



695 Red Mountain Drive  
Glenwood Springs, CO 81601  
970-945-9463  
970-945-7578 (fax)  
www.ymhs.org

Dear Students and Families,

Welcome to Yampah! I'm excited that your son or daughter is interested in attending. The first step in the enrollment process is for you to complete this registration packet so that we can gather all of the information we need to advise and guide your child. After a visit and interview, should a spot become available, you will be notified by a school representative. The students here are engaged in learning about each other, about our community and about the world & their responsibilities. We look forward to have you student involved in this process. ***Please note that at the time of acceptance of enrollment and each continuous year enrolled, two fees will be collected: a \$10.00 annual supply fee and a \$15.00 annual activity fee.***

There are a few things that I want to communicate to you. First of all, Yampah is a wonderful school where students can make positive choices about their lives on a daily basis. In order to support those positive choices, I want to make sure that you are aware of a few of our behavior policies.

Please read the *Yampah Handbook & Survival Guides & Mt. BOCES Student Policy*, to be sure you understand our Student Behavior Policy, Procedures & Expectations (specific policy: Bus Conduct, Drug & Alcohol and Dangerous Weapon Policies as well as all others are available at [www.ymhs.org](http://www.ymhs.org)). These policies address the school's concern to have a safe environment for all students from the moment they step on the bus in the morning until the time they leave our campus in the afternoon.

As you may know, many of our students ride the bus for long periods of time. Bus transportation at YMHS is a service that we provide for you and your student's convenience and is a privilege. As there is no obligation for a student to be transported to our school, we expect and require students provided this opportunity to follow the Bus Conduct Policy. Per this policy, students may lose the privilege to ride the bus for either a designated amount of time or the entire school year. You are welcome to send a headset such as an iPod other electronic device for your student on the bus. Also, books, journals, handheld puzzles, and magazines are helpful ways to spend the time on the bus. However, the school cannot be responsible for lost or stolen equipment so please be sure your student understands they are responsible for its care and for putting them securely away during school hours.

We also have a drug and alcohol policy in place. Students must agree to come to school free of drugs and alcohol in order to enjoy and understand the multitude of experiences that we offer to them at Yampah Mountain High School. Students caught in possession of drugs or alcohol will be suspended for three days and will engage in an intense, 40-80 hour Drug and Alcohol Passage that will help them learn about their personal behaviors and the impact on their bodies, their brains and their community in order to retain their spot. Distribution of drugs or alcohol is zero tolerance for which the student will be expelled. Please help your student make healthy choices with their lives!

For more information about Yampah Programs, including school calendars and emergency closings visit our website @ [www.ymhs.org](http://www.ymhs.org). If you have any further questions, please feel free to contact me at 945-9463 x101 or call the registrar at 945-9463, x100.

Best regards,

*Leigh L McGown*

Leigh McGown, Principal

## Yampah Programs: YMHS, TPP, WS & Rebound Registration Form

PLEASE RETURN ALL FORMS TO THE YAMPAH SECRETARY- received on \_\_\_\_\_

Yearly Supply Fee paid (dates) \_\_\_\_\_ Yearly Activity Fee paid (dates) \_\_\_\_\_

				<b>Entrance Date</b>
<b>Legal Last Name</b>	<b>First</b>	<b>Middle (no initials)</b>	<b>Grade</b>	
<b>Student lives with:</b> Both parents    Mother only    Father Only    Othe Other: _____				
<b>Parent Name/Guardian (Mother)</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Parent Name/Guardian (Father)</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different from above)</b>				
<b>Email:</b> _____				
<b>Home Phone</b>	<b>Birthdate</b>	<b>Gender</b>	<b>Social Security No.</b>	
		M   F		
<b>Mother Employer</b>	<b>Work Phone</b>	<b>Father Employer</b>	<b>Work Phone</b>	
<b>Student Employer</b>	<b>Work Phone</b>	<b>Cell Phone: Mother</b>	<b>Father</b>	<b>Student</b>
<b>Parent Education Level:</b> Primary    High School    College    Graduate Level				
<b>Circle for both Race &amp; Ethnicity:</b>				
<b>Race:</b> American Indian/Alaskan Native    Asian    Black/African American    White    Native Hawaiian/Pacific Islander				
<b>Ethnicity:</b> Latino or Non-Latino				
<b>Has student attended school in Colorado for three consecutive years?</b>				<b>Yes or No</b>
				(if no, where?)
<b>Has student attended school in the United States for three consecutive years?</b>				<b>Yes or No</b>
				(if no, where?)
<b>Name of Previous School Attended (city &amp; state):</b> _____				

