



STUDENT REGISTRATION FORM

Send the completed enrollment form along with the following items to the address below:

1. Student Records or a completed School Records Release Authorization Form
2. Certificate of Immunization or signed Immunization Exemption Letter
3. Check or money order for tuition and any other optional services

Student Information

Last Name	First Name, MI	Date of Birth M/D/YYYY	Gender	Grade Entering

Parent/Guardian Information

Parent/Guardian Name	Email	Phone
Address, City, State, Zip		
Mailing Address if different		

Enrollment Plan and Annual Tuition

Please date and circle the appropriate block for the number of students enrolling.

Date: _____ Individual \$55 Plan A (3-4 students) \$145 Plan B (5 + students) \$165

Annual tuition is non-refundable and includes the cost of processing application and immunization records or exemption letter, attendance records, letter of enrollment, and review and processing year-end reports.



Spiral Academy

A private K-12 school for independent learners

CERTIFICATE OF IMMUNIZATION/EXEMPTION

The Colorado Immunization Law states that preschool students, kindergarten students, and students currently registering will be denied entry to school unless they meet the minimum immunization requirements. Transfer students **must provide proof of immunizations upon admission or a completed exemption form.** Should their immunizations not meet Colorado requirements, the student(s) will complete an immunization plan and make progress towards compliance within 14 days.

Please complete the Immunization or Exemption Statement:



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COLORADO
Department of Public
Health & Environment

Certificate of Immunization

6 CCR 1009—The Infant Immunization Program and Immunization of Students Attending School
Schools shall have on file an official Certificate of Immunization for every student enrolled.

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each Immunization was given	Titer Date
Hep B	Hepatitis B	
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)	
DT	Diphtheria, Tetanus (pediatric)	
Tdap	Tetanus, Diphtheria, Pertussis	
Td	Tetanus, Diphtheria	
Hib	Haemophilus influenzae type b	
IPV/OPV	Polio	
PCV	Pneumococcal Conjugate	
MMR	Measles, Mumps, Rubella	
Measles	Measles	
Mumps	Mumps	
Rubella	Rubella	
Varicella	Chickenpox	Provider Documentation Date of Disease Positive Screen Date
Vaccines recorded below this line are recommended. Recording of dates is encouraged.		
HPV	Human Papillomavirus	
Rota	Rotavirus	
MCV4/MPSV 4	Meningococcal	
Hep A	Hepatitis A	
Flu	Influenza	
Other		

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 5 months of age for Colorado School Immunization Requirements
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
- D) Complete for K-5th Grade**
Up to date for K-5th Grade for Colorado School Immunization Requirements

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

CDPHE-MM CI RC Rev. 1/18



Immunization Medical Exemption Form

Colorado law C.R.S. 5 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an official exemption form is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

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

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State: CO	Zip Code:
Phone Number:	Grade of Student:	

Required Vaccines for Entering School: (Check each vaccine declined)	List medical contraindication(s) for each vaccine declined
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenza type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)	
<input type="checkbox"/> Measles-mumps-rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Physician or Advanced Practice Nurse Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's/your information from CIIIS. To opt out of CIIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.



Immunization Non-Medical Exemption Form

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children's lives every year. The Colorado Department of Public Health and Environment strongly supports vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all children, the benefits of preventing disease with a vaccine far outweigh the risks. Colorado law C.R.S. 5 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an official exemption form is filed.

This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Prior to kindergarten, an official non-medical exemption form must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices.^{1,2} From kindergarten through 12th grade, an official non-medical exemption form must be filed every year during the student's school enrollment/registration process¹. Students with an immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. All fields are required unless noted optional.

Type of Non-Medical Exemption Claimed:
 Personal Belief Religious

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

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

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State: CO	Zip Code:
Phone Number:	Grade of Student:	

¹ Colorado Board of Health rule 6 CCR 1009-2: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6437&fileName=6320CCR3201009-2>

²2016 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/imz/downloads/p/parent-yr-sch-0-6yrs.pdf. Based on this schedule, a non-medical exemption form would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.



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Parental Authorization Request for Student Records

School Name

Phone / Fax

Address

Email

City

State

Zip

The student listed below is enrolled in Spiral Academy. I hereby authorize the release of all school records and confidential information for this student, including cumulative files from any previously attended schools.

Student Last Name

Student First Name

MI

Date of Birth

Grade

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Please mail records to:

Attn: Records Office
Spiral Academy
PO Box 448
Florissant, CO 80816