

Lake George Charter School

2021-2022

Signature and Information Page

*Please sign and return all forms by August 9, 2021. Children will not be enrolled until **all** forms and fees are received. One form will need to be filled out per child.*

- Student Enrollment Form
- Emergency and Alternate contacts
- Proof of Residency (One per family)
- Birth Certificate (New students only)
- Educational History (New students only)
- Home Language Checklist (New students only)
- Race/Ethnicity (New students only)
- Proof of Insurance
- Custody Agreement (If Applicable)

- Health Screening Questionnaire
- Allergy/Health History Form
- Emergency Medical Authorization
- Permission to Medicate
- Immunization **or** exemption Form

- Internet Use Agreement
- Media Release

- Student Handbook Review
- Supply Fee
- Dismissal Procedures
- Request of Records

Parent/Guardian Signature

Date

* Your Signature indicates that you have received and understand the enclosed information.

Lake George Charter School
 Park County School District RE-2
 Enrollment and Confidential Information Form

STUDENT ENROLLMENT FORM

Child's Name: _____ Sex: ____ M ____ F

Birth Date: _____ Birth Place: _____

Child's Home Address: _____

County: _____

School District of Residence: (check one) Park Co RE-2____ Cripple Creek/Victor RE-1____ Woodland Park RE-2____

Home Phone: _____

1st Parent's Name: _____

Occupation: _____ Employer _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (If different from child) _____

2nd Parent's Name : _____

Occupation: _____ Employer _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (If different from child) _____

Child lives with: Both Parents Mother Father Other: _____

If the student is not living with the natural parents, does guardian have legal custody? Y N

****If YES, please provide documentation.***

Will the student be a year round resident of the legal guardian? Y N

Has the student been enrolled in the Park County School District previously? Y N

Siblings living at the same address:

Last Name	Middle Name	First Name	Date of Birth

Student's Name: _____ Date: _____
Last First Middle Initial

EMERGENCY AND ALTERNATE CONTACTS:

In the event your child experiences illness or injury during school, **OR** you need to have someone other than yourself pick up your child, please list at least 2 contacts (other than yourself) who are **ALLOWED** to pick up your student if we are unable to reach a Parent/Guardian in case of an emergency.

1st Emergency Contact: _____ Relationship: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____

2nd Emergency Contact: _____ Relationship: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____

3rd Emergency Contact: _____ Relationship: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____

4th Emergency Contact: _____ Relationship: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____

1^{5th} Emergency Contact: _____ Relationship: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____

PLEASE NOTE: It is the responsibility of the parent or guardian to provide the school with any changes in addresses, phone numbers or emergency contacts. We CANNOT allow children to be taken from school by anyone other than a parent or guardian without WRITTEN consent from the parent or guardian.

*****Students who are ill CANNOT remain at school under any condition.*****

*****Students who have been absent should not attend after school activities.*****

X

Parent/Guardian Signature

Proof of Residency

AFFIDAVIT OF STATE OF COLORADO RESIDENCY

Pursuant to 1CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student's residency is documented and verified, both upon initial enrollment and annually thereafter. Colorado residency is determined by the student and Parent or legal guardian currently residing within the state of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes. Reasonable evidence of residency from the student's parent/guardian pursuant to Section 8.06.4:

Please complete all required fields (*) in order to evidence Colorado residency for those students listed below for purposes of residency status for the Colorado Department of Education. Failure to complete all required fields (*) will result in an invalid/incomplete Affidavit. *We also need a copy of a utility bill or mortgage bill with the physical address listed.*

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Affidavit by Parent or Legal Guardian:

*Name of Person Completing this Affidavit: _____

*Relationship to student(s) listed below:

- _____ Parent
- _____ Guardian

If Online student, name of Online School/Program: Virtual Village - Lake George Charter School

Student: _____ Grade: _____

*Physical address (cannot be a post office box or general delivery at a post office) for all students listed above.

Address: _____

Street (Physical) Apt. #

City County State Zip

I do hereby swear and affirm, under penalty of perjury, that my child, as listed above, and I are/will be residents of the state of Colorado for the 2021-2022 school year.

