

## 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) \_\_\_\_\_

**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 \_\_\_\_\_

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

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

<b>Parent Name:</b>	
<b>Parent Signature:</b>	
<b>Interpreter Name (if applicable)</b>	

## 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, Philippines 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](mailto: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](mailto: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 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.*

**ATTN:** School district migratory liaison, please scan and email completed forms to [alex.johnson@iowa.gov](mailto: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](mailto:rachel.pettigrew@iowa.gov) or 515-380-5115.



Community Schools and West Central Community Action Head Start  
Partnership Application

Documentation that can be used for Preschool Partnership Application Verification

2024 Tax Return

2024 W-2

FIP Documentation (Notice of Decision)

SNAP Benefits (Copy of SNAP Card or Notice of Decision)

Pay stub or pay envelopes (Last 12 months)

Education Grants/Awards (Last 12 months)

Unemployment (from when unemployment begun to present)

Written statements from employers (last 12 months)

Foster care reimbursement or Letter from DHS Social Worker stating child in Foster Care

SSI Documentation (Last 12 months or 2024 year)

Child Support (Last 12 months or 2024 year)

Self Declaration

Housing Questionnaire

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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 21<sup>st</sup> century digital citizenship skills.

Answers to common questions can be found at [https://workspace.google.com/terms/education\\_privacy/](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/](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: \_\_\_\_\_