KDG

Clarinda Community School District
Enrollment/ Emergency Form

Student_____ Grade_____ Date of Birth_____ Male/Female_____

middle name: _____

Home Phone_____ Address_____ City,State,Zip_____

Family Information:

List Name and Relationship to child:	Address	Home Phone	Cell Phone	Employer	Work Phone	Email address	Has contact with student Yes/No
Parent/Guardian Living with Student:							
Spouse of Parent/Guardian Listed Above:							
AND							
Parent/Guardian Not Living with Student:							
Spouse of Parent/Guardian Listed Above:							

Please Mark if student: is **Open Enrolled** Y/ N **in Special Education** Y/ N **in Band** Y/ N If Y, list instrument:_____

Student lives with: __Parent(s) __Caretaker __Legal Guardian Student lives in: __Parent home __Relatives/Friends home __Hotel __Other

Contact Information (please list LOCAL contacts):

Ask about texting notifications!

Child Care_____ Child Care Phone_____

Emergency Contact #1_____ Phone (1) _____ Phone (2) _____

Emergency Contact #2_____ Phone (1) _____ Phone (2) _____

Emergency Contact #3_____ Phone (1) _____ Phone (2) _____

For Residents New to Clarinda: What Brought You to Clarinda: ___Employment ___Relatives ___Other - please list_____ (Over)

School Medical Registration Form – Health History

Please list a local provider that you prefer in the case of an emergency.

Family Doctor _____ Date of last exam _____ Does student have a current school physical Y/N

Dentist _____ Date of last exam _____

Eye Doctor _____ Date of last exam _____

***In the event of an emergency, 911 will be called and your child will be taken to Clarinda Regional Health Center.**

List other doctors, specialists, counselors (local or out-of-town): _____

Allergies (list allergy and type of reaction): _____

Medications taken routinely: _____

Will your child take medicine at school: Yes/No If yes, what medication? _____

* Note- All medications given at school must be supplied by the parent in the original container and a medication permit form must be completed and signed by the parent.

1. Does your child have health insurance? Yes/No Provider Name: _____
2. Do you have any concerns about your child's general health? (eating, sleeping, weight, etc.) Yes/No
3. Does your child have any chronic illness or medical condition? (seizures, asthma, heart condition, ADHD, etc.) Yes/No
4. Has your child had any serious accidents? (burns, head injury, broken bones, etc.) Yes/No
5. Does your child have any problems with:

Hearing	Yes/No	Vision	Yes/No	Does your child wear glasses?	Yes/No
Speech	Yes/No	Physical Disabilities	Yes/No		

Explain all yes answers in the space provided below:

_____

_____

_____

This form will be added to the students health file and shared with appropriate school staff.

Parent Signature: _____ *Date:* _____

(Over)

Clarinda

Community School District

423 East Nodaway St.
Clarinda, Iowa 51632
7-12 Building 712-542-5167 Central Office: 712-542-5165 PK-6 Building: 712-542-4510
www.clarindacsd.org
Jeffrey L. Privia - Superintendent
Lance Ridgely - Director of Student Services
Luke Cox - 7-12 Principal
Jake Lord - Activities Director
Lesley Ehlers - PK-6 Principal
Kelsey Potratz - PK- 6 Dean of Students
Courtney Ridge - Associate Activities Director

Request for Student Cumulative Records

Please forward the records of _____
(student name)

Grade _____, Date of birth _____

_____
(Name of school last attended)

_____ _____
(Phone) (Fax)

The student listed above has enrolled at school in Clarinda Community School District. Please send the following records:

____ Transcripts
____ Withdrawal Grades
____ Educational and/or Psychological Testing
____ Immunization/Health Records
____ Copy of Birth Certificate
____ Attendance Record
____ Discipline File
____ Special Education Reports (IEP)

Please email K-3 records to: mstevens@clarindacsd.org

Please email 4-6 records to: jwyman@clarindacsd.org

_____
(Parent/Legal Guardian Signature) (Date)

*Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99 30 (b), it is not necessary to have the written consent of parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll."

State law requires that the school report specific data to the Department of Education. Please indicate whether or not your child attended preschool prior to attending Kindergarten.

____Yes, my child attended preschool. If yes, please list preschool name: _____

____No, my child did not attend preschool.

Childs Name: _____ Parent Signature: _____

Student Name: _____ Birth Date: _____ Sex: ☐ M ☐ F

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

School: _____ Grade: _____

Was your child born in the United States? ☐ Yes ☐ No

If yes, in which state? _____

If not, in what other country? _____

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_____

In which language do you prefer to receive written information from school? _____

