ST. PIUS X SCHOOL
13680 East 14th Place, Aurora, CO 80011
303-384-6515

REGISTRATION PACKET FOR
NEW FAMILIES/STUDENTS – PRE-KINDERTGARTEN – 8TH GRADE
FOR SCHOOL YEAR 2023-24

ALL REQUESTED INFORMATION MUST BE COMPLETED:

Today’s Date__________

For government reporting purposes, students must be correctly identified with both an ethnicity and race. Please enter both ethnicity and race below based on the following government criterion.

ETHNICITY: Hispanic/Latino or Non-Hispanic/Latino

RACE: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, Multi-Racial (two or more racial categories), or White (if you do not identify with any other race group, you must identify as White).

1. STUDENT’S FULL NAME: ________________________________
   Last           First           Middle
   Student’s Ethnicity: ________________________________
   Student’s Race: ____________________________
   Birthdate: ___________ Grade for 2023-24 ___________ Male _____ Female _____

2. STUDENT’S FULL NAME: ________________________________
   Last           First           Middle
   Student’s Ethnicity: ________________________________
   Student’s Race: ____________________________
   Birthdate: ___________ Grade for 2023-24 ___________ Male _____ Female _____

3. STUDENT’S FULL NAME: ________________________________
   Last           First           Middle
   Student’s Ethnicity: ________________________________
   Student’s Race: ____________________________
   Birthdate: ___________ Grade for 2023-24 ___________ Male _____ Female _____

(Child must be 3 years old and toilet trained to enter Pre-School, 4 years old by 10/1 to enter pre-kindergarten, 5 years old by 10/1 to enter Kindergarten, and 6 years old by 10/1 to enter First Grade. Copies of birth certificates and immunization records for ALL students applying for enrollment MUST accompany this registration packet. All students must have an immunization record or an exemption form on file with St. Pius X Catholic School.)
Student(s) lives with: _____Both Parents _____Father _____Mother _____Stepmother_____ Stepfather

Non-Resident Father's Name: ___________________________ Non-Resident Mother's Name: ___________________________

Custodial Information: I understand that it is my responsibility to provide St. Pius X Catholic School copies of any legal custody issues they need to be aware of. Parent (s) initials ___________ ___________

RECOMMENDED RELIGIOUS DENomination________________________________________

PARISH AFFILIATION__________________________________________________________

If Catholic, please provide copies of ALL Sacramental documents received to date and as the child/children continue to receive them.

Does your child(ren) have an IEP or 504 Plan? Yes _____ No _____

If yes, which child __________________________________________. Please bring a copy to your child’s testing.
Technology Agreement & Acceptable Use Policy

We are very pleased to bring internet access to St. Pius X Catholic School and believe the Internet offers vast, diverse, and unique resources to both the student and teachers. Our goal in providing this service to teachers and the student is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

Students and staff are responsible for their behavior, actions, and communications when using the school’s network and computer technology. They are responsible for the appropriateness and content of material they store, transmit, or publish on the system. General school rules for behavior and communication apply. Technology resources that are covered by this agreement include, but are not limited to, computers, servers, disk drives, printers, scanners, video and audio devices, cameras, software, telephones, electronic science probes, and other electronic computing resources.

Students will participate in a training class prior to being allowed to access the network, internet or use the e-mail system. During this training the students will learn the proper use of technology as well as the laws that govern e-mail and internet use.

I. Internet/Network Use

a. The student will access the internet and network services at the direction of the teachers and for educational purposes only.

b. The student will never access the other folders or files.

c. The student will not post or distribute any pictures or documents that are considered defamatory, inaccurate, abusive, obscene, threatening, offensive, or contrary to the teachings of the Catholic Church.

d. The Student will not access sites that are deemed obscene, constitute pornography, or are contrary to the mission of the school. In the event that the student accesses an inappropriate site accidentally he/she will notify the teacher immediately.

e. The student agrees never to use the internet for any activity that is considered illegal, criminal, or contrary to the teachings of the Catholic Church.

f. The student will abide by all laws regarding copyright and plagiarism.

g. The student agrees never to tamper with or vandalize the property of the school or other users.
h. The student agrees never to download or upload any file, application or resource to or from the schools network without prior permission of a teacher or system administrator.

i. The student agrees to report any misuse to the teacher or system administrator.

j. The school is not responsible for loss of data stored on the school computers or network.