<b>Emergency Information:</b> Please indicate a neighbor or relative that may be contacted during school hours in case of illness or emergency			
<b>Name</b>	<b>Telephone</b>	<b>Name</b>	<b>Telephone</b>

<b>Family Physician:</b> _____	<b>Phone Number:</b> _____
<b>If family doctor is not available, may school authorities call another doctor in case of emergency?</b>	
___ Yes    ___ No	
<b>Signature of parent or guardian</b>	<b>Date</b>
<b>Is student on any daily medication? Yes___ No___</b>	
<b>If yes, does medication need be given at school? Yes ___ No ___</b>	
<b>If yes, state medication &amp; directions:</b> _____	
<b>Does student have any disabilities/limitations? Yes___ No___ If yes, state:</b> _____	
<b>Does student have any special health problems? Yes___ No___ If yes, state:</b> _____	
<b>Medical Provider Name</b> _____	<b>Mental Health Provider Name</b> _____
<b>Insurance Provider</b>	<b>Policy Number</b>
	<b>Phone Number</b>

Any additional service providers involved in your child's life (Probations, Youth Zone, Dept. of Human Services, etc.):

This student may NOT be contacted by or released to the following person(s):

\_\_\_\_\_  
**Name & Relationship**

\_\_\_\_\_  
**Name & Relationship**

Has student even been expelled from school: Yes \_\_\_ No \_\_\_ If yes, when & why? \_\_\_\_\_

Has student ever received special education services? Yes \_\_\_ No \_\_\_

Explain:

Is Student currently on an I.E.P.?: \_\_\_\_\_ Yes  
No

If yes, what is primary disability:

Has Student even been identified to participate in one of the following educational services:

Literacy: Yes  
No

504: Yes  
No

ILP: Yes  
No

ELL/ESL Classes: Yes  
No

Has student been enrolled in: Gifted/Talented  
PEAC  
Other:

If yes for what years? (circle one) \_\_\_\_\_

1. Did you child learn to speak a language other than English before he/she learned English? Yes  
No

2. How often is a language other than English used in your home? (check one only)  
A. \_\_\_ Only the other language and no English. B. \_\_\_ Other language more often than English.  
C. \_\_\_ Other language and English equally. D. \_\_\_ English more often than any other language.  
E. \_\_\_ Only English.

3. Please describe the languages spoken by your child. (check only one)  
A. \_\_\_ Speaks only the other language and no English.  
B. \_\_\_ Speaks mostly the other language and some English.  
C. \_\_\_ Speaks the other language and English equally.  
D. \_\_\_ Speaks mostly English and some of the other language.  
E. \_\_\_ Speaks only English.

4. Please describe the language understood by your child (Check only one).  
A. \_\_\_ Understands only the other language and no English.  
B. \_\_\_ Understands mostly the other language and some English.  
C. \_\_\_ Understands the other language and English equally.  
D. \_\_\_ Understands mostly English and some of the other language.  
E. \_\_\_ Understands only English.

5. If your child speaks or understands a language other than English, what is the language?

**By signing below I consent that my student and I, the guardian, have read and reviewed the Handbook & Survival Guides, including student discipline policies: student conduct, drug & alcohol policy, bus conduct, dangerous weapons, etc. Failure to comply with these rules & polices may result in the loss of placement.**

Parent Signature

Student Signature

Date

**PLEASE INCLUDE AN UNOFFICAL SCHOOL TRANSCRIPT  
WITH THE COMPLETED APPLICATION. YOU CAN REQUEST  
THIS FROM YOUR HOME SCHOOL REGISTRAR. THANK YOU!**

**STUDENT QUESTIONNAIRE**

Student Name \_\_\_\_\_ Student Phone number \_\_\_\_\_

Student email \_\_\_\_\_

Living with (Parent or Guardian) Name \_\_\_\_\_

**Student Employment Status**

Are you working? \_\_\_\_\_ If so, how many hours per week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**Student Educational Status**

Are you currently enrolled in school? \_\_\_\_\_

The name of the last school you attended \_\_\_\_\_

The last grade you completed \_\_\_\_\_ Completed in year \_\_\_\_\_

**Short Answer**

1. Why do you think that Yampah will benefit you?
2. What are your reasons for not wanting to attend a traditional school?
3. Do you think you will be able to be self motivated, independent and able to teach yourself the things you want to learn? Please Explain:
4. If you were behind on your schoolwork would you like to try to catch up? How would you do this? Please explain:
5. Will you be able to respect the members of Yampahs' community and leave behind judgment of people? How would you do this? Please explain:
6. What kinds of activities and hobbies do you enjoy in and out of school?

Yampah is a flexible school, if there is something students don't like they can try to change it. How would you take a leadership role in making Yampah a better place?

What are three future goals you have and how would you like to achieve them?

Are you interested in...(Check all that apply)

- Work experience as a part of your program
- Service projects as a part of your program
- Working with young children
- Doing independent projects
- Planning your own schedule
- Having an apprenticeship in the community
- Outdoor education experiences
- Performing Arts: Music and/or Theater
- Classes at CMC
- Tutoring another student
- Travel as part of school
- Creating school policy
- Designing the school curriculum
- Other \_\_\_\_\_

### Essay

**Please provide a 1-2 paragraph writing sample addressing the following questions.  
Choose one topic as a focus:  
Teen Pregnancy, School Violence, Drugs & Alcohol or Racism**

***What interests you about this topic?***

***Why is this topic important?***

***What resources would you use to research this topic further?***

***How would you share this information with others as you address this topic?***

***(use back of page for writing space)***

## PARENT QUESTIONNAIRE

Parent/Guardian completing this questionnaire: \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent email: \_\_\_\_\_

**It is our goal at Yampah to create a partnership between parents/guardians, students and teachers to support student educational success. Because the student's family knows them best, please answer the following questions:**

Why do you want your child to attend Yampah Mt High School/Teen Parent Program/Rebound?

What are your hopes and expectations for your son/daughter in the next year?

What amount of independence do you give to your child? What is your child's level of maturity?

What makes you proud of your child?

How is your child's relationship with you and your family? with his/her friends?

How does your child react to disagreement, discipline, and frustration?

How does your child handle challenging or difficult situations?

What does your child do with free time?

Are there any other information or comments you would like to share with us about your child?

PLEASE INCLUDE AN UNOFFICIAL SCHOOL TRANSCRIPT AS APPLICABLE, THANK YOU!

**SCHOOL PERSONNEL QUESTIONNAIRE & REFERRAL**

This page is to be completed by an administrator, teacher or counselor  
at the last school you last attended or are currently attending.

In what ways do you believe that an alternative educational setting like Yampah Mountain High School will benefit this student?

What issues do you believe are prompting this desire for a school change?

How do you think this student will succeed in a setting where self-motivation is very important?

Are special education services provided at this time? If yes, please indicate special education designation (IEP) and services being provided. Please include any behavioral needs that this student might have. Attach an extra sheet if needed.

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

School name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of person completing this page: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_