

Cheyenne Wells School District RE-5 Registration

Check Office List

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13. Additional Information needed
 - Birthcertificate
 - Immunization Record



Cheyenne Wells High School



*395 North 5th West
P. O. Box 577
Cheyenne Wells, CO 80810
719.767-5656
719.767.5612
Fax: 719.767.5136*

RELEASE OF INFORMATION

Date _____

Please release all school records, including health records, RTI, and special education (if applicable) for:

(Student Name/Please print) _____

(Birth Date) _____

Records should be mailed or faxed to:

Records

***Cheyenne Wells Schools
P. O. Box 577
Cheyenne Wells, CO 80810
Fax: 719.767.5136***

(Former School Name) _____

(School Address) _____

Signed _____

**CHEYENNE COUNTY SCHOOL DISTRICT Re-5
REGISTRATION FORM**

Grade _____ Date Enrolled _____ Start Date _____

Last Name _____ First Name _____ Middle _____ Birthdate _____ Sex
(Circle) _____
M/F _____

Address (all correspondence will be sent to) _____ Home Phone _____ Cell Number 1 _____ Cell Number 2 _____

Student's Birthplace _____

Parent/Guardians Name..... _____ Father _____ Mother _____ (Resides with) _____
Employer..... _____ Mother _____
Work Address..... _____ Father _____
Work Phone..... _____ Both _____
E-mail Address _____

Previous Attendance at Cheyenne Wells (Y/N) When _____ Grade _____

Last School Attended _____
School Address..... _____
School Phone Number..... _____

Any Special Program Student has been in.....RTI _____ Special Ed _____ Title _____ ESL _____

Date started school in the US _____ Date started school in Colorado _____

Other brothers/sisters enrolled in this district

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language

Did your child first learn to speak? _____
Is most often used in your home? _____
Is most often spoken by your child? _____
Is best understood by your child? _____

IN WHICH LANGUAGE WOULD YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL? _____

In case of emergency contact (Name, Home #, Work #)

Please select the racial/ethnic category that is most correct for you

____ American Indian/ ____ Asian/Pacific ____ Black ____ Hispanic ____ White

Does your child need any medication to be given at school? ____ Yes ____ No

If yes, please request a "Medication Authorization" form.

Any other information we should have about your child:

Student Information, Contract, and Release Page

Please fill out this contact information sheet for me and return it to school with your child.

Student: _____

Parent/ Guardian name: _____

Contact number: home _____ cell _____

work _____

Is it okay if I contact you at home? yes no

What is your preferred contact number? Home work cell

e-mail address: _____

Do you have internet at home? _____

What is the best way to get in touch with you? _____

Student allergies/ medications: _____

Any other health issues I should know about? _____

Other important information (other school aged siblings, leaving school routines, etc.) _____

In case of absence, how do you want me to handle missed assignments? Check one:

() Send home with _____ in _____'s room.

() I will pick it up at the school at _____ o'clock.

Cheyenne Wells School RE-5 Student Health History Form

Required Yearly / Must Sign Below and Date

School Year: _____

STUDENT: _____ Grade: _____ Date of Birth: _____

Immunizations this last year? _____ Date: _____ (Provide Documentation)

Any Changes Since Last Year? No _____ Yes _____ (If YES or NEW STUDENT, Please Complete)

Does the student have HEALTH CONCERNS involving:	YES	NO	MEDICATION (Name, dosage)	NECESSARY MONITORING IN SCHOOL	COMMENTS OR DESCRIBE
ASTHMA / RESPIRATORY				Equipment:	
SEVERE ALLERGIES				FOOD LATEX INSECTS NUTS/PEANUTS	Is it life threatening? Type of reaction: Date of last reaction:
DIABETES				Equipment:	
HEAD INJURY					
SEIZURES/ NEUROLOGICAL MIGRAINES					Type & date of last episode:
HEART/BLOOD					
MUSCLES /BONES JOINTS / SKIN					
BLADDER/KIDNEY					
STOMACH /INTESTINES BOWEL PROBLEMS					
IMMUNE PROBLEMS					
HEARING CONCERNS				Hearing aides? Preferential seating?	
VISION CONCERNS				Glasses or contacts? Reading only?	Colorblind? Last eye exam?
GROWTH & NUTRITIONAL CONCERNS					Height: Weight:
DEVELOPMENTAL CONCERNS					
EMOTIONAL / BEHAVIORAL					
OTHER HEALTH CONCERNS					

