



Student's Name _____ DOB _____
Grade applying for: _____ Year Applying for: _____

Registration Checklist

Enrollment Forms:

- Household Information Form
- Student Enrollment Information
- Health Information
- Home Language Survey
- Internet Acceptable Usage Form
- New Student Statement
- Parent Consent Form
- Permission to Release Records

Please return the **COMPLETED** Enrollment packet in person along with:

- Immunization Records
- Proof of Residency
- Birth Certificate
- Parent ID
- Special Education Reports (IEP, 504 if applicable)
- Paid non-refundable student fee of \$50.00 due upon acceptance

Please note: **Only completed applications will be included in the Admissions Lottery.** If an application is received and it is not complete, the application will not be included in the Admissions Lottery until all required forms and materials are turned in to our office. The lottery will be held in early February and once a decision has been made, you will be notified by US mail. At this time, you will be asked to confirm that your student will be attending Lotus School for Excellence and in order for your student's spot to be saved, you must provide a \$50.00 non-refundable student fee. Prior to your student starting school at LSE, you will be asked to complete other necessary forms. If you have any questions in regards to our enrollment/admissions process, please give us a call at 303-360-0052. Thank you for choosing Lotus School of Excellence.



Lotus School for Excellence

Student's Name _____ DOB _____

Household Information

PLEASE NOTE: All legal guardians/parents must be listed. If rights have been altered or terminated, a copy of said court document must be furnished to the office before the change may be made. Please note if the student falls under the joint custody guideline and resides at two separate locations.

Parent/Guardian's Legal Name with Whom Student Resides

HOUSEHOLD 1

Last _____ First _____ Middle _____

Residence Address _____ City _____ State _____ Zip _____

County: *Please circle one* Adams Weld Arapahoe Other _____ Birthdate ____/____/____

Mailing Address _____ City _____ State _____ Zip _____
(If Different from Residence Address)

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Legal Guardian: Yes No Relationship _____ Email Address _____

Parent/Guardian's Legal Name With Whom Student Resides

Last _____ First _____ Middle _____

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Legal Guardian: Yes No Relationship _____ Email Address _____

Birthdate ____/____/____

Shared Custody (Parents at a Separate Address)

HOUSEHOLD 2

Additional Parent/Guardian's Legal Name

Last _____ First _____ Middle _____

Residence Address _____ City _____ State _____ Zip _____

County: *Please circle one* Adams Weld Other _____ Add'l Mailing Requested Parental Internet Access

Mailing Address _____ City _____ State _____ Zip _____
(If Different from Residence Address)

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Legal Guardian: Yes No Relationship _____ Email Address _____

Birthdate ____/____/____

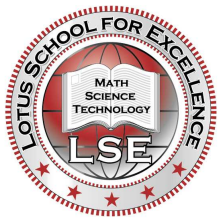
Additional Parent/Guardian's Legal Name

Last _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Relationship to student _____ Add'l Mailing Requested Parental Internet Access



Lotus School for Excellence

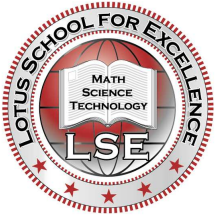
Student's Name _____ DOB _____

School Age Children Residing in Household 1

Legal Last Name	First Name	Middle Name	Gender	Birth Date	Name of School Attending	Grade

Emergency Contact Information – Please list emergency contacts **OTHER** than Parent/Guardian

<p>Contact 1:</p> <p>Last _____ First _____ Middle _____</p> <p>Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____</p> <p>Relationship _____</p>
<p>Contact 2:</p> <p>Last _____ First _____ Middle _____</p> <p>Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____</p> <p>Relationship _____</p>
<p>Contact 3:</p> <p>Last _____ First _____ Middle _____</p> <p>Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____</p> <p>Relationship _____</p>
<p>Childcare Provider:</p> <p>Last _____ First _____ Middle _____</p> <p>Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____</p>



Lotus School for Excellence

Student's Name _____ DOB _____

Student Enrollment Information

Student's Legal Name – from Birth Certificate or Legal Name Change Document

Last _____ First _____ Middle _____

Nickname: _____ Current Grade _____ Gender: M F

Birth Date _____ Birth Place: State _____ Country _____

Ethnicity: *choose one*

- American Indian
- Asian or Pacific Islander
- Black (Not Hispanic)
- Hispanic
- White (Not Hispanic)

