



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 - Jr/Sr High Principal
Eli Bales- AD- Jr/Sr High Asst. Principal

Lesley Ehlers - PK-6 Principal
Kelsey Potratz - PK- 6 Asst. Principal

Request for Student Cumulative Records

Please forward the records of _____

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

___ Copy of Birth Certificate

___ Withdrawal Grades

___ Attendance Record

___ Educational and/or Psychological Testing

___ Discipline File

___ Immunization/Health Records

___ Special Education Reports (IEP)

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

Please email 4-6 records to: tschmidt@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."

Clarinda Community School District Enrollment/ Emergency Form

Student Name: First _____ Middle _____ Last _____ Date of Birth: _____
 Grade: _____ Male/Female: _____
 Home Phone _____ Address _____ City/State/Zip _____

Family Information:

List name and relationship to student	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 _____ Relative/Friend Home _____ Hotel _____ Other _____
New Residents of Clarinda: What brought you to Clarinda? _____ Employment _____ Relatives _____ Other: _____

Emergency Contact Information

Contact Information (please list LOCAL contacts only)

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

Siblings in the District:

Name: _____ Grade Level: _____
Name: _____ Grade Level: _____
Name: _____ Grade Level: _____

Student Dismissal

How will your Child be dismissed from school?

- ___ Picked Up
- ___ Rural Bus
- ___ Walk
- ___ Shuttle Bus To:
 - ___ McKinley
 - ___ High School
 - ___ Lied Center
 - ___ Lutheran School

School Medical Registration Form- Health History

Student Name: _____ Parent Name and Phone Number: _____

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 all 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: Y/N If yes, what medication? _____

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

1. Does your child have health insurance? Y/N Provider Name: _____
2. Do you have any concerns about your child's general health? (eating, sleeping, weight, etc.) Y/N
3. Does your child have any chronic illnesses or medical conditions? (seizures, asthma, heart condition, ADHD, etc.) Y/N
4. Has your child had any serious accidents? (burns, head/injury, broken bones, etc.) Y/N
5. Does your child have any problems with:
Hearing Y/N Vision Y/N Does your child wear glasses Y/N
Speech Y/N Physical Disabilities Y/N

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: _____

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



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.



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 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.



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To Parents & Guardians:

At Clarinda Community School District, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom and more used by tens of millions of students and teachers around the world. At Clarinda Community School District, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, and learn 21st century digital citizenship skills.

Answers to common questions can be found at https://workspace.google.com/terms/education_privacy/. CCSD may authorize third party apps to access Google information for educational purposes.

Please review it carefully and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create (or disable) a Google Workspace for Education account for your child.

