

**Lake George Charter School
2024-25
Signature and Information Page**

Returning Students

Please sign and return all forms by August 6th, 2024. Children will not be enrolled until all forms and fees are received.

- Student Enrollment Form
- Emergency and Alternate Contacts
- Proof of Residency
- Media Release
- Health Screening Questionnaire
- Allergy Health History Form
- Emergency Medical Authorization
- Immunizations/Exemption
- Technology Equipment Agreement
- Internet Use Agreement
- Student Handbook Review
- Interstate Compact for Military Children
- Supply Fee-\$75 per child (Preschool has their own fee schedule)
- Dismissal Procedures
- 2024-2025 School Calendar
- Custody Agreement if necessary
- We use our Student Information System, Alma, and the Flash Alert system to notify families of snow delays/closures. All family information is entered into Alma, but if you would also like to be alerted from FlashAlert, please sign up today at www.FlashAlert.net/id/LakeGeorgeCharterSchool

Parent 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 & Confidential Information Form

STUDENT ENROLLMENT FORM

Section 1: Student Information			
Student Name (Last, First, Middle – all are required)			Today's Date
Home Phone Number	Sex Male Female		Grade
Date of Birth (mm/dd/yyyy)	State of Birth		
Street Address			
City	State	Zip Code	
Mailing Address (if different from above)			
City	State	Zip Code	
County	Child lives with: Both Parents Mother Father Other _____		
School District of Residence (Check one)	Park County RE-2 _____	Woodland Park RE-2 _____	Cripple Creek/Victor RE-1 _____
Section 2: Parent / Guardian Information			
Please circle one: Mother Father Grandmother Grandfather Guardian Other _____		Please circle one: Mother Father Grandmother Grandfather Guardian Other _____	
Parent/Guardian Name (Last, First)		Other Parent/Guardian Name (Last, First)	
Cell Phone		Cell Phone	
Name of Employer & Occupation		Name of Employer & Occupation	
Work Phone		Work Phone	
Email		Email	
Married	Single	Divorced	*If divorced, please provide court document as to whom is custodial parent
If the student is not living with natural parents, does guardian have legal custody? (If yes, please provide documentation)			YES NO
Will the student be a year-round resident of the legal guardian? If NO, please explain:			YES NO
Has the child been enrolled in the Park County School District previously?			YES NO
Section 3: Siblings living at same address			
First Name	Middle Name	Last Name	Date of Birth

Student's Name: _____ Date: _____
Last First MI

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 Phone: _____ Cell Phone: _____ Work Phone: _____

2nd Emergency Contact: _____ Relationship: _____

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

3rd Emergency Contact: _____ Relationship: _____

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

4th Emergency Contact: _____ Relationship: _____

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

5th Emergency Contact: _____ Relationship: _____

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

6th Emergency Contact: _____ Relationship: _____

Home Phone _____ Cell Phone: _____ Work Phone: _____

PLEASE NOTE: It is the responsibility of the parent or guardian to provide the school with *any* changes in 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.

******* Sick children CANNOT remain at school under any condition. *******

******* Children who have been absent from school should NOT attend after school activities. *******

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 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 within the State of Colorado boundaries can be established by a written statement 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.

+++++

Affidavit by Parent or Legal Guardian:

*Name of Person Completing this Affidavit: _____

*Relationship to student(s) listed below:

_____ Parent
_____ Legal Guardian

Online School/Program: Virtual Village-Lake George Charter School-Connections Colorado

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 2024/2025 school year.

*Parent/Guardian Signature: _____ *Date: _____

Lake George Charter School

MEDIA RELEASE FORM 2024-2025

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 published by completing the form below and returning it to the school office.

