

## North Valley Registration Process 2011-2012

Thank you for choosing to apply to North Valley School for Young Adults. Please review this checklist so you are aware of deadlines and expectations.

### Step One: Application

\_\_Pick up an application at the Welcome Center located at the Skyview campus (8990 York St. Thornton, CO 80229).

\_\_Submit your completed application to the Welcome center.

\_\_After your completed application is received at North Valley, you will be contacted by phone within one week to schedule an interview with the North Valley school director.

### Step Two: Interview

\_\_Gather the following information from your previous school(s): transcript, discipline record and attendance record.

\_\_Bring your information to the scheduled interview with the North Valley school director. Please bring a parent/guardian/supportive adult with you to the interview.

\_\_After the interview, you will be contacted by the North Valley school director within one week to notify you if you have been accepted to North Valley.

### Step Three: Registration

\_\_Go to registration (August 10<sup>th</sup> or 11<sup>th</sup>, 9:00AM-5:00PM) to complete the registration paperwork. Bring your immunization record, proof of current residence and a copy of your birth certificate.

*You are officially ready to begin as a student at North Valley School for Young Adults when you have completed this process!! The first day of school is August 29, 9:00AM-4:15PM.*



**APPLICATION FOR ENROLLMENT  
2011-12 SCHOOL YEAR  
K-12**

Welcome to the Mapleton Public School District! We are excited to share in your learning experience and hope that you find your education with us intriguing and meaningful. Thank you for entrusting us with your future.

**Student's Legal Name**

Last Name	First Name	Middle Name
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**Date of Birth**

Month	Day	Year	<b>Grade entering in 2011/12</b>	<input type="checkbox"/>	<b>Gender</b>	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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**Ethnic background Hispanic/Latino?**

Yes       No

**Race (Select one or more)**

<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Pacific Island/Native Hawaiian	

**Parents/Guardians who reside with student (where student resides majority of the time)**

Parent/Guardian First and Last Name	Parent/Guardian First and Last Name
Relationship to Student	Relationship to Student

**Home Address**

Number	Street Name	Apt. #
City	State	Zip Code

**Mailing Address (if different)**

Number	Street Name	Apt. #
City	State	Zip Code

**Telephone Numbers**

(    )	-	(    )	-	
Home		Work		
(    )	-			
Cell				

Is Parent/Guardian an employee of the Mapleton Public School District?	___ Yes	___ NO
Has this student previously attended a school in the Mapleton Public Schools district?	___ Yes	___ No

Previous/Current School	City	State
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Does your child receive special education services (Individualized Education Plan)?	___ Yes	___ No
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Has your child been expelled within the last 12 months? \_\_\_ Yes \_\_\_ No  
 Is your student currently suspended? \_\_\_ Yes \_\_\_ No  
 Has your child been suspended within the last 12 months for behavior detrimental to the safety or welfare of others? \_\_\_ Yes \_\_\_ No  
 Is your student currently facing possible suspension or expulsion? \_\_\_ Yes \_\_\_ No

**Current Residence Status**

- |   |  |
|---|--|
| <input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex | <input type="checkbox"/> Are you living with Friends or Family due to the loss of housing or financial hardship? |
| <input type="checkbox"/> Motel/Hotel                      | <input type="checkbox"/> Are you a student not living with a parent or legal guardian?                           |
| <input type="checkbox"/> Campground /RV/ Car              | <input type="checkbox"/> Other, explain? _____   |
| <input type="checkbox"/> Emergency Shelter                |  |
| <input type="checkbox"/> Transitional Housing Program     |  |

*\* Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act.*

Please select your first, second and third choices by writing #1, #2, #3 below. If you do not receive your first choice your child's name will automatically be added to the wait pool for that school.

	Welby Montessori (Pre K- 6)
	Adventure Elementary at Western Hills (K- 6)
	Explore Elementary at Bertha Heid (K- 6)
	Meadow Community School (K- 8)
	Clayton Partnership School (K- 8)
	Valley View (K- 8)
	Monterey Community School (K- 8)
	Achieve Academy at Bertha Heid (K- 8)
	York International (K- 12)
	Global Leadership Academy (K- 12)
	Mapleton Expeditionary School of the Arts (7-12)
	Skyview Academy (9-12)
	Mapleton Early College (9-12)
	North Valley School for Young Adults (ages 18-20)

\*If interested in Colorado Connections Academy please visit [www.connectionsacademy.com](http://www.connectionsacademy.com)

For wait pool purposes please indicate if your child has a sibling attending a Mapleton School.

Sibling Name	Current School Attending	Relationship	Grade

Student's First Spoken Language \_\_\_\_\_ If first spoken language is other than English, please complete the information below  
 Language spoken by student at home \_\_\_\_\_ Language spoken to student at home \_\_\_\_\_  
 Language spoken by adults at home \_\_\_\_\_ Home correspondence preferred language \_\_\_\_\_

**"I certify that all of the information I have provided on this application is true and accurate. I understand that falsification of any information or submission of misleading information will invalidate my students' enrollment."**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

North Valley School for Young Adults  
Application Short Answer Questions

*Please answer the following questions in complete sentences.*

1. Why do you want to attend North Valley?

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2. What have been the greatest obstacles in your high school journey?  
How do you plan to overcome these obstacles?

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3. What will you do to ensure that you will graduate from high school?  
Give three examples.

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4. How long do you believe it will take you to finish your high school diploma? What courses are difficult for you and what do you plan to do to make sure you pass those classes?

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5. What do you enjoy doing? What do you do well?

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# NORTH VALLEY SCHOOL FOR YOUNG ADULTS



## Mapleton Public Schools 2011-2012 REGISTRATION

Date	
Grade	

### Student Information

Last Name	First Name	Middle Name	Preferred Name
Student Email Address	Birth Date	Gender	SSN
Student lives with	Mail student correspondence to	Student ID	

**Important Notice:** The information in this section is for internal purposes only. (Individual information is not released to state or federal agencies.)

Country of Birth	US School Entry Date	Colo. School Entry Date	District Entry Date
Immunization Record on File?	Birth Certificate on File?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Language Information</b> Student's First Spoken Language _____ If first spoken language is other than English, please complete the information below Language spoken by student at home _____ Language spoken to student at home _____ Language spoken by adults at home _____ Home correspondence preferred language _____	Has the student previously received English as Second Language (ESL) services for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student previously received Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Phone Number _____ Does the student have a medical condition that requires special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student take medication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Identification Question <b>PART A: ETHNICITY GROUP</b> Are you Hispanic/Latino? (Choose only one) <input type="checkbox"/> No - not Hispanic/Latino <input type="checkbox"/> Yes - Hispanic/Latino <b>PART B: RACE</b> Which of the following groups describe your race? (choose one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Student Address Address _____ City _____ State _____ Zip Code _____ Telephone _____	Education Information Has student previously attended a Mapleton school? <input type="checkbox"/> Yes <input type="checkbox"/> No School of Residence _____ District of Residence _____ Schools attended in the last three years (beginning with most recent): _____ School's Name _____ City _____ State _____ From _____ To _____
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Has the student previously received 504 services? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student previously participated in Gifted and Talented services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student previously received Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student previously participated in Gifted and Talented services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Student's Emergency Information** Note: In the event a parent/guardian cannot be reached, provide contact persons that are close to the student's school and able to assist with the student's emergency care.

<b>First Emergency Contact</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Ms. Name _____ Telephone _____ Address _____ City _____ State _____ Zip Code _____ Relationship to Student _____	<b>Second Emergency Contact</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Ms. Name _____ Telephone _____ Address _____ City _____ State _____ Zip Code _____ Relationship to Student _____
<b>Language Spoken</b> Language Spoken _____ City _____ State _____ Zip Code _____	Doctor's Name _____ Doctor's Phone _____



# Mapleton Public Schools

## Student Registration

Date	
Grade	

### Family Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name	Relationship	Is this Parent/Guardian responsible for student?
	Address	City	State	Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home	Occupation	Employer	Zip Code		
Work	Address	City	State	Telephone	
	Email	Cell Phone #			

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle	Relationship	Is this Parent/Guardian responsible for student?
	Address	City	State	Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home	Occupation	Employer	Zip Code		
Work	Address	City	State	Telephone	
	Email	Cell Phone #			

### Other children at home?

Name	Relationship	Age	Gender	School	Grade	Relationship

Individuals to whom student, other than parents and emergency contacts, may be released:

Student CANNOT be released to (court order required)	
Name	Relationship

### Pre-School Information Only

Is your child currently on WIC?	Are you currently on TANF?	Pre-School for Internal Office Use Only
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CPP <input type="checkbox"/> ECSE <input type="checkbox"/> Tuition <input type="checkbox"/> Title I
Comments		

Is your child/family Medicaid eligible?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments

Parent's/Guardian's Signature  
I assert that the information on this form is correct to the best of my knowledge.

# SIGNATURE REQUIRED

**MAPLETON PUBLIC SCHOOLS  
HEALTH QUESTIONNAIRE**

1 <sup>ST</sup> ATTEMPT	/	/	/
2 <sup>ND</sup> ATTEMPT	/	/	/
3 <sup>RD</sup> ATTEMPT	/	/	/

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Guardian(s): \_\_\_\_\_  
 Address: \_\_\_\_\_

Today's Date : \_\_\_\_\_  
 Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Pager/Cell Phone: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_  
 If the primary language is other than English, does someone in the home speak English? YES NO (circle one)  
 If YES, name of that person: \_\_\_\_\_

I understand all the information on this document may be shared with school personnel if it is determined that the information provided may impact the student's educational experience and/or safety.

