

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: _____ | Y/N |
| 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

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

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: _____



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 Department of Education





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
Sí 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/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.

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Iowa Department of Education





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

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: _____