Routine or daily medications, treatments or therapies (not listed above): Use back side if necessary or a Specialized Health Care Plan.

Activity restrictions in the school?

Special medical equipment required in school? (E.g. oxygen, wheelchair)

Have there been any significant changes in your child's health over the last year? Explain:

ILLNESSES, HOSPITALIZATIONS, ACCIDENTS/INJURIES and dates: (use other side if necessary)

Health Care Provider(s) Name: _____ Phone Number: _____

To the Parent/Guardian: This information will be shared only with those individuals in the school setting who have a legitimate need to know based on your child's educational and safety needs.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

Please contact the Tracie Ball, school nurse directly @ PHONE: 719-767-5656 if you would like to discuss any of the above information that you feel is confidential.

Demographic information required by the State of Colorado

Has your child attended school in Colorado continuously for the past three years?
(Kindergarten does not count, so this question only applies to 3rd graders through
12th graders.)

_____ Yes

_____ No

On what date did your child last start attending school in the United States? (If
you child has always attended school in the United States, this date would
indicate when they started Kindergarten. If your child has attended school in a
country other than the United States, this date would indicated when the child
most recently started school in the United States after attending school in
another country. A "best guess" is acceptable.)



Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Best time to call: _____

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: _____

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X:

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots |
| <input type="checkbox"/> Seed Packaging | <input type="checkbox"/> Hog Farms |

Please return to: Ramona Penaflor, Recruiter, cell: 970-518-5495, fax: 970-352-7350, rpnaflor@cbooces.org, Centennial BOCES, 2020 Clubhouse Drive, Greeley, CO 80634

Student Housing Questionnaire

The McKinney-Vento Assistance Act protects and supports the educational rights of students who do not have permanent housing. Often, not having your own, regular place to live or sleep can get in the way of your education. Your school can better accommodate you. Your answers help determine the free services the student(s) may be eligible to receive, such as free breakfast & lunch, school supplies, most school fees waived, community resource information, right to school of origin and potential transportation assistance, basic needs, counselor "check ins" with child, an advocate, etc. *This sensitive information will be kept confidential to maintain family privacy.*

**Please check how you've lived in the last year.
(Please check multiple boxes if necessary)**

- In owned or leased home with immediate family
- In leased apartment with immediate family
- Living with friends or extended family members due to your family's economic hardship or lack of affordable housing
- In a shelter (emergency or safe house)
- In a transitional housing program
- Awaiting foster care placement
- Living in 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, no place to go back to...

Date _____ Child's full name _____

Grade level(s) _____

Phone(s) _____

Address(es) *If available _____

How long have you lived at this address? _____

YES **NO** We would like help with school supplies.

Please speak with the front office staff of your child's school.
Students in Housing Transition Liaison contact:

Cheyenne County School District RE-5

Welcome to
Tiger Country!!



March 17, 2014

To All Parents,

We are in the process of setting up email and text alert accounts so you can be notified in case of an emergency, if school is canceled or let out early and the schools daily activities. Please write down your email address and cell phone number if you would like this service.

Thanks in advance for your help, please let me know if you have any questions or concerns. Thanks again for all your support.

