

Clarinda Community School District **Enrollment / Emergency Form**

Student _____ Grade _____ Date of Birth _____ Male/Female _____

Home Phone _____ Address _____ City, State, Zip _____

Family Information:

| List Name and Relationship to child: | 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 ___ Relatives/Friends home ___ Hotel ___ Other

Contact Information (please list LOCAL contacts):

Child Care _____ Child Care Phone _____

Emergency Contact #1 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #2 _____ Phone (1) _____ Phone (2) _____

Emergency Contact #3 _____ Phone (1) _____ Phone (2) _____

Ask about texting notifications!

For Residents New to Clarinda: What Brought You to Clarinda: ___ Employment ___ Relatives ___ Other - please list _____ (Over)

School Medical Registration Form - Health History

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 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: Yes/No _____ If yes, what medication? _____
* Note- All medications given at school must be supplied by the parent in the original container and a medication permit form must be completed and signed by the parent.

- | | | | | |
|---|--------|----------------|-------|--------|
| 1. Does your child have health insurance? | Yes/No | Provider Name: | _____ | |
| 2. Do you have any concerns about your child's general health? (eating, sleeping, weight, etc.) | | | | Yes/No |
| 3. Does your child have any chronic illness or medical condition? (seizures, asthma, heart condition, ADHD, etc.) | | | | Yes/No |
| 4. Has your child had any serious accidents? (burns, head injury, broken bones, etc.) | | | | Yes/No |
| 5. Does your child have any problems with: | | | | |

| | | | | | |
|---------|--------|-----------------------|--------|-------------------------------|--------|
| Hearing | Yes/No | Vision | Yes/No | Does your child wear glasses? | Yes/No |
| Speech | Yes/No | Physical Disabilities | Yes/No | | |

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: _____

(Over)

Clarinda School District
Home Language Survey

Date _____ School _____ Grade _____

Student Name: _____
(last) (first) (middle)

*Place of Birth: _____

Father/Guardian Name: _____

*Employment: _____

Mother/Guardian Name: _____

*Employment: _____

Address: _____

Phone Number : _____ (home) _____ (work)

1. Was English the first language your son/daughter learned to speak? _____ Yes _____ No

2. What language do you speak to your son/daughter? (father) _____

(mother) _____

3. What language does your son/daughter speak to you? _____

4. What language does your son/daughter speak to other relatives? _____

5. What language does your son/daughter speak to friends? _____

6. In what language would you prefer to receive
communication from the school? _____

I understand my son/daughter, _____, will receive English language proficient testing. I will be notified if my son/daughter qualifies for English Language Learner (ELL) program services. I understand that at the time I have the right to refuse ELL services for my child. However, I can request services at a later date.

(Parent/Guardian Signature)

(Date)

OFFICE USE ONLY: Refer for:

Initial ELL Identification: _____ Initial Migrant Identification: _____

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 Name: _____ Date: _____

Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate student race.

What is the student's race? (Choose one or more)

☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent Name (print): _____ Parent Signature: _____

**This is a requirement of the Iowa Department of Education.*



IOWA MEP PARENT FORM

School District: _____ Date completed: _____

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services

Name of Parent(s) or Legal 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 more?

YES _____ NO _____

2. If YES you may stop filling out the form, if NO please continue to question 3.

3. Please select any of the following jobs that the family have done in the last 3 years?

___ Tyson, JBS, Monsanto, Smithfield, Seaboard, Pineridge farm, Loffredo

___ Feeding, Taking care of Cows, Goats (Dairy Farm), Milking

___ Planting/ Detasseling- Corn, Soybeans (Monsanto, Syngenta, Stine)

___ Pork, Chicken, Egg, Turkey Farms (Daybreak, Rembrand)

___ Preparing farm fields

___ Other agricultural work activity/Company _____

4. Name of student(s) Name of School Grade

| | | | |
|-------|---|-------|---|
| _____ | / | _____ | / |
| _____ | / | _____ | / |
| _____ | / | _____ | / |
| _____ | / | _____ | / |

Disclaimer at bottom of the form-

Please return this form to the school. Note for the school/district: When both "No" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)

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: _____