Education / School Survey

Please list the last three schools attended

Name of School:	Country:	Phone:	Grade(s)	From (Date):	To (Date):
Address					
City: State: Zip:					
Type of School: <input type="checkbox"/> Private/Parochial <input type="checkbox"/> Public <input type="checkbox"/> Online <input type="checkbox"/> Charter <input type="checkbox"/> Homeschooling					

Name of School:	Country:	Phone:	Grade(s)	From (Date):	To (Date):
Address					
City: State: Zip:					
Type of School: <input type="checkbox"/> Private/Parochial <input type="checkbox"/> Public <input type="checkbox"/> Online <input type="checkbox"/> Charter <input type="checkbox"/> Homeschooling					

Name of School:	Country:	Phone:	Grade(s)	From (Date):	To (Date):
Address					
City: State: Zip:					
Type of School: <input type="checkbox"/> Private/Parochial <input type="checkbox"/> Public <input type="checkbox"/> Online <input type="checkbox"/> Charter <input type="checkbox"/> Homeschooling					

Has your child ever attended any other APS school or Charter School? Yes No
If yes, name of school(s) attended _____ Which Year(s) _____

US Public School Attendance Information

First US Public School attended: _____ State _____ School Year _____ Grade _____

Parent / Guardian Signature _____

Date _____

The information on this form is correct to the best of my knowledge.



Student's Name _____ DOB _____

Health Information

Student's Name _____

Health Care Provider _____ Provider's Phone Number _____

Health Concerns

Parents/Guardians are responsible for providing full details on any medical condition noted to the school nurse

<p>Please check any existing health conditions and explain below.</p> <p><input type="checkbox"/> Allergies <input type="checkbox"/> Heart</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Speech Concerns</p> <p><input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Bowel/ Bladder <input type="checkbox"/> Frequent Infection</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Bone Joint Disease</p> <p><input type="checkbox"/> Migraines <input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Emotional/Behavioral <input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>	<p>Does your child have:</p> <p><input type="checkbox"/> Glasses or Contacts</p> <p><input type="checkbox"/> Other Vision concerns _____</p> <p><input type="checkbox"/> Hearing Aids</p> <p><input type="checkbox"/> Other Hearing concerns _____</p> <p><input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> Prosthesis or Physical Aids (List)</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
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Medication Information

Is your child taking any medications regularly? Yes No If yes, please list: _____

Student Medication Request Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours. Refer to Student Policy Handbook

In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

Parent / Guardian Signature

The information on this form is correct to the best of my knowledge.

Date



Student's Name _____ DOB _____

Special Services

Is your student currently receiving special education services Yes No

Description of service _____

Has your student ever received special education services? Yes No

Description of service _____

Do you have a copy of your student's IEP Yes No

(A copy of the IEP must be submitted with this application before your student can be accepted into Lotus. A member of our Exceptional Student Services will review the IEP to ensure that we are equipped to provide your student's accommodations)

Is your student currently enrolled in a Gifted/Talented program Yes No

Description of service _____

Is your student currently receiving any additional services? (please check all that apply) HealthCare plan (not insurance)
 504 plan Title 1 Math Title 1 Reading Counseling services English Language Acquisition Services

Description of service: _____

Do you need additional information about these or other support resources for your student?

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? ___ Yes ___ No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No

If you answered YES to the above questions, please complete the remainder of this section of the form. If you answered NO, you may go to the next section.

Where is the student presently living? (Check one box)

- ___ In a motel
- ___ In a shelter
- ___ With more than one family in a house or apartment
- ___ Moving from place to place
- ___ In a place not designated for ordinary sleeping accommodations such as a car, park or campsite.

Expulsion

Has your child been expelled, placed on extended suspension, or asked to leave any other school, in or out of state, in the past twelve (12) months? Yes No

If yes, check all that apply: Expelled Extended Suspension Asked to Leave

If yes, provide start and end dates: ___/___/___ to ___/___/___

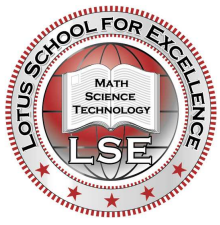
Is your child in good standing with his/her previous school and would be able to return? Yes No

If no, please explain: _____

Please see the New Student Statement page for additional information.

