



Enrollment for 2024-2025



MUST HAVE for Student Enrollment:

☐ **Proof of Residency in Eaton School District**

One of the following containing parent/legal guardian name:

- Current mortgage statement
- Current signed rental agreement (verified by landlord)
- Signed Contract with closing date
- Warranty deed from closing
- Bill of sale
- Current Utility Bill

☐ **Birth Certificate**

☐ **Current immunization record**

☐ **Custody documentation (if applicable)**

Please return the included documents for each child you are enrolling to their prospective schools. See School contacts sheet for school address and contact info.

☐ **Enrollment** (Page 1)

☐ **Family Information** (Page 2)

☐ **Statement of Residency Affidavit** (Page 3)

☐ **Request for Student Records** (Page 4)

☐ **Enrollment Verification Letter** (Page 5)

☐ **Student Health Information** (Page 6 & 7)

☐ **Home Language Survey** (Page 8)

☐ **McKinney-Vento** (Page 9)

☐ **Optional Documents Included in Enrollment Packet**

- Colorado MEP Occupational Survey
- Household Application for Free and Reduced



Welcome to the Eaton School District RE-2



We invite and encourage you to become an informed, concerned, and involved patron of our school district – whether as a student, a parent, or a tax-paying citizen. We are very proud of our school system.

The following information is designed to give you a brief overview of our schools. Please visit our website www.eaton.k12.co.us to obtain more information regarding our district.

Eaton School District RE-2 Board of Education

Members: Five persons residing in designated director districts and elected for four-year terms;

Director District A: Jennifer Gurnsey
Director District B: Audrey Clary (President)
Director District C: Jeff Oatman
Director District D: Brad Sharp
Director District E: DeAn Dillard

Board Meetings are held the second Monday of each month at 5:30 p.m. at the Eaton School District Office, 211 1st Street, Eaton, CO 80615.

District Office: 211 1st Street
(970) 454-3402
(970) 454-5193 Fax

Superintendent of Schools	Jay Tapia
Director of Student Services	Marcy Sanger
Chief Financial Officer	Luke Gonzales
Transportation Director	Susan Gomez
Food Service Director	Laura Baxley
Maintenance Director	Josh Higgins
District Nurse	Michelle Been

Eaton Elementary School:

Principal
Assistant Principal
Office Administrative Assistant
Grades

225 Juniper Ave
(970) 454-3331
(970) 454-5123 Fax
Anthony Matthews
Mary Whitman
Vicki Ruff
Kindergarten through 5th Grade

Benjamin Eaton Elementary School:

Principal
Assistant Principal
Office Administrative Assistant
Grades

100 South Mountain View Drive
(970) 454-5200
(970) 462-9241 Fax
Kenny Gartrell
Mary Whitman
Nicole South
Kindergarten through 5th Grade

Galeton Elementary School:

Principal
Office Administrative Assistant
Grades

24750 3rd Street, Galeton, CO 80622
(970) 454-3421
(970) 454-2926 Fax
Kim Hielscher
Gracie Garcia
Kindergarten through 5th grade

Eaton Middle School:

Principal
Assistant Principal
Office Administrative Assistants

Grades

114 Park Avenue
(970) 454-3358
(970) 454-1337 Fax
Leigh Florita
Angie Duncan
Heather McDaniel
Jen Clingan
6th grade – 7th grade – 8th grade

Eaton High School:

Principal
Assistant Principal
Athletic Director
Counselors

Counselor Administrative Assistant
Office Administrative Assistants

Grades

1661 Collins St
(970) 454-3374
(970) 454-5190 Fax
Jessica Grable
Tom Shannon
Steve Longwell
Kelly Kochevar

Carey Quaratino
Lisa DeNooy
Kim Carey
9th grade – 10th grade – 11th grade – 12th grade



Please Read Carefully

Residence Requirements for School Enrollments

No student will be permitted to attend Eaton School District RE-2 unless the student is a legal resident of the area served by the school district and is able to furnish a permanent address within the district's boundaries or has an approved "out of district" application from the district office.

The following may be submitted but do not necessarily constitute sufficient proof of residence or that a pupil is within the boundaries of the school district – (warranty deed, current mortgage statement, bill of sale, settlement statement from closing, signed contract with closing date, current signed rental agreement, monthly rental receipt or current utility bill).

Residence information will be verified. A home visit may be included in the verification. Should it be determined that residence requirements are not being satisfied, the pupil's enrollment shall be terminated immediately, upon notification to the parent/legal guardian.