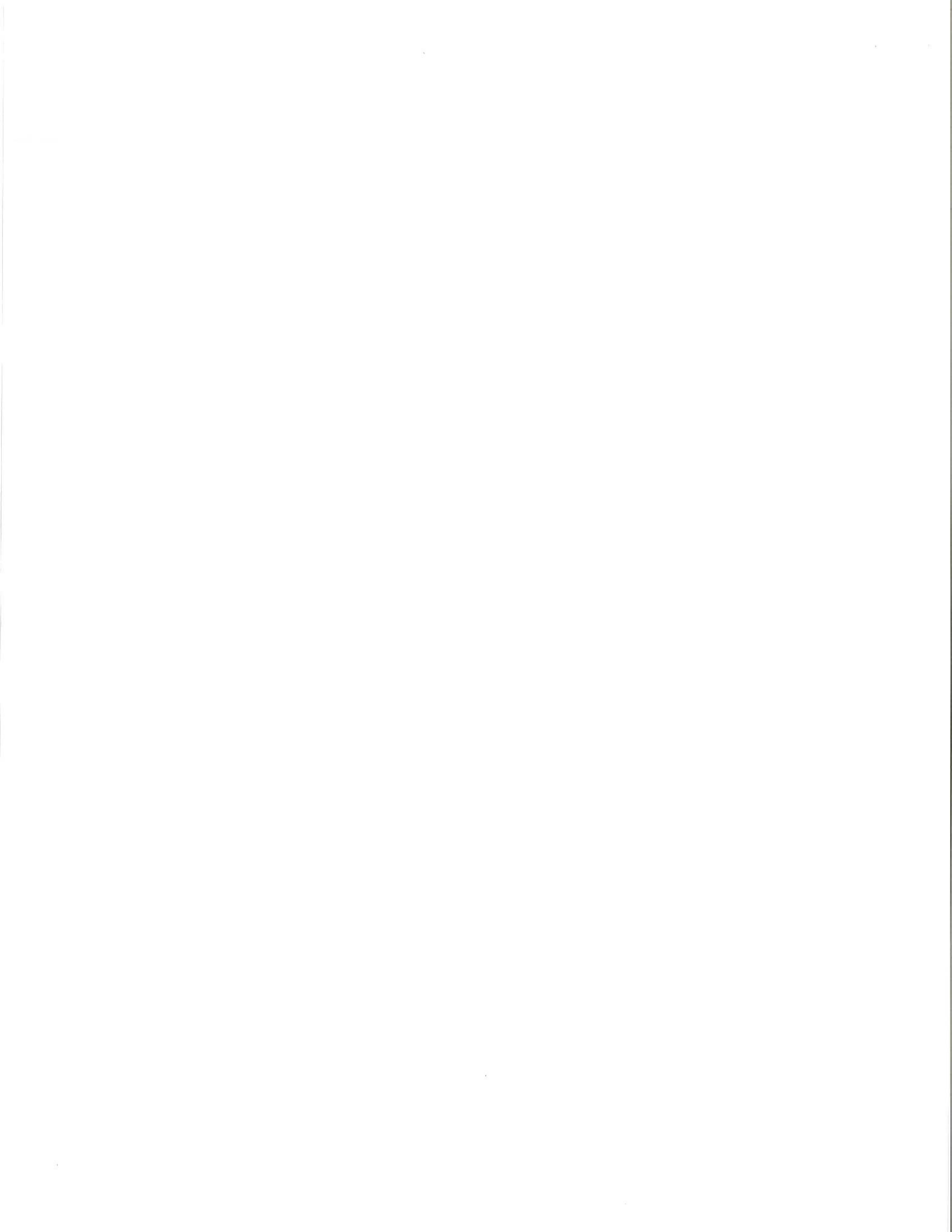
I give permission for Clarinda Community School District to create/maintain a Google Workspace for education account for my child. I consent for Google to collect, use and disclose information about my child solely for the purposes in this link: https://workspace.google.com/terms/education_privacy/.

