August 06, 2018

Welcome Back! We are incredibly excited to begin another successful year here at Trinidad Middle School! This promises to be a year filled with golden opportunities for all of our students as we strive to find ways that we can be even better than we have before! We embark on this journey with a pledge to you, our students and parents, that this will be a year of engaging, meaningful and rigorous work in our classrooms, combined with special events and a plethora of extracurricular activities. Our athletic and co-curricular teams are certain to encourage our Miners to be involved and stay connected!

During the 2018-19 school year, we will continue to build upon and refine our proven foundation of good work, honored traditions, and continued excellence in education. Our mission remains...

Engage . . . Educate . . . Empower!

Our staff of highly qualified professional educators and support personnel is committed to providing our students many opportunities both inside and outside of the classroom. We invite and encourage students and parents to work in partnership with us to seize opportunities in all five facets of our Trinidad Middle School — Academics, The Arts, Athletics, Activities, and The Leader in Me!

We look forward to a very positive and productive year together! We extend a special, yearlong invitation to our families to join us at school activities and events whenever possible. We want . . . we need . . . and we value your involvement and support in your child’s education! Your active participation is key to the success of your young Miner during his/her middle school years.

Please know that we highly value home/school communication here at Trinidad Middle School. It is vital and plays an integral role in each student’s success. We encourage you to contact us if/when the need arises, and to stay in the know about your child’s studies, assignments, assessments, and school activities, as well as other events and happenings.

Again, we welcome you to Trinidad Middle School and to our wonderful learning community, a place alive with much dedication . . . enthusiasm . . . and a high standard of leadership! It is, indeed, a place where opportunities abound! Here’s to an AWESOME new school year as we work together to make our school a great place to work and learn each day!
Our Registration Day is scheduled for Thursday, August 23, 2018 at Trinidad Middle School. Please check the time schedule below and plan on attending during the current grade level for your child (ren). We ask that you complete all enclosed forms and bring them with you to registration as this will streamline the process; and in this manner, we hope to alleviate some of the wait time associated with registration.

Please bring these forms to registration. You will also need to stop by the Food Service table and complete paperwork necessary to continue to offer our students free breakfast and lunch. Students who qualify for District Transportation will complete paperwork at the designated table on registration day.

The Grade Level Registration schedule is as follows:

- 6th Grade 8:00 a.m.–10:00 a.m.
- 7th Grade 10:00 a.m.–11:30 a.m.
- 8th Grade 1:30 p.m.–3:00 p.m.

If you have any questions or concerns, please call the office at (719)-846-4411.

Sincerely,

Deana Pachelli Principal
decanapachelli@trinidad.k12.co.us

Michael Guadagnoli Assistant Principal michael.guadagnoli@trinidad.k12.co.us

Leader in Me™
School
Trinidad School District #1
Student Enrollment Form

Student Information

Legal Last Name: __________________________
Legal First Name: __________________________
Middle Name: ______________________________ 
Date of Birth: / / 
Gender: Male [] Female []
Mailing Street: __________________________
Physical City: __________________________
Mailing P.O. Box: __________________________
State: ______ Zip: ______
Student's Home Phone Number: (_______) _______
Type of dwelling: House [] Trailer House [] Mobile Home [] Shelter [] Hotel/Motel [] Other: 

Parent/Guardian Information

Father Last Name: __________________________
Father First Name: __________________________
Home Number (If different from home phone): (_______) _______
Cell Number (_______) _______
Father's Employer: __________________________
Employer Phone Number (_______) _______
Custody: Yes [] No [] Guardianship Yes [] No [] Student Lives with Yes [] No [] Contact Yes [] No []

Mother Last Name: __________________________
Mother First Name: __________________________
Home Number (If different from home phone): (_______) _______
Cell Number (_______) _______
Mother's Employer: __________________________
Employer Phone Number (_______) _______
Custody: Yes [] No [] Guardianship Yes [] No [] Student Lives with Yes [] No [] Contact Yes [] No []

Guardian Last Name: __________________________
Guardian First Name: __________________________
Home Number (If different from home phone): (_______) _______
Cell Number (_______) _______
Custody: Yes [] No [] Guardianship Yes [] No [] Student Lives with Yes [] No [] Contact Yes [] No []