-----Statement of Residency Affidavit

- I. I have read the above provisions
- II. I understand and certify that this affidavit is signed under penalty of perjury and any false information provided herein will render me subject to appropriate penalties for perjury.
- III. I reside at _____ and have resided at this address since _____ to present. (*Residence is defined by the State as the place where the student physically lays their head each night*)
- IV. I will notify the district within 7 days if I no longer reside at the above address.
- V. I have legal custody or guardianship responsibilities for the child(ren) being enrolled.
- VI. The student is living with the following adults: (circle all that apply)

Mother	Father	Guardian	Stepfather	Stepmother	Foster Parents
Brother	Sister	Grandmother	Grandfather	Other	_____

By signing this I declare that the foregoing information is true and correct.

Signature of Person Executing the Affidavit

Relationship to Student

Date

Principal verification: _____

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	
	First	
	Middle	

Birth Date: _____ Colorado ID # (SASID#): _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature	Title	Date
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PLEASE MAIL TO:

Receiving School / District
 Street Address
 Telephone
 Fax

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.



To Whom It May Concern:

It is my intent that my child _____ will enroll
full-time at the Eaton School District on _____ and will be
attending grade _____.

☐ This student is not enrolled at an online school.

Parent/Guardian Signature

Date

Staff Verification _____

Duplicate Count – How is a situation handled if a student has a full-time schedule built in at a brick and mortar school as of the count day and a part-time schedule built in at an online school at the same time? Who gets to count the student? Both schools should submit all documentation that shows the student meets requirement for funding during the duplicate count.

Enrollment for State October Count Day – What documentation is required for a student who enrolls within a school during the October Count Window and the previous district does not withdraw the student. A letter from the parent indicating the intent to withdraw the student from the previous district and enroll the student in the current district is adequate documentation. A request for records is not adequate, however a receipt of records is.

Eaton School District Health Information

To be completed by the student's parent/guardian upon initial enrollment. This information will assist the school nurse in providing a safe school environment for your student. We will ask for a brief update in 3rd, 6th, and 9th grades. If you have questions or concerns or would like to discuss anything in private, please leave a message at your child's school and your school nurse will be in contact with you. Please keep us updated with any changes as they occur with your child's health.

Student Name: _____
 School: _____ Grade: _____
 Birth Date: _____
 Health Insurance: Private _____ Health First Colorado/ CHP+ _____ None _____
 Are you interested in receiving information about Health First Colorado/CHP+ ☐ Yes ☐ No

Allergies: ☐ Yes ☐ No

- ☐ Food (list): _____
☐ Insect Sting (list): _____
☐ Medication (list): _____
☐ Other (list): _____

Current medications and treatments:

- ☐ Oral antihistamine
☐ Epi-Pen
☐ Other: _____

Link to the Colorado Allergy and Anaphylaxis Care Plan: [Colorado Allergy and Anaphylaxis Care Plan](https://www.eaton.k12.co.us/health-services)
 or download from: <https://www.eaton.k12.co.us/health-services>

Asthma: ☐ Yes ☐ No

Current medications: _____

Link to the Colorado Asthma Care Plan: [Colorado Asthma Care Plan](https://www.eaton.k12.co.us/health-services)
 or download from: <https://www.eaton.k12.co.us/health-services>

Diabetes: ☐ Yes ☐ No Type 1: _____ Type 2: _____

Please provide the school with the diabetic medical management plan from your healthcare provider.

Seizure Disorder: ☐ Yes ☐ No

Type of seizure: _____

Frequency of seizures: _____

Date of last seizure: _____

Medications: _____

Please provide the school with a copy of the seizure action plan from your healthcare provider.

Continue to page 2

Indicate other health conditions for your student by checking the boxes and providing comments:

Condition	Comments
<input type="checkbox"/> Attention-Deficit Hyperactivity Disorder	
<input type="checkbox"/> Activity Restrictions	
<input type="checkbox"/> Behavioral Concerns	
<input type="checkbox"/> Bleeding Disorder	
<input type="checkbox"/> Bowel/Bladder Concerns	
<input type="checkbox"/> Dental Concerns	
<input type="checkbox"/> GI Concerns	<input type="checkbox"/> Reflux <input type="checkbox"/> IBS <input type="checkbox"/> Crohn's <input type="checkbox"/> Celiac <input type="checkbox"/> Other (see link below if meal modification will be needed)
<input type="checkbox"/> Headaches <input type="checkbox"/> Migraines	
<input type="checkbox"/> Head Injury/TBI <input type="checkbox"/> History of Concussions	Date of last Concussion: _____
<input type="checkbox"/> Heart Conditions	
<input type="checkbox"/> Hearing Concerns	<input type="checkbox"/> Hearing Aids Date of last Exam _____ <input type="checkbox"/> FM System
<input type="checkbox"/> Muscle Conditions	
<input type="checkbox"/> Orthopedic Concern	
<input type="checkbox"/> Recent Hospitalizations/surgeries	
<input type="checkbox"/> Vision Concerns	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Color blind <input type="checkbox"/> Visually impaired <input type="checkbox"/> Other Date of last exam: _____
<input type="checkbox"/> Other	

☐ My student does not have any of the above conditions.

