



Davenport Community Schools – FORM A

New Student Enrollment

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

STUDENT'S INFORMATION **STUDENT'S HOME ADDRESS**

Legal Last Name: _____
 Legal First Name: _____
 Preferred First Name: _____
 Middle Name: _____
 Birth Date: ____ / ____ / ____ Male Female
 Proof of Age (*office use only*): _____

Street: _____ Apt/Lot #: _____
 City: _____ State: ____ Zip: _____
 County: _____
Mailing Address Same as Above
 Street: _____ Apt/Lot #: _____
 City: _____ State: ____ Zip: _____

ADMISSIONS INFORMATION

Grade Enrolling In: _____ Ever had: I.E.P. 504 Plan
 In a Davenport Community School last year? Yes No
 Which School (s): _____

Any previous school s attended other than DCS:
 School and District _____
 Address/State/Zip _____

STUDENT ETHNICITY AND RACE (Complete Both Parts A and B)

Part A: Ethnicity (Choose only one)
 Hispanic/Latino Not Hispanic/Latino
 Student has Active Tribal Enrollment

Part B: Race (Choose all that apply)
 American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Please complete the attached Home Language Survey to determine eligibility for English as a Second Language (ESL) resources and services.

PARENT/LEGAL GUARDIAN **PARENT/LEGAL GUARDIAN**

First/Last Name: _____ Lives with
 Relationship to Student: _____ Student
 Address Same as Student. Check and move on to Home Phone.
 Street: _____ Apt/Lot #: _____
 City: _____ State: ____ Zip: _____
 Home Phone: () _____ Unlisted:
 Place of Employment: _____
 Work Phone: () _____ Do Not Call
 Cell Phone: () _____
 E-mail: _____

First/Last Name: _____ Lives with
 Relationship to Student: _____ Student
 Address Same as Student
 Street: _____ Apt/Lot #: _____
 City: _____ State: ____ Zip: _____
 Home Phone: () _____ Unlisted:
 Place of Employment: _____
 Work Phone: () _____ Do Not Call
 Cell Phone: () _____
 E-mail: _____

SCHOOL-AGED SIBLINGS

Sibling's Name	Relationship	Age	Male/Female	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's First and Last Name: _____

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

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

Call Sequence #2

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

Child Care Provider, if any

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

ADDITIONAL FAMILY INFORMATION, AS APPLICABLE

Other Guardian Custodial Arrangement:

Migrant

Who has custody of this student?: _____

Active Military

This student is living with: _____

If yes, give Branch of Service: _____

Is there a court-order? _____

Where Stationed? _____

PARENT/GUARDIAN PERMISSION

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 internal publications, yearbooks and websites and for 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 and/or educational services. Release of 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 information throughout the school year. Enrollment of transfer students is always conditional pending receipt of official school records, health and immunization records and clarification of residence.

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

I am interested in having a Parent Portal account, so that I can follow my child's progress online, register online, have e-mail access to teachers and other parent communication options.

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.

Davenport Community Schools – FORM D

Home Language Survey

For Office Use:
Student ID#: _____
Date Distributed: _____
Date Rec'vd: _____

Student Name: _____ Student Birth Date: _____

Sex: Male Female

Parent / Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

COUNTRY AND LANGUAGE OF ORIGIN

1. Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended

Name of School _____	State _____	Dates Attended _____
Name of School _____	State _____	Dates Attended _____
Name of School _____	State _____	Dates Attended _____

3. What language is spoken by you and your family most of the time at home?

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child?
(Father) _____ (Mother) _____

9. Please describe the language understood by your child. (check only one)

- A. Understands only the home language and no English.
- B. Understands mostly the home language and some English.
- C. Understands the home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English

Parent or Guardian's Signature

Date

Davenport Community Schools – FORM D

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____
Date of Birth: _____ Male Female
Person Completing This Form: Parent/Guardian Student Other: _____

RACE AND ETHNICITY

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2.
If you answered "No", please check one or more of the following racial categories.

2. Racial Categories

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa

Please complete the entire form and return it to your school office or:

Davenport Community Schools English as a Second Language Office
Achievement Service Center
1606 Brady Street
Davenport, IA 52803