Please print parent/guardian name: _____

Signature of Parent/Guardian: _____ Date: _____



Lotus School for Excellence

Student's Name _____ DOB _____

HOME LANGUAGE SURVEY

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this information. (This form is also available in Spanish)

Student's Name (as it appears on Birth Certificate):

(Last Name) _____ (First Name) _____ (Middle Name) _____

Country of Birth: _____ Date of Birth: _____

1. What language(s) did your child first use when he/she began to talk? _____
 2. What language(s) do you use when you speak to your child? _____
 3. What language(s) does your child understand when spoken to? _____
 4. What language(s) does your child read? _____ write? _____
 5. Has your child ever attended school in a country other than the US? _____
 If yes, which state and country _____ How many years _____
 Language(s) used for instruction in other country: _____
 6. What was the most recent entry date into the United States of America? _____
 7. Has your child received English as a Second Language (ESL) instruction? _____ How long? _____
 8. Has your child received native language instruction? _____ How Long? _____
 9. When receiving communication from school, what language is your preference? _____
- Parent/Guardian Signature _____ Date _____

SCHOOL USE ONLY - Teacher Checklist to be filled out by second language program teacher for all PHLOTE student:

Student ID# _____ School: _____ Grade: _____ Gender: _____

A. This student most proficiently speaks:

- ____ 1. English
- ____ 2. Language other than English
- ____ 3. Difficult to determine

B. This student best understands:

- ____ 1. English
- ____ 2. Language other than English
- ____ 3. Difficult to determine

Teacher's Signature: _____ Date: _____

	Test	Date Admitted	Score
Oral			
Reading			
Writing			
Other			

Further Observation:

After further observation and/or discussion with _____ this student's participation
 (teachers/counselor/parents/student)

In the ELPA/ELA program is: Recommended _____ Not recommended _____ Refused _____

Because of the following: _____



Student's Name _____ DOB _____

Internet Acceptable Use Agreement

Students will not be granted access to Lotus School for Excellence computer resources until the Internet Use Agreement has been properly completed and is on file with the school. If the parent(s) and/or guardian(s) deny Internet access for their student(s), that denial shall also be on file with the school. Noncompliance with this agreement will result in disciplinary action and/or denial of access to computer resources.

The use of computer resources must be supportive of educational standards in Lotus School for Excellence and will be consistent with the overall mission.

Students are not provided e-mail accounts and are prohibited from using chat lines or similar resources while at school.

All users will abide by local, state and federal regulations, including copyright laws, licensing laws, privacy laws, school board policies, and local school and district guidelines. Violations include, but are not limited to, accessing, downloading, uploading, receiving, or sending defamatory, vulgar, sexually-explicit, racist, sexist, violent, or threatening content.

Malicious or intentional damage or attempts to gain unauthorized access to computer resources, software, data, user accounts, or hardware is prohibited

Users are not allowed to make changes to the hardware and software configurations and settings.

Lotus School for Excellence accepts no liability or responsibility for cost related to commercial services accessible on the Internet, or any other costs that may be related to online computer access.

Student Acknowledgement

I understand and will abide by the aforementioned terms and conditions. I further understand that a violation of these terms and conditions is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or legal action may be taken.

Name (Print): _____

Student Signature: _____ Date: _____

Parent or Guardian Approval

As the parent or guardian of the above student, I have read the Internet Acceptable Use Agreement. I understand that this access is designed for educational purposes and that Lotus School for Excellence has taken precautions to minimize students' exposure to unacceptable and/or inappropriate materials. Lotus School for Excellence uses Federally mandated filtering software, but I recognize that it is impossible for Lotus School for Excellence to restrict access to all unacceptable and/or inappropriate materials. I will not hold the school responsible for materials acquired via Lotus School for Excellence computer, network or Internet resources. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Your signatures on the Acceptable Use Agreement are legally binding and indicate that the parties who signed have read the terms and conditions carefully and understand their significance.

_____ I hereby give permission for my child to use district-owned computer resources to access the Internet, and certify that the information contained here is true and correct.

_____ I deny permission for my child to use district-owned computer resources to access the Internet.

Name/Relationship to Student

Date

Please return this form with the required information and signatures to your school. Access to computer, network and Internet resources will be withheld until this acknowledgement is returned.