***Parent/Guardian Signature:** _____ **Date:** _____

Student's Name: _____
Last First Middle Initial

EDUCATIONAL HISTORY:

Entered a Park County School: _____

Date

Last School Attended: _____

(If not in Park County RE-2)

Has student attended other schools in the past year? ____ Yes ____ No New to Educ: _____

Where: _____ New to State: _____

(Please check those that apply to your child)

____ Attended Preschool? Full Year ____ Partial Year ____

____ Attended Kindergarten Full Year ____ Partial Year ____

____ Missed more than ten days in a school year?

____ Retained a grade? If so, what grade? ____

____ Skipped a grade? If so, what grade? ____

____ Has your child been home schooled in the past? ____ Yes ____ No What Grades? ____

____ Difficulty with reading?

____ Difficulty with math?

____ Difficulty with writing?

____ Intense interest in a particular subject? If so, what subject? _____

____ Dislikes going to school?

____ Any concerns about your child's social skills?

____ Tested for Special Education in the past? If so, when? _____

____ Has student received special services? (i.e. ____ Special Education, ____ Title I

____ Has a 504 Plan been considered?

____ Has a 504 Plan been written?

Is the student currently expelled from another district/school? ____ Yes ____ No

*Please note: A student cannot be enrolled if he/she is currently expelled from another school district.

Grade	Name of School	City/State	Public/Private/Charter School	Home Schooled?	School Years
Prek					
K					
1					
2					
3					
4					
5					
6					
7					
8					

HOME LANGUAGE CHECKLIST

(This information is to be kept in the student's accumulative file.)

Instructions

The purpose of this form is to determine the first or native language of the student or the language spoken in the home. In grades Prek – 8, this form should be filled out by the parent or guardian.

Lake George Charter School

Student's Name: _____ Grade _____

(Print)

Parent/Guardian's Name: _____

(Print)

Address: _____

Phone: _____ Student's Birthplace: _____

1. Did your child learn to speak a language other than English before he/she learned English? ___Y ___N

2. How often is a language other than English used in your home? (Check only one):
 - Only the other language and no English
 - Other language more often than English
 - Other language and English equally
 - English more often than the other language
 - Only English

3. Please describe the language spoken by your child (Check only one):
 - Speaks only the other language and no English
 - Speaks mostly the other language and some English
 - Speaks the other language and English equally
 - Speaks mostly English and some of the other language
 - Speaks only English

4. Please describe the language understood by your child (Check only one):
5. Understands only the other language and no English
6. Understands mostly the other language and some English
7. Understands the other language and English equally
8. Understands mostly English and some of the other language
9. Understands only English

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

Date

X

Parent or Guardian's signature

Student's Name: _____
Last First middle int.

RACE/ETHNICITY
Lake George Charter School

Part A. Do you consider your child to be of Hispanic/Latino origin? (Choose only one)

_____ No – Not Hispanic/Latino

_____ Yes – Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture 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 Alaskan 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.

Parent/Guardian Signature _____ Date _____

ALLERGY HEALTH HISTORY FORM

School Year 2021-2022

Student Name: _____ Date of Birth _____ Grade _____

Parent/Guardian: _____ Today's Date _____

Home Phone: _____ Work: _____ Cell: _____

Primary Healthcare Provider: _____ Phone: _____

Allergist: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a healthcare provider? No Yes

2. History and current status:

A. What is your child allergic to?

_____ Peanuts

_____ Soy

_____ Vapors

_____ Eggs

_____ Insect stings

_____ Tree nuts (walnuts, pecans, etc.)

_____ Milk

_____ Fish/ Shellfish

_____ Latex

_____ Chemicals

3. Trigger and symptoms:

A. What are the early signs and symptoms of your student's reaction? (Be specific; include things the student might say.)

B. How does your child communicate his/her symptoms? _____

C. How quickly do symptoms appear after exposure? _____ Secs. _____ mins. _____ hrs. _____ days

D. Please check the symptoms that your child has experienced in the past:

Mouth: _____ Itching _____ Swelling (lips, tongue, mouth)

Abdominal: _____ Nausea _____ Cramps _____ Vomiting _____ Diarrhea

Throat: _____ Itching _____ Tightness _____ Hoarseness _____ Cough

Lungs: _____ Shortness of breath _____ Wheezing _____ Repetitive Cough

Heart: _____ Weak Pulse _____ Loss of Consciousness

Skin _____ Hives _____ Itching _____ Rash _____ Flushing

_____ Swelling (face, hands, etc)

4. Treatment:

A. How have past reactions been treated? _____

B. How effective was the student's response to treatment? _____

C. Was there an emergency room visit? _____ N _____ Y, explain:

D. Was the student admitted to the hospital? _____ N _____ Y, explain:

E. What treatment or medication has your healthcare provider recommended for use in an allergic reaction?

F. Has your healthcare provider provided you with a prescription for medication? _____ N _____ Y

G. Have you used the treatment or medication? _____ N _____ Y

H. Please describe any side effects or problems your child had in using the prescribed treatment: _____

5. Self-Care:

- A. Is your student able to monitor and prevent the own exposure? _____ N _____ Y
- B. Does your student:
- 1. Know what triggers to avoid _____ N _____ Y
 - 2. Read and understand labels _____ N _____ Y
 - 3. Ask about ingredients _____ N _____ Y
 - 4. Tell an adult immediately after an exposure _____ N _____ Y
 - 5. Wear a medical alert bracelet _____ N _____ Y
 - 6. Tell peers and adults about the allergy _____ N _____ Y
 - 7. Firmly refuses a problem food/trigger _____ N _____ Y
- C. Does your child know how to use emergency medication? _____ N _____ Y
- D. Has your child ever administered his/her own medication? _____ N _____ Y

