide feedback.
   - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
   - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
   - Be available for military parents to contact for guidance and support.
   - Facilitate psycho-educational groups.
   - Conduct training for staff and parents.
   - Recommend referrals to military family programs and other resources as needed.

3. The counselor may assist military parents, military children and centers with the following type of issues:
   - Communication
   - Self-esteem/self-confidence
   - Resolving conflicts
   - Behavioral management techniques
   - Bullying
   - Helping children deal with angry feelings
   - Sibling/parental relationships
   - Deployment and reintegration issues

4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.
5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.

6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.

8. With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the greatest level of participation.

Print Name of Child: ________________________________

Select only one check box below:

☐ I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child’s enrollment. I understand I can revoke this authorization at any time in writing.

☐ I do not authorize my child to participate in CYB-MFLC services.

PARENT OR GUARDIAN SIGNATURE ____________________________ DATE ____________________________

December 2017 Version