

Durant Student Enrollment Form

PERSONAL DATA

Please provide the following information concerning your child. State name as indicated on birth certificate. If a nickname is used for child, please indicate in parentheses.

STUDENT INFORMATION:

Student's Legal Name: _____ Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

First Middle Last

Resident School District (circle one) Durant ,Wilton ,Davenport, Muscatine , Bennett **County Student Lives In:** (Please circle one) Cedar Scott Muscatine

Two-Part Question for Students:

Part A. **Is this student Hispanic/Latino?** (Choose only one)

_____ **No, not Hispanic/Latino** _____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B. **What is the student's race?** (Choose one or more)

- _____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- _____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- _____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- _____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Does the student speak English? *Habla Ingles?* _____ YES/ SI _____ NO/ NO Language spoken in the home: _____
Lenguahablada in el hogar: _____

Special Education Program? (Please circle one) YES NO Guardian's Email: _____

Student Lives with: (Please mark one) Both Parents: _____ Father: _____ Mother: _____ Guardian _____ **Emergency Contacts:**
(Name & Phone Number)

Father's Name: _____ Mother's Name: _____
(or Guardian) (or Guardian)
Address: _____ Address: _____

Home Phone: _____ Work No. _____ Home Phone: _____ Work No. _____

Cell No. _____ Mailings? YES NO Cell No. _____ Mailings? YES NO

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