

2022-2023 KINDERGARTEN ENROLLMENT FORM


WELCOME TO KINDERGARTEN!

1 **Complete and return this form to your home school or the Early Childhood Office**
 Go to www.dbqschools.org/find-your-school to find your home school. Even if you plan to apply for in-district transfer, you must begin the process at your home school.

NOTE: This is not a registration form. If you are registering before the start of a new school year, you will receive a registration packet from the district in late summer with instructions on how to officially complete the district's online registration. If you are registering in the middle of a school year, your home school will provide you with the necessary registration paperwork.

2 **Submit required information**
 Bring the following to the Kindergarten Welcome Event on April 26, or after that date bring in person to your home school or the Early Childhood Office.

- Proof of Age** (birth certificate preferred)
- Proof of Residency** (see list of accepted documents below; the name and address on the document must match the name and address of the parent or legal guardian of the student(s) being registered)
 - Please provide one of the following:*
 - » mortgage statement from last or current month
 - » current rental or lease agreement
 - » utility bill from last or current month
 - » current property record or most recent tax receipt
 - » bank statement from last or current month
 - » pay stub from last or current month

STUDENT INFORMATION

| | | | |
|---|-----------------------------|---|---------|
| LEGAL NAME » LAST: | | FIRST: | MIDDLE: |
| GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male | DATE OF BIRTH (mm/dd/yyyy): | IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i> | | | |
| IN WHICH COUNTY DOES THE STUDENT RESIDE? | | | |
| DID THE STUDENT ATTEND PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO THIS ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

RACE AND ETHNICITY INFORMATION

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.

IS THE STUDENT OF HISPANIC, LATINO OR SPANISH ETHNICITY (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)? YES NO
If yes, you may also check one or more of the following racial categories listed below. If no, please check one or more of the following racial categories.

WHAT IS THE STUDENT'S RACE? (check all that apply)

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 / 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.)

PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)

PRIMARY HOUSEHOLD PHONE (home or cell):

| | | | |
|---------------|-------|--------|------|
| HOME ADDRESS: | CITY: | STATE: | ZIP: |
|---------------|-------|--------|------|

IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS? YES NO *If no, please complete the following:*

| | | | |
|----------|-------|--------|------|
| ADDRESS: | CITY: | STATE: | ZIP: |
|----------|-------|--------|------|

» PLEASE COMPLETE BOTH SIDES

SCHOOL USE ONLY

STUDENT ID NUMBER:

AREA / NEIGHBORHOOD:

PARENT / GUARDIAN INFORMATION**LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (WITH WHOM THE STUDENT RESIDES)**

| | | | | |
|-----------------------------|-------------|---|--|--------------------------|
| NAME » FIRST: | | LAST: | | RELATIONSHIP TO STUDENT: |
| DATE OF BIRTH (mm/dd/yyyy): | | <i>This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.</i> | | |
| CELL PHONE: | WORK PHONE: | OTHER PHONE: | | |
| EMAIL: | | EMPLOYER: | | |

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 2

| | | | | |
|-----------------------------|-------------|---|--|--------------------------|
| NAME » FIRST: | | LAST: | | RELATIONSHIP TO STUDENT: |
| DATE OF BIRTH (mm/dd/yyyy): | | <i>This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.</i> | | |
| CELL PHONE: | WORK PHONE: | OTHER PHONE: | | |
| EMAIL: | | EMPLOYER: | | |

DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT? YES NO *If no, please complete the following:*

| | | | |
|---|-------|--------|------|
| HOME ADDRESS: | CITY: | STATE: | ZIP: |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| DO THEY WISH TO RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

HOME LANGUAGE INFORMATION

WAS THE STUDENT BORN IN THE UNITED STATES? YES NO *If yes, which state?* *If no, in what other country?*

HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED STATES FOR ANY THREE YEARS DURING THEIR LIFETIME? YES NO *If yes, please complete the following:*

| | | |
|-----------------|--------|-----------------|
| NAME OF SCHOOL: | STATE: | DATES ATTENDED: |
| NAME OF SCHOOL: | STATE: | DATES ATTENDED: |
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WHAT LANGUAGE IS SPOKEN BY YOU AND YOUR FAMILY MOST OF THE TIME AT HOME?

IF AVAILABLE, IN WHAT LANGUAGE WOULD YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL?

IS THE STUDENT'S FIRST-LEARNED OR HOME LANGUAGE ANYTHING OTHER THAN ENGLISH? YES NO *If yes, please complete the following:*

WHAT LANGUAGE DID THE STUDENT LEARN WHEN HE/SHE FIRST BEGAN TO TALK?

WHAT LANGUAGE DOES THE STUDENT MOST FREQUENTLY SPEAK AT HOME?

WHAT LANGUAGE DO THE PARENTS/GUARDIANS MOST FREQUENTLY SPEAK TO THE STUDENT?

Father/Guardian: _____ *Mother/Guardian:* _____

PLEASE DESCRIBE THE LANGUAGE UNDERSTOOD BY THE STUDENT. (check only one)

- A. Understands only the home language and no English.
- B. Understands mostly the home language and some English.
- C. Understands the home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English.

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

» PLEASE RETURN COMPLETED FORM TO your school office or by mail to:

Dubuque Community School District, Early Childhood Office, 2300 Chaney Road, Dubuque, Iowa 52001