Best Regards,

Mr. Glen Bradshaw

Superintendent

_____ email address

_____ cell phone #

ADMINISTRATIVE TEAM

Mr. Glen Bradshaw
PreK-6th Grade Principal;
Superintendent

Mr. Mike Miller,
Seventh Grade – Twelfth Grade
Principal; Athletic Director

BOARD OF EDUCATION

Mr. Scott Scheimer, President
Mr. Tom Halde, Vice-President
Ms. Debbie Knudsen, Sec/Treas.
Mr. Sam Mitchek

CONTACT INFORMATION

District Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5866
Fax: 719-767-8773
Website: www.chevennesd.net

Middle School

High School Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5612
Fax: 719-767-5136
Website: www.chevennesd.net

Elementary Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5656
Fax: 719-767-5136
Website: www.chevennesd.net

"Teaching
New Tomorrows"

Cheyenne County School District RE-5

Welcome to
Tiger Country!!



ADMINISTRATIVE TEAM

Mr. Glen Bradshaw
PreK-Sixth Grade Principal;
Superintendent

Mr. Mike Miller,
Seventh Grade – Twelfth Grade
Principal; Athletic Director

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Mrs. Debbie Knudsen, Secretary
Mr. Sam Mitchek
Mr. Chris Tallman

CONTACT INFORMATION

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PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5866
Fax: 719-767-8773
Website: www.cheyennesd.net

High School Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5612
Fax: 719-767-5136
Website: www.cheyennesd.net

Middle School and Elementary Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5656
Fax: 719-767-5136
Website: www.cheyennesd.net

"Teaching
New Tomorrows"

PARENT PORTAL ACCESS

Welcome parents,

The Parent Portal is a wonderful tool that promotes communication between the District and parents. You will have access to your student's grades, attendance, lunch balance, behavior records, etc.

To gain access, you will need to first contact the school office and speak to Gaila (767-5612) or Cassie (767-5656) and we will be able to walk you through the set up process and assign you a username and password. You will then log onto the school website www.cheyennesd.net and follow these steps:

Click on Parent Portal

Enter your assigned Username:

Enter your assigned Password:

This should bring up your student(s) profile(s). On the left hand corner is a tree of your student's information. To access grades, click on schedule then the "folder" next to each class name.

There is also a link to change your password if you would like. Feel free to contact the office with any questions or concerns.

Gaila Mitchek and Cassie Turner



K - 12th Grade School Required Immunizations - 2017-18 School Year

Dear parents and guardians of students in Colorado kindergarten - 12th-grade schools:

- Colorado law requires students who attend a public, private or parochial kindergarten - 12th grade school to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DT, DTP, Tdap)
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - varicella (chickenpox)

Vaccines are recommended for hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

- Colorado rule requires that students entering kindergarten receive their final doses of DTaP, IPV, MMR and Varicella. Students must receive 1 dose of Tdap vaccine for 6th-grade entry, even if they are under 11 years of age.
- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view parent-friendly versions of the current ACIP vaccine schedules for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf and preteens/teens 7 - 18 years of age at www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to get your student vaccinated according to the current ACIP schedule, you must submit an official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* to your school. This form must be submitted every year. You can either submit the official form online for inclusion in the Colorado Immunization Information System (CIIS) or provide a paper copy to your child's school. If you choose to include your student's information in CIIS, you may opt your student out of CIIS at any time. Your student's school may ask you to also provide them with a paper copy if you submit online. You can get online and downloadable versions of the form at www.colorado.gov/vaccineexemption.
- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percentage of vaccinated children. Schools must report vaccination and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Vaccination and exemption rates will be posted on the state health department website beginning in Spring 2017.
- You may want to talk to a healthcare provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.immunizeforGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a healthcare provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's healthcare provider as it provides helpful information about vaccines required for school entry per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us



2017—2018 CCSD RE-5 School Calendar

Final—Approved by B. O. E. 02/27/2017

August

S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Calendar Information

Student Contact Days—149 Days
Teacher Contract Days—161 days

Calendar Information

Student Instructional Hours—1107.56
Professional Development —12 Days
P/T Conference Days—2 Days