Computer Resource Etiquette, Responsibility and Security Guidelines

1. Be polite. Do not write or send abusive or offensive messages. Do not spread untruths or rumors about individuals or groups of people.
2. Use appropriate language. Messages sent using Lotus School for Excellence computer resources reflect on the respective school.
3. Do not disrupt anyone's use of computer resources by downloading or sending large files, printing large documents, sending unauthorized e-mail or chat messages, misusing your time online, or annoying others on the network.
4. Commercial advertising for goods and/or services and political lobbying on the Lotus School for Excellence Intranet or the Internet is considered unacceptable use. Illegal activities of any kind may not be conducted via Lotus School for Excellence computer resources.
5. All information accessible via the Internet shall be assumed to be private property, retaining all legal protections of copyright, trademark, etc.
6. Downloaded materials should be scanned for viruses and saved to your personal user directory.
7. Information on the Internet has no quality control and may not be accurate. Always consider the source of any information viewed on or obtained from the Internet before using it.
8. Do not give out personal information, such as your home address, home telephone number, Social Security number, credit card number, etc., or those of another person, in any e-mail message.
9. Do not arrange a face-to-face meeting with a person or persons you only know from online contact.
10. Do not allow any unauthorized persons to use your user name and password to access computer resources. Log completely off when you are finished working to avoid non-approved access by anyone who may use the computer after you.
11. Do not create or share computer viruses, or in any way attempt to damage another person's data or files. Do not attempt to gain unauthorized access to any computer network or Internet connection.



**LOTUS SCHOOL FOR EXCELLENCE
NEW STUDENT STATEMENT**

FORM TO BE FILLED OUT BY THE PARENTS/GUARDIANS OF NEW STUDENT (OR BY STUDENTS WHO ARE AT LEAST EIGHTEEN [18] YEARS OLD). NEW STUDENTS ARE STUDENTS WHO DID NOT COMPLETE THE PREVIOUS SCHOOL YEAR IN AURORA PUBLIC SCHOOLS.

Explanatory Note: The questions asked on this form are asked in order that we may provide a safe environment for all students. Colorado law provides that a school district may deny admission to any student who was expelled from any school district during the prior twelve (12) months or who, within the last twelve (12) months, engaged in behavior which was detrimental to the welfare or safety of other students or of school personnel. C.R.S. 22-33-106 (3) (c&f). Any person who has been denied admission may be entitled to a hearing before the Board of Education of the school district denying admission. C.R.S. 22-33-105 (2) (c). (Such behavior shall not automatically bar a student from enrollment; each case shall be evaluated on its specific facts.)

My child has not been expelled, placed on extended suspension, or asked to leave any other school in the past twelve (12) months for behavior on or off campus. My child has not engaged in behavior in another school in the past twelve (12) months which was detrimental to the welfare or safety of other students, school personnel or others. If my child did engage in such conduct, I am submitting, along with this form, a written explanation detailing the circumstances of the negative behavior in the previous school district in the past twelve (12) months.

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the Family Admissions Form are not legal residents of Adams/Arapahoe 28J School District (Aurora Public Schools) such students will be withdrawn immediately from Aurora Public Schools. I further understand and agree that pursuant to School Board Policy all students new to the District shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the Aurora Public School District. In the event such records indicate a reason to deny admission, the student's conditional enrollment shall be revoked.

I agree to waive all rights to the confidentiality of student records relating to my child, including any such records from any other school or school district which my child has attended in the past. I also release from liability relating to records distribution, any person, school or school district releasing to the Aurora Public Schools student records relating to my child.

Student (Full Legal Name): _____

Student Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____



Student's Name _____ DOB _____

Parent Consent Form

Media Release

Student Name _____

- I hereby give permission for my child to be photographed and I release the use of his/her name, photograph and/or school work in the yearbook, mass media, school district publications, the Aurora Public School and LSE Internet Web Site and/or Aurora Public School/ LSE Video and television programs about activities in APS/LSE.
- I do not give permission.

This Media Release shall remain in effect during the entire time my child attends LSE and Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Signature of Parent/Guardian: _____ Date: _____

Field Trip Permission

Each year classes may participate in field trips and other educational activities that require the students to leave the building for several hours. When a field trip is taken, a letter will be sent home explaining where the class is going and the purpose, date and time of the trip.

- I give my permission for my student to participate in field trips taken during the year. If a field trip is scheduled that I do not wish my child to attend, I will notify the school in writing.
- I do not give permission.

This Field Trip Permission shall remain in effect during the entire time my child attends LSE and the Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Signature of Parent/Guardian: _____ Date: _____

Grade Consent

In many cases, recent interpretation of federal law restricts a school from disclosing grade point averages of students without prior parental consent. This may be true even when grade point averages are disclosed for the purpose of recognizing positive academic student achievement (e.g. Honor Roll).

We are asking for your permission to share your student's grade point average. Please complete the following information and sign below:

- I consent to the disclosure of my student's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).
- I do not consent to the disclosure of my student's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).

This Grade Consent shall remain in effect during the entire time my child attends LSE and the Aurora Public Schools, unless it is revoked by me or another parent or legal guardian in writing.

Signature of Parent/Guardian: _____ Date: _____