6. Family/Home

- A. How do you feel that the whole family is coping with your child's allergies? _____
- B. Does your child carry epinephrine in the event of a reaction? _____ N _____ Y
- C. Has your child ever needed to administer that epinephrine? _____ N _____ Y
- D. Do you feel that your child needs assistance in coping with his/her allergy? _____ N _____ Y (If yes, please explain: _____)

7. General Health:

- A. How is your child's general health other than having an allergy? _____
- B. Does your child have other health conditions? _____
- C. Hospitalizations? _____
- D. Does your child have a history of asthma? _____ N _____ Y
- If yes, does he/she have an Asthma action plan? _____ N _____ Y
- E. Please add anything else you would like the school to know about your child's health: _____

8. Notes:

Parent/Guardian signature: _____ Date: _____

Reviewed by R.N.: _____ Date: _____

SCHOOL HEALTH SCREENING QUESTIONNAIRE

Lake George Charter School

Student's Name _____

Last

First

Middle

Date of Birth : _____ Grade: _____ Date: _____

Name of person filling out questionnaire: _____

Relationship to student: _____

1. Child's last routine health exam Date: _____
2. Has there ever been a concern about the age at which your child began: (write "yes" or "no") beside each developmental milestone.
Crawling _____ Walking _____ Talking _____ Bowel and Bladder Training _____
If yes, please explain: _____
-

3. Are there any major health problems in the family? _____ No _____ Yes
If yes, please comment: _____
-

4. **Child's Health History** *Check any of the following that apply:
- | | | |
|--|----------|-----------|
| Psychiatric Disorder (Including anxiety/depression) | _____ No | _____ Yes |
| Liver Disease (i.e. Hepatitis) | _____ No | _____ Yes |
| Headaches/Migraines | _____ No | _____ Yes |
| Diabetes | _____ No | _____ Yes |
| Neurological Disorder (seizures) | _____ No | _____ Yes |
| Renal Disease (kidney) | _____ No | _____ Yes |
| Cancer | _____ No | _____ Yes |
| Respiratory Disease (including asthma/Reactive Airway Disease) | _____ No | _____ Yes |
| Skin/Dermatological Disorder | _____ No | _____ Yes |
| Cardiac Disorder/Hypertension/Cholesterol | _____ No | _____ Yes |
| Immune suppressed | _____ No | _____ Yes |
| Gastrointestinal Disorder | _____ No | _____ Yes |
| Allergies (Please see Allergy Health History form) | _____ No | _____ Yes |
| Other: _____ | _____ No | _____ Yes |
| If yes, is he/she still under treatment? | _____ No | _____ Yes |
| Can the school health service be helpful? | _____ No | _____ Yes |
5. Has your child had any serious illness, surgeries, or injury? _____ No _____ Yes
If yes, is he/she still under treatment? _____ No _____ Yes

Can the school health service be helpful? _____ No _____ Yes

If yes, please comment: _____

6. Has your child had any problems with vision? _____ No _____ Yes

Does your child wear glasses? _____ No _____ Yes

Has your child had any problems with hearing? _____ No _____ Yes

If yes, please comment: _____

7. Is your child on medication? _____ No _____ Yes

If yes, please state medication: _____

Does it need to be given at school? _____ No _____ Yes

If yes, this requires a "Permission to Medicate" form.

8. Does your child have any disabilities/limitations? _____ No _____ Yes

If yes, please comment: _____

9. Does your child have any need for special attention because of health issues? _____ No _____ Yes

If yes, please comment: _____

10. Does your child have sleeping or bedtime concerns? _____ No _____ Yes

If yes, please comment: _____

Does your child have a limited attention span? _____ No _____ Yes

Do you think your child is distractible? _____ No _____ Yes

Is your student impulsive? _____ No _____ Yes

11. Has your child ever experienced any parental separations, divorces or death? _____ No _____ Yes

If yes, which? _____ Age of child at the time: _____

Please describe circumstances: _____

If parents are separated or divorced, how often does the child see the other parent? _____

Is there anything significant about the visits? _____ No _____ Yes Please explain: _____

PERMISSION TO ADMINISTER MEDICATION DURING SCHOOL HOURS

TO BE COMPLETED BY HEALTHCARE PROVIDER

(FOR PRESCRIPTION OR OVER-THE-COUNTER MEDICATION)

(+Complete one form per medication, prescription or over-the-counter medication.)

