

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: _____



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

Lesley Ehlers - PK-6 Principal

Jake Lord - AD- Jr/Sr High Asst. 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: jwyman@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."

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.



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>Right to Translation and Interpretation Services</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>
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Have parent/guardian sign and date this document ensuring that the answers within are factual.

Parent Name:	
Parent Signature:	
Interpreter Name (if applicable)	

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.