



Enrollment for 2025-2026



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: Tim Mahaffey
Director District C: Jeff Oatman
Director District D: Brad Sharp (President)
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
Sonya Price
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
Andy Polland
Zac Lemon
Kelly Kochevar

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

Name of Student: _____

First

Middle

Last

EATON SCHOOL DISTRICT RE- 2 - DATA ON PUPIL FOR SCHOOL RECORD

Birth Date: _____ Gender: _____ Contact Phone#: _____

Grade for enrollment: _____ School for enrollment: _____

Mailing Address: _____

Primary Household Address: _____

(if different from mailing address)

Previous School: _____

Primary Home Language: _____ Student's cell phone _____

* * * * *

Race/Ethnic Collection - Federal Mandate

(Failure to answer both questions will result in an observer identifying for you)

Part A: Is this student of Hispanic, Latino, or Spanish origin? (Choose only one)

- Radio button options for Part A: No, not Hispanic, Latino, or Spanish origin; Yes, Cuban; Yes, Mexican, Mexican American; Yes, Puerto Rican; Yes, another Hispanic, Latino, or Spanish origin - for example; Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.

The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B: What is the student's race? (Check all that apply)

- Check box options for Part B: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White.

* * * * *

- Yes/No questions: Do you live within the Eaton School District? Has the student attended RE-2 previously? Will your child need to ride a bus to school? Does your child have any legal issues? Has your child been expelled from school? Have you previously attended Eaton School District?



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

Signature of Requesting School Representative:

Signature

Title

Date

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+ <input type="checkbox"/> Yes <input type="checkbox"/> No		

Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Food (list): _____	_____
<input type="checkbox"/> Insect Sting (list): _____	_____
<input type="checkbox"/> Medication (list): _____	_____
<input type="checkbox"/> Other (list): _____	_____
Current medications and treatments:	
<input type="checkbox"/> Oral antihistamine	
<input type="checkbox"/> Epi-Pen	
<input type="checkbox"/> Other: _____	
Link to the Colorado Allergy and Anaphylaxis Care Plan: Colorado Allergy and Anaphylaxis Care Plan or download from: https://www.eaton.k12.co.us/health-services	
Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current medications: _____	
Link to the Colorado Asthma Care Plan: Colorado Asthma Care Plan or download from: https://www.eaton.k12.co.us/health-services	
Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No Type 1: _____ Type 2: _____	
Please provide the school with the diabetic medical management plan from your healthcare provider.	
Seizure Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> FM System Date of last Exam _____
<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)

- checkbox A. Active Military Family
checkbox B. In foster care placement
checkbox C. In owned or leased home with immediate family
checkbox D. My work provides housing
checkbox E. In a leased apartment with immediate family
checkbox F. Living with friends or extended family members due to your family's economic hardship*
checkbox G. In a shelter (emergency or safe house)*
checkbox H. In a transitional housing program*
checkbox I. In a shelter awaiting foster care placement*
checkbox J. Highly mobile, moving every few nights*
checkbox K. Inadequate housing (lacks kitchen or bathroom facilities)*
checkbox 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:

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

How long have you lived at the above address? _____

Do you anticipate moving soon? If so when? _____

District Liaison Signature _____





Advancing Colorado's health and protecting the places we live, learn, work and play

Dear families of students attending Colorado kindergarten through 12th grade schools for the 2025-26 school year:

This letter includes important information about Colorado's school vaccine requirements, as well as other resources. There's nothing more important than making sure your child or children stay healthy and learning all year long. Getting vaccinated gives children and adolescents the best chance of staying healthy and in school.

Colorado law requires students who attend school to be vaccinated against many of the diseases vaccines can protect against, unless a Certificate of Exemption is filed. For more information, visit <https://cdphe.colorado.gov/immunization-policy-and-board-health-rules>. Before a student's first day of school, families are responsible for providing an up-to-date immunization record, an in-process plan, or a Certificate of Exemption to each school the student attends. An in-process plan is written by your student's immunizing provider and shows that your student is following the ACIP schedule to catch up on missing dose(s) of one or more school-required vaccines.