Name of Student: _____ Date of Birth: _____

Medication: _____ Reason for medication; _____

Dosage; _____ Route: _____ Time: _____

*Please list specific dosage, such as 2 tab/tsp/puffs every 4 hours, not a range, such as 1-2 tab/tsp/puffs every 4-6 hours.

If "as needed" (PRN), indicate when dose can be repeated: _____

Special instructions: _____

Possible side effects: _____

Start Date: _____ End Date: _____

Name of Healthcare Provider(print): _____

Signature of Healthcare Provider with Prescriptive Authority: X _____

Office Phone Number: _____ Fax: _____

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TO BE COMPLETED BY PARENT/GUARDIAN

I understand that whenever possible, medication should be administered at home. I understand that it is my responsibility to furnish the medication to the school in the *original* container marked with my child's name. Any prescription changes will require an additional signed and completed "Permission to Medicate" form.

I give my permission for the school staff to contact the prescribing physician regarding this medication. I understand that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by The Lake George Charter School, the undersigned parent or guardian agrees to release Lake George Charter School and it's personnel from any legal claim which he, she or their child may now have or may hereafter have arising out of side effects or other medical consequences of the medication. I hereby give my permission for the student named above to take the medication at school as ordered.

Name of Parent/Guardian (print): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Student: _____ Date of Birth: _____ Grade: _____
Address: _____ City _____ State _____ Zip _____

RESIDENTIAL PARENT OR GUARDIAN: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

2nd Contact: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

3rd Contact: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

4th Contact: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

Purpose – To enable Parents/Guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Please list facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

~ Medications taken at home and/or at school; _____

~ Allergies: _____

~ Medical Conditions: _____

~ Surgeries: _____

PART I OR PART II MUST BE COMPLETED

PART I – To grant consent

I hereby grant consent for the following medical care providers and local hospitals to be called:

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Medical Specialist _____ Phone Number _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery..

Signature of Parent/Guardian _____ Date: _____

Street Address _____ City _____ State _____ Zip _____

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DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

PROOF OF INSURANCE

Dear Parent/Guardian:

The Lake George Charter School and Park County RE-2 ***does not*** provide coverage for students while attending or participating in school sponsored extra-curricular activities. We request the following form be completed by parents/guardians for all students attending Park County Schools.

I hereby certify that _____ has adequate health, accident,

Student's Name

and hospitalization coverage with:

(Name of Insurance Company)

(Address of company)

(Policy Number or group Number)

Phone Number

***** OR *****

We understand the Lake George Charter School/Park County School District RE-2 ***does not*** Provide student health insurance coverage.

_____ (Student's Name) has permission to participate in school sponsored activities with the understanding the school, staff, or district will not be held responsible in any manner for the payment of any charges incurred as a result of participating in such activity.

THE SCHOOL WILL NOT BE HELD RESPONSIBLE IN ANY MANNER FOR INJURY PAYMENT OR PROCEDURES IN MAKING CLAIMS.



(Signature of Parent/Guardian)

(Date)

DISMISSAL PROCEDURES

Lake George Charter School
Park County District RE-2
2021-2022

The dismissal bell rings at 4:00. You have been/will be issued a number that represents your family. When you arrive at the school, a staff member will radio in your number, signaling your child to leave the school. Please use the carpool lane and remain in your vehicle, if possible. If you need to come into the school, please park in the designated area in front of the school. Display your family number in your front windshield and move forward as other vehicles move or when instructed. Children **MUST** enter the car through the passenger side. Please **DO NOT** exit your vehicle. If you need to help your child in any way, such as buckling into a car seat, please park in the lot and pick up your child at the door. On most days, the line of cars extends out onto US Hwy 24, so we need to keep the line moving quickly and safely.

If you have not arrived by 4:15, we will begin calling you or your designated emergency contacts for someone to come for your child. If no one has arrived by 4:30 or called to make arrangements for a staff member to stay after hours; at a cost to the parent, law enforcement may be notified to pick up your child. The cost to late parents will be \$20 for pickup between 4:31 – 5:00, and another \$20 between 5:01 – 5:30. This also applies to half hour intervals following after school activities.

We understand that emergencies happen. If this is the case, please call the office at 748-3911 and let us know.

