

New Student Enrollment

2017 - 2018

For Office Use

Rec'd: _____ Entry Date: _____
Student I.D.: _____ Homeroom: _____
Proof of Address: _____

YOUR CHILD'S INFORMATION

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

CHILD'S HOME ADDRESS

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: IEP 504 Plan
In a Davenport Community School last year? Yes No
If Yes, Which School(s): _____

Any previous schools attended other than DCSD:
School and District: _____
Address/State/Zip: _____

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
 Student is member of migrant family

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 list all languages spoken fluently at home: _____
Please note, all new students will be required to complete a Home Language Survey to determine eligibility for English as a Second Language (ESL) resources and services.

PARENT/LEGAL GUARDIAN

First/Last Name: _____ Lives with student
Relationship to 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: _____

PARENT/LEGAL GUARDIAN

First/Last Name: _____ Lives with student
Relationship to 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: _____

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 (IF APPLICABLE)

Other Guardian Custodial Arrangement:

Who has custody of this student? _____

This student is living with? _____

Is there a court-order? _____

Migrant

Active Military

If yes, give Branch of Service: _____

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 by notifying the school at any time during the school year. Parents must notify the school annually of their preference.

Directory Information: 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. Directory Information is also shared for publications, yearbooks and websites for internal use and outside organizations or educational partners, unless expressly prohibited by you as the parent/guardian. Parents and guardians may request that your child's information not be shared for any of these opportunities by notifying the school at any time during the school year. Parents must notify the school annually of their preference.

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 student is always conditional pending receipt of official school records, health and immunization records and clarification of residence.

One to One Technology: The district will provide each student a device for use at school and 9-12th grade students will be provided a device for use at school and home. This equipment is, and at all times remains, the property of Davenport Community Schools and is lent to the student for educational purposes only for the Academic School year. The equipment will be returned to the school if the student moves from Davenport Community Schools or prior to the end of the school year.

SIGNATURE OF PARENT/GUARDIAN APPROVING ENROLLMENT

DATE

Davenport Community Schools - FORM B

2017-18 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/Bronchospasms | Yes No Skin Condition | Yes No ADD |
| Yes No Allergies (food/medication/latex/other) | Yes No Neuromuscular | Yes No ADHD |
| Yes No Diabetes | Yes No Skeletal Problems | Yes No Anxiety |
| Yes No Heart Problems | Yes No Hearing Problems | Yes No Bipolar Disorder |
| Yes No Blood Pressure Problems | Yes No Vision/Glasses/Contacts | Yes No Behavioral Disorders |
| Yes No Blood Disorders (sickle cell, other) | Yes No Headaches/Migraines | Yes No Depression |
| Yes No Kidney/Urinary problems | Yes No Seizure Disorder/
Epilepsy | Yes No Other Mental Health Condition
(OCD,ODD,RAD,Tourettes) |
| Yes No Stomach Problems | Yes No Speech Problems | Yes No Other Health Concerns |
| Yes No Bowel Problems | Yes No Walk assist | |
| Yes No Wheelchair | | |

Please comment on any "Yes" items above or other necessary information, include 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 screenings are required for children entering Kindergarten, including: Immunizations, Lead Screening, Dental Screening, and Vision Screening.

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): _____

SIGNATURE OF PARENT/GUARDIAN

DATE

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Davenport Community Schools - FORM C

2017-18 Household Economic Survey

For Office Use

Please detach and send to ASC c/o EduBenefits with school name and date on envelope

ONLY 1 FORM PER HOUSEHOLD - DO NOT FILL OUT AT EACH BUILDING

- YES, I would like to be considered for a fee waiver.
 Selecting this option means you agree to release the details of this form and your income status to Davenport Community School officials to determine eligibility and to waive fees including: district textbooks, cap and gown, instrument rental, and one session of driver's education. Please complete the entire form and sign to be considered.

- I already filled this form out at _____ .
 If you have already completed the form at another building or program, please list that location. Please complete the parent/guardian name and signature below.

- NO, I decline the school Fee Waiver.
 Selecting this option means that you have read and understand the waiver benefits outlined above and are selecting to decline the school fee waiver. If you decline, please still complete the parent/guardian name and signature.

To qualify for school fee waiver please provide the following information. Incomplete applications will NOT be processed. Please PRINT legibly:

Student Name(s) Use your student's full name - no nicknames	School	Grade for 2017/18
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Students' Household Address: _____

There are _____ people in the household, including all children and adults. The total yearly GROSS income for ALL people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is \$_____ PER YEAR.

Certification: I certify the total gross income for the household reported is accurate. I understand school officials may ask for verification of the above information. If any false information is given, I may lose benefits.

PRINT NAME OF PARENT/GUARDIAN

Phone: (____) _____

SIGNATURE OF PARENT/GUARDIAN

DATE

For parents not wishing to share this information at the school building, an electronic version is available at www.davenportschools.org on the Enrollment and Registration page. The form can be completed and submitted electronically to edubenefits@davenportschools.org or can be mailed directly to: EduBenefits, Achievement Service Center, 1606 Brady Street, Davenport, IA 52803.

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Davenport Community Schools - FORM D

2017-18 Home Language Survey

For Office Use

Student I.D. #: _____
Date Distributed: _____ Rec'd: _____

Note: If question #5 is marked YES, forward within 24 hours to ASC – ESL Office.

YOUR CHILD'S INFORMATION

Student First Name: _____

Birth Date: ___/___/___ Male Female

Student Last Name: _____

Home Phone: (____) _____ Unlisted

Parent/Guardian Name: _____

Work Phone: (____) _____ Do Not Call

Street: _____ Apt/Lot#: _____

School: _____ Grade: _____

City: _____ State: _____ Zip: _____

Today's Date: _____

CHILD'S HOME ADDRESS

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 below

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:**

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

2) What language does your child most frequently speak at home? _____

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

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

- Understands only the home language and no English
- Understands mostly the home language and some English
- Understands the home language and English equally
- Understands mostly English and some of the home language
- Understands only English

STUDENT RACE AND ETHNICITY REPORTING

Student First Name: _____ Person Completing this form: (check one)
Student Last Name: _____ Parent/Guardian Student Other: _____
Birth Date: ____/____/____ Male Female Date Completed: _____

The U.S Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following questions 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 this form, sign, date, and return to your school office.

SIGNATURE OF PARENT/GUARDIAN

DATE