As the parent/guardian of above listed student, I give permission for this information to be shared with  
 Student's Name \_\_\_\_\_

School personnel as deemed necessary \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Health Information:**

Past Present N/A If YES, please explain:

Health Information:	Past	Present	N/A	If YES, please explain:
Asthma/Respiratory Difficulties				
Moderate/Severe Asthma				
ADHD				
ADD				
Allergies				
Severe allergies to food, insects, latex				
Bladder/Kidney Problems				
Bowel Problems (constipation, diarrhea, colostomy, etc.)				
Blood Disorders				
Bone, Joint or Muscle Problems (Cerebral palsy, arthritis, etc.)				
Cancer				
Diabetes				
Frequent Headaches				
Frequent Ear Infections				
Frequent Throat Infections				
Genetic Condition				
Head Injury				
Hearing Loss/Hearing Aids				
Heart Problems				
Hospitalization/Surgery				
Neurological Disorder (tremors, Spina Bifada, Muscular Dystrophy, etc.)				
Physical Disability				
Current Pregnancy				
Seizure Disorder				
Serious Accidents, Illnesses, Injury				
Shunts				
Stomach/Digestive Problems				
Thyroid Disorder				
Vision Problems (inc. glasses or contacts)				
Other:				

Turn Over Please →

**Student Name:** \_\_\_\_\_

Have there been any concerns and/or changes in your child's health over the last year? YES / NO (circle one)

If YES, please explain: \_\_\_\_\_

Do you have any concerns about your child's hearing? YES / NO (circle one) If YES, please explain: \_\_\_\_\_

Do you have any concerns about your child's vision? YES / NO (circle one) If YES, please explain: \_\_\_\_\_

**Restrictions:**

Has the doctor restricted your child's activities for medical reasons? YES NO  
 If YES, please describe: \_\_\_\_\_

*NOTE: A physician's note is required to excuse your child from physical education classes.*

**Medications/Medical Procedures:**

- Does your child require any specific medical equipment at school (i.e. wheelchair, feeding tube, nebulizer, oxygen, etc.)? YES / NO (circle one) If YES, please explain: \_\_\_\_\_
- Has your child required any routine, long-term medications in the past? YES / NO (circle one)  
 If YES, please explain what medications, for what condition and how long \_\_\_\_\_
- Does your child take daily medications? YES / NO (circle one)  
 If YES, please list (including medication name, dosage and frequency): \_\_\_\_\_
- Will your child require medication during school hours? YES / NO (circle one) If YES, please complete Medication permission form.

**Health Care Provider/Insurance Information:**

Primary Health Care Provider (Physician/Nurse Practitioner/ Physician's Asst./Clinic) : \_\_\_\_\_

Other Health Care Provider: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

Does your family have health insurance? YES NO Type of Insurance: Private Medicaid CHP

If NO, please call Tri-County Health Department at 303-452-9547 for information on obtaining low cost health insurance for your children

**FOR SCHOOL USE ONLY**

Date of Screening: \_\_\_/\_\_\_/\_\_\_ Date of Staffing: \_\_\_/\_\_\_/\_\_\_ Time of Staffing: \_\_\_\_\_

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds BMI: \_\_\_\_\_ BMI Percentile: \_\_\_\_\_

1<sup>st</sup> Vision: \_\_\_\_\_ (R) \_\_\_\_\_ (L) 2<sup>ND</sup> Vision Rescreen: \_\_\_/\_\_\_/\_\_\_ Vision: \_\_\_\_\_ (R) \_\_\_\_\_ (L)

	1 <sup>st</sup> screen		2 <sup>nd</sup> screen		1 <sup>st</sup> screen		2 <sup>nd</sup> screen		
Student wears glasses	YES	NO	YES	NO	Passed Convergence	YES	NO	YES	NO
Vision tested with glasses	YES	NO	YES	NO	Passed Tracking	YES	NO	YES	NO
Color Vision (1 <sup>st</sup> grade)	YES	NO	YES	NO	Passed Depth perception	YES	NO	YES	NO
Cover Test	YES	NO	YES	NO	Plus lens / Near Vision Card	YES	NO	YES	NO

Vision Referral YES NO \_\_\_/\_\_\_/\_\_\_ If YES, has the child seen an eye doctor? YES NO UNKNOWN

1<sup>st</sup> Hearing: \_\_\_\_\_ (R) \_\_\_\_\_ (L) 2<sup>nd</sup> Hearing Rescreen: \_\_\_\_\_ (R) \_\_\_\_\_ (L)

