

Office Use Only

Today's Date _____

Open enrollment: ____

Home School _____

Home District # _____

Date Enrolled _____

**Montezuma-Cortez School District RE-1
P O Drawer R
Cortez, CO 81321**

Office Use Only

Teacher _____

Grade _____

Student ID# _____

Bus # _____

Walk ____ Pick up ____

Pre-K – 5 Enrollment Form

Please Print Clearly

Name: _____
Last
First
Middle

Date of Birth: ____/____/____ Age ____ Gender: M ____ F ____ Grade: ____

Place of Birth: _____

	City	State	
Ethnicity:	Asian _____	Ute Mtn. Ute _____	Other Native American Tribe _____
	Black _____	Southern Ute _____	Other _____
	Hispanic _____	Northern Ute _____	Tribal Census # _____
	Caucasian _____	Navajo _____	Consent to release tribal information: Y N

Custodian Parent(s)/Legal Guardian(s) _____

Lives with: Both Parents ____ Mother ____ Father ____ Other ____ Dual Mailings requested? Yes ____

Mother/Guardian _____ Home Phone _____ Cell Phone _____

Mother's Employer _____ Phone _____ ext. _____

Father/Guardian _____ Home Phone _____ Cell Phone _____

Father's Employer _____ Phone _____ ext. _____

Father/Guardian Home Address/Physical Address:

Street _____ Apt. or Space # _____

Mother/Guardian Home Address/Physical Address

Street _____ Apt. or Space # _____

Father/Guardian Mailing Address:

P O Box # or Street Address _____ Apt. or Space # _____

Mother/Guardian Mailing Address:

P O Box # or Street Address _____ Apt. or Space # _____

Do you have access to a computer/Internet at home? Yes ____ No ____ E-mail Address _____

School/Pre School last attended: _____

Name

Address

City, State, Zip

> > > **Please complete reverse side of this form** > > >

Were there any issues at the last school that impact student's education? IEP _____ Literacy Plan _____
Behavior Plan _____ Interventions _____

Please explain _____

Please list all siblings that will be attending this elementary school.

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Local Emergency Contacts: (other than parents) PLEASE UPDATE NUMBERS AS NEEDED!

First Contact Name: _____
Phone Number: _____ Relationship: _____

Second Contact Name: _____
Phone Number: _____ Relationship: _____

Third Contact Name: _____
Phone Number: _____ Relationship: _____

Other persons permitted to pick student up:

Name: _____ Relationship _____ phone _____
Name: _____ Relationship _____ phone _____

Remarks or concerns _____

Please sign this form at each X to indicate your understanding of and/or consent to the following:

I have been given the opportunity to review Montezuma-Cortez School District RE-1 policies and I understand they can be accessed on the school district website (www.cortez.k12.co.us). My signature may not necessarily reflect my agreement with the policies, only that I have received them.

X _____
Signature

I have been offered the free and reduced food program and understand that my child can only charge up to three meals then I must pay for the meals or provide my child with meals from home.

X _____
Signature

Asbestos Management plans have been formulated for every RE-1 building. Those plans are available for review by RE-1 staff, parents and the general public at the Administration Building, 400 N. Elm, Cortez, Colorado, or at any of the occupied buildings.