II. E-mail Users

a. The student may be assigned an e-mail address to be used for educational purposes. E-mail will be used for teacher-sponsored activities.

b. The student will be polite in all communications. The use of inappropriate language, which includes vulgarity, obscenities, threats or suggestive statements, is strictly prohibited.

c. The student agrees to keep his/her password and passwords of others confidential.

d. The student should never reveal personal information about themselves or others. This includes name, age, gender, photo, address, phone and other information that could allow a person to locate the user.

e. The student agrees to never arrange a meeting with any person while using the school's e-mail system.

f. The student agrees to notify a staff member if a request for personal information, harassing or threatening statements, or any transmission that causes the receiver to feel uncomfortable is received through the school's account.

g. The student may not use chat rooms or instant messaging services.

III. Consequences

a. The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Violation of any part of this policy can result in the following actions depending on the severity of the action. The school administration will determine the appropriate consequence.

i. Temporary suspension of privileges.

ii. Permanent suspension of privileges.
iii. Suspension from school.

iv. Expulsion from School

v. Report to local, state, or federal officials.

IV. Privacy

There is no absolute Right to Privacy when using the school's computer resources. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. School administration, faculty, and other authorized persons will have the right to review any and all material saved, transmitted, accessed, or momentarily in use by the student in accord with the policy set by the school's administration. This right is extended to the student's parents and/or legal guardian in accord with the school's policy for review of student records and/or work. Users should not expect that files will be private.

V. Disclaimer

a. With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. St. Pius X Catholic School has taken precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information.
Student Agreement and Parent Permission form

Student Name ________________________________

Grade ________________

Teacher ________________________________

As a user of the computer network, I hereby agree to comply with the above stated rules – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

___________________________________________________________________________    __________
Student Signature                                      Date

___________________________________________________________________________
Parent/Guardian Signature

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services, such as the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media. I have read, understand, and explained this policy to my child. I agree that my child shall comply with the terms of the policy. I understand that access is being provided to the student for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child’s responsibility for abiding by the Policy.

___________________________________________________________________________    __________
Parent Signature                                      Date
Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated. Your responses to these questions will not impact the quality of instruction provided to your child. Thank you!

**Student Name (Please Print)**

**Grade**

**Date of Birth**

1. **What language(s) is spoken in the student’s home or residence?**
   - English
   - Other
   - Specify

2. **What language(s) are spoken most of the time to the student, in the home or residence?**
   - English
   - Other
   - Specify

Questions 3-6 relate to a language a student understands from the development of the language in the home. Questions 3-6 are not asking about a language a student may be learning in a foreign language course at school.

3. **What language(s) does the student understand?**
   - English
   - Other
   - Specify
   - *If English only, skip questions 4, 5, 6 and 7*

4. **What language(s) does the student speak?**
   - English
   - Other
   - Specify

5. **What language(s) does the student read?**
   - English
   - Other
   - Specify
   - Does Not Read

6. **What language(s) does the student write?**
   - English
   - Other
   - Specify
   - Does Not Write

7. **In your opinion, how well does the student understand, speak, read and write English?**

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Only a little</th>
<th>Not at all</th>
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<tbody>
<tr>
<td>Understands English</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Speaks English</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Reads English</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Writes English</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

**Signature of Parent or Guardian**

**Date**

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\paul\data\users\hernandez\My Documents\Registration Packets\2019-20\HLQ Form 2019-20.doc
**SECTION I: GENERAL INFORMATION**

- **Student Name**
- **First**
- **Last**
- **Middle**
- **Student Date of Birth**
- **Male**
- **Female**
- **Student Lives With**
- **Home Phone Number**
- **Student Address (include city and zip)**
- **If Catholic, Parish Affiliation**
- **In case of illness or emergency, who should be contacted first**

**Mother/Guardian Information**

- **Last Name**
- **First**
- **Home Address (include city and zip)**
- **Place of Employment (include address)**
- **Phone Numbers**
- **Home**
- **Work**
- **Cell**
- **E-mail address**

**Father/Guardian Information**

- **Last Name**
- **First**
- **Home Address (include city and zip)**
- **Place of Employment (include address)**
- **Phone Numbers**
- **Home**
- **Work**
- **Cell**
- **E-mail address**

**Student lives with**

- (If your child is picked up after school by a day care center or a permanent babysitter, please indicate this information below)
- **Name of child care person/center**
- **Address**
- **Phone**

**SECTION II: PERSONS AUTHORIZED TO PICK UP CHILD (INCLUDING PARENTS/GUARDIAN)**

- **Name Last**
- **First**
- **Relationship**
- **Phone Home**
- **Work**
- **Cell**
- **Address (include city and zip)**

- **Name Last**
- **First**
- **Relationship**
- **Phone Home**
- **Work**
- **Cell**
- **Address (include city and zip)**

- **Name Last**
- **First**
- **Relationship**
- **Phone Home**
- **Work**
- **Cell**
- **Address (include city and zip)**
### EMERGENCY INFORMATION

#### SECTION III: SPECIFIC PERSONS NOT AUTHORIZED TO PICK UP CHILD

Please include a copy of appropriate court order or legal documentation.