Emergency/Authorized Contacts other than Parents

The following adults are also allowed to pickup my child from school and/or the bus stop

Primary Contact First Name: __________________________
Last Name: __________________________
Phone Number (_______) _______
Cell Number (_______) _______
Relation: [] Grandparent [] Aunt/ Uncle [] Step Mom/Dad [] Other 

Secondary Contact First Name: __________________________
Last Name: __________________________
Phone Number (_______) _______
Cell Number (_______) _______
Relation: [] Grandparent [] Aunt/ Uncle [] Step Mom/Dad [] Other

Alternate Contact First Name: __________________________
Last Name: __________________________
Phone Number (_______) _______
Cell Number (_______) _______
Relation: [] Grandparent [] Aunt/ Uncle [] Step Mom/Dad [] Other

The following adults are also allowed to pickup my child from school and/or the bus stop

1. __________________________
2. __________________________
3. __________________________
4. __________________________
## Previous Education

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child ever been enrolled in a school in the state of Colorado?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child been enrolled in Colorado for more than three (3) years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child ever been enrolled in the Trinidad School District?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child been expelled or suspended from school in the past 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has your child ever received Special Ed Services? Yes \[\square\] No \[\square\] Are they currently receiving Special Ed Services Yes \[\square\] No \[\square\] Has your child ever been placed on a 504 Plan? Yes \[\square\] No \[\square\] Are they currently on a 504 Plan? Yes \[\square\] No \[\square\]

Is your child received GT Services Yes \[\square\] No \[\square\]

Name of Previous School: __________________________

Dates Enrolled: __________________________

Name of Previous School: __________________________

Dates Enrolled: __________________________

Name of Previous School: __________________________

Dates Enrolled: __________________________

### Siblings Enrolled in School

Please List all brothers and/or sisters that are enrolled in any school

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### Military Connected Family

Parent/Guardian Currently on Active Duty \[\square\]

Signature: __________________________

Date: __________________________

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To be filled out by the School

School: Eck \[\square\] FPE \[\square\] TMS \[\square\] THS \[\square\] Birth Certificate \[\square\] Initial: __________________________

Forms: BOCES \[\square\] Homeless \[\square\] Date: __________________________
Part A. Is this student Hispanic/Latino? (choose only one)
- No, not Hispanic/Latino
- Yes, Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child’s race to be.

Part B. Which of the following groups describe the student’s race? (choose one or more)
- American Indian or Alaska Native.
  A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.
  A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.
  A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.
  A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.
  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Home Language Survey (ESL/ELL Referral)

Schools are required under federal civil rights laws to identify all students whose home language is not English. Please complete this questionnaire.

What language did your child first learn to speak?
- English
- Spanish
- Other: ____________________________

What language does he/she speak most often?
- English
- Spanish
- Other: ____________________________

What language does he/she speak most often at home?
- English
- Spanish
- Other: ____________________________

What language do you most often use when speaking with your child?
- English
- Spanish
- Other: ____________________________

Signature: __________________________ Date: __________________________
TRINIDAD SCHOOL DISTRICT #1
HEALTH QUESTIONNAIRE

Today's Date ___________________________ Birth Date: ______________________

School: ___________________________ Grade: _____________

Parent/Guardian(s) Name: ___________________________________________ Home Phone: ___________________________

Address: ___________________________ Work Phone: ___________________________

Cell Phone: ___________________________

Primary language spoken in the home: ___________________________ 
Is your child a refugee? YES NO (circle one)
If the primary language is other than English, does someone in the home speak English? YES NO (circle one)
If YES, name of that person: ___________________________________________

Health Care Provider:
Clinic your child goes to: □ Mt. Carmel □ Mt. San Rafael Hospital Clinic, Other ____________

□ Healthy Child No Concerns (please check if your child does not have any health issues listed below)

