

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>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)	

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? _____

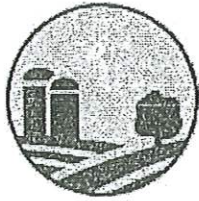
Children's Information

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
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 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.



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 _____

2025-2026 Clarinda and West Central Community Action Head Start Partnership Application

Applicant/Prenatal							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	<input type="checkbox"/> Moderate
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> None	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Document Used to verify date of birth:

Primary Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	<input type="checkbox"/> Moderate
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> None	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS			<input type="checkbox"/> Other _____			
	Graduate						
	<input type="checkbox"/> Master's						

Email Address: _____

Secondary or Other Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	<input type="checkbox"/> Moderate
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> None	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS			<input type="checkbox"/> Other _____			
	Graduate						
	<input type="checkbox"/> Master's						

Email Address: _____

2 nd Applicant applying for services							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race		Hispanic		English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	<input type="checkbox"/> Moderate
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Moderate		<input type="checkbox"/> None	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Document used to verify date of birth:

Additional Child (Non-Applicant) *

First	Middle	Last	Suffi x	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Additional Child (Non-Applicant) *

First	Middle	Last	Suffi x	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *

First	Middle	Last	Suffi x	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Family Information, Income & Contacts

Family Information

Family Living Address									
Living Address		Address Line 2		ZIP	City		State	County	
Family Mailing Address									
Same as living?		Mailing Address		Address Line 2	ZIP	City		State	
<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Phone Number(s)		Type (check one)			Note (extension or best time to call)		Opt in for Text Messages		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Experiencing Homelessness	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income

Income Verified by		Verification Date		TANF Status		SSI
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			

Income Notes

Eligibility Verification

Child eligible to	Total number in family	Type of eligibility interview	Income Status	Documentation used for verification: Circle all that apply	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Online	<input type="checkbox"/> Over Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> Foster child <input type="checkbox"/> Homeless 101%-130%	<input type="checkbox"/> Tax Return <input type="checkbox"/> W-2 <input type="checkbox"/> FIP Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Education Grants/Awards Information confirmed by phone	<input type="checkbox"/> Unemployment <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Child Support <input type="checkbox"/> Housing Questionnaire <input type="checkbox"/> Self-Declaration <input type="checkbox"/> SNAP Card/Notice of Decision Other _____
Enter Annual Income	Documentation of No Income (Write a detailed statement how the family met basic needs) Use additional paper if needed. Attach the Self-Declaration Form				
Income received and documentation is not available Write a clear explanation for the reasons documents cannot be provided					

Additional Family Information for Consideration

Moved once in the past year?	Circle One YES NO	Does your child have any special needs we need to be aware of?	Circle One YES NO
Moved 2 or more times in the past year?	YES NO	Currently is your child on?	IFSP IEP
Can you provide transportation to and from school for your child(ren)?	YES NO	Has your immediate family experienced any of the following: Circle all that apply	YES NO
Families' primary language?	_____		
Are there any custody issues we need to be aware of? Please explain (e.g., Dual/shared custody, no contact order, etc.) Please provide a copy of the court order	_____ _____ _____ _____		Abuse (Physical, Emotional, Sexual) Neglect (Physical or Emotional) Terminal or Chronic Illness Death of a parent or sibling Mental Illness Incarceration Domestic Violence Alcohol/Substance Abuse Divorce/Separated Natural Disaster (flood, tornado, fire)

How did you hear about the WCCA Head Start program? Parent Flyer Post Card Newspaper Social Media Agency School

Other: _____

Please note: Your child's application will NOT be processed until all required income documents are received and processed.

Certification: I certify that the information I provided in person, by telephone or electronically is true and correct to the best of my knowledge. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency.

Parent/Guardian Signature _____

Date _____

Staff Signature _____

Date _____

Revised January 2025