

August 2018

TO: TMHS Parents

SUBJECT: Back to School Information for New Students

Welcome to the 2018/19 school year. We hope you've had a great summer and look forward to welcoming your student on Wednesday, August 22nd. This is an exciting year at TMHS, we will be rolling out our new vision statement: **At TMHS we are a highly-engaged collaborative community pursuing authentic, dynamic learning, enabling all to reach their highest potential.**

In an effort to reduce waste we communicate primarily via email (please make sure you are on our email list) and please utilize our new website to find the additional forms/information referenced in this letter.

The enclosed information **MUST BE COMPLETED & RETURNED** to Kim (TMS) or Sharon (THS) in order to register your student:

1. Birth Certificate
2. Proof of Residency
3. Transcripts /School Records
4. Immunization Records
5. **New Student Registration Packet** which includes Student Registration, Medical Information Sheet (please sign), Comprehensive Sign-Off Form (Requires **BOTH** parent and student signatures. Please refer to the updated 2018/19 Student Handbook which has been updated to include many important policies and provides valuable information), UNBOCS Student Health Inventory (required yearly, please complete both sides and sign), Home Language Questionnaire.
6. Transfer Contact Sheet (**HIGH SCHOOL ONLY**)

The following paperwork is **ONLY TO BE COMPLETED & RETURNED IF IT APPLIES TO YOUR STUDENT.** The below forms are on the registration tab of the school website.

- **TMHS ATHLETIC PAPERWORK** (To be completed **ONLY** if your child will participate in TMHS school sports).
 - Athletic Permission to Participate
 - Physical (valid for 365 days)
 - Insurance is required for student athletes.
- **Free and Reduced Paperwork** (see letter in this packet). New forms must be submitted each year for your student to qualify.
- **Student Medical Permission Form.** To be completed **ONLY** if your child takes medication. This form must be signed by doctor. Please return to School Nurse.
- **Consent Form to administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) in school**
- **BYOT Checkout Form**

Please also find the following IMPORTANT information online at. These information sheets are also available at the TMHS front desk.

TMHS Bell Schedule 2018/19

TSD Calendar 2018/19

TMS Supply list 2018/19

Lunch Menus

THS Supply list 2018/19 (please refer to your student's schedule available early August before purchasing))

Bus Schedule 2018/19

Any questions please contact Sharon Broady (THS) at sbroady@telluride.k12.co.us or Kim Spaulding (TMS) at kspaulding@telluride.k12.co.us. We look forward to the 2018/19 school year!

New Student Registration TMHS-2018/19

Student Information:

Legal Name on Birth Certificate: _____

Nickname: _____

Gender: _____

Grade for 2018/19 School Year: _____

Previous School: _____

Birthdate: _____ Social Security #: _____

Home Phone #: _____

Student Email Address: _____

Student Cell #: _____

Ethnicity: Do you consider your student to be of Hispanic/Latino origin? Yes No

Which of the following groups describes your student's race? (please circle at least one category)

Latin or American Indian Alaska Native Asian Black White Pacific Islander

Has your family ever qualified for the Migrant Education Program? Yes No

Household Information:

Mother Household

Father Household

Other Household

	Mother Household	Father Household	Other Household
Name:			
Mailing Address:			
Physical Address:			
Email: <i>(Most communication is sent by email only)</i>			
Home Phone:			
Cell Phone:			
Work/Other Phone:			
Student Lives With:			
Please send weekly emails to: (✓ all that apply)			
Please send USPS mailings to: (✓ all that apply)			



Sibling Information: (Only for siblings enrolled in TSD for 2018/19 School Year)

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name:				
Grade 2018/19:				
Cell Phone:				

Any additional contact information (not covered above) that the TSD front desk should know regarding your family situation?

Emergency Contact Information:

	Contact 1	Contact 2	Contact 3
Name:			
Relationship:			
Cell Phone:			
Home Phone:			
Work/Other Phone:			

Residency Requirement:

_____ Student resides within Telluride R1 School District and can provide proof of residency.
Neighborhood student lives in: _____ (Telluride, Lawson Hill, Mtn. Village, Placerville, etc)

_____ Student is from Out of District. Student lives in _____ District.

Opt Out:

Please opt my student out of the following: _____ Directory Listings _____ Photo/Video _____ Yearbook

Student Medical Information

TMHS-2018/19

Student Name: _____

Primary Care Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Medical Alerts: (please list any allergies and/or special needs:

Insurance Company: _____ Policy #: _____

Prescription & over-the-counter drugs are administered **only** when the appropriate forms are completed and both the forms & the medication (in the original container) have been brought to the Front Desk.

_____ My student DOES NOT need medication at school

_____ My student needs medication at school

_____ If medication needed I have filled out the appropriate paperwork (Student Medical Permission Form) with the School Nurse. Form can be obtained from TMHS front desk.

