

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):

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)

Ask about texting notifications!

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

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
Central Office: 712-542-5165
PK-6 Building: 712-542-4510

Jeffrey L. Priva - Superintendent
www.clarindacsdsd.org

Lance Ridgely - Director of Student Services
Lesley Ehlers - PK-6 Principal
Kelsey Potratz - PK-6 Dean of Students
Courtney Ridge - Associate Activities Director

Luke Cox - 7-12 Principal
Jake Lord - 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: msteven@clarindacsdsd.org

Please email 4-6 records to: jwyma@clarindacsdsd.org

*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."

(Parent/Legal Guardian Signature) (Date)

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.

____ Child's Name: _____ Parent Signature: _____

Parent/Guardian Signature

Date

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?

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

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

Name of School

State

Dates Attended

Name of School

State

Dates Attended

Name of School

State

Dates Attended

If yes, please provide school name(s), state, and dates attended:

Has your child attended any school in the United States for any three years during their lifetime?
☐ Yes ☐ No

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

If yes, in which state?

If not, in what other country?

School: _____
Grade: _____

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

Address: _____

Parent/Guardian Name: _____

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

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 _____

Dates Attended _____

Name of School _____

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) _____
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Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____
Date of Birth: _____
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.



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: _____

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.





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 completar el formulario. Si marcó **NO**, por favor continúe.*

2. Seleccione cualquiera de los siguientes trabajos que la familia ha realizado en los últimos 3 años:

- _____ Matanza o procesamiento de animales/carne (res, aves, cerdo) Tyson, JBS, Monsanto, Seaboard
- _____ Alimentación, ordeño, cuidado de vacas, cabras (granja lechera)
- _____ Siembra o desespega 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.

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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: