

Davenport Community Schools – FORM A Returning Student Registration

Please also review attached Verification Form for updates.

For Office Use:
Received: _____
Entry Date: _____
Student I.D.: _____
Homeroom: _____

YOUR CHILD'S INFORMATION CHILD'S HOME ADDRESS

Legal Last Name: _____ Street: _____ Apt/Lot #: _____
 Legal First Name: _____ City: _____ State: _____ Zip: _____
 Middle Name: _____ County: _____

PARENT/LEGAL GUARDIAN PARENT/LEGAL GUARDIAN

First/ Last Name: _____	<input type="checkbox"/> Lives with Student	First/ Last Name: _____	<input type="checkbox"/> Lives with Student
Middle Name: _____		Middle Name: _____	
Relationship to Student: _____		Relationship to Student: _____	
Primary Phone: () _____	<input type="checkbox"/> Unlisted:	Primary Phone: () _____	<input type="checkbox"/> Unlisted:
Place of Employment: _____		Place of Employment: _____	
Work Phone: () _____	<input type="checkbox"/> Do Not Call	Work Phone: () _____	<input type="checkbox"/> Do Not Call
Other Phone: () _____		Other Phone: () _____	
E-mail: _____		E-mail: _____	

EMERGENCY CONTACTS

Please include individuals who are available or can arrange for pick-up of the student in case a parent or guardian cannot be reached. In case of emergency, school personnel may call 911.

Call Sequence #1

Call Sequence #2

Child Care Provider, if any

First/Last Name: _____	First/Last Name: _____	First/Last Name: _____
Middle Name: _____	Middle Name: _____	Middle Name: _____
Relationship to Child: _____	Relationship to Child: _____	Relationship to Child: _____
Home Phone: () _____	Home Phone: () _____	Home Phone: () _____
Work Phone: () _____	Work Phone: () _____	Work Phone: () _____
Cell Phone: () _____	Cell Phone: () _____	Cell Phone: () _____
E-mail: _____	E-mail: _____	E-mail: _____

PARENT/GUARDIAN PERMISSIONS

Promotional Release: The district reserves the right to allow media and promotional coverage at public events and activities in the school district and community. Your child's school and the school district may also want to share your child's name, image and/or quote to celebrate the accomplishments of your student and their school in various district and partner media projects. Parents and guardians may request that your child's information not be shared for any of these promotional opportunities. Do **NOT** Share

Directory Information: Directory Information is shared for publications, yearbooks and websites for internal use and outside organizations and educational partners, unless expressly prohibited by you as the parent or guardian. Do **NOT** Share
 The law also allows for release of student information to officials with a legitimate educational interest such as contractors, consultants, volunteers, or other parties the District has contracted with to provide institutional service(s) or function(s). The District may release student information for this reason or any other reason permitted by law. Visit www.davenportschools.org/enrollment-and-registration for details. Families do have the right to request that student information not be shared with the military or colleges:

Military Opt-out Request: "I request that my child's information not be shared with the military." Do **NOT** Share

College Opt-out Request: "I request that my child's information not be shared with colleges." Do **NOT** Share

The information contained on this form may be shared with school personnel for provisions of appropriate health services and/or educational services. Release of this information may be revoked at any time with a written request to the school. I agree to notify the school of any changes in the above information throughout the school year.

Parent/Guardian Signature Approving Enrollment: _____ **Date:** _____

Davenport Community Schools – FORM B

Health Services Information

For Office Use:
Please detach and
forward to the
Nurse's Office

Your child's health and comfort are important to us. Please take a moment to describe your child's health needs. The information provided on this form may be shared with school personnel for the provision of appropriate health and/or educational services. Release of this information will be for the current school year. This release may be revoked at any time with a written request to the school.

Name of Student _____ Birth Date _____ Grade _____

EMERGENCY HEALTH INFORMATION FOR YOUR CHILD

Has your student been diagnosed by a physician for: (please circle: Yes or No and which condition)

Yes No Asthma or Bronchospasms	Yes No Skin condition	Yes No Depression
Yes No Allergies (food, medication, latex, other)	Yes No Neuromuscular	Yes No Behavioral Problems
Yes No Diabetes	Yes No Skeletal problems	Yes No Bipolar Disorder
Yes No Heart problems	Yes No Hearing problems	Yes No Seizure/epilepsy
Yes No Blood pressure problems	Yes No Vision/glasses/contacts	Yes No Speech problems
Yes No Blood disorders (Sickle Cell, others)	Yes No Migraine/headaches	Yes No Other Mental Health Condition (OCD, ODD, RAD, Tourettes)
Yes No Kidney/urinary problems	Yes No ADD/ADHD	Yes No Other Health Concerns
Yes No Stomach/bowel problems	Yes No Anxiety	

Comments to any "Yes" items from above or other necessary information including **any nursing procedures** that need to be performed at school: _____

Activity restrictions due to a condition: _____

*Current Medications: _____ Not on Medication

***Please submit a Medication Administration Consent form, if these are to be given in school.**

Explain any hospitalizations, surgery, serious illness or injury for your child? _____

Proof of various screenings is required for children entering Kindergarten, including Immunizations, Lead Screening and Dental and Vision Screening. Please attach proof of exemption, if eligible. Lead Screening: Yes No

Name of Doctor/Phone: _____

Name of Dentist/Phone: _____

Name of Therapist or Counselor/Phone: _____

Insurance (check one): Private Insurance Medicaid No Insurance Other, specify: _____

Please list an Emergency Contact for Nurse to discuss health concerns or emergencies:

Name: _____ Phone # _____ Student Cell # (if any): _____

Parent/Guardian Signature _____

Date _____

Davenport Community Schools – FORM C Household Economic Survey

OPTIONAL: Only for families interested in fee waiver

For Office Use: Please detach, scan and send to: edubenefits@davenportschools.org with school name and date as file name.

FEE WAIVER APPLICATION

To qualify for school fee waivers and other benefits please provide the following information. Please complete only one per household. Please print:

Name: _____ Address: _____

There are _____ people in my household, including all children and adults. The total annual income for all people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is \$_____ per year.

Student Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I certify that the total income for the household reported is accurate. I understand that school officials may check to verify this information and if false information is given, I may lose benefits.

Signature Date Phone

Note: For parents not wishing to share this information at the school building, and electronic version is available at www.davenportschools.org on the Enrollment and Registration page. The form can be completed and submitted electronically to maintain confidentiality. Forms can also be mailed directly to: c/o EduBenefits at the Achievement Service Center, 1606 Brady Street, Davenport, IA 52803.

