



Welcome to Bayfield Primary School

Home of the Wolverines!



24 South Clover Drive
Bayfield, CO 81122
(970) 884-2496

www.bayfield.k12.co.us

Learning For All



REGISTRATION Checklist

Bayfield Primary School
511 East Mustang Lane
Bayfield, CO 81122
Phone (970) 884-0881 Fax (970) 884-3126
bps.bayfield.k12.co.us

What to bring to registration:

(These items are required for attendance at Bayfield Primary School)

_____ **Birth Certificate/Proof of Age**
(Official birth certificate, adoption record, or previously verified school records)

_____ **Immunization Records**
The Colorado School Entrance Immunization Law requires ALL students to provide Proof of Immunization to attend Colorado schools OR to provide a qualifying form of exemption

_____ **Copy of Previous School's Transcript**
(required before attendance starts)

_____ **Proof of Residence**
(Your Home school or Open Enrollment)

Registration Date: _____ Staff Initials: _____



Bayfield School District 10 JT-R

Student Enrollment Form

School: _____

Student's LEGAL Full Name (as appears on birth certificate)

Last _____ First _____ Middle _____ Suffix _____

Name Student Goes By _____ Gender Male Female

Birth Date _____ Grade _____ Date Enrolled in U.S. _____
mm/dd/yyyy

Student Information

Student's Ethnicity/Is Student of Hispanic/Latino origin? Yes No

Student's Race In addition, select one or more of the following

- American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander
 Asian White

Home Address _____ Apt _____ Phone _____ Type _____

City _____ State _____ Zip _____

***Complete if not the same as Home Address*

Mailing Address _____ Apt _____

City _____ State _____ Zip _____

Student resides with: (Check One)

- Both parents same household Mother Only Father/Stepmother Legal Guardian Relative
 Both parents different households Father Only Mother/Stepfather Foster Parent Non-Relative

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents such as custody papers or guardianship, a copy should be provided to the school.

Additional children

Household Information

Last Name	First Name	Birthdate	School	Grade

Media Release

I grant permission to the Bayfield Public School District and its Board members, employees, agents, servants and representatives to use this student's name, photographic likeness, alone or in a group, in any Bayfield Public School District publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes.

Additionally, I extend permission to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the Bayfield Public School District or a web site available through the official web site. I release the Bayfield Public School District, its Board members, employees, agents, servants, representatives and all organizations and individuals related to the Bayfield Board of Education's Internet Network from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

This permission shall remain in effect unless revoked by me and communicated to the Bayfield Public School District in writing. Yes No

Parent/Guardian Initials _____



Bayfield School District 10 JT-R

Student Enrollment Form

The following questions address the McKinney-Vento Act 42 U.S.C. 11435. This Act protects and supports the educational rights of students who do not have permanent housing. The responses help us determine if your student is eligible for additional services. This sensitive information will be kept confidential.

Our current living situation is: (Check one)

Household Information

- In owned or leased home with immediate family
- In leased apartment with immediate family
- Living with friends or extended family members due to economic hardship or lack of affordable housing
- In a shelter (emergency or safe-house)
- In a transitional housing program
- Awaiting foster care placement (not formally connected to the Department of Human Services)
- Living in a car, campground, motel, abandoned building
- Highly mobile, moving every few nights
- Inadequate housing (lacks proper kitchen, bathroom facilities, water or electricity)
- Unaccompanied youth (not in physical custody of parent/guardian) * Told to leave, left on own, can't go back, etc.

Free and Reduced Price School Meals -Information Letter to Households

Children need healthy meals to learn. Bayfield School District offers healthy meals every school day. Breakfast costs BPS/BIS \$1.25, BMS/BHS 1.50 and lunch costs BPS/BIS 2.75, BMS/BHS \$3.00. Your children may qualify for free or reduced price school meals.

Students in all grades that qualify for free or reduced price meals will receive breakfast at no charge. Students in preschool through 8th grade who qualify for reduced meals will also receive lunch at no charge. Reduced price lunch is \$.40 for students grades 9-12.

You can also find applications at any school office or apply online at schoolcafe.com

Parent/Guardian Initials _____



Bayfield School District 10 JT-R Student Enrollment Form

Name and address of school(s) attended in last 3 years (most recent first)

School Name _____ Grades Attended _____

School Address _____

City _____ State _____ Zip _____

Previous School History

School Name _____ Grades Attended _____

School Address _____

City _____ State _____ Zip _____

Has student ever been retained? Yes No If yes, what grade? _____

Has student previously attended Bayfield Schools? Yes No

If yes, list school name _____

Is your student presently expelled or under consideration for expulsion from any school district? Yes No

If yes, list school name and district _____

Has your student ever received disciplinary action for behavior that was detrimental to the welfare or safety of other students or school personnel? Yes No

If yes, list school district and dates _____

Special Services

Does your student currently have any of the following plans? If yes, please provide a copy to the school

- Advanced Learning Plan (ALP)
- Modifications or accommodations under a 504 plan
- Individual Education Plan (IEP) for Special Services
- None

Has your student participated in any of the following programs?