In which language do you prefer to receive spoken information from school? _____

Home Language Survey Questions

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

_____ _____

Parent/Guardian Signature Date

Nombre del/de la alumno(a): _____ Fecha de nacimiento: _____ Sexo: ☐ M ☐ F

Nombre del padre/madre/tutor: _____

Dirección: _____

Teléfono (casa): _____ Teléfono (trabajo): _____ Teléfono (celular): _____

Escuela: _____ Grado: _____

¿Nació su hijo(a) en los Estados Unidos? ☐ Sí ☐ No

Si la respuesta es "sí", ¿en qué estado? _____

Si la respuesta es "no", ¿en qué país? _____

¿Asistió su hijo(a) a alguna escuela en los Estados Unidos durante tres años a lo largo de su vida? ☐ Sí ☐ No

Si la respuesta es "sí", dé el nombre de la escuela/las escuelas, el estado y las fechas de asistencia:

Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

¿En qué idioma prefiere recibir información escrita de la escuela? _____

¿En qué idioma prefiere recibir información oral de la escuela? _____

Preguntas de la encuesta sobre la lengua materna

1. ¿Cuál es el idioma principal que se usa en su casa, independientemente del idioma que hable el/la alumno(a)? _____
2. ¿Cuál es el idioma que habla con más frecuencia el/la alumno(a)? _____
3. ¿Cuál es el idioma que el/la alumno(a) adquirió por primera vez? _____

_____ _____

Firma del padre/madre/tutor Fecha

Additional Required Information

Please answer all of the following questions. Your responses may give us information about your student's knowledge and skills allowing us to better support your child's educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

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 _____

Right to Translation and Interpretation Services Your response will help the school provide communication in a language you prefer.	In which language do you prefer to receive written information from school? _____ In which language do you prefer to receive spoken information from school? _____

Have parent/guardian sign and date this document ensuring that the answers within are factual.

Parent Name:	
Parent Signature:	
Interpreter Name (if applicable)	

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ ☐ Male ☐ Female

Person Completing This Form: ☐ Parent/Guardian ☐ Student ☐ Other: _____

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, Pakistan, 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.

IOWA
MIGRATORY
EDUCATION
PROGRAM

Revision Date: September 8, 2023

Parent Form

School District: _____ Date Completed: _____

Your children may be eligible to receive supplemental services, depending on the answers to this form.

General Information

Name of Parent(s) or Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Best time to be contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or longer? ___YES ___NO
   If YES, please stop completing the form. If NO, please continue.

2. Please select any of the following jobs that the family has done in the last 3 years:
   ___Slaughter, processing, meat locker (beef, poultry, pork) Tyson, JBS, Monsanto, Smithfield, Seaboard
   ___Feeding, milking, taking care of cows or goats (dairy farms)
   ___Planting or detasseling corn, soybeans, fruits, vegetables, nurseries, or greenhouses
   ___Hog farms, chicken farms, eggs, or turkey farms
   ___Preparing farm fields
   ___Other agricultural work. What was the activity or company? _____

Children's Information

Name of Child	Name of School	Grade

Please return this form to the school.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.

IOWA
MIGRATORY
EDUCATION
PROGRAM

Revision Date: September 8, 2023

Formulario Para Padres

Distrito Escolar: _____ **Fecha:** _____

Sus hijos pueden ser elegibles para recibir servicios suplementarios, dependiendo de sus respuestas.

Información General

Nombres de los padres o tutores: _____

Dirección actual: _____ Número de apartamento: _____

Ciudad: _____ Estado: _____ Código postal: _____ Número de teléfono: _____

Mejor horario para ser contactado: _____

1. ¿Ambos padres han vivido en esta ciudad continuamente durante los últimos 3 años? **SÍ** **NO**
   *Si marcó **SÍ**, puede dejar de completer el formulario. Si marcó **NO**, por favor continúe.*

2. Seleccione cualquiera de los siguentes trabajos que la familia ha realizado en los últimos 3 años:
   ___ Matanza o procesamiento de animales/carnes (res, aves, cerdo) Tyson, JBS, Monsanto, Seaboard
   ___ Alimentación, ordeño, cuidado de vacas, cabras (granja lechera)
   ___ Siembra o desespiga maíz, soja, frutas, hortalizas, viveros, invernaderos
   ___ Granjas de cerdos, granjas de pollos, huevos, granjas de pavos
   ___ Preparación de campos de cultivo
   ___ Otra actividad laboral agrícola/Empresa_____

Información Infantil

Nombre del Niño	Nombre de Escuela	Grado

Por favor devuelva este formulario a la escuela.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.

MILITARY CONNECTED STATUS

Revised 10/24/13

STUDENT NAME:

CHECK ONE

- ◯ Neither Parent or Guardian is serving in any military service
- ◯ A Parent or Guardian is serving in the National Guard but is not deployed
- ◯ A Parent or Guardian is serving in the Reserves but is not deployed
- ◯ A Parent or Guardian is serving in the National Guard and is currently deployed
- ◯ A Parent or Guardian is serving in the Reserves and is currently deployed
- ◯ A Parent or Guardian is serving in the military on active duty but is not deployed
- ◯ A Parent or Guardian is serving in the military on active duty and is currently deployed
- ◯ The student's Parent or Guardian died while on active duty within the last year

COMMENTS: _____

_____

_____

_____

_____