Please check one 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 used by the media only **IF** the photo is a group shot where individual children are not identified.

~~~~~

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: All of the students attending LGCS will be in the annual yearbook which is available for purchase at the end of each school year. At any time during 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  
SCHOOL HEALTH SCREENING QUESTIONNAIRE**

Student 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: (Please 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, (a) is he/she still under treatment? No \_\_\_\_\_ Yes \_\_\_\_\_  
 (b) can the school health service be helpful? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please comment:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has your child had any serious illness, operations, or injury? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, (a) is he/she still under treatment? No \_\_\_\_\_ Yes \_\_\_\_\_  
 (b) can the school health service be helpful? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please comment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has your child had any problem with vision? No \_\_\_\_\_ Yes \_\_\_\_\_  
Does your child wear glasses? No \_\_\_\_\_ Yes \_\_\_\_\_  
Has your child had any problem 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 in school? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, this requires a 'Permission to Administer Medication' 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 \_\_\_\_\_ Explain: \_\_\_\_\_  
Does your child have a limited attention span? No \_\_\_\_\_ Yes \_\_\_\_\_  
Do you think your student is distractible? No \_\_\_\_\_ Yes \_\_\_\_\_  
Is your student impulsive? No \_\_\_\_\_ Yes \_\_\_\_\_

11. Has this 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 child see the other parent? \_\_\_\_\_  
Is there anything significant about the visits? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

12. Is there anything else about your child you would like to tell us? No \_\_\_\_\_ Yes \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Allergy Health History Form

School Year 2024-2025

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|-------------------------------|-----------------------------------------|-------------------------------|------------------------------------------|--------------------------------|---------------------------------------|------------------------------|-----------------------------------------------------------|---------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. What is your child allergic to?</p> <table><tr><td><input type="checkbox"/> Peanuts</td><td><input type="checkbox"/> Insect Stings</td></tr><tr><td><input type="checkbox"/> Eggs</td><td><input type="checkbox"/> Fish/Shellfish</td></tr><tr><td><input type="checkbox"/> Milk</td><td><input type="checkbox"/> Chemicals _____</td></tr><tr><td><input type="checkbox"/> Latex</td><td><input type="checkbox"/> Vapors _____</td></tr><tr><td><input type="checkbox"/> Soy</td><td><input type="checkbox"/> Tree Nuts (walnuts, pecans, etc)</td></tr><tr><td><input type="checkbox"/> Other: _____</td><td></td></tr></table> | <input type="checkbox"/> Peanuts                          | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Eggs | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Milk | <input type="checkbox"/> Chemicals _____ | <input type="checkbox"/> Latex | <input type="checkbox"/> Vapors _____ | <input type="checkbox"/> Soy | <input type="checkbox"/> Tree Nuts (walnuts, pecans, etc) | <input type="checkbox"/> Other: _____ |  | <p>b. Age of student when allergy first discovered: _____</p> <p>c. How many times has student had a reaction:<br/><input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More than once, explain:<br/>_____</p> <p>d. Explain their past reaction(s): _____</p> <p>e. Symptoms: _____</p> <p>f. Are the allergy reactions: <input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse</p> |
| <input type="checkbox"/> Peanuts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Insect Stings                    |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Eggs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Fish/Shellfish                   |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Milk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Chemicals _____                  |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Latex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Vapors _____                     |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Soy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Tree Nuts (walnuts, pecans, etc) |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                        |                               |                                         |                               |                                          |                                |                                       |                              |                                                           |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## 3. Trigger and Symptoms

a. What are the early signs and symptoms of your student's allergic 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:     | <input type="checkbox"/> Itching             | <input type="checkbox"/> Swelling (lips, tongue, mouth) |                                           |                                   |                                                      |