- Gifted and Talented
- Other Special Programs (specify) _____
- English as a Second Language Program
- None

Acknowledgement

The information contained on this Student Enrollment form is true and correct. In accordance with Colorado Revised Statute, I acknowledge my obligation to ensure that every child under my care and supervision who is six years old by August 1 and under seventeen years old attends school.

Bayfield School District 10 Jt-R is committed to a policy of nondiscrimination in relation to disability, race, creed, color, sex, sexual orientation, transgender status, gender identity, gender expression, national origin, religion, ancestry, age, and protected activity. Any harassment/discrimination of student and/or staff, based on the aforementioned protected areas will not be tolerated and must be brought to the immediate attention of the school principal, administrator/supervisor, or district nondiscrimination compliance/grievance coordinator.

Bayfield School District Nondiscrimination Compliance Coordinator:

Dot Clemens, HR Director

24 South Clover Drive Bayfield, CO 81122

dclemens@bayfield.k12.co.us | 970-884-2496

Parent/Guardian Initials _____



Bayfield School District 10 JT-R

Parent/Guardian and Emergency Contact Form

Parent/Guardian Information

Parent Name _____ Relationship to Student _____

Residence Address (if different from students) _____

Phones Home _____ Work _____ Cell _____

Email _____

Military Status (please complete branch and status) _____ Branch _____

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> Not Military | <input type="checkbox"/> Active, Deployed | <input type="checkbox"/> Inactive | <input type="checkbox"/> Student Military Identifier Only |
| <input type="checkbox"/> Active, Not Deployed | <input type="checkbox"/> Injured | <input type="checkbox"/> Retired | <input type="checkbox"/> Transitioning Out of Active Duty |
| <input type="checkbox"/> Discharged | | | |

Parent Name _____ Relationship to Student _____

Residence Address (if different from students) _____

Phones Home _____ Work _____ Cell _____

Email _____

Military Status (please complete branch and status) _____ Branch _____

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> Not Military | <input type="checkbox"/> Active, Deployed | <input type="checkbox"/> Inactive | <input type="checkbox"/> Student Military Identifier Only |
| <input type="checkbox"/> Active, Not Deployed | <input type="checkbox"/> Injured | <input type="checkbox"/> Retired | <input type="checkbox"/> Transitioning Out of Active Duty |
| <input type="checkbox"/> Discharged | | | |

Primary email for school communications _____

Phone number for attendance and automated calls _____

Primary language spoken at home _____

Language preferred for calls/letters from school to home English Spanish Other _____

Please list Emergency Contacts Below

Name _____ Relationship _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Name _____ Relationship _____

Additional Information _____

Phones Home _____ Work _____ Cell _____

Parent/Guardian Initials _____

Emergency Contacts



Bayfield School District 10 JT-R

Student Health Information Update

Student _____ Grade _____ School Year _____ Physician Name _____
Parent/Guardian Name _____ Best Daytime Phone Number _____

NOTE: The following information is confidential and will be shared with school staff on a need to know basis

Birthdate _____

Does your child have any of the following **Physician Diagnosed** health problems? _____ mm/dd/yyyy
Explanation of Medical Concern

- Physician Diagnosed Vision Problems Yes No _____
- Physician Diagnosed Hearing Problems Yes No _____
- Physician Diagnosed Speech Problems Yes No _____
- Physician Diagnosed Dietary Problems Yes No _____
- Physician Diagnosed Restrictions on Physical Activity Yes No _____
- Physician Diagnosed Seizures Yes No _____
- Physician RX Epi-Pen Yes No _____
- Physician Diagnosed Severe Allergies Yes No _____
- Physician Diagnosed Hearing Problems Yes No _____
- Physician Diagnosed Diabetic Yes No _____
- Physician Diagnosed Asthma (see other side) Yes No _____

Other Medical Comments/Concerns _____

- Has your child been seriously ill or hospitalized during the last year Yes No _____
- Does your child require any health services during the school day Yes No _____
- Is your child taking any medication on a regular basis Yes No _____
- Does this medication need to be administered during the school day Yes No _____

IF YES: ALL MEDICATION MUST BE CHECKED INTO THE HEALTH OFFICE & yearly paperwork will need to be signed

Dental Exam: Has your child had a dental exam in the past year (if no, your child will be included in the dental screening unless you choose to opt out. Yes No

Emergency Care Permit: When a child suffers any injury or illness while at school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered in accordance with local school policies.

I give permission that the pertinent health information regarding the above named student be given to the appropriate school personnel at the discretion of the district nurse and health aide.

