



Summit School District RE-1 REQUEST FOR STUDENT CUMULATIVE AND CONFIDENTIAL RECORDS

The following student has enrolled in Summit School District. Please send cumulative records and Special Education Records as indicated below.

Student Information:

Legal Name: _____
Student Last Name (Apellido Patern) First Name (Primer Nombre) Middle Name (Segundo Nombre)

Date of Birth (Fecha de Nacimiento): _____ Entering Grade (Grado al que entra): _____

Signed: _____ Today's Date: _____
Parent/Guardian (Firma del Padre/ Guardián Legal) Relationship (Relación) (Fecha)

Please send records, but not limited to the following:

Transcripts and/or report cards	504 Plan (if applicable)
Test data / standardized test scores	English Language (ESL) test score (if applicable)
List of courses and grades at time of withdrawal	Title 1 Services (if applicable)
Attendance records	Discipline records
Individual Literacy Plan (ILP) (if applicable)	Health / medical records including Sports Physical (if available)
Advanced Learning Plan (ALP) (if applicable)	Immunization records
Special Education (Individual Education Plan)	Copy of birth certificate

All special education records/information about your child will be kept confidential. Permission must be obtained prior to releasing special education records to anyone who does not have a direct educational responsibility. Upon request, you will be told and/or shown to whom information about your child has been shared or reviewed.

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.

Student's Prior School Contact Information

Please send Records to:

Breckenridge Elementary - anne.gallagher@summitk12.org (970) 368-1300
Dillon Valley Elementary - jody.vargo@summitk12.org (970) 368-1400
Frisco Elementary - timi.lawson@summitk12.org (970) 368-1500
Silverthorne Elementary - alice.dudley@summitk12.org (970) 368-1600
Summit Cove Elementary - sonnie.rodli@summitk12.org (970) 368-1700
Upper Blue Elementary - carolyn.springer@summitk12.org (970) 368-1800

For Office Use Only:

First Date of Attendance: _____

Date Records Requested: _____

School of Enrollment: _____

Date Records Received: _____



Summit School District
2022-2023
New Student Enrollment

Student Information

**Please enter student's legal (birth certificate) name

Form for student information including fields for Last, First, Middle, Mailing Address, Physical Address, Home Phone, Date of Birth, Entering Grade, Last Grade Completed, and Gender.

Primary Parent/Guardian: Provide primary parent/guardian information – where child resides

Form for primary parent/guardian information with two columns for Last Name, First Name, Relationship, Parent Cell, and Parent Email.

Does student reside with a parent at a different address? [] Yes [] No Parent Name: _____

Parent Cell Phone: _____ Parent Email Address: _____

Special Programs: Please note and provide documents at registration for any educational services in which your child has participated:

- [] Special Education - IEP [] 504 Plan [] READ Plan [] Gifted/Talented

Other – comments: _____

Please provide the following documents with registration form:

- ___ Birth certificate ___ Completed/Signed Request for Cumulative Records
___ Immunization record ___ Proof of Residency
___ Custodial documents (if applicable)

***Secondary Students (Grades 6-12) will need to provide a transcript and/or mid-year transfer grades from prior school.

Parent/Guardian Signature

Date

Please provide a copy of any legal documents if school should be aware of any special circumstances, i.e. custody, restraining orders, etc. Please note: The school district discloses education records, including student discipline records, without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

School of Enrollment:

___BRE ___DVE ___FRE ___SCE ___SVE ___UBE ___SMS ___SP ___SHS

First Date of Attendance: _____

Home Language: ___English ___Spanish



**Summit School District
2022-2023
School Enrollment History**

Student Information: Name _____

School Enrollment History:

Grade / Year	Name of School:	City, State	Public / Private
Pre-School			
Kindergarten			
1 st Grade			
2 nd Grade			
3 rd Grade			
4 th Grade			
5 th Grade			
6 th Grade			
7 th Grade			
8 th Grade			
9 th Grade			
10 th Grade			
11 th Grade			
12 th Grade			



**Summit School District RE-1
2022-2023
Home Language Survey**

Student's Name: _____ **Date:** _____

School: _____ **Grade:** _____

Parent or Guardian's Name: _____

Our school needs to know the languages spoken and heard at home by each student. This information is necessary in order to provide the best instruction possible for all students. When languages other than English are indicated, students may be screened for English language learning services and supports. This survey will be kept in the student's cumulative file.

1. What language did your student first learn to speak? _____

2. What language does your student use the most often at home? _____

3. What language do you use most often to speak to your student? _____

4. What languages does your student hear at home? _____

5. What other languages does your student speak and understand at a conversational level? _____

6. How comfortable is your student learning in English (5 = Fluent)? 1 2 3 4 5

7. Has your child received English language services in another school district?
Yes No

Signature of Parent or Guardian

Date



STUDENT CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents. The parent or guardian with whom the child resides will be considered the custodial parent or guardian; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. ***It is the responsibility of the custodial parent or guardian to provide the school with any limiting court orders or upon request.***

1. Student's legal name: _____

2. Does child reside with both parents? If yes, check here ____.

If no, please give the name of custodial parent or guardian with whom child resides:

3. Name of non-custodial parent(s): _____

4. Do you, as custodial parent or guardian, have legal custody through a court order?

Yes ____ No ____ Pending ____ Date Finalization expected: _____ (If pending, please inform school when finalized.)

5. Does the non-custodial parent have access to the following? If no, you will need to provide a copy of the court order and highlight where it is stated on the order:

____ Complete school records – Yes ____ No ____

____ Student may be released from school to non-custodial parent? Yes ____ No ____

____ Communicate with school and/or teacher – Yes ____ No ____

Please provide any additional information regarding custody of which the school should be aware.

By signing below you do solemnly swear that you have primary care and custody of, and are the legal guardian of the above student. If any part of this form is knowingly filled out with incorrect information, the school is legally under no obligation.

Legal Signature of Custodial Parent/Legal Guardian

Date