Medications given at school require a medication form signed by the healthcare provider and parent/guardian.

[Medication Authorization Form](https://www.eaton.k12.co.us/health-services) (<https://www.eaton.k12.co.us/health-services>)

If your student will require any meal modification, please see link below for more information regarding meal modifications and the meal modification form.

[Meal Modification Form](https://www.eaton.k12.co.us/food-nutrition) (<https://www.eaton.k12.co.us/food-nutrition>)

I understand that the information given will be shared with appropriate staff who need to know in order to provide for the health and safety of my student.

Parent/Guardian Signature: _____ Date: _____

Reviewed by School Nurse: _____ Date: _____

Eaton School District RE-2
Home Language Survey (Cuestionario de Lenguaje en Casa)

Student's Name: _____
(last name) (first name) (middle initial)

Parent's Name: _____

Address: _____ Phone Number: _____

Country of Birth: _____ Date of Birth: _____ Today's Date _____

1. What language(s) did your child use when he/she began to talk? _____
2. What language(s) does your child speak with you at home? _____
3. What language(s) do you use when you speak to your child? _____
4. What language(s) do other adults in your home speak to your child? _____
5. Has your child attended public school in the United States (K-12)? YES NO
 - a. If yes, date entered USA school (K-12) _____
 - b. Date entered Colorado school (K-12) _____
 - c. If birth country was NOT USA, date entered USA _____
6. Was your child enrolled in English as a Second Language (ESL) program at another school? _____ If yes, how many years? _____
7. If your child qualifies for ESL services during the current school year will you grant permission for them to participate in ESL programs? Circle: YES NO
8. What language do you want communication from school to be in? _____
9. Do you need a translator during conferences at school? _____

Please rate your child's English language skills.

	Very Well	Only a Little	Not at all
Understands English			
Speaks English			
Reads English			
Writes English			

Eaton School District RE-2

Student Residency Questionnaire for McKinney-Vento Program

The McKinney-Vento Assistance Act protects the educational rights of students who do not have permanent housing. Your answers help determine the services the student(s) may be eligible to receive, such as free lunches, school supplies, or community resource information. *This sensitive information will be kept confidential to maintain family privacy.* You will receive this form at enrollment from all schools where you have a child enrolling, but you only need to fill it out once.

Parent Name _____ Date _____

Address _____ Phone _____

Student Name _____ Grade _____ School Attending _____

Present Housing Situation: (Please check ALL the box(es) that apply)

- ☐ A. Active Military Family
- ☐ B. In foster care placement
- ☐ C. In owned or leased home with immediate family
- ☐ D. My work provides housing
- ☐ E. In a leased apartment with immediate family
- ☐ F. Living with friends or extended family members due to your family's economic hardship*
- ☐ G. In a shelter (emergency or safe house)*
- ☐ H. In a transitional housing program*
- ☐ I. In a shelter awaiting foster care placement*
- ☐ J. Highly mobile, moving every few nights*
- ☐ K. Inadequate housing (lacks kitchen or bathroom facilities)*
- ☐ L. Unaccompanied youth (not in physical custody of parent/guardian)*

*If any option F-L is selected above, please indicate the primary cause(s) behind the living situation:

- ☐ Eviction/Foreclosure/Cannot afford housing
- ☐ Household/Domestic Factors
- ☐ Loss or Decrease in Income/Loss of Job
- ☐ Natural Disaster
- ☐ Pandemic
- ☐ None of the above

How long have you lived at the above address? _____

Do you anticipate moving soon? If so when? _____



November 9, 2022

To: Parents/guardians of students enrolled in Colorado schools
From: Colorado Department of Public Health and Environment, Immunization Branch
Re: Tdap vaccine required for sixth-grade entry

Dear Parent/Guardian, *(health care providers, please see reverse side).*

Colorado law [requires](#) students who are entering sixth grade to receive a tetanus-diphtheria-pertussis (Tdap) vaccine before their first day of school.

The Tdap vaccine can prevent tetanus, diphtheria, and pertussis. Tetanus enters the body through cuts or wounds and cannot be spread from person to person. Diphtheria and pertussis spread from person to person.

- **Tetanus** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including the inability to open your mouth, difficulty swallowing and breathing, and death.
- **Diphtheria** can lead to difficulty breathing, heart failure, paralysis, and death.
- **Pertussis**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious, especially in infants and young children, and can cause pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

While the Tdap vaccine is typically given at age 11 for students who are entering sixth grade, it may also be given as early as 10 years of age. When it is given at age 10, it will: 1) Count as a valid adolescent Tdap dose, and 2) meet Colorado’s sixth grade Tdap school vaccine requirement.

Is your sixth-grader missing their Tdap vaccine? Click [here](#) to find an immunization provider near you.