Parent/Guardian Signature _____

PLEASE FILL OUT IF YOUR CHILD HAS
Physician Diagnosed **ASTHMA**

Does your child have **Physician diagnosed** asthma Yes No

If **yes**, please complete the following

When was the child's last asthma attack

How often does your child have an acute episode

Does your student do breathing exercises that are helpful in managing their asthma Yes No

Does exercise induce episodes of asthma Yes No

If **yes**, please explain _____

Do certain weather conditions affect your child's asthma Yes No

If **yes**, which type of conditions and what actions do you normally take

Does your student understand their asthma and how to help manage it Yes No

How do you want the school to treat an asthma episode

Should the asthma medication be kept and used at school Yes No

If **YES: ALL MEDICATION MUST BE CHECKED INTO THE HEALTH OFFICE & yearly paperwork will need to be signed**

If your child is not responding to the medication, what action do you advise the school health office to take?

Is there anything (medically) that you would like the District Nurse and/or Health Aides to know about your student for the school year



Bayfield School District 10 JT-R

Home Language Survey

Dear Parents, the Office of Civil Rights requires school districts to maintain a form indicating the primary language used in the home, for each student enrolled. Please complete the following list for your child and return it to the office registrar. Parents should fill out one form per child enrolled in the district. Once a form has been completed for one student, it is not necessary to complete another for that child in the following years.

Student Last Name		Student First Name	
Name of Parent/Guardian		Address	
Did your child learn to speak another language before English? <input type="checkbox"/> Yes <input type="checkbox"/> No			

How often is a language other than English spoken in your home? (mark one)

- Only English
- English more often than the other language
- The other language and English equally
- The other language more than English
- Only the other language and no English

Please describe the language spoken by your child (mark one)

- Speaks only English
- Speaks mostly English and some of the other language
- Speaks the other language and English equally
- Speaks mostly the other language and some English
- Speaks only the other language and no English

Please describe the language understood by your child (mark one)

- Understands only English
- Understands mostly English and some of the other language
- Understands the other language and English equally
- Understands mostly the other language and some English
- Understands only the other language and no English

If your child speaks or understands a language other than English, what is the language?

If your child is exposed to any language(s) other than English, what is/are the language(s)?

Parent/Guardian Signature

Date



Bayfield School District 10 JT-R PowerSchool Portal

One of the many ways that Bayfield School District increases communication between teachers and parents is through the PowerSchool Portal.

You can use the parent portal to update addresses, phone numbers, or other communication preferences that may occur in between yearly registration cycles.

Keeping your information up to date ensures that you are receiving important communications from the school district such as school closures, special events, and district news.

***If you have already created your PowerSchool parent portal account you will be able to log into the Parent Portal using your current user name and password.**

- ★ Bayfield Primary School: Lynn Ferguson | lferguson@bayfield.k12.co.us | 970-884-0881
- ★ Bayfield Intermediate School: Marie Knickerbocker | mknickerbocker@bayfield.k12.co.us | 970-884-9571
- ★ Bayfield Middle School: Rebecca McInnes | rmcinnes@bayfield.k12.co.us | 970-884-9592
- ★ Bayfield High School: Jenni Killough | jkillough@bayfield.k12.co.us | 970-884-9521

It is not necessary to set up a separate account for each of your children. Each parent/guardian can setup individual user accounts if desired. PowerSchool is based on “households”, which establishes a relationship between a parent and all of their children who attend school in our district. This gives each parent/guardian one access point to view all available information for all of their children.

To Log onto the Parent Portal

Visit Bayfield School District 10 Jt-R website (www.bayfield.k12.co.us) and hover over “For Parents”, click on “PowerSchool and Alert Solutions”

A screen will appear asking for a PowerSchool assigned Username and Password to be entered. ** The first time you access the Parent Portal each parent/guardian will need to click on the *Create Account Tab* and enter your parent and student details as well as the Access ID and Access Password provided by the school secretary. Follow the directions to complete the creation of your user account name and password.

After entering the required information the PowerSchool Parent Portal home page will appear.

All attendance information is available in real-time for all students. For parents/guardians of middle and high school students our teaching staff is being asked to have up-to date information on assignments available by Friday morning of each week.



Bayfield School District 10 JT-R

Request for Student Records

Request for Records		
Student First Name	Student Middle Name	Student Last Name
Student's Grade	Last Day of Attendance	Date of Birth

The following records are hereby requested:		
Transcripts or Report Cards	Discipline/Behavior Records	
Test Date/Standardized Test Scores	Immunization Records	
English Language (ELL) test score	Health/Medical Records	
List of Courses & Grades	Sports Physical Documentation	
Attendance Records	Psychological Records/Sociological records	
Individual Literacy Plan	Threat/Risk Assessment	
IEP (Individual Education Plan) if applicable	Birth Certificate	
504 Plan (if applicable)	Other	
Signature of Requesting School Representative	Title	Date

Please mail, fax or email to:

Bayfield Primary School
Attention: Registrar
 511 East Mustang Lane
 Bayfield, CO 81122
 Phone: 970.884.0881
 Fax: 970.884.3126
lferguson@bayfield.k12.co.us

This page for calendar