

Guffey Community Charter School
RETURNING Student Enrollment Form
2022-2023 School Year

For Office ONLY to fill out:

Grade: _____

SASID #: _____ School ID #: _____

STUDENT INFORMATION

Date: _____

Grade of student: K 1 2 3 4 5 6 7 8 (Circle One)

Student Name: _____

Sex: F or M (Circle one)

Student Cell Phone #: _____

With whom does the student live? Mom Dad Grandparent Other (Circle all that apply)

County of permanent residence: Park Teller Fremont (Circle one)

School District of Residence: (Mark one)

_____ Park County Re-2

_____ Fremont

_____ Woodland Park Re-2

_____ Cripple Creek/Victor Re-1

Student date of birth: _____

What will be the student's age as of Oct. 1 this year: _____

PARENT INFORMATION

Mother's Name: _____

Physical Address: _____

Mailing Address (if different from physical address):

Home Phone #: _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

Father's Name: _____

Physical Address (if different from mother):

Mailing Address (if different from mother):

Home Phone # (if different from mother): _____

Work Phone #: _____ Location: _____

Cell Phone #: _____ Texting okay? _____

Email address: _____

Preferred method of contact: Home phone Cell Phone Email (circle all that apply)

EMERGENCY INFO:

In the event your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school or someone who can get here quickly in case of an urgent situation.

1st Emergency Contact Name: _____

Best Phone #: _____

Is this phone # a (circle one): landline cell

Relationship: _____

2nd Emergency Contact Name: _____

Best Phone #: _____

Is this phone # a (circle one): landline cell

Relationship: _____

3rd Emergency Contact Name: _____

Best Phone #: _____

Is this phone # a (circle one): landline cell

Relationship: _____

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Known allergies: _____

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Guffey Community Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: _____

Date: _____

Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian. Parents have the ability to update contact information in the Alma portal or may contact the office.

***** Sick children **CANNOT** remain at school under any condition. Children who have a fever, are vomiting, or cannot participate due to illness will be sent home. Please refer to the detailed version of this policy in the student handbook. *****