Getting vaccinated and following the recommended schedule is important. Think of vaccines as a special training program for the body, teaching it how to fight off harmful germs. The protection from vaccines can last a very long time, which helps to keep your child, your family, and your community safe and healthy.

Vaccines required for school

To attend school, your student must be vaccinated against:

- Hepatitis B (HepB)
- Diphtheria, tetanus, and pertussis (DTaP, Tdap)
- Measles, mumps, and rubella (MMR)
- Polio (IPV)
- Varicella (chickenpox)

Get kindergarten ready: Colorado law requires children between the ages of 4 and 6 years to receive their final doses of DTaP, IPV, MMR, and varicella **before** kindergarten entry.

Get sixth-grade ready: Colorado law requires adolescents to receive one dose of Tdap **before** sixth-grade entry, even if the student is 10 years old.

Number of doses and spacing of vaccines:

Colorado follows recommendations set by the Centers for Disease Control and Prevention's [Advisory Committee on Immunization Practices](#). This committee is a group of medical and public health experts who study vaccines and recommend them for the public. View recommended vaccine schedules for children birth through 6 years of age at <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html> and children/adolescents 7-18 years of age at <https://www.cdc.gov/vaccines/imz-schedules/adolescent-easyread.html>.

Vaccines that are not required for school but are recommended include:

COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), and meningococcal disease (MenACWY and MenB). The timing and spacing of these vaccines also follow the recommended vaccine schedules for [children birth through 6 years](#) and [children/adolescents 7-18 years of age](#).

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? Visit COVaxRecords.org for more information.

Exclusion from school

If there is an outbreak of a vaccine-preventable disease at your student's school, and your student has not received the vaccine for that disease, they may be excluded from school for many days. That could mean lost learning time for them and lost work and wages for you. For example, if your student is not up to date with their MMR vaccines, they may need to stay home from school for 21 days after someone gets sick with measles.

Exemptions from one or more school-required vaccines

If your student cannot get vaccines for [medical reasons](#), you must submit a Certificate of Medical Exemption to your school. If you choose not to have your student vaccinated for nonmedical reasons, you must submit a Certificate of Nonmedical Exemption to your school. Nonmedical exemptions must be submitted on an annual basis. Find more information about exemptions at <https://cdphe.colorado.gov/exemptions-to-school-required-vaccines>.

Have questions?

Talk with a health care provider or your local public health agency to ask questions and find out which vaccines your student needs. Find a vaccine provider at cdphe.colorado.gov/get-vaccinated. Read about the benefits and importance of vaccines at cdc.gov/vaccines-children/about/index.html, childvaccineco.org, [ImmunizeForGood.com](https://immunizeforgood.com), and cdphe.colorado.gov/immunization-education.

Staying up to date on routine immunizations is important for adults as well as children. It's never too late for adults to get back on track! Learn more at <https://www.cdc.gov/vaccines-adults/recommended-vaccines/>.

Finding and paying for vaccinations

If you need help finding free or low-cost vaccines, go to COVax4Kids.org, <https://cdphe.colorado.gov/immunizations/get-vaccinated>, or dial [2-1-1](#) for information on Health First Colorado (Medicaid) and vaccine clinics in your area.

How is your school doing on vaccinations?

Annually, schools and child cares must report immunization and exemption numbers (but not student names or birthdates) to the state health department. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard of 95% for all school-required vaccines, described in [§25-4-911, CRS](#).

Your child's school's immunization rates from the 2023-24 school year. (Find 2023-24 school year and prior years' data at COVaxRates.org).

School name	2023-24 MMR immunization rate (required)	2023-24 MMR exemption rate (required)

Schools may choose to include rates for other school-required vaccines below.

2023-24 HepB immunization rate	2023-24 HepB exemption rate
2023-24 DTaP immunization rate	2023-24 DTaP exemption rate
2023-24 Tdap immunization rate	2023-24 Tdap exemption rate

2023-24 IPV immunization rate	2023-24 IPV exemption rate
2023-24 varicella immunization rate	2023-24 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:	

- In the past three years, has your family moved to another state, city, school district, and/or county?
 YES NO
- 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