<table>
<thead>
<tr>
<th>Details</th>
<th>Diagnosed By</th>
<th>Diagnosed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asthma □ Moderate □ Severe</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>If yes, Asthma Intake Form Done □</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ ADD/ADHD, Type:</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Allergies □ Mild □ Moderate □ Severe</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>If yes, Allergy Intake Form Done □</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Bladder/Kidney Problems</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Bowel Problems □ constipation</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Bone, Joint or Muscle Problems</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Cancer</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Diabetes □ Type I □ Type II</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Frequent Headaches</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Frequent Ear Infections</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Genetic Condition</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Head Injury □ Concussion □ Traumatic Brain Injury</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Hearing Loss/Hearing Aids</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Heart Problems</td>
<td>Dr./Clinic:</td>
<td></td>
</tr>
<tr>
<td>□ Neuro-Muscular Disorder</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Physical Disability</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Seizure Disorder</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Serious Accidents, Illnesses, Injury</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Skin Problems</td>
<td>Dr. Clinic</td>
<td></td>
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<tr>
<td>□ Shunts</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Stomach/Digestive Problems</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Thyroid Disorder</td>
<td>Dr./Clinic:</td>
<td></td>
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<tr>
<td>□ Vision Problems (glasses or contacts)</td>
<td>Glasses for distance: Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td>Glasses for reading: Yes □ No □</td>
<td></td>
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</tbody>
</table>

I understand all the information on this document may be shared with school personnel if it is determined that the information provided may impact the student's educational experience and/or safety.
As the parent/guardian of above listed student, I give permission for this information to be shared with School personnel as deemed necessary, I also give permission for immunization records to be entered into CIIS if school personnel deem this necessary.

Parent/Guardian Signature

*All Medications (Over the Counter and Prescription) at school require a completed Medication Administration form with written physician’s order and parent signature. Please ask for Medication Administration form at the nurse’s office.

Turn Over Please→
**Student Name:**

**Birth Date:**

1. **Does your child take Over the Counter or Prescription medications at home?** YES / NO (circle one)*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time</th>
<th>Reason</th>
</tr>
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<tbody>
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</tbody>
</table>

2. **Will your child require Over the Counter or Prescription medication during school hours?** YES / NO (circle one)*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time</th>
<th>Reason</th>
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<tbody>
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</table>

3. **Will you child require medical care at School?** If yes, Complete Below.

   Check here if your child has NO Medical Care Required at School [ ]

   - G-Tube Feeding
   - Catherization
   - Oxygen
   - Assist with Feeding
   - Assist with Toileting
   - Wheelchair/Walker/Brace
   - Other

4. **Have there been any concerns and/or changes in your child's health over the last year?** YES / NO (circle one)

   If YES, please explain:

5. **Do you have any concerns about your child's hearing?** YES / NO (circle one) If YES, please explain:

6. **Do you have any concerns about your child's vision?** YES / NO (circle one) If YES, please explain:

7. **Has the doctor restricted your child's activities for medical reasons?** YES/NO If YES, please describe:

---

**NOTE: A physician's note is required to excuse your child from physical education classes.**

<table>
<thead>
<tr>
<th>Date of Screening: / /</th>
<th>FOR SCHOOL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height: inches</td>
<td>Weight: pounds</td>
</tr>
</tbody>
</table>

**1st Vision:** 20/ (R) 20/ (L) PASS/FAIL

Student wears glasses YES NO
Vision tested with glasses YES NO

**Vision Referral** YES NO / / If YES, has the child seen an eye doctor? YES NO UNKNOWN

Date Screened by Eye Doctor: / /

**Vision Rescreen:** 20/ (R) 20/ (L) PASS/FAIL

Student wears glasses YES NO
Vision tested with glasses YES NO

**Other vision screening results:**

**2nd Hearing Rescreen:** (R) (L)

Hearing Rescreen with Audiologist date: / /

**Hearing Rescreen with Audiologist results:** (R) (L)

**Hearing Referral** YES NO / /

If YES, is the referral complete? YES NO UNKNOWN

Comment:

**Immunization up to date?** YES NO Exemption In Process

Does the student have a current Individualized Health Plan? YES NO

Is the Health Care Plan uploaded into PowerSchool? YES NO

Does a RN need to assess for Individualized Health Plan? YES NO

Does the student have a “health condition” in PowerSchool? YES NO

Comments:

School Nurse Signature: ____________________________ Date: __________
ACCEPTEABLE USE POLICY

Network technology provides ways of accessing, communicating and transferring information. This form of communication will affect instruction and student learning. TMS offers faculty, staff, and students access to the information highway via the Internet.

