





Required Enrollment Documents

Congratulations on your child's enrollment into one of our schools for the 2020-2021 school year.

In order to complete the registration process, please provide the following items to school staff by the end of May 2020:

- 1) Student birth certificate
- 2) Shot records
- 3) Health history form
- 4) Language Questionnaire
- 5) Signed records request
- 6) Copy of IEP or 504 (if applicable)

If your student has an IEP (Special Education Services) or a 504 plan from a previous school, our school staff will review these documents to ensure that we can meet the educational plan of your student. We will require 10 business days for this process and will contact you directly upon review of records.

You may turn in your enrollment documents at the following locations:

Academy of Advanced Learning: 431 Sable Blvd., Aurora

9 a.m. to 4 p.m., Monday through Friday

Coperni 2: 525 E. Costilla, Colorado Springs

9 a.m. to 4 p.m., Monday through Friday

Coperni 3: 755 Citadel Drive West, Colorado Springs

9 a.m. to 4 p.m., Monday through Friday

Failure to submit the documents may result in your child being taken off our enrollment list in order to make room for a student on the waiting list.

Thank you for understanding and for working with us to provide your child a world-class education.

HEALTH INFORMATION

Must be updated annually

'Confidential information will be shared with school staff on a need to know basis'

Student Name:	G	rade:	School:	
Date of birth:		ge:	Teacher:	· · · · · · · · · · · · · · · · · · ·
Does your child currently h	ave any of the following health	concerns? (Please cire	cle if applica	ble)
Dr. Diagnosed ADD/ADHD	Dr. Diagnosed AUTISM SPECTRUM	Dr. Diagnosed Hea	rt Condition	Dr. Diagnosed Emotional Condition
Medication:	Medication:	_ WITH ACTIVITY re	estrictions	Eating Disorder
Dr. Diagnosed ASTHMA	Bowel/Bladder Issues	Hearing Loss		Migraine Headaches
Medication:	Diabetes: Type	Head Injury		Seizures
Please describe the circled co	ondition above in greater detail: _			
List any other current medica	al concerns:			
Is your child currently taking	any other medication not listed abo	ove? Yes / No (Us	e back of this pa	per for additional space if needed)
Medication/Dose/Time Taken:	i			
	:			
Does your child have any act	ivity/dietary restrictions? Yes / I	No If yes, please list:		
If yes, list allergy and react Required Parent Information be providing rescue medicatio	ignificant life threatening allerging ion: g: (circle one) I WILL or I WI on such as Epinephrine for severe allewiding rescue medication, EMS (911)	LL NOT rgy noted above.	-	
Date/Location of the last visi	on exam:			
Does your child wear glasses	or contacts? Yes / No Vision D	iagnosis:		
Has your child had a hospital	ization or surgery within the last	year? Yes / No		
Student's Physician / Phone #	#: <u> </u>			
Does your child have Medica	aid? Yes / No			
ambulance service is necessar	In case of serious illness or injury, firey, parents must assume financial responded to (Hospital/Address)	onsibility. If I cannot be	reached by tel	ephone in the event of an
	school health officials permission to octor's office to fax shot records to t	talk our child's doctor	act Phone Nu about immuni	` '
Form Completed by:	Relat	ionship to Child:		Date:
Last School Child attended:				

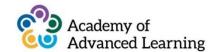






Request and Release of Student School Records

		Date of Request://				
	,					
(Students Last Name)	(Student First Name)	(Date of Birth)	(20-21 Grade)			
Former School Information:						
(School Name)	(Address)	(City)	(State)			
())				
(School Main Phone Number)	(9	(School Fax Number)				
The following are student records	that are hereby being req	juested:				
☐ Transcripts (Official or Unofficial)	☐ Attendance	☐ Discipline Records				
☐ Grades	☐ Immunization Records	☐ All Test Scores	☐ All Test Scores			
□ READ Plan	☐ Reading Level Info.	☐ TCAP/CSAP/ALP	P/CSAP/ALP			
□ ELL Info.	☐ Health/Medical Records	☐ Birth Certificate				
☐ Psychologial/Sociological Records	☐ Current IEP	☐ Current 504 Plan				
☐ All of the above	☐ Other					
Please email all records to our offi Academy of Advanced Learning: info@aa Coperni 2: info@coperni2.org Coperni 3: info@coperni3.org	_	m.				
(Name of School Official Requesting	g—Printed) (S	(Signature of School Officia				
(Parent/Guardian Signature)		(Date)				







Home Language Questionnaire

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

Name of child:					
Last	First	Middle	Grad	le A	Age
1. Which language did your child	first learn to speak? _				
2. What language does your child	use most often at ho	ome?			
3. What language do you most of	ten use to speak to ye	our child?			
4. In what country was your child	born?				
5. If your child was not born in the	e USA, what date did	they enter the USA	?		
Signature of Parent or Guardian		_	Date		
Nuestra escuela necesita saber el es necesaria para proveer la mejo		•			
Nombre del alumno:					
Apellido		nombre S	egundo Gr	ado Ec	dad
1. Que idioma comenzó su hijo/a	hablar primero?				
2. Que idioma usa más su hijo/a e	en la casa?				
3. Que idioma usa usted con más	frecuencia para habl	ar con su hijo/a?			
4. En que país nació su hijo?					
5. Si no nació en los EEUU en qué	fecha entró su hijo/a	a a los EEUU?			
Firma del Padre o Guardian		– Fe	 echa	_	