| Abdominal: | <input type="checkbox"/> Nausea              | <input type="checkbox"/> Cramps                         | <input type="checkbox"/> Vomiting         | <input type="checkbox"/> Diarrhea |                                                      |
| Throat:    | <input type="checkbox"/> Itching             | <input type="checkbox"/> Tightness                      | <input type="checkbox"/> Hoarseness       | <input type="checkbox"/> Cough    |                                                      |
| Lungs:     | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Wheezing                       | <input type="checkbox"/> Repetitive Cough |                                   |                                                      |
| Heart:     | <input type="checkbox"/> Weak Pulse          | <input type="checkbox"/> Loss of Consciousness          |                                           |                                   |                                                      |
| Skin:      | <input type="checkbox"/> Hives               | <input type="checkbox"/> Itching                        | <input type="checkbox"/> Rash             | <input type="checkbox"/> Flushing | <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____                            |
| d. Was the student admitted to the hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. Have you used the treatment or medication? <input type="checkbox"/> No <input type="checkbox"/> Yes                                    |
| h. Please describe any side effects or problems your child had in using the suggested treatment: _____                                    |

5. Self Care

|                                                                     |                             |                              |
|---------------------------------------------------------------------|-----------------------------|------------------------------|
| a. Is your student able to monitor and prevent their own exposure?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Does your student:                                               |                             |                              |
| 1. Know what triggers to avoid                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Ask about ingredients                                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Read and understand labels                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Tell an adult immediately after an exposure                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Wear a medical alert bracelet, necklace, watchband               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Tell peers and adults about the allergy                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Firmly refuses a problem food/trigger                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does your child know how to use emergency medication?            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Has your child ever administered their own emergency medication? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

6. Family / Home

|                                                                                         |                                                                          |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| a. How do you feel that the whole family is coping with your student's allergies? _____ |                                                                          |
| b. Does your child carry epinephrine in the event of a reaction?                        | <input type="checkbox"/> No <input type="checkbox"/> Yes                 |
| c. Has your child ever needed to administer that epinephrine?                           | <input type="checkbox"/> No <input type="checkbox"/> Yes                 |
| d. Do you feel that your child needs assistance in coping with their allergy? _____     | <input type="checkbox"/> No <input type="checkbox"/> Yes, 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? _____                                             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, does he/she have an Asthma Action Plan? _____                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Please add anything else you would like the school to know about your child's health: _____ |                                                          |

8. Preferred Food

|                                                |                                                          |
|------------------------------------------------|----------------------------------------------------------|
| a. Does your child require a gluten-free diet? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Does your child eat a vegetarian diet?      | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Does your child eat a vegan diet?           | <input type="checkbox"/> No <input type="checkbox"/> Yes |

9.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by R.N.: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RESIDENTIAL PARENT OR GUARDIAN:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

3<sup>rd</sup> Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