Included with such access to computers, computer networks and people around the world comes the availability of materials that may not be considered appropriate for an educational environment. Since the Internet is essentially a network of networks, it is impossible to control all materials. Ultimately, the school staff, parents, and guardians of minors are responsible for establishing and communicating standards students should follow when using media and information sources. TMS supports and respects each family’s right to decide whether or not to allow their child access to the Internet.

RULES AND RESPONSIBILITIES

Students are expected to maintain good behavior on school networks just as they are in classrooms, hallways or any other location on school grounds. Since network communications are often public in nature, the general school rules for behavior and communication apply. The Internet is a service for educational research and communications. Access to the network is a privilege given to students who agree to act in a considerate and responsible manner. Parent/guardian permission is required. Inappropriate use will be assessed by the system administrators based upon the acceptable use guidelines outlined herein, and all decisions are final. The system administrators have the right to revoke privileges at any time. The Administration, faculty, and staff of TMS may deny, revoke, or suspend specific user privileges. Individual users of the Internet are responsible for their use of the network. Use of the network must be in support of education and research and must be in accordance with academic expectations of TMS. Use of other networks or computing resources by Internet users must comply with the rules established by that network. Transmission of any material in violation of U.S. or State regulations including copyrighted, threatening, or obscene materials is prohibited. Use of commercial activities by non-for-profit organizations, products, promotions, political lobbying, or illegal activities are strictly prohibited.

Internet users are expected to follow the following network rules of etiquette:

1. Be polite. Do not write or send abusive messages.
2. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
3. Transmission of obscene materials is prohibited. Sending or receiving offensive messages, images, video or audio files to/from any source will result in immediate suspension of access privileges.
4. Do not reveal the personal address or phone number of yourself or other individuals.
5. Do not communicate any credit card number, bank account number, or any other financial information.
6. Electronic mail is not private. People who operate the system have access to all mail. Inappropriate messages can result in suspension of access privileges.
7. Do not use the network in any way that would disrupt the use of the network by other users.
8. Vandalism—any malicious attempt to harm or destroy computer equipment, software or data belonging to another user will not be tolerated.
9. Any questionable action can result in the suspension of access privileges.

Violation of any of the above mentioned rules and responsibilities can result in the suspension of access privileges as well as other disciplinary or legal actions.

Supervisory Measures:

1. Parent/Guardian notification and permission. Student Orientation Program: Fall Orientation will cover acceptable use policy. Transfer students will be oriented by Advisory Teachers or Class Sponsors.
2. Electronic Supervision for the Internet: District “Firewall.”
3. Staff Supervision: Users are not to access the computer facilities without a TMS Staff Member present.

Internet Access Form

Please review the above TMS Acceptable Use Policy. The signatures of both student and parent/guardian are required before access privileges to the Internet will be granted. This permission form, which incorporates the TMS Acceptable Use Policy, reflects the entire agreement and understanding of all parties.

Student Printed Name

Student Signature

Date
As parent/guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and agree to the policies stated in the TMS Acceptable Use Policy, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to her/him appropriate standards for selecting, sharing and/or exploring information and media.

Parent/Guardian Printed Name: ____________________________

Parent/Guardian Signature: ____________________________

Street Address: ____________________________

Home Telephone: ____________________________

Date: ____________________________

******************************************************************************

Student Handbook Form

I have received a copy of the STUDENT HANDBOOK, and I know that it is my responsibility to read and understand its contents. If there is something that I do not understand, I know that I may contact the TMS School Administration for further clarification.

Parent Signature: ____________________________

Student Signature: ____________________________

Date: ____________________________
Anti-Bullying Pledge—Parents

We the parents of Trinidad Middle School agree to join together to stamp out bullying at our school.