Thank you,
Clarinda Community School District

Full name of student: _____

Signature of parent/guardian: _____

Printed name of parent/guardian: _____ Date: _____



CLARINDA COMMUNITY SCHOOLS 2026-2027 CALENDAR

Start - Finish (August 24 - May 22)	CLASS DAYS		177 DAY CALENDAR							
	AUGUST	PK-12	Hours	Date	Events					
SUMMARY 177 Student Days 190 Teacher Contract Days 191 New Teacher Days 5 Holidays 8 Professional Learning days	M	T	W	Th	F				Aug. 4-7	Registration Online Open
	3	4	5	6	7				Aug. 6-7	Registration Walk-in Help
Q1=39 days Q2=44 Days Sem 1 = 83 Days Q3=52 Days Q4=42 Days Sem 2 = 94 Days	10	11	12	13	14				Aug. 12	New Teacher Training
	17	18	19	20	21	0			Aug. 13	Professional Development-Speaker on AI
CALENDAR LEGEND Registration Begin Quarter/Semester Prof Development 2 hr Early Dismissal End of Quarter/Semester No School Parent/Teacher Conference Holidays Vacation Days	24	25	26	27	28	5	5	0	Aug. 17-20	Professional Development (Floating day 17/18th)
	31					1	6	0	Aug. 24	School Starts/Begin 1st Quarter/Semester
HOLIDAYS: 5 Labor Day (9/1) Thanksgiving Day (11/27) Christmas Day (12/25) New Year's Day (1/1) Easter Sunday (4/5)	SEPTEMBER								Sept. 2	PK -First day
	1	2	3	4	4	10	0		Sept. 7	Labor Day (No School)
Hours Formula: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	7	8	9	10	11	4	14	0	Sept. 18	Homecoming - Early Dismissal 2hr
	14	15	16	17	18	5	19	1	Oct. 16	End of 1st Quarter 2hr Early Out/PD
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	21	22	23	24	25	5	24	0	Oct. 19	Begin 2nd Quarter
	28	29	30			3	27	0	Oct. 22-23	Parent Teacher Conf. 22nd 2-7pm, 23rd 8am-12
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	OCTOBER								Oct. 22-23	22nd-2 hr Early Out, 23rd Comp 12pm-3:30
	5	6	7	8	9	5	34	0	Nov. 13	2hr Early Out-PD
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	12	13	14	15	16	5	39	1	Nov. 24	2hr Early Out
	19	20	21	22	23	5	44	1	Nov. 25	No School
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	26	27	28	29	30	5	49	0	Nov. 26	Thanksgiving
	NOVEMBER								Nov. 27	No School
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	2	3	4	5	6	5	54	0	Dec. 11	2hr Early Dismissal-PD
	9	10	11	12	13	5	59	1	Dec. 22	2 hr Early Dismissal, End 2nd Quarter/1st Sem.
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	16	17	18	19	20	5	64	0	Dec. 23-31	Winter Break (No School)
	23	24	25	26	27	2	66	1	Jan. 1	Winter Break (No School)
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	30					1	67	0	Jan. 4	No School Prof. Dev. (Staff)
	DECEMBER								Jan. 5	Start 3rd Quarter/2nd Semester
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	1	2	3	4	4	71	0	Jan. 18	No School Prof.	
	7	8	9	10	11	5	76	1	Feb. 12	2hr Early Out PD
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	14	15	16	17	18	5	81	0	Feb. 19	No School Winter Break Day(students)
	21	22	23	24	25	2	83	1	Feb. 19	No School Professional Development(staff)
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	28	29	30	31					Mar. 19	End of 3rd Quarter 2 hr Early Out PD
	JANUARY								Mar. 22	Begin 4th Quarter
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	4	5	6	7	8	4	87	0	Mar. 24-25	Parent Teacher Conf. 24th 2-7pm, 25th 8am-12
	11	12	13	14	15	5	92	0	Mar. 24-25	24th-2 hr Early Out, 25th Comp 12pm-3:30
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	18	19	20	21	22	4	96	0	Mar. 25-29	No School Spring Break
	25	26	27	28	29	5	101	0	Apr. 16	2 hr Early Out-PD
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	FEBRUARY								Apr. 24	Prom
	1	2	3	4	5	5	106	0	May 7	Seniors Last Day
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	8	9	10	11	12	5	111	1	May 16	Graduation 2:00 PM
	15	16	17	18	19	4	115	0	May 20	End of 4th Quarter/End 2nd Semester 2 HR EO
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	22	23	24	25	26	5	120	0	May 21	Professional Development
	MARCH								May 31	Memorial Day
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	1	2	3	4	5	5	125	0		
	8	9	10	11	12	5	130	0		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	15	16	17	18	19	5	135	1		
	22	23	24	25	26	4	139	1		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	29	30	31			2	141	0		
	APRIL									
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	5	6	7	8	9	5	148	0		
	12	13	14	15	16	5	153	1		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	19	20	21	22	23	5	158	0		
	26	27	28	29	30	5	163	0		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	MAY									
	3	4	5	6	7	5	168	0		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	10	11	12	13	14	5	173	0		
	17	18	19	20	21	4	177	1		
HOURS FORMULA: 395 minutes a day 1165.25 hours Minus Early outs 12X2=24 Total Hours 1141 .25	24	25	26	27	28	0	177	0		
	31							12		



PK-6th Grade Supply List 26-27

PRESCHOOL

- 1- Regular size backpack (without wheels)
- 1- Package Crayola crayons- not Jumbo
- 1- 8 count package of Crayola markers (primary colors)
- 5-10-Glue sticks
- 1- Pair of headphones (NO earbuds or bluetooth)
- 1- Extra change of clothes
- 1- Blanket for rest time **Required for full day students**

