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## Pre-Enrollment: 2020-2021

**NEW Student Pre-Enrollment** 

In order to participate in Denver Public Schools online open enrollment,

families must pre-enroll their student and create a Parent Portal account if the student is new to DPS.

## HOW TO PRE-ENROLL IN DPS

| 1.   | New students to DPS   |  |  |  |  |  |  |
|------|---|--|--|--|--|--|--|
|      | ☐ Complete the attached Pre-Enrollment form.  |  |  |  |  |  |  |
|      | ☐ Collect your required enrollment documents (see Documentation Checklist below).   |  |  |  |  |  |  |
|      | ☐ Submit Pre-Enrollment form, with required documents, to any DPS school or Choice Enrollment Center  |  |  |  |  |  |  |
|      | ☐ Once your student has been pre-enrolled, you will receive a DPS student ID by email.  |  |  |  |  |  |  |
| 2.   | Create a Parent Portal account  |  |  |  |  |  |  |
|      | □Visit https://myportal.dpsk12.org/   |  |  |  |  |  |  |
|      | ☐ Click "Create an Account".  |  |  |  |  |  |  |
| 3.   | Participate in Round 1 SchoolChoice from Wed., Jan. 15 thru Fri., Feb. 18 2020, 4 p.m.  |  |  |  |  |  |  |
|      | □Visit SchoolChoice.dpsk12.org  |  |  |  |  |  |  |
|      | ☐ Click "Apply" to participate in Round 1 of SchoolChoice.  |  |  |  |  |  |  |
|      | ☐ Sign in using your Parent Portal credentials.   |  |  |  |  |  |  |
|      | ☐ Add a new student application.  |  |  |  |  |  |  |
|      | ☐ Check for email/text confirmation after submitting your application.  |  |  |  |  |  |  |
| If y | our student is currently in another district but was enrolled in DPS in previous years, you will need to pre-enroll your student to participate |  |  |  |  |  |  |

## **DOCUMENTATION CHECKLIST**

in the Online SchoolChoice Process.

Submit the documents indicated for your student's grade level to process your SchoolChoice form.

|   | REQUIRED DOCUMENTS  |  |   |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|
| Grade Level<br>In<br>2020-21              | <b>Proof of Age</b> Birth certificate; Baptismal record; Hospital record with official signature; Passport; or I-94 | Proof of Address  Current utility bill with service address; Valid rental/lease agreement; Warranty deed; Current mortgage statement; Property tax notice; or Signed contract stating your name, closing date and property address | Proof of Income  30 consecutive days of paycheck stubs; 2019 W-2; or letter from employer on company letterhead that states hours worked and pay rate. If applicable, proof of non-work income (TANF, food stamps, child support, etc.) |  |  |  |  |  |
| ECE-3<br>must be 3 by Oct. 1, 2020        | ✓   | ✓  | Household income and household size must be stated in SchoolChoice application.   |  |  |  |  |  |
| ECE-4<br>must be 4 by Oct. 1, 2020        | ✓   | ✓  | ✓   |  |  |  |  |  |
| Kindergarten<br>must be 5 by Oct. 1, 2020 | Required for students NEW and returning DPS.  | Required for students NEW and returning DPS.   | Not required.   |  |  |  |  |  |
| Grades 1 <sup>st</sup> - 12 <sup>th</sup> | Required for students NEW and returning DPS.  | Required for students NEW and returning DPS.   | Not required.   |  |  |  |  |  |
| All grades                                | grades Immunization records will be required for all grades at the time of registration.                            |  |   |  |  |  |  |  |



