

## 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:

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*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>
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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, Latinó, 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

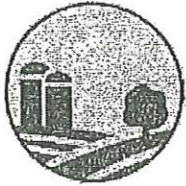
STUDENT NAME: \_\_\_\_\_

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](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.*

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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"/> 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
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Medicaid #
						<input type="checkbox"/> Not Eligible	Doctor/Medical Home
						<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"/> 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
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 Graduate			<input type="checkbox"/> Other _____			
	<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"/> 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
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 Graduate			<input type="checkbox"/> Other _____			
	<input type="checkbox"/> Master's						
Email Address: _____							

2 <sup>nd</sup> 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"/> 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
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Medicaid #
						<input type="checkbox"/> Not Eligible	Doctor/Medical Home
						<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	
<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	
<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	
<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?									
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mailing Address		Address Line 2	ZIP	City		State	
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		
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Formerly on TANF/Not now		
<input type="checkbox"/> Yes	<input type="checkbox"/> No					<input type="checkbox"/> Yes	
<input type="checkbox"/> No							<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		YES      NO
Families' primary language?	_____	Has your immediate family experienced any of the following: Circle all that apply	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)
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	_____ _____ _____ _____		

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



# 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: \_\_\_\_\_