4<sup>th</sup> Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Purpose** – To enable parents and 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 II MUST BE COMPLETED

### Part I – To Grant Consent

**I hereby give 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 \_\_\_\_\_

## 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:

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Lake George Charter School**  
38874 US Hwy 24 PO Box 420  
Lake George, CO 80827-0420  
Phone: 719-748-3911 Fax: 719-748-8151

### **Quick Look at Chromebook Responsibilities**

#### **Parent/Guardian's Responsibilities**

- Supervise the student's use of the Chromebook at home
- Discuss family values and expectations regarding the use of the internet and email at home
- Report to the school any problems with the Chromebook (contact your student's teacher)
- Ensure the student brings the Chromebook back to school when requested
- Discuss the importance of taking care of the Chromebook, knowing that if it is damaged or stolen, the parent/guardian may be responsible for paying the replacement cost

#### **Student's Responsibilities**

- Treat the Chromebook with great care, refraining from the following:
  - Dropping the Chromebook
  - Getting the Chromebook wet
  - Leaving the Chromebook outside or in extreme weather conditions
  - Using the Chromebook when food or drink is nearby
  - Defacing the Chromebook in any manner
  - Walking around with the Chromebook open
  - Placing heavy objects on top of the Chromebook
- Secure the Chromebook at all times; if lost or stolen (even on school grounds) the parent/guardian will be responsible for paying the replacement costs
- Do not allow anyone else to borrow the laptop while it is checked out to you. Loss or damage occurred by someone else will be the student's (and parent/guardian's) full responsibility
- Use the computer in an ethical manner
- Turn in the Chromebook when requested
- Follow the guidelines below:
  - Follow guidelines set out by parent/guardian
  - Use the Chromebook for educational purposes ONLY
  - Do not participate in cyber-bullying or online harassment
  - Do not load/remove applications onto the Chromebook
  - Do not provide personal information when using the Chromebook
  - Keep all usernames and passwords private
  - Use online communication ONLY to communicate to teachers

**Lake George Charter School**  
38874 US Hwy 24 PO Box 420  
Lake George, CO 80827-0420  
Phone: 719-748-3911 Fax: 719-748-8151

### **Technology Equipment Check-out Agreement**

**Usage**

By signing this document, the student and parent/guardian agrees to only use the Chromebook in accordance with the Student Use of the Internet and Electronic Communications, and understands that the school has permission to monitor this school device and its location at all times. Users are expected to follow all laws, including copyright laws. The sharing or transferring of copyrighted materials with this Chromebook is prohibited. While the school maintains the right to monitor use of this Chromebook, **parents/guardians are responsible for monitoring the use of this device when it is not on the school network.** Internet filtering and antivirus software on the computer may not be disabled for any reason. If the student does not follow these guidelines, access to the take-home computers will be revoked. Chromebooks are to be used for school/class related activities only.

**Care**

The student agrees to properly handle and care for the entire Chromebook set while in possession of it. The student shall not attempt to damage, open, repair, or in any way alter any portion of the kit. Personalization of the laptop and tampering with existing identification labels/stickers is strictly prohibited and considered vandalism. The set includes a computer and charger. Each component must be returned in the same condition you received it. If any component is broken when the student receives the Chromebook set, the student must notify the teacher as soon as possible. If any components are lost, stolen, or broken while they are in the student's possession, the student and his/her parent/guardian agree to reimburse LGCS for the cost of the repair or replacement.

**Fees**

Use of a Chromebook is free; however, misuse, damage, or loss of the Chromebook or charger will result in the following:

- \$250 for the Chromebook
- \$50 for the charger
- Damages that are repairable, repair cost plus \$20

**To be completed by parent/guardian**

Student Name (please print): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone \_\_\_\_\_

Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I have read and agree to comply with the Technology Equipment Check Out Agreement. **I understand that no web-filtering system is perfect and the parent/guardian is responsible for providing appropriate supervision while the Internet is being accessed away from school.** I also understand that I assume accountability and responsibility for any equipment I check out. I understand that I am personally liable for:

- The replacement cost of the item, as indicated above, if the item is not returned: or
- The amount required for repair or replacement parts if the item is damaged when returned.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Internet Acceptable Use Policy for Students**