## Pre-Enrollment: 2020-2021



| 1. STUDENT INFORMATION  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
|---|----------------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------|-------------------|-------------------|
| Student's Name  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Last Fi   | irst                             | Middle Name             |                          |                         | lame                    | e • No Middle Name      |                         |                   |                   | □Male<br>□Female  |
| Student's Primary Home Address (this address impacts student placement):  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Street  | А                                | pt#                     |                          | City                    |                         | State                   |                         |                   | Zip               |                   |
| Birthdate: (mm/dd/yyyy)   | rent Age                         | ):                      |                          |                         | Curre                   | ent Grade               | e:                      |                   |                   |                   |
| / / ETHNICITY/RACE (new students only)  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| This information is required by federal law. Failure to answer questions will result in use of prior racial/ethnic data or an observer identifying for you.  Is your student Hispanic or Latino?   Yes  No  Race (select all that apply):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  PREVIOUS SCHOOL INFORMATION   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Where is student currently enrolled? School Name: Grade: City, State:   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Has the student previously attended a DPS school?   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| DPS School: Grade: School Year:   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| 2. GRADE IN 2020-21 Please select the grade you are applying for.   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| □ECE 3 □ECE 4 □Kindergarten □1 <sup>st</sup> □  | 2 <sup>nd</sup> □3 <sup>rd</sup> | <b>□4</b> <sup>th</sup> | <b>□</b> 5 <sup>th</sup> | <b>□6</b> <sup>th</sup> | <b>□7</b> <sup>th</sup> | <b>□8</b> <sup>th</sup> | <b>□9</b> <sup>th</sup> | □10 <sup>th</sup> | □11 <sup>th</sup> | □12 <sup>th</sup> |
| 3. Parent/ Guardian Cont  | ACT INF                          | 'ORM                    | ATIC                     | ON                      |                         |                         |                         |                   |                   |                   |
| First Parent/Guardian's Name Relationship to Student Legal Guardian?  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| In case of an emergency, contact the person above ☐First  | t <b>S</b> econd                 |                         |                          |                         |                         |                         |                         |                   |                   | □Yes<br>□No       |
| Primary Contact Phone Number:   |                                  | □Home                   | □Cell □                  | lWork                   |                         |                         |                         |                   |                   |                   |
| *Txt (SMS):   |                                  | E-mail:                 |                          |                         |                         |                         |                         |                   |                   |                   |
| *Message and data rates may apply based on your wireless recorded automated calls and/or text messages on the molecular calls and or text messages of the | •                                | •                       | -                        | kt message              | as a conta              | act prefere             | ence, you               | consent to        | o receivin        | g                 |
| recorded automated calls and/or text messages on the mobile phone number you provided.  Parent/Guardian's home address, if different than student's home address  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Street  | A                                | Apt#                    | City                     |                         |                         |                         |                         | State             | Zip               |                   |
| Second Parent/Guardian's Name   |                                  | Relatio                 | nship to                 | Student                 |                         |                         |                         |                   | Legal G           | uardian?          |
| In case of an emergency, contact the person above ☐First  | Second                           |                         |                          |                         |                         |                         |                         |                   |                   | □Yes<br>□No       |
| Primary Contact Phone Number:   |                                  | □Home                   | □Cell □                  | lWork                   |                         |                         |                         |                   |                   |                   |
| *Txt (SMS):   |                                  | E-mail:                 |                          |                         |                         |                         |                         |                   |                   |                   |
| *Message and data rates may apply based on your wireless<br>recorded automated calls and/or text messages on the mol  |                                  | ,                       | _                        | kt message              | as a conta              | act prefere             | ence, you               | consent to        | o receivin        | g                 |
| Parent/Guardian's home address, if different than s   | student's home                   | address                 |                          |                         |                         |                         |                         |                   |                   |                   |
| Street  | ,                                | Apt #                   | City                     | ı                       |                         |                         |                         | State             | Zip               |                   |
| 4. SIBLINGS Only list siblings who reside   | e at the same                    | address                 | s and a                  | ttend DP                | <i>'S.</i>              |                         |                         |                   |                   |                   |
| Sibling Name (Last, First MI):  | Student ID #:                    | Ge                      | ender:                   | Grade:                  | School N                | lame:                   |                         |                   |                   |                   |
|   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
|   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
|   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| 5. PARENT SIGNATURE Parent/legal guardian signature is required to process this Pre-Enrollment form.  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| By signing this Pre-Enrollment form, I affirm that all information submitted on this form is accurate to the best of my knowledge. I understand that DPS reserves the right to attempt to verify information and documents submitted.   |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Parent/Guardian Name (please print):  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |
| Parent/Guardian Signature: Date:  |                                  |                         |                          |                         |                         |                         |                         |                   |                   |                   |