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Relationship</th>
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#### SECTION IV: EMERGENCY CONTACT PERSONS

(Other than parents/guardians)

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<th>Name Last</th>
<th>First</th>
<th>Relationship</th>
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<th>Phone Home</th>
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<th>Address (Include city and zip)</th>
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<th>Phone Home</th>
<th>Work</th>
<th>Cell</th>
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<th>Address (Include city and zip)</th>
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#### SECTION V: MEDICAL INFORMATION

Doctor’s Name ___________________________ Phone ___________________________

Doctor’s Address (include cit and zip) ___________________________

Allergies: ________________________________________

Chronic Medical Conditions(s) (e.g. diabetes, heart disease, contacts, hearing aids, asthma, epilepsy etc) ________________________________________

Medication(s) Student is Currently Taking: ________________________________________

Is medication needed at school? Yes [ ] No [ ] Name of Medication: ___________________________

(If yes, complete the medication form located in the school handbook)

<table>
<thead>
<tr>
<th>Hospital Preference Name</th>
<th>City</th>
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<table>
<thead>
<tr>
<th>Medical Insurance Company</th>
<th>Policy Number</th>
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<tr>
<th>Dentist’s Name</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Dentist’s Address (include city and zip)</th>
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#### SECTION VI: MEDICAL AUTHORIZATION

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached the above emergency contacts can be called to pick up my child.

Signature ___________________________ Date ___________________________

#### SECTION VII: STUDENT RECORDS UPDATE

(I understand that I must keep my child’s records up to date with current information)

<table>
<thead>
<tr>
<th>Parent or Legal Guardian’s Signature</th>
<th>Date</th>
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*Secretariat for Catholic Schools|FORMS|EMERGENCY INFORMATION CARD.doc* Side 2 July, 2006
PHOTOGRAPHIC AND INTERVIEW RELEASE FORM

RETURN TO YOUR HOMEROOM TEACHER THE FIRST DAY OF SCHOOL
(Homeroom teacher of your youngest or only child at St. Pius X Catholic School)

PHOTOGRAPHIC AND INTERVIEW RELEASE FORM: I hereby grant consent to use and release to the Catholic Archdiocese of Denver and St. Pius X Catholic School the use of my child's (children's) name(s) and likeness(es), whether in still, motion pictures, audio and video tape, photographs and/or reproductions of my child (children) including voice (which includes commentary, remarks, and/or recordings); features, with or without name(s), for any promotional purposes involving the Archdiocese or parish/school/entity, for news and/or feature stories in the Denver Catholic or other media (which includes internet, print, radio, television) or for other purposes whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or expectation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians; therefore, this release form must be signed by parent/guardian, when the individual is a minor.

_____I agree to allow my child (children) to participate as outlined above.

_____I DO NOT agree to allow my child (children) to participate as outlined above except for use of photographs and names in the school yearbook.

_________________________  __________________________
Parent/Guardian Signature  Print Name

Please print student(s) name(s)

_________________________
_________________________
_________________________
_________________________
This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse [APN] or delegated physician’s assistant [PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

<table>
<thead>
<tr>
<th>Required Vaccines</th>
<th>Immunization date(s)</th>
<th>MM/DD/YY</th>
<th>Titer Date*</th>
<th>MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP Diphtheria, Tetanus, Pertussis (pediatric)†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap Tetanus, Diphtheria, Pertussis†</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Td Tetanus, Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hib Haemophilus influenzae type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV/OPV Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PCV Pneumococcal Conjugate</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MMR Measles, Mumps, Rubella ‡</td>
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<tr>
<td>Measles</td>
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<tr>
<td>Mumps</td>
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<tr>
<td>Rubella</td>
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<tr>
<td>Varicella Chickenpox</td>
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</table>

Varicella - date of disease | Varicella - positive screen date

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.
‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

<table>
<thead>
<tr>
<th>Recommended Vaccines</th>
<th>Immunization date(s)</th>
<th>MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV Human Papillomavirus</td>
<td></td>
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</tr>
<tr>
<td>RV Rotavirus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCV4 Meningococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB Meningococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

