Congratulations on your child’s enrollment into one of our schools for the 2023-2024 school year.

In order to complete the registration process, please provide the following items to school staff by the end of May 2023:

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. The school may call a 504/IEP before making a final determination to ensure your child is provided a free and appropriate education in a setting that meets your student's placement requirements.

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

**Academy of Advanced Learning:** 431 Sable Blvd., Aurora  
9 a.m. to 5 p.m., Monday through Friday

**Coperni 2:** 525 E. Costilla, Colorado Springs  
9 a.m. to 5 p.m., Monday through Friday

**Coperni 3:** 755 Citadel Drive West, Colorado Springs  
9 a.m. to 5 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: _________________________________       Grade: ____________     School: _________________________
Date of birth: __________________________________       Age: ______________    Teacher: ________________________

Does your child currently have any of the following health concerns? (Please circle if applicable)

<table>
<thead>
<tr>
<th>Dr. Diagnosed ADD/ADHD</th>
<th>Dr. Diagnosed AUTISM SPECTRUM</th>
<th>Dr. Diagnosed Heart Condition WITH ACTIVITY restrictions</th>
<th>Dr. Diagnosed Emotional Condition Eating Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:____________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr. Diagnosed ASTHMA</th>
<th>Bowel/Bladder Issues</th>
<th>Hearing Loss</th>
<th>Migraine Headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:__________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______________________</td>
<td>Diabetes: Type________</td>
<td>Head Injury</td>
<td>Seizures</td>
</tr>
</tbody>
</table>

Please describe the circled condition above in greater detail:

_______________________________________________________________________________________________________

List any other current medical concerns:

_______________________________________________________________________________________________________

Is your child currently taking any other medication not listed above? Yes / No (Use back of this paper for additional space if needed)

Medication/Dose/Time Taken:

Medication/Dose/Time Taken:

Does your child have any activity/dietary restrictions? Yes / No If yes, please list:

_______________________________________________________________________________________________________

Does your child have any significant life threatening allergies that you feel school personnel need to know about? Yes / No
If yes, list allergy and reaction:

Required Parent Information: (circle one) I WILL or I WILL NOT be providing rescue medication such as Epinephrine for severe allergy noted above.

I understand that by NOT providing rescue medication, EMS (911) will be called if an emergency arises and agree to Emergency Care Permit listed below.

Date/Location of the last vision exam: ____________________________

Does your child wear glasses or contacts? Yes / No  Vision Diagnosis: ____________________________

Has your child had a hospitalization or surgery within the last year? Yes / No ____________________________

Student’s Physician / Phone #: ____________________________________________

Does your child have Medicaid? Yes / No ____________________________

Emergency Care Permit: In case of serious illness or injury, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility. If I cannot be reached by telephone in the event of an emergency, please send my child to (Hospital/Address) __________________________________ or the nearest medical facility.

Parent/Guardian Signature

Best Contact Phone Number(s)

I am also giving the school health officials permission to talk our child’s doctor about immunizations. This includes permission for the doctor’s office to fax shot records to the school.

Form Completed by: ____________________________ Relationship to Child: ____________________________ Date: ____________________________

Last School Child attended: ____________________________________________

Revised 2-28-17
Request and Release of Student School Records

Date of Request:_____/_____/_____

_________________________________, _______________________
(Students Last Name)    (Student First Name)

_____/_____/_____
(Date of Birth)

________
(23-24 Grade)

Former School Information:

______________________________       _____________________________  ______________________  ______
(School Name)  (Address)  (City)  (State)

(_______) ______________________________  (_______) _______________________________
(School Main Phone Number)  (School Fax Number)

The following are student records that are hereby being requested:

☐ Transcripts (Official or Unofficial)    ☐ Attendance
☐ Grades                                    ☐ Immunization Records
☐ READ Plan                                  ☐ All Test Scores
☐ ELL Info.                                  ☐ TCAP/CSAP/ALP
☐ Psychological/Sociological Records        ☐ Health/Medical Records
☐ All of the above                          ☐ Current IEP
☐ Other _______________                     ☐ Current 504 Plan

Please email all records to our office manager or admin team.
Academy of Advanced Learning: info@aalk8.org
Coperni 2: records@coperni2.org
Coperni 3: info@coperni3.org

________________________________________________  ____________________________________________
(Name of School Official Requesting—Printed)  (Signature of School Official)

_______________________________________________ _____/_____/_____
(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     Grade      Age

1. Which language did your child first learn to speak? ______________________________
2. What language does your child use most often at home? _________________________
3. What language do you most often use to speak to your child? _____________________
4. In what country was your child born? ________________________________
5. If your child was not born in the USA, what date did they enter the USA? ___________

_____________________________________    __________________
Signature of Parent or Guardian         Date

Preguntas del Lenguaje Hablado en Casa

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos.

Nombre del alumno: __________________     ________________     _____________     ______        ______

Apellido                        Primer nombre                Segundo     Grado     Edad

1. Que idioma comenzó su hijo/a hablar primero? ________________________________
2. Que idioma usa más su hijo/a en la casa? ________________________________
3. Que idioma usa usted con más frecuencia para hablar 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 los EEUU? ______________

_____________________________________    __________________
Firma del Padre o Guardian         Fecha