By signing this *Student Medical Information* form, I hereby authorize the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Telluride R-1 School District to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Telluride R-1 School District. I understand that Telluride R-1 School District, its administrators, teachers, and staff assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

Parent/Guardian Signature

Date

Comprehensive Sign-Off Form TMHS-2018/2019

By signing this form, you acknowledge that you have read and understand the documents below. These documents are contained within the TMHS Student-Parent Handbook or may be found under separate cover at the TMHS front desk or on-line at www.tellurideschool.org.

Technology Acceptable Usage Policy

We have reviewed the **on-line version** of the Technology Acceptable Usage Policy. A hard copy of the Technology Acceptable Usage Policy may be obtained at the front office.

Student-Parent Handbook/Student Activities/Athletics Code of Conduct

We have reviewed the **on-line version** of the Student-Parent Handbook which contains the Student Activities Code of Conduct. A hard copy of the Student-Parent Handbook may be obtained at the front office.

Field Trip Permission

During the course of the school year, students take a number of excursions off-campus. In each grade level, teachers plan academic field trips. A class, club or advocacy group may plan to go out to lunch together. We have planned two service learning days. In addition, we have numerous end-of-the-school-year trips. Signing this one form gives your child permission to attend all of these field trips. You will be notified of each of these field trips as they pertain to your child via our weekly *Friday Emails*. Note: Overnight trips require separate permission slips.

Medical Permission

I hereby authorize the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Telluride R-1 School District to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Telluride R-1 School District. I understand that Telluride R-1 School District, its administrators, teachers, and staff assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

Our signatures indicate that we have read and understand these documents.

Student's Name (Please print): _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Bone/Joint problems or arthritis Yes No Describe _____
List physical restrictions _____

Chicken Pox Yes No Date of contraction _____

Check all the following regarding health concerns that pertain to student:

Eyes:

Date last seen by eye doctor _____
__ Glasses __ Contacts
Date of last prescription _____
__ reading
__ distance
__ contacts
__ difficulty seeing
__ lazy eye
__ concerns _____

Ears:

__ known hearing loss
__ frequent infections
__ tubes
__ hearing difficulties, explain:

Hearing Aids:

__ right
__ left
__ wear at school
__ other
__ concerns _____

Other:

__ menstruation	__ requires catheterization	__ ADD/ADHD
__ blood disorder	__ lungs	__ head Injury
__ blood pressure	__ neurological	__ dental
__ nosebleeds	__ headaches	__ bedwetting
__ eating	__ bowel	__ skin
__ sleeping	__ requires diapering	__ other _____
__ bladder	__ phobias	__ other _____

Medication:

Is student taking daily medication at home? Yes No At school? Yes No Emergency Only? Yes No
Name of medication and reasons for taking:

If student requires medication at school, please obtain the appropriate form found in the school office.

List serious illness or injuries _____

List any operations _____ Conditions that prevent PE participation?
Explain: _____

If student requires a change in PE participation, please obtain the appropriate form found in the school office.

Check services student currently receives:

__ Special Education services (i.e., resource room)
__ Speech/Language __ OT/PT services __ Counselor __ Title I __ Special diet
__ requires special health care, please explain:

Do you give us permission to input your child's vaccine record into CIIS-Colorado Immunization Information System
Please circle -Yes or No

Any other health concerns:

Signature of legal parent/guardian

Date

Home Language Questionnaire

TMHS-2018/19

Student: _____
first name middle name family name/s

Grade ____ Date of Birth ____/____/____ Country of Birth _____

Parent or Guardian Names: _____

Phone Numbers: (home/work/cell) _____

Please answer these question and return this form with your enrollment packet.

Please contact your English as a Second Language specialist, with questions. Elementary school at 970-728-6615, or TMHS at 970-728 4377.

What is the native language/s of each parent/guardian? (indicate one)

English only English + _____ Other _____

What languages are spoken in your home? (indicate one)

English only English + _____ Other _____

What language/s did your child learn first? (indicate one)

English only English + _____ Other _____

What language does your child use most frequently at home? (indicate one)

English only English + _____ Other _____

What language do the parents most frequently speak to the child? (indicate one)

English only English + _____ Other _____

What other languages does your child understand and use?

School Spanish Other _____

Describe the language your child is able to **READ**.

- _____ **Not** in any language.
- _____ **Only** in another language.
- _____ **In another language and** some English.
- _____ In English and another language **equally**.
- _____ **Mainly in English** and some of another language.
- _____ **Only** in English.

Describe the language your child is able to **WRITE**:

- _____ **Not** in any language.
- _____ **Only** in another language.
- _____ **In another language and** some English.
- _____ In English and another language **equally**.
- _____ **Mainly in English** and some of another language.
- _____ **Only** in English.

Parent or Guardian Signature

Date