Hearing Rescreen with Audiologist date: \_\_\_/\_\_\_/\_\_\_

Hearing Rescreen with Audiologist: \_\_\_\_\_ (R) \_\_\_\_\_ (L)

Comments: \_\_\_\_\_

Hearing Referral YES NO \_\_\_/\_\_\_/\_\_\_ If YES, is the referral complete? YES NO UNKNOWN

Immunization up to date? YES NO \_\_\_/\_\_\_/\_\_\_

Does the student have a current Health Care Plan? YES NO \_\_\_/\_\_\_/\_\_\_

Registered Nurse needs to assess for Health Care Plan? YES NO \_\_\_/\_\_\_/\_\_\_

Is student on the Significant Health Concerns List? YES NO \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

Health Para's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 RN's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Mapleton Public Schools**  
Adams County School District No. 1

**Agricultural Survey**

Please answer the following questions and return this form to school as soon as possible. All information you give us is confidential. *Thank you.*

1. Have you lived at your present address for less than 3 years?  Yes  No
2. Has either parent/guardian ever **intended**, looked for employment, or worked in the following areas in the past 3 years?  Yes  No

If yes, please mark the appropriate employment areas with an X.

- Vegetables/fruits/seeds
- Farm/Ranch (Including Dairy and Sod)
- Meat Packing Plant/Slaughter House
- Poultry
- Greenhouse / Nursery
- Orchards
- Christmas Tree Processing / Forestry

3. Parents/guardians Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

4. Please list all children in your home from birth to 21 years:

First and Last Name	Date of Birth	School

**Schools please send to: Diana Moore at the Administration Building**



**Mapleton Public Schools**  
Adams County School District No. 1

**Encuesta de agricultura**

Por favor conteste las siguientes preguntas y devuelva esta hoja a la escuela lo más pronto posible. La información que nos de será confidencial. *Muchas gracias.*

1. ¿Tiene menos de 3 años viviendo en su domicilio actual?  SI  NO
2. ¿En los últimos 3 años, alguien de su familia ha tenido la **intención**, ha aplicado o ha trabajado en las siguiente actividades?  SI  NO

Si su respuesta es sí, ¿cuál(es)?

- Semillas/ vegetales/ frutas
- Campos/ Ranchos/ Granja (Incluyendo lecheria y césped)
- Matanza, empacadora de carne
- Aves de corral
- Invernaderos, viveros o florerías
- Huerta / hortaliza
- Forestación /árboles navideños

3. Nombre de padres o guardianes: \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección: \_\_\_\_\_ # Apto.: \_\_\_\_\_

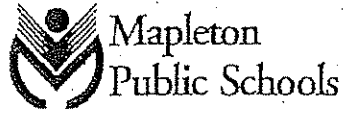
Ciudad: \_\_\_\_\_ Código: \_\_\_\_\_

Teléfono: \_\_\_\_\_ ¿A qué hora podemos llamar? \_\_\_\_\_

4. Por favor anote a todos los menores de 21 años que viven en su hogar:

Nombre y Apellido	Fecha de Nacimiento	Escuela

**Schools please send to: Diana Moore at the Admin Building**



591 E. 80<sup>th</sup> Avenue, Denver, CO 80229 • 303-853-1000 • <http://www.mapleton.us>

## PARTICIPATION FORM

To support the mission of Mapleton Public Schools, the district occasionally seeks to include school-oriented articles, video and photography in its publications and on its website. Additionally, there may be times during the school year when different media groups (newspapers, television, school production classes, etc.) will cover activities at various Mapleton Public Schools. These articles, video or still photography may be published locally or nationally. By signing this form and returning it to the school, you are granting permission for your student to be included in these publications, products and activities.

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Student's Name

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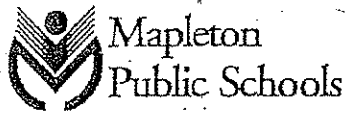
Parent/Guardian Signature

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Date

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Relationship to Student



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### Formulario de Participación

Para apoyar la misión de las Escuelas Públicas de Mapleton, el distrito ocasionalmente incluye editoriales acerca de la escuela, video o fotografías en sus publicaciones y en su página de web. Adicionalmente, puede haber ocasiones durante el año escolar cuando diferente grupos de la prensa (periodico, televisión, clases de producción, etc.) cubran actividades en varias escuelas Públicas de Mapleton con editoriales, video o fotograma que pueden ser publicadas localmente o en escala nacional. Firmando esta forma y regresándola a la escuela, usted esta dando permiso para que su estudiante sea incluido en estas publicaciones, productos y actividades.

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Nombre del Estudiante

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Firma de Padre/Guardián

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Fecha

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Relacion al Estudiante