All forms of electronic communication have vast potential to support curriculum and student learning while on and off school grounds. The Charter Board believes they should be used in schools as a tool to educate.

Electronic communications require students to think critically, analyze information, write clearly, use problem-solving skills, and to hone digital world skills that employers demand. Use of these tools also encourages an attitude of lifelong learning.

Technology offers a fluid environment in which students may access applications, research an unlimited amount of information, collaborate, create inform and share. While it is impossible to predict with certainty what information students may come into contact with, the charter school shall take reasonable steps to protect students from accessing material and information that is unsuitable on school grounds. This filtering will include such groups as, Malicious Intent, Adult/Sexually Explicit, Gambling, Games, Hacking, Intimate Apparel & Swimwear, Peer-to-Peer, Personals and Dating, and Proxies & Translators.

### **Blocking and Filtering Process**

The charter school meets all C.D.E., C.I.P.A., and ERATE requirements for filtering and logging internet traffic provided by the charter school for students. This is for all student devices across school grounds. The charter school is not responsible and has no control over internet access that is available on school grounds by a third party.

### **Security**

Security on charter school computer systems is a high priority. Students who identify a security problem while using the Internet or electronic communications must immediately notify a system administrator. Students should not demonstrate the problem to other users. Logging in as another user other than yourself is prohibited.

Students shall not:

- Use another person's password or any other identifier
- Gain or attempt to gain unauthorized access to charter school computers or computer systems
- Read, alter, delete or copy, or attempt to do so, electronic communications of other system users
- Use proxies, remote sessions, tunneling, or any other technique to bypass the charter school filtering and firewall

Any user identified as a security risk, or as having a history of problems with other computer systems, may be denied access to the Internet and electronic communications.

**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, JS-Rev. 2, 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 user fees or charges incurred through the purchase of goods or 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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parent or Guardian**

*A parent or guardian must sign this Agreement.*

As the parent or guardian of this student, I have read the charter school's policy, JS-Rev. 2, 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 for 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 an internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

*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.*

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Lake George Charter School

38874 US Hwy 24

PO Box 420

Lake George, CO 80827-0420

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

Date: \_\_\_\_\_

Dear Parent/Guardian:

Please review the Lake George Charter School Student Handbook with your child. Sign below and return this form with your enrollment packet. Thank you.

My child, \_\_\_\_\_, and I have reviewed and understand the Student Handbook for the 2024-2025 school year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**The updated Student Handbooks will be issued in August. This form can be signed at that time.**

## **Interstate Compact for Military Children**

Is the child you are enrolling:

Circle

1. A dependent child of an Active Duty Military Member of the Uniformed Services of the U.S or Active Duty National Guard or Active Duty Reserved? **YES or NO**
  
2. A dependent child of a Veteran of the Uniformed Services of the U.S. **YES or NO**
  
3. A dependent child whose deceased parent was Active Duty at the time of death **YES or NO**

**If yes to any of the above, your child may qualify for services/benefits of the Interstate Compact for Military Children and Susan Haley, Student Services Coordinator will contact you.**

**Parents Name:** \_\_\_\_\_

**Students Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Lake George Charter School  
Park County School District RE-2

**SUPPLY FEE**

Student's first day falls between August 20, 2024-December 31, 2024

Fee = \$75.00

Student's first day falls between January 1, 2025-May 22, 2025

Fee = \$37.50

---

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Amount Paid \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\*\*\*We are unable to accept credit/debit payments at this time.

**For Office Use**

Amount Paid \$ \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

My School Bucks \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date \_\_\_\_\_

# Lake George Charter School

Park County School District RE-2

## DISMISSAL PROCEDURES

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. You are welcome to park in the parking area and wait outside the front doors, or stay in your car in the carpool lane. Display your family number in your window and move forward 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 or loading them on the driver's side, please park in the lot and pick up your child at the door. On most days, the line of cars extends out onto Hwy 24, so we need to keep the line moving quickly and safely!