We believe that everybody should enjoy our school equally, and feel safe, secure, and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion, and nationality.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as “kids being kids,” “just teasing,” or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, I/We the parent/parents promise to:

1. Keep ourselves and our children informed and aware of school bullying policies.
2. Work in partnership with the school to encourage positive behavior, valuing differences, and promoting sensitivity to others.
3. Discuss regularly with our children their feelings about school work, friendships and relationships.
4. Inform faculty of changes in our children’s behavior or circumstances at home that may change a child’s behavior at school.
5. Alert faculty if any bullying has occurred.
6. Be aware that the most effective strategy in dealing with bullying comes from cooperation between the school and I/us. (The only way to ensure the school knows of a particular situation is if I/we make certain that they are aware of the same facts).

Signed By: 

Print Name: 

Date: 
Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME:</th>
<th>CHILD'S LAST NAME:</th>
<th>BIRTHDATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL:</td>
<td></td>
<td>GRADE:</td>
</tr>
<tr>
<td>PARENT/GUARDIAN NAME:</td>
<td>How many children under the age of 22 live with you in your household?</td>
<td></td>
</tr>
</tbody>
</table>

1) In the past three years, has your family moved to another state, city, school district, and/or county?
   - [ ] YES
   - [ ] NO

2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?
   - [ ] YES
   - [ ] NO

**CIRCLE** all that apply below, even if the work was only for a short period of time.

- Processing & Packing
  - (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)
- Agriculture or Field Work
  - (planting, picking, sorting crops, soil preparation, irrigation, fertilization)
- Dairy & Cattle Raising
  - (feeding, milking, rounding up)
- Nursery or Greenhouse
  - (planting, potting, pruning, watering, harvesting)
- Forestry
  - (soil preparation, planting, growing, cutting trees)
- Fishing & Fish Processing
  - (catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>TODAY'S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td></td>
<td>ZIP:</td>
</tr>
<tr>
<td>TELEPHONE (WITH AREA CODE):</td>
<td></td>
</tr>
<tr>
<td>BEST DAY AND TIME TO CALL:</td>
<td>PREFERRED LANGUAGE:</td>
</tr>
</tbody>
</table>

This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact: Southeast Regional MEP Office 24951 E. US Hwy 50 Pueblo, CO 81006 Cece Garcia – 719-696-2664, Marcos De Mateo – 719-696-2657, Maria Granillo – 719-696-2660
Student Housing Survey

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. Not having your own fixed, regular, and adequate nighttime residence can be a barrier with friends and social interactions. 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 and 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, college opportunities, etc.

This sensitive information will be kept confidential to maintain family privacy.

Please check how you’ve lived in the last year, starting July 1st.
(Please check multiple boxes if necessary)

☐ Owned or leased home with immediate family

☐ Leased or rented apartment with immediate family

☐ In a shelter (emergency or safe house) or transitional housing program

☐ Living with extended family members, friends or strangers due to your family’s economic hardship, lack of affordable housing and / or loss of housing

☐ Living in car, campground, park, abandoned building...

☐ Motel / hotel

☐ Inadequate housing (lacks proper kitchen, bathroom facilities, water or electricity, and / or infestations, mold, holes, no windows, dangers...)

☐ Unaccompanied youth - not in physical custody of parent / legal guardian (Told to leave, left on own, can’t go back, no place to go back to, in & out of home on a weekly, monthly basis...)

Date_________________________Child’s full name(s)

Grade level(s)
Phone(s)
Address(es), if available

How long have you lived at these addresses?

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:

Rev. 1.17 Centennial BOCES
Dear Parent/Guardian:

Trinidad Middle School has been selected by the Colorado Department of Education to receive a grant to prevent bullying and educate students and parents about our efforts. This exciting opportunity means that Trinidad Middle School will receive monetary support to purchase an evidence-based bullying prevention program, hire a coach to help implement the program, and educate students and parents about bullying.

As part of this opportunity, students will be given the chance to complete a brief survey about their experiences at school. The questions on the survey relate to peer relationships, how safe students feel at school, and the quality of student/teacher relationships. All questions are voluntary. Teachers will be completing a teacher version of the survey and parents will be given the chance to complete the parent version of the survey, as well.

No personally identifiable information will be collected. All data will be compiled to provide averages. This means that no answers provided by a specific student will be able to be accessed.

Risks: There is a minimal risk in participating in the survey however; some students may feel uncomfortable answering questions about peer and teacher relationships. To minimize this discomfort, the survey is completely anonymous and all questions are voluntary.