Health care provider printed name/signature: ____________________________ Date: _______________

Student is current on required immunizations for age (circle one): OR Yes No

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: ____________________________ Date: _______________

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: ____________________________ Date: _______________

Last Reviewed: May 2023
Immunization
Certificate of Medical Exemption
cdphe.colorado.gov/immunization

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. ¹ The Certificate of Medical Exemption must be submitted once unless the student’s information or school changes. Students with an immunization exemption on file may be kept out of a child care facility or school during a disease outbreak. The length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Complete all required fields as indicated by an asterisk* below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows for us to process this exemption in a more expedited manner and to contact you should questions arise.

Student Information:

*Last Name:  *First Name:  Middle Name:
*Date of Birth:  Email:  *Sex:  □ Female  □ Male  □ X

Parent/Guardian Completing This Form:  □ Check if an emancipated student or student over 18 years old

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to cdphe.childexemption@state.co.us.

*Last Name:  *First Name:  Middle Name:
Relationship to student:  □ Mother  □ Father  □ Legal Guardian

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:
School District:  □ Check if Not Applicable
*Address:
*City:  *State:  *Zip Code:

Required Vaccines for School Entry

*Check each vaccine declined:  *List medical contraindication(s) ¹ for each vaccine declined:
- Hepatitis B (HepB)
- Diphtheria, tetanus, pertussis (DTaP, Tdap)
- Haemophilus influenzae type b (Hib)
- Inactivated poliovirus (IPV)
- Pneumococcal conjugate (PCV)
- Measles, mumps, rubella (MMR)
- Varicella (chickenpox)

1Refer to the ACIP General Best Practices Guidelines for Immunization: Guide to Contraindication and Precautions for a list of acceptable contraindications and precautions: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Statement of Medical Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

*REQUIRED Print name, title, signature: ___________________________  *Date: __________
Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107(6), C.R.S.)
*REQUIRED: __________  *REQUIRED: Professional License Number: __________
(State/Territory)

DO NOT use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), and rotavirus (RV).

¹ Colorado Board of Health Rule 6 CCR 1009-2:  https://cdphe.colorado.gov/schoolrequiredvaccine

Under Colorado law, you have the option to exclude your child’s/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: www.colorado.gov/cdphe/cpis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.

Last Reviewed: May 2023
Immunization
Certificate of Nonmedical Exemption
cdphe.colorado.gov/immunization

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health Rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private, and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. “Nonmedical exemption” means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Prior to kindergarten, the Certificate of Nonmedical Exemption must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices (ACIP). From kindergarten through 12th grade, the Certificate of Nonmedical Exemption must be filed every year during the student’s school enrollment/registration process. Students with an immunization exemption on file may be kept out of a child care facility or school during a disease outbreak. The length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Complete all required fields as indicated by an asterisk (*) below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows us to process this exemption in a more expedited manner and to contact you should questions arise.

Student Information:

*Last Name: ___________________________  *First Name: ___________________________  Middle Name: ___________________________

*Date of Birth: ___________________________  Email: ___________________________

*Sex:  ☐ Female  ☐ Male  ☐ X

Parent/Guardian Completing This Form:  ☐ Check if an emancipated student or student over 18 years old

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to cdphe.cisestate.co.us

*Last Name: ___________________________  *First Name: ___________________________  Middle Name: ___________________________

Relationship to student:  ☐ Mother  ☐ Father  ☐ Legal Guardian

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility: ___________________________

School District: ___________________________  ☐ Check if Not Applicable

*Address: ___________________________

*City: ___________________________  *State: ___________________________  *Zip Code: ___________________________

Required Vaccines for School Entry - Place an “X” next to each vaccine for which you are claiming a nonmedical exemption.

| Diphtheria, tetanus, pertussis (DTP) | Tetanus, diphtheria, pertussis (TdP) | Haemophilus influenzae type b (Hib) | Hepatitis B (HepB) | Inactivated poliovirus (IPV) | Measles, mumps, rubella (MMR) | Pneumococcal conjugate (PCV) | Varicella (chickenpox) |

Statement of Exemption

I am the parent/guardian of the above-named student or am the student themself (emancipated or over 18 years of age) and am claiming a nonmedical exemption from the vaccine(s) indicated above. The information I have provided on this form is complete and accurate. I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, https://childvaccineco.org/, and www.immunizeforgood.com/ for additional information on the benefits and risks of vaccines and the diseases they prevent. I can contact the Colorado Immunization Information System (CIIS) at www.covaxrecords.org or my health care provider to locate my child’s/my immunization record.3

*REQUIRED: Signature: ___________________________  Date: __________

Parent/Legal Guardian/Student (emancipated or over 18 years old)

REQUIRED Provider Signature Section:

*REQUIRED: Print Name, Title, and Signature: ___________________________  Date: __________

Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, Registered Nurse (RN) or Pharmacist (authorized pursuant to section 12-240-107 (6), C.R.S.)

