DAVENPORT COMMUNITY SCHOOLS

Davenport Community Schools - FORM A

Returning Student Registration

Please review the attached verification form for updates

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:_____

CHILD'S HOME ADDRESS

Street:_____ Apt/Lot#:_____

City:_____ State:_____ Zip:_____

County: _____

Mailing Address ❒ Same as above

Street:_____ Apt/Lot#:_____

City:_____ State:_____ Zip:_____

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:_____

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:_____

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.

_____ _____

SIGNATURE OF PARENT/GUARDIAN APPROVING ENROLLMENT **DATE**

REV 02/2016

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/Bronchospasms
Yes No Allergies (food/medication/latex/other)
Yes No Diabetes
Yes No Heart Problems
Yes No Blood Pressure Problems
Yes No Blood Disorders (sickle cell, other)
Yes No Kidney/Urinary problems
Yes No Stomach Problems
Yes No Bowel Problems

Yes No Skin Condition
Yes No Neuromuscular
Yes No Skeletal Problems
Yes No Hearing Problems
Yes No Vision/Glasses/Contacts
Yes No Headaches/Migraines
Yes No Seizure Disorder/ Epilepsy
Yes No Speech Problems

Yes No ADD
Yes No ADHD
Yes No Anxiety
Yes No Bipolar Disorder
Yes No Behavioral Disorders
Yes No Depression
Yes No Other Mental Health Condition (OCD,ODD,RAD,Tourettes)
Yes No Other Health Concerns

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**

REV 02/2016

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Davenport Community Schools - FORM C

2016-17 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 2016/17**

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.

_____ Phone: (____)_____
PRINT NAME OF PARENT/GUARDIAN

_____ _____
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.