JK/KINDERGARTEN

- 1- Regular size Backpack (without wheels)
- 2- Boxes of 24 Crayola crayons
- 1- Pack 10 count Crayola thick tip markers
- 1- 4 pack of Expo markers
- 10- Glue Sticks
- 1- Pair of headphones (no earbuds or bluetooth)
- 1- Extra change of clothes
- 2 - Boxes of tissues
- *Your child does NOT need a rug or mat**

FIRST

- 1- Book bag to carry daily work
- 2- Packages of Elmer's glue sticks
- 3- Boxes of 24 crayons (No larger counts)
- 2- Boxes of 10 washable markers
- 4- Black whiteboard markers
- 24-Ticonderoga size #2 pencils (No mechanical)
- 2- Pink rubber erasers
- 1- Fiskars scissors
- 1- Pair of headphones (no earbuds)
- *Your child does NOT need a pencil box/case**

SECOND

- 1- Book bag to carry daily work
- 3- Glue sticks
- 1- Box of crayons (48 or less)
- 1-8 Pack washable markers
- 8-Whiteboard markers
- 24- #2 Ticonderoga pencils
- 1- Highlighter
- 2- Pink rubber erasers
- 1- Fiskars scissors
- 1- Spiral notebook, wide rule, 70 pages or less
- 2- Sturdy pocket folders
- 1- School box for supplies (No larger than 7"x11")
- 1- Pair headphones (no earbuds)

THIRD

- 1-Book bag to carry daily work
- 1- Wide ruled notebook (70 pages or more)
- 1-48 Pack of pre-sharpened #2 lead pencils (no mechanical)
- 2- Glue sticks (no glue bottles)
- 2- Two Pocket folders (No metal fasteners or Trapper Keepers)
- 1- Scissors
- 1- Hard plastic school box for supplies
- 1- Pair of headphones (no earbuds, no wireless, no microphones)
- 8- Whiteboard markers
- 1- 12 pack colored pencils
- 1- 10 pack washable markers

****Donations of the following will be welcomed and accepted: Dry erase markers, Snacks, Kleenex, Gallon and Quart size Ziploc bags, Drawstring trash bags, Clorox wipes and Headphones.***

*****All individual student supplies will remain the property of those students and do not become general classroom supplies*****

****Please replenish supplies throughout the year.***



PK-6th Grade Supply List 26-27

FOURTH

- 1- Backpack
- 1- Pencil box/Pencil bag
- 1- Box #2 pencils (refill as needed)- NO MECHANICAL
- 1- Pink rubber eraser
- 1- Highlighter
- 2- Folders
- 2- Wide ruled notebooks, 100 pages
- 1- Pair of headphones/earbuds (replace as needed)
- 1- Box of 12 colored pencils
- 4- Whiteboard markers (replace as needed)
- 1- Glue stick
- 2- 1 inch 3-ring binders

FIFTH

- 1- Pair of earbuds or headphones (NO bluetooth)
- 1- Wide Ruled Notebook
- 1- Set of colored pencils
- 1- Box of pencils
- 1- Package loose-leaf, wide-lined notebook paper
- 5- Individual folders (three prongs)
- 1- Pencil pouch (please no boxes)
- 8- Whiteboard markers
- 1- Trapper Keeper
- Red pens
- 1- Package of Index Cards

SIXTH

- 1-Pair of earbuds
- 5- Folders (ELA, Social Studies, Math, Music & Homework)
- 1- 3 Subject notebook
- 1-Pack of college ruled notebook paper for Science
- 1-1 ½ inch Binder with front clear pocket for Science
- Pencils with erasers
- Fabric pencil pouch
- Highlighters
- *All materials will need replenished throughout the year as needed.**

****Donations of the following will be welcomed and accepted: Dry erase markers, Snacks, Kleenex, Gallon and Quart size Ziploc bags, Drawstring trash bags, Clorox wipes and Headphones.***

*****All individual student supplies will remain the property of those students and do not become general classroom supplies*****

****Please replenish supplies throughout the year.***