School Day: M—Th:7:50 AM to 4:00 PM
Teacher Contract Day: 7:30 AM to 4:30 PM

1st Qtr: 35 Days
2nd Qtr: 38 Days
1st Semester: 73 Days

3rd Qtr: 40 Days
4th Qtr: 36 Days
2nd Semester: 76 Days

Legend

August	8-10: Professional Development 8:00—3:00 14: First Day of School for JH/SR High School 14-15: Elementary Testing Days: 7:50—4:00 16: First Day of School for Pre-K—6th Grade
September	4: Labor Day—No School 13: Mid Term—1st Quarter 29: Professional Development 8:00—3:00
October	12: End of 1st Quarter 16: Beginning of 2nd Quarter 18-19: Parent-Teacher Conferences: 4:30—7:00 Wed: Elem Thurs: JH/HS 27: Professional Development Day 8:00—3:00
November	15: Mid Term—2nd Quarter 17: Professional Development Day 8:00—3:00 22-23: No School—Thanksgiving Break
December	15: Professional Development Day 8:00—3:00 21: End of 2nd Quarter / 1st Semester (Full Day) 22-29: No School—Christmas Break
January	1: No School 2: Beginning of 3rd Quarter / 2nd Semester 5: Friday—school in session 26: Professional Development Day 8:00—3:00
February	1: Mid-Term—3rd Quarter 23: Professional Development Day 8:00—3:00
March	8: End of 3rd Quarter 14-15: Parent-Teacher Conferences: 4:30—7:00 19-23: No School—Spring Break 26: Beginning of 4th Quarter 30: Professional Development Day 8:00—3:00
April	17: Mid-Term—4th Quarter 27: Professional Development Day 8:00—3:00
May	17: Last Day of School (Full Day) 18: Teacher Work Day

In the event of a snow day on Monday through Thursday, school will be made up on Friday of that week, if possible.

	End of Quarter
	First Day of Quarter
	Mid— Quarter
	Professional Development/ Teacher Work Day
	Parent-Teacher Conferences
	No School

Welcome to
Tiger Country!!



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Mr. Glen Bradshaw, Superintendent,
PreK-6th Grade Principal;
Business Manager: Anna Quint
Secretary; Cassie Turner

Mr. Mike Miller,
Seventh Grade – Twelfth Grade
Principal; Athletic Director
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"Teaching
New Tomorrows"

Cheyenne County School District RE-5

4/5/17

Dear Parents,

This letter is to advise you of changes in the Cheyenne Wells School District RE-5 Policy on Immunizations. This new policy will be enforced at the beginning of the 2017-2018 school year and thereafter. **All students PreK-12 grade will need to have proof all required immunizations or signed exemptions on file in the nurse's office by the first day of school.** Any student who doesn't have proof of immunizations or signed exemptions will not be allowed to come to school. The elementary testing days are not considered the "first day of school". **The signed exemptions for personal or religious choice are now required yearly. The medical exemptions completed and signed by a healthcare provider are one time only. All Exemptions must be on file in the nurse's office by the first day of school.**

The following are the **required** immunizations for the particular groups of students:

PRESCHOOL STUDENTS

Hepatitis B – 3 doses
DTaP – 4 doses
Hib –3 to 4 doses
PCV –3 to 4 doses
Polio – 3 doses
Varicella (Chickenpox) –1 dose
MMR – 1 dose

KINDERGARTEN

Hepatitis B – 3 doses
DTaP – 4 to 5 doses
Polio – 3 to 4 doses
MMR – 2 doses
Varicella (Chickenpox) – 2 doses

6-12th GRADE

Tdap – 1 dose ****This is not the same as DTaP****
Hepatitis B – 3 doses
DTaP – 4 to 5 doses
Polio – 3 to 4 doses
MMR – 2 doses
Varicella (Chickenpox) – 2 doses

If you have any questions please contact the school nurse, Tracie Ball @ 342-8129, Cheyenne County Public Health, or your primary care provider. Thank you so much for your cooperation.

Sincerely,

Tracie Ball, RN
School Nurse