Benefits: Participation in the survey will help inform a more collective bullying prevention program and thus improve the safety, social and emotional skills, and wellbeing for all students. For example, students may report that teasing happens most frequently in a certain area of the school. Staff can use that information to provide additional school monitors in those areas.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS SHEET TO THE MAIN OFFICE. THANK YOU FOR YOUR COOPERATION.

Student’s Name __________________________

Parent/Guardian Name ______________________

____ I give my permission to allow my child(ren) to participate in the student impression survey.

____ I do not give my permission to allow my child(ren) to participate in the student impression survey.

Parent/Guardian Signature: __________________________ Date: __________________________
Trinidad Middle School
2018-2019 School Year Agreement and Release Form

Further, We/I, _____________________________, parent/guardian of _____________________________, student at Trinidad Middle School, hereby agree, release, and discharge Trinidad School District #1 and its employees from any claims or demands for any injuries incurred by your student while he or she participates in the following courses of activities: Any and all Field Trips or Travel Activities during the 2018-2019 School Year.

Student Signature ___________________________ Date ________

Parent/Guardian Signature ___________________________ Date ________

Trinidad Middle School
2018-2019 School Year Photo Release Form

I hereby authorize any media agencies authorized by Trinidad Middle School and/or Trinidad School District #1 to publish the photographs or video taken of my child, and his/her name, for use in printed publications, videos, and on authorized Web sites during the 2018-2019 school year.

I acknowledge that since my child’s participation in media produced by the authorized agencies of Trinidad Middle School or Trinidad School District #1 is voluntary, we will receive no financial compensation. I further agree that my child’s participation in any media produced by authorized agencies confers no rights of ownership whatsoever to me or my child. I release authorized agencies of Trinidad Middle School, Trinidad School District #1 and their employees/contractors from liability for any claims by me or any third party in connection with his/her participation.

Student Signature ___________________________ Date ________

Parent/Guardian Signature ___________________________ Date ________
TRINIDAD SCHOOL DISTRICT NO. 1
REUNIFICATION EMERGENCY CARD

STUDENT'S NAME: ___________________________ DOB: __________

STUDENT'S SCHOOL: ___________________________ GRADE: __________

PARENT/GUARDIAN NAME: ___________________________

ADDRESS: ______________________ PHONE: __________

In case of an emergency, the following people are allowed to pick up my child:
PHOTO ID WILL BE REQUIRED BEFORE CHILD WILL BE RELEASED

1. ___________________________ Relationship: __________
   Emergency Numbers: ___________________________

2. ___________________________ Relationship: __________
   Emergency Numbers: ___________________________

3. ___________________________ Relationship: __________
   Emergency Numbers: ___________________________

4. ___________________________ Relationship: __________
   Emergency Numbers: ___________________________
Trinidad School District #1
ESL/ELL Referral

Directions:

1. Interview the parents/guardians of all new students (including preschool and kindergarten) at the time of enrollment and record all information requested.

2. Provide interpreting services whenever necessary.

3. Please check to see that all questions on the form are answered.

4. If a student's survey indicates a native or home language other than English, his or her English Language Proficiency should be evaluated by a qualified Bilingual or ESL teacher. Give one copy of this form to the ESL teacher who will then assess oral proficiency, literacy, and academic background using a reliable and valid language proficiency assessment.

5. Place the original survey form in the student's permanent file.

Student's Last Name: ____________________________  First Name: ____________________________

Grade Level: ________  Sex: Male: __________  Female: __________

Date of Birth: __________  Place of Birth: __________

Date first enrolled in any U.S. school: __________  City: __________  State: __________

Student's Home Address: __________

City: __________  State: __________  Zip: __________

Primary Phone #: __________  Work Phone #: __________

Home Language Survey

Schools are required under federal civil rights laws to identify all students whose home language is not English. Please take a few minutes to complete this questionnaire and have your child return it to his/her school promptly. Thank You.

1. What language did your child first learn to speak? ____________________________

2. What language does he/she speak most often? ____________________________

3. What language does he/she most often speak at home? ____________________________

4. What language do you most often use when speaking to your child? ____________________________

Signature of Parent/Guardian: __________  Date: __________

Name of Translator (If used): __________  Date: __________