*REQUIRED: Colorado professional license number: ___________________________

☐ Check if completed during the school’s designated early registration period for the upcoming school year.

DO NOT use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), and rotavirus (RV).

1 Colorado Board of Health Rule 6 CCR 1009-2: https://cdphe.colorado.gov/schoolrequiredvaccine

2 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf. Based on this schedule, a Certificate of Exemption would be submitted at 2 months, 4 months, 6 months, 12 months, and 18 months of age.

3 Under Colorado law, you have the option to exclude your child’s/your information from CIIS at any time. To opt out of CIIS, go to www.colorado.gov/cdphe/ciis-opt-out-procedures.1

* Please be advised you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.

Last Reviewed May 2023
Consent, Medical Care Authorization, and Release
Reference: Administrator’s Manual Policy # 2240

A new consent form must be completed at the beginning of each school year.

We consent for our child(ren), (hereinafter referred to as “our child(ren)”) to participate and attend (“school”) and in any activity or trip sponsored by the school of the Archdiocese of Denver or any of its affiliated agencies. In exchange for the participation of our child(ren) in such activities, we agree to the following.

We authorize the Designated Supervisor(s) to authorize and consent to any medical care for our child(ren) that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. We agree to pay any expenses related to such medical care. We understand and acknowledge that the Designated Supervisor(s) will attempt to obtain our permission by telephone before authorizing or consenting to any medical care for our child(ren) if time and conditions permit.

We understand and acknowledge that any medical expenses related to illness or injury to our child(ren) are not covered by any insurance program maintained by the Archdiocese of Denver, and that we are responsible for such expenses.

We, individually, and in our capacities as parent and guardians acting on our own behalf and on behalf of our child(ren), release the Archdiocese of Denver, and all of its affiliated agencies, schools, and their respective priests, religious men and women, deacons, teachers, principals, agents, employees, and volunteers, from all demands, claims, or liability, in low or in equity, which has arisen or may arise, for any damage, loss, illness or injury to our child(ren), including but not limited to claims arising out of allergic reactions, and waive any such demands, claims, or liability.

We further agree to indemnify and hold harmless the Archdiocese of Denver, as well as, any of its affiliated agencies and their respective agents, directors, officers, employees, and volunteers, from any and all claims demands made against any of them for any damage, loss, illness or injury to our child(ren).

Child(ren) Names

Date __________________________ Signature, Mother

Date __________________________ Signature, Father
Authorization to Administer Medication
Reference: Policy # 2240

A new authorization form must be completed at the beginning of each school year and each time there is a change in dosage or time of administration.

Parents or guardians are requested to be present to administer any necessary medication to their children whenever possible. If a parent or guardian of the child is unable to be present to administer any necessary medication only a designated trained staff member may administer the medication. No medication, including aspirin, cough and cold medication, decongestants, or other over-the-counter or prescription medications shall be administered by any Registered Nurse (RN) or trained delegated school personnel except under the following conditions:

1. Written instructions from the child’s Licensed Authorized Prescribing Practitioner (LAPP) must be provided, and must state the following:
   ✓ The child’s name
   ✓ The name of the medication;
   ✓ The proper dosage and route of the medication;
   ✓ The purpose of the medication;
   ✓ The time of day/circumstances in which the medication is to be administered;
   ✓ The anticipated number of days the medication must be administered; and
   ✓ Any possible side effects of the medication.

2. Any medication must be brought in a container appropriately labeled by a pharmacy or the child’s LAPP and must be picked up by an adult after the designated time period or it will be discarded. Please ask the pharmacist for a separate labeled medicine bottle to keep at school.

Child’s Name (Printed) ___________________________ Date __________

By signing this document I give permission for my child’s LAPP to share information about the administration of this medication and the child’s health care condition with the school staff designated to administer medication. I hereby authorize an RN any trained delegated school personnel to administer medication to my child according to the written instructions of the child’s LAPP and certify that the above conditions have been met in their entirety.

I release the Archdiocese of Denver, RN and any trained delegated staff members from liability for any adverse reaction suffered by my child as a result of the administration of medication to my child in accordance with the written instruction of the child’s LAPP. I agree to indemnify the Archdiocese of Denver and any trained delegated staff members for any medical expenses, legal expenses, or liability related to any adverse reaction suffered by my child as a result of the administration of (name of medication) ____________________________ to my child in accordance with the written instruction of the child’s LAPP.
I have carefully read this Authorization to Administer Medication, and I understand and agree to each of the covenants and conditions set forth above. This Authorization to Administer Medication is effective for ______________________ (state the relevant time period, such as one day or one week, up to one year for chronic conditions), unless earlier revoked.

Parent or Guardian (Print Name)  

Signature of Parent or Guardian  

Home Phone ______________________  

Cell Phone ______________________  

Work Phone ______________________  

Date ______________________
Licensed Authorized Prescribing Practitioner Authorization to Administer Medication in School
Reference: Policy # 2240

Child’s Name ___________________________________________ Birth Date ____________________

Medication ______________________________________________

Dosage __________________________________________________

To be given at the following time(s) ____________________________

__________________________________________________________________________

Special Instructions ________________________________________________

__________________________________________________________________________

May self-carry □

Purpose of Medication ____________________________________________

__________________________________________________________________________

Side effects that need to be reported _____________________________

__________________________________________________________________________

Starting Date ___________________________ Ending Date _____________

Signature of Licensed Authorized Prescribing Practitioner

Printed Name of Licensed Authorized Prescribing Practitioner

Phone Number ___________________________ Date ________________

If a child has a condition that might require medication on an emergency basis (e.g., in the case of a child’s allergic reaction, asthma attack, etc.), the child’s parent or legal guardian must provide all necessary information and training or instruction to the designated staff members who might be responsible for administering such medication or carrying out such medical procedures.
Family Handbook Acknowledgement of Review

Dear Parents,

Please review the entire Family Handbook with your child(ren) attending St. Pius X Catholic School and then sign and date in the spaces below. The handbook was emailed to all families and paper copies are available at the school office. The Family handbook is considered a contract between the school, St. Pius X, and its families.

Your signature acknowledges that you and your child(ren) have reviewed and understand the contents contained in the Family Handbook.

I also acknowledge that according to Archdiocesan policy the information contained herein is subject to modification, change, interpretation, and elimination at any time at the school’s discretion.

This document is to be returned to the school office the first day of school.

This form will be kept on file in the school.

We greatly appreciate your cooperation in this matter.

________________________________________  __________________________________________
Family Name (Print)                      Student’s Last Name if Different (Print)

________________________________________  _________________________________
Parent/Guardian Signature                Date

All students in the family must sign a form, acknowledging they have read the Handbook, or the Handbook has been read to them.

________________________________________  __________________________________________
Student Signature                         Student Signature

________________________________________  __________________________________________
Student Signature                         Student Signature

St. Pius X Catholic School reserves the right to make changes to the Parent/Student Handbook at any time. Parents and students will be given notice prior to a change in policy.
AUTHORIZATION FOR RELEASE OF INFORMATION

NAME/ADDRESS OF PREVIOUS SCHOOL:

____________________________________

____________________________________

St. Pius X School is hereby authorized to receive and/or inspect records on the following individual:

____________________________________  (Name of Student)

____________________________________  (Birth Date)

Please send:  Scholastic
Medical
Psychological
Sociological
Standardized Test Scores

PLEASE DO NOT SEND ORIGINAL RECORDS
AS TRANSFER RECORDS ARE NOT KEPT AS
PART OF OUR PERMANENT FILES

In addition to the above requested information, I authorize my child's previous school to divulge any behavioral, discipline, and/or academic concerns regarding my child, either verbally or in writing, to St. Pius X School.

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older.

Pursuant to Public Law 380, you are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading, or inappropriate.

____________________________________

THIS RELEASE SHALL BE EFFECTIVE 120 DAYS FROM DATE OF SIGNING.

Please check one of the following

_____ I certify that I am over eighteen years of age, and I am the person who is the subject matter of the
records listed above.

_____ I certify that I am the parent or legal guardian of the person who is the subject matter of the
records listed above, and that said person is under the age of eighteen years.

Date Signed________________________ Signature________________________

THIS AUTHORIZATION WILL BE KEPT ON FILE PURSUANT TO PUBLIC LAW 93-380

CATHOLIC EDUCATION
ARCHDIOCESE OF DENVER CATHOLIC SCHOOLS