If your child does not receive Tdap vaccine at sixth-grade entry, regardless of their age, a certificate of [medical](#) or [nonmedical](#) exemption must be submitted to the school. This will ensure your student is compliant with Colorado school immunization law and able to attend school.

For clinical questions about vaccines or more information, email cdphe_vacs@cdphe.co.us.



Dear parents/guardians of students attending Colorado kindergarten - 12th grade schools for the 2023-24 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick and potentially disrupt in-person learning.

Required and recommended vaccines:

- Colorado law requires students who attend a public, private, or parochial Kindergarten - 12th grade school to be vaccinated against many of the diseases vaccines can prevent unless a *Certificate of Exemption* is filed. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Your student must be vaccinated against:
 - Diphtheria, tetanus, and pertussis (DTaP, Tdap).
 - Hepatitis B (HepB).
 - Measles, mumps, and rubella (MMR).
 - Polio (IPV).
 - Varicella (chickenpox).
- Colorado follows recommendations set by Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices. **Prior to starting Kindergarten**, students must receive their final doses of DTaP, IPV, MMR, and varicella. **Prior to starting sixth grade**, students must receive one dose of Tdap vaccine, even if the student is younger than 11 years. You can view recommended vaccine schedules at: www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html (birth through 6 years) or www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html (7 to 18 years).
- CDC also recommends vaccines for COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), and meningococcal disease (MenACWY and MenB), but these are not required for school entry in Colorado.

Exclusion from school

- Your student may be excluded from school if your school does not have an up-to-date *Certificate of Immunization*, *Certificate of Exemption*, or an in-process plan on file for your student.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?

Talk with a health care provider or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can find a vaccine provider at cdphe.colorado.gov/immunizations/get-vaccinated. You can read about the safety and importance of vaccines at www.cdc.gov/vaccines/parents/FAQs.html, childvaccineco.org, ImmunizeForGood.com, and cdphe.colorado.gov/immunization-education. Staying up to date on routine immunizations is important for adults, as well as children. We encourage parents and guardians to find out what vaccines might be due. It's never too late for families to get back on track! Learn more about vaccines for adults at www.cdc.gov/vaccines/adults/rec-vac/index.html.

Paying for vaccinations

If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your local public health agency (find LPHA contact information at cdphe.colorado.gov/find-your-local-public-health-agency), or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information and health clinics located in your area.

Vaccination records

- Share your student's updated *Certificate of Immunization* with their school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the [Colorado Immunization Information System \(CIIS\)](https://ColoradoImmunizationInformationSystem.org). Visit COVaxRecords.org for more information, including directions for how to use the CIIS Public

Portal to view and print your student's vaccine record.

Exemptions

- If your student cannot get vaccines because of [medical reasons](#), you must submit a *Certificate of Medical Exemption* to your school, signed by a physician (MD, DO), advanced practice nurse (APN), or delegated physician assistant (PA). You only need to submit this certificate once, unless your student's school or information changes. You can get the form at cdphe.colorado.gov/vaccine-exemptions.
- If you choose not to have your student vaccinated according to Colorado's school vaccine requirements for reasons that are nonmedical, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted annually at every new school year (July 1 through June 30). There are two ways to file a nonmedical exemption.
 1. File the *Certificate of Nonmedical Exemption* WITH the signature from an immunizing provider in Colorado who is a physician (MD, DO), advanced practice nurse (APN), delegated physician's assistant (PA), registered nurse (RN), or pharmacist licensed in Colorado; OR
 2. File the *Certificate of Nonmedical Exemption*, which you will be able to access upon completion of the state's online immunization education module.
- Downloadable certificates and a link to the online education module are available at cdphe.colorado.gov/vaccine-exemptions.

How's your school doing on vaccinations?

Some parents/ guardians/caregivers, especially those with students who have weakened immune systems, may want to know which schools have the highest immunization rates. Annually, schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in [§25-4-911, CRS](#). Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at COVaxRates.org.

School name	2021-2022 MMR immunization rate REQUIRED IN LETTER	2021-2022 MMR exemption rate REQUIRED IN LETTER
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% immunization rate for all school-required vaccines	2021-2022 DTaP/Tdap immunization rate	2021-2022 DTaP/Tdap exemption rate
	2021-2022 HepB immunization rate	2021-2022 HepB exemption rate
	2021-2022 IPV immunization rate	2021-2022 IPV exemption rate
	2021-2022 Varicella immunization rate	2021-2022 Varicella exemption rate



Colorado MEP Occupational Survey

Your child 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 eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:	How many children under the age of 22 live with you in your household?	
HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP CODE:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

- 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, fumigation)



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)

This form and the data recorded within are protected to maintain family and child confidentiality. If you have any questions, please contact:

Centennial BOCES
2020 Clubhouse
Greeley, CO 80634
970-352-7404