If you have not arrived to pick up your child 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 made arrangements for a staff member to stay after hours, law enforcement may be notified to pick up your child.

We understand that emergencies happen. If this is the case, please call the office at 719-748-3911 and let us know.

Thank you.

# Lake George Charter School **Student** 2024-2025 CALENDAR

| AUGUST '24 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | Th | F  | S  |
|            |    |    |    | 1  | 2  | 3  |
| 4          | 5  | 6  | 7  | 8  | 9  | 10 |
| 11         | 12 | 13 | 14 | 15 | 16 | 17 |
| 18         | 19 | 20 | 21 | 22 | 23 | 24 |
| 25         | 26 | 27 | 28 | 29 | 30 | 31 |

- 15 All School Open House
- 20 First Day of School
- 20 Board Mtg.
- 26 First Day Preschool

- 13 Midterm
- 13 Valentine's Day Parties
- 17 President's Day No School
- 18 Board Mtg.

| FEBRUARY '25 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
|              |    |    |    |    |    | 1  |
| 2            | 3  | 4  | 5  | 6  | 7  | 8  |
| 9            | 10 | 11 | 12 | 13 | 14 | 15 |
| 16           | 17 | 18 | 19 | 20 | 21 | 22 |
| 23           | 24 | 25 | 26 | 27 | 28 |    |

| SEPTEMBER '24 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
| 1             | 2  | 3  | 4  | 5  | 6  | 7  |
| 8             | 9  | 10 | 11 | 12 | 13 | 14 |
| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 |    |    |    |    |    |

- 2 Labor Day – No School
- 17 Board Mtg.
- 18 Midterm
- 24 Fall Pictures

- 9 Daylight Savings begins
- 10 Elem. 100 Day!
- 13 End of Qtr. (31 days)
- 18 Board Mtg.
- 20 P/T Conf-NO SCHOOL
- 24-27 Spring Break
- 31 Classes Resume

| MARCH '25 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
|           |    |    |    |    |    | 1  |
| 2         | 3  | 4  | 5  | 6  | 7  | 8  |
| 9         | 10 | 11 | 12 | 13 | 14 | 15 |
| 16        | 17 | 18 | 19 | 20 | 21 | 22 |
| 23        | 24 | 25 | 26 | 27 | 28 | 29 |
| 30        | 31 |    |    |    |    |    |

| OCTOBER '24 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| S           | M  | T  | W  | Th | F  | S  |
|             |    | 1  | 2  | 3  | 4  | 5  |
| 6           | 7  | 8  | 9  | 10 | 11 | 12 |
| 13          | 14 | 15 | 16 | 17 | 18 | 19 |
| 20          | 21 | 22 | 23 | 24 | 25 | 26 |
| 27          | 28 | 29 | 30 | 31 |    |    |

- 7 Elem. All School Read
- 15 Board Mtg.
- 17 End of Qtr. (34 days)
- 24 Report Cards go home
- 25 Carnival Set up
- 26 Halloween Carnival
- 28 P/T Conf-NO SCHOOL
- 31 Halloween Parties

- 1 Spring /Class Pictures
- 15 Board Mtg.
- 17 Volunteer Apprec. Social
- 20 Easter Sunday
- 21 Elem. All School Write
- 21 Vocabulary Day/Parade
- 22 Midterm

| APRIL '25 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
|           |    |    |    |    |    |    |
|           |    | 1  | 2  | 3  | 4  | 5  |
| 6         | 7  | 8  | 9  | 10 | 11 | 12 |
| 13        | 14 | 15 | 16 | 17 | 18 | 19 |
| 20        | 21 | 22 | 23 | 24 | 25 | 26 |
| 27        | 28 | 29 | 30 |    |    |    |

| NOVEMBER '24 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
|              |    |    |    |    | 1  | 2  |
| 3            | 4  | 5  | 6  | 7  | 8  | 9  |
| 10           | 11 | 12 | 13 | 14 | 15 | 16 |
| 17           | 18 | 19 | 20 | 21 | 22 | 23 |
| 24           | 25 | 26 | 27 | 28 | 29 | 30 |

- 3 Daylight Savings Ends
- 5 Picture Retakes
- 11 Veteran's Day Assembly
- 13 Charter Brd Elections 7-7
- 19 Board Mtg.
- 21 Midterm
- 25-28 Thanksgiving Break

- 5-8 Staff Appreciation Wk
- 12-15 Registration for 2025-26
- 15 Spring Program
- 19 Field Day/Yearbook sign
- 20 Board Mtg.
- 22 Last Day/Report Cards
- End of Qtr (35 days)
- Early Release @ 12:30
- 26 Memorial Day

| MAY '25 |    |    |    |    |    |    |
|---------|----|----|----|----|----|----|
| S       | M  | T  | W  | Th | F  | S  |
|         |    |    |    | 1  | 2  | 3  |
| 4       | 5  | 6  | 7  | 8  | 9  | 10 |
| 11      | 12 | 13 | 14 | 15 | 16 | 17 |
| 18      | 19 | 20 | 21 | 22 | 23 | 24 |
| 25      | 26 | 27 | 28 | 29 | 30 | 31 |

| DECEMBER '24 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
| 1            | 2  | 3  | 4  | 5  | 6  | 7  |
| 8            | 9  | 10 | 11 | 12 | 13 | 14 |
| 15           | 16 | 17 | 18 | 19 | 20 | 21 |
| 22           | 23 | 24 | 25 | 26 | 27 | 28 |
| 29           | 30 | 31 |    |    |    |    |

- 2 Classes Resume
- 12 Holiday Program
- 16-19 Lions Pride Gift Shoppe
- 19 Class Parties
- 23-2 Holiday Break

- 17 Board Mtg

| JUNE '25 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | Th | F  | S  |
| 1        | 2  | 3  | 4  | 5  | 6  | 7  |
| 8        | 9  | 10 | 11 | 12 | 13 | 14 |
| 15       | 16 | 17 | 18 | 19 | 20 | 21 |
| 22       | 23 | 24 | 25 | 26 | 27 | 28 |
| 29       | 30 |    |    |    |    |    |

| JANUARY '25 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| S           | M  | T  | W  | Th | F  | S  |
|             |    |    |    |    | 3  | 4  |
| 5           | 6  | 7  | 8  | 9  | 10 | 11 |
| 12          | 13 | 14 | 15 | 16 | 17 | 18 |
| 19          | 20 | 21 | 22 | 23 | 24 | 25 |
| 26          | 27 | 28 | 29 | 30 | 31 |    |

- 6 All Staff Work Day
- 7 Classes Resume
- 16 End of Quarter (38 days)
- 21 Board Mtg.
- 27 Report Cards go home

- K-5<sup>th</sup> 138
- Middle School 140
- Teachers 153
- Classified 148
- Secretary 168

*Dates could change*