Thank you,

Dr. Lee Ann Wade
Administrator
719-748-3911 ext. 104

Family Name: _____

File: JS-E-Rev.

STUDENT USE OF THE INTERNET AND ELECTRONIC COMMUNICATIONS
(Annual Acceptable Use Agreement)

STUDENT

I have read, understand, and will abide by the Charter School's policy on Student Use of the Internet and Electronic Communications. Should I commit any violation or in any way misuse my access to the Charter School's computers or computer system, including use of the internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the Charter School from all costs, claims, damages or losses resulting from my use of Charter School computers and computer systems, including use of the internet and electronic communications, including, but not limited to any use fee or charges incurred through the purchase of goods and services.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the Charter School's policy on Student Use of the Internet and Electronic Communications and understand its' significance.

Student's Name (Please print)

Date of Birth

X _____
Student's signature

Date

STUDENT USE OF THE INTERNET AND ELECTRONIC COMMUNICATIONS

Parent or Guardian

If the user is less than 18 years of age, a parent or guardian must also sign this Agreement.

As the parent or guardian of this student, I have read the charter school’s policy on Student Use of the Internet and Electronic Communications. I understand that access to the internet and electronic communications is designed for educational purposes and that the charter school has taken reasonable steps to block or filter material and information that is obscene, child pornography, or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible the charter school to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the charter school responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child’s internet or electronic communications use is not in a school setting.

I hereby release the charter school from all costs, claims, damages, or losses resulting from my child’s use of charter school computers and computer systems, including use of the internet and electronic communications, including, but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue and internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

Your signature on the Acceptable Use Agreement is binding indicates you have read the charter school’s policy on Student Use of the Internet and Electronic Communications and understand its’ significance.

Parent/Guardian’s Name (Please print)

Student’s Name

Parent/Guardian’s Signature

Date

MEDIA RELEASE FORM

Lake George Charter School

38874 US Hwy 24

PO Box 420

Lake George, CO 80827-0420

Phone: 719-748-3911

Fax: 719-748-8151

At times during the school year, school personnel and/or the news media may ask to interview and/or photograph students. While we enjoy having school events publicized, we respect your right as a parent to decide whether or not to have your child participate in an interview, have his/her picture in the newspaper or on the school website. Please indicate whether you agree to have your child's photograph or interview by completing the form below and returning to the school office.

Please check on box only

- I hereby give permission to allow my child to be photographed and/or interviewed by the media. I agree to allow my child to participate in media projects without financial remuneration, and I understand that this releases the school/District from any future claims, as well as from any liability, arising from the use of the said interview/photograph.
- I ***DO NOT*** grant permission for the school/internet/news media to take or use any interview/photograph of my child.
- I hereby give permission to allow my child's photo to be use by the media on ***IF*** the photo is a group shot where individual children are ***NOT*** identified.

Name of child: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Date: _____

*NOTE: All of the students attending LGCS will be in the annual yearbook, which is available for purchase at the end of the school year. You may amend this form for future uses/preferences by notifying the office in writing of your request.

Lake George Charter School

38874 US Hwy 24

PO Box 420

Lake George, CO 80827-0420

Phone: 719-748-3911 Fax: 719-748-8151

LGSchool@lgcsco.org

www.lakegeorgecharterschool.org

Lake George Charter School requests the release of all student records, including personal, medical, Special Education, and Psychological information for the following student:

(Please send all records to the address above.)

Student's Name: _____ Date of Birth _____ Grade _____

Colorado Student ID# _____

Previous School's Name and Address:

Phone # _____

Fax # _____

X _____

Parent/Guardian Signature

(Family Educational Rights and Privacy Act of 1974 states that a parental signature is not required for transfer of records between schools.)

INFORMATION REQUESTED:

_____ Immunization records

_____ Academic records

_____ Standardized test records (Including CMAS scores)

_____ Discipline records (including suspension and/or expulsion records)

_____ Special services/IEP records (including all testing, most recent IEP, and triennial report)

_____ Medical records (including medications)

_____ Birth Certificate (official state form)

Administrative Secretary

Print Name

Date sent _____

Date records received _____

SUPPLY FEE

**Lake George Charter School
Park County School District RE-2**

If the student's first day falls between August 23, 2021-December 31, 2021 Fee = 50.00

If the student's first day falls between January 1, 2022-May 26, 2022 Fee = 25.00

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Date _____

Student's Name _____ Grade _____

Amount Paid \$ _____

Parent/Guardian Signature _____

For Office Use	
Amount Paid \$ _____	Cash _____
	Check # _____
	